Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waivers target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for a Renewal to a §1915(c) Home and Community-Based Services Waiver

1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:

IFS waiver renewal is removing the three years of age criteria for IFS waiver eligibility.
IFS waiver renewal is changing the IFS waiver year from June 1 through May 31 to September 1 through August 31 to align the IFS waiver with waiver years of four other DDA waivers.
IFS waiver is adding provider types to the waiver service Peer Mentoring.
IFS waiver is adding the service Behavioral Health Stabilization Services - Crisis Diversion Bed Services.
IFS waiver is adding training for assistive technology to Staff/Family Consultation and Training
IFS waiver is adding Teacher as a provider type to Staff/Family Consultation and Training
IFS waiver is adding Enhanced Adult Residential Care as a provider type to Respite
IFS waiver is revising the service description for Respite
IFS waiver is revising the post-eligibility treatment of income
IFS waiver if adding information about concurrent 1115 waiver

Application for a §1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

A. The **State** of **Washington** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. Program Title (*optional - this title will be used to locate this waiver in the finder*):

Individual and Family Services

C. Type of Request: renewal

Requested Approval Period:*(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

○ **3 years** ◉ **5 years**

Waiver Number:WA.1186.R01.00
Draft ID: WA.029.01.00

D. Type of Waiver *(select only one):*

Regular Waiver

E. Proposed Effective Date: (mm/dd/yy)

09/01/19

Approved Effective Date: 09/01/19

1. Request Information (2 of 3)

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid state plan (*check each that applies*):

☐ **Hospital**

Select applicable level of care

○ **Hospital as defined in 42 CFR §440.10**

If applicable, specify whether the state additionally limits the waiver to subcategories of the hospital level of care:

○ **Inpatient psychiatric facility for individuals age 21 and under as provided in42 CFR §440.160**

☐ **Nursing Facility**

Select applicable level of care

○ **Nursing Facility as defined in 42 CFR ??440.40 and 42 CFR ??440.155**

If applicable, specify whether the state additionally limits the waiver to subcategories of the nursing facility level of care:

○ **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140**

☒ **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)**

If applicable, specify whether the state additionally limits the waiver to subcategories of the ICF/IID level of care:

1. Request Information (3 of 3)

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

○ **Not applicable**

◉ **Applicable**

Check the applicable authority or authorities:

☐ **Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**

☐ **Waiver(s) authorized under §1915(b) of the Act.**

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

Specify the §1915(b) authorities under which this program operates *(check each that applies):*

- ☐ **§1915(b)(1) (mandated enrollment to managed care)**
- ☐ **§1915(b)(2) (central broker)**
- ☐ **§1915(b)(3) (employ cost savings to furnish additional services)**
- ☐ **§1915(b)(4) (selective contracting/limit number of providers)**

☐ **A program operated under §1932(a) of the Act.**
Specify the nature of the state plan benefit and indicate whether the state plan amendment has been submitted or previously approved:

☐ **A program authorized under §1915(i) of the Act.**

☐ **A program authorized under §1915(j) of the Act.**

☒ **A program authorized under §1115 of the Act.**
Specify the program:

Medicaid Transformation Demonstration (MTD) §1115: includes 2 elements for which participants may be enrolled in DDA waiver and receive services from MTD:
*Initiative 1, Transformation through Accountable Communities of Health
*Initiative 3, Foundational Community Supports for supported employment or supportive housing

H. Dual Eligiblity for Medicaid and Medicare.
Check if applicable:

☒ **This waiver provides services for individuals who are eligible for both Medicare and Medicaid.**

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

The purpose of the Individual and Family Services (IFS) Waiver it to provide support to individuals residing in the family home as an alternative to ICF/IID placement.

The IFS Waiver is a partnership between the Developmental Disabilities Administration (DDA) and families to:

- Support DDA-eligible individuals living in the family home;
- Provide waiver participants/families with a choice of services; and
- Allow individuals more control over the resources allocated to them.

The IFS Waiver will serve individuals who meet ICF/IID guidelines and have a natural support system. The Family/care giver's ability to continue caring for the client may be at risk but can be continued with the addition of services. Risk may be due to:

- The individual needs some support to participate successfully in the community; or
- The individual has physical assistance needs or medical problems requiring extra care; or
- The individual has behavioral episodes which challenge the family/caregiver's ability to support them; or
- The family/caregiver needs temporary or ongoing support to continue helping the individual remain in the family home.

The goal of the IFS Waiver is to support individuals (who require the level of care provided in an ICF/IID) who choose to remain in the family home. This is accomplished by coordination of natural supports, community resources/services, Medicaid services and services available via the waiver. The DDA wants people who receive IFS Waiver services to experience these benefits:

- Health and Safety
- Personal Power and Choice
- Personal Value and Positive Recognition By Self and Others
- A Range of Experiences Which Help People Participate in the Physical and Social life of Their Communities
- Good Relationships with Friends and Relatives
- Competence to Manage Daily Activities and Pursue Personal Goals

The objective of the IFS Waiver is to support natural support systems and develop and implement supports and services to successfully maintain individuals in their family homes and communities.

With regard to the organizational structure, the State of Washington's HCBS IFS Waiver will be managed by the Developmental Disabilities Administration (DDA) within the Department of Social and Health Services (DSHS) which is the Operating Agency for this waiver. The DDA monitors against waiver requirements for all services delivered. The principles of Continuous Quality Improvement are used by the DDA to enhance the IFS Waiver services delivery system. The Medicaid Single State Agency (Health Care Authority-HCA) is responsible for approving rules, regulations and policies that govern how waivers are operated and retains the authority to discharge its responsibilities for the administration of the Medicaid program pursuant to 42 CFR §431.10(e).

All aspects of the Waiver will be directly managed by the state. The DDA operates this waiver within applicable federal regulations, manages the day-to-day administration and maintains operational responsibility for the waiver.

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

A. Waiver Administration and Operation. Appendix A specifies the administrative and operational structure of this waiver.

B. Participant Access and Eligibility. Appendix B specifies the target group(s) of individuals who are served in this waiver, the number of participants that the state expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

C. Participant Services. Appendix C specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

D. Participant-Centered Service Planning and Delivery. Appendix D specifies the procedures and methods that the state

uses to develop, implement and monitor the participant-centered service plan (of care).

E. Participant-Direction of Services. When the state provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

- ○ **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
- ◉ **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*

F. Participant Rights. Appendix F specifies how the state informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

G. Participant Safeguards. Appendix G describes the safeguards that the state has established to assure the health and welfare of waiver participants in specified areas.

H. Quality Improvement Strategy. Appendix H contains the Quality Improvement Strategy for this waiver.

I. Financial Accountability. Appendix I describes the methods by which the state makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

J. Cost-Neutrality Demonstration. Appendix J contains the state's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

A. Comparability. The state requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid state plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

B. Income and Resources for the Medically Needy. Indicate whether the state requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

- ○ **Not Applicable**
- ◉ **No**
- ○ **Yes**

C. Statewideness. Indicate whether the state requests a waiver of the statewideness requirements in §1902(a)(1) of the Act *(select one)*:

- ◉ **No**
- ○ **Yes**

If yes, specify the waiver of statewideness that is requested *(check each that applies)*:

☐ **Geographic Limitation.** A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the state.
Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

☐ **Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the state. Participants who reside in these areas may elect to direct their services as provided by the state or receive comparable services through the service delivery methods that are in effect elsewhere in the state.
Specify the areas of the state affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

In accordance with 42 CFR §441.302, the state provides the following assurances to CMS:

A. Health & Welfare: The state assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
2. Assurance that the standards of any state licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The state assures that these requirements are met on the date that the services are furnished; and,
3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable state standards for board and care facilities as specified in **Appendix C**.

B. Financial Accountability. The state assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.

C. Evaluation of Need: The state assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.

D. Choice of Alternatives: The state assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

1. Informed of any feasible alternatives under the waiver; and,
2. Given the choice of either institutional or home and community-based waiver services. **Appendix B** specifies the procedures that the state employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

E. Average Per Capita Expenditures: The state assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid state plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

F. Actual Total Expenditures: The state assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the state's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

G. Institutionalization Absent Waiver: The state assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

H. Reporting: The state assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid state plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

I. Habilitation Services. The state assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

J. Services for Individuals with Chronic Mental Illness. The state assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the state has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the state has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

A. Service Plan. In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including state plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

B. Inpatients. In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.

C. Room and Board. In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the state that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

D. Access to Services. The state does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

E. Free Choice of Provider. In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the state has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

F. FFP Limitation. In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

G. Fair Hearing: The state provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the state's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

H. Quality Improvement. The state operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the state assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The state further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the state will implement the Quality Improvement Strategy specified in **Appendix H**.

I. Public Input. Describe how the state secures public input into the development of the waiver:

IFS Waiver Renewal
DDA designed the public stakeholder process to be very inclusive of stakeholder participation at every stage of IFS waiver renewal development. DDA utilized both electronic and non-electronic channels to inform stakeholders and solicit input on the draft IFS waiver amendment. The State secured public input by working closely with the following:

- Other state agencies;
- County Coordinators for Human Services,
- The State of Washington Developmental Disabilities Council (DDC),
- The Arc of Washington (advocacy organization), The Community Advocacy Coalition made up of advocates and providers, and
- The HCBS (DDA) Waivers Quality Assurance Committee composed of self-advocates, advocates and providers.

The public process included the following:

- DDA made the draft IFS waiver renewal available by posting public notices in all DDA office public lobbies across Washington State on March 20th, 2019, through April 20th, 2019, informing interested persons how they could obtain a printed or digital copy of the draft amendment.
- DDA made the draft IFS waiver amendment available to anyone who requested a copy of the amendment as a PDF document available on-line from DDA's public website on March 20th, 2019, through April 20th, 2019.
- DDA filed the public notice of the availability of the draft IFS waiver amendment for public review in the Washington Register on March 4th, 2019, and it was published March 20th, 2019.
- DDA sent a letter on March 20, 2019, to 19,000+ stakeholders, including participants, family members, advocacy organizations, providers and state staff inviting their review and comments on the draft IFS waiver renewal posted on the DDA internet page.
- Washington State Health Care Authority published a public notice to all Washington State Tribes of DDA's intent to submit a IFS waiver renewal to the Centers for Medicare and Medicaid Services on March 5th, 2019.

Public Comments:
Comment # 1. OK
State Response: State acknowledges acceptance of waiver amendment content.

Comment # 2. Commenter expresses concern about the ability of families to locate behavioral support technicians in rural areas of state, the limited number of available behavioral support resources in rural areas of the state and the lack of improvements in compensation for behavioral support providers in recent years.
State response: Families can access behavioral support resources through their Case/Resource Managers who utilize the Agency Contracts Database of all qualified, contracted providers to identify and refer appropriate providers to families. State strives to recruit providers in all areas of the state through continuous open enrollment by dedicated resource developers. Provider rates are negotiated by DDA regional staff with individual providers/agencies. Variations in rates are due to provider differences related to overhead, staff wages, & the local demand for services. Rate changes may be proposed by providers or by DDA. Criteria for rate changes include funding provided by the Legislature & the rates paid for similar services in the geographic area.

J. Notice to Tribal Governments. The state assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. Limited English Proficient Persons. The state assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the state assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name: Perez

First Name: Evelyn

Title: Assistant Secretary, Developmental Disabilities Administration

Agency: Developmental Disabilities Administration, Department of Social and Health Services

Address: P.O. Box 45310

Address 2:

City: Olympia

State: **Washington**

Zip: 98504-5310

Phone: (360) 407-1564 **Ext:** ☐ **TTY**

Fax: (360) 407-0954

E-mail: PerezE@dshs.wa.gov

B. If applicable, the state operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name: Beckman

First Name: Bob

Title: Waiver Requirements Program Manager, Developmental Disabilities Administration

Agency: Developmental Disabilities Administration, Department of Social and Health Services

Address: P.O. Box 45310

Address 2:

City: Olympia

State: **Washington**

Zip:

98504-5310

Phone:

(360) 407-1555 **Ext:** ☐ **TTY**

Fax:

(360) 407-0955

E-mail:

Beckmbc@dshs.wa.gov

8. Authorizing Signature

This document, together with Appendices A through J, constitutes the state's request for a waiver under §1915(c) of the Social Security Act. The state assures that all materials referenced in this waiver application (including standards, licensure and certification requirements) are ***readily*** available in print or electronic form upon request to CMS through the Medicaid agency or, if applicable, from the operating agency specified in Appendix A. Any proposed changes to the waiver will be submitted by the Medicaid agency to CMS in the form of waiver amendments.
Upon approval by CMS, the waiver application serves as the state's authority to provide home and community-based waiver services to the specified target groups. The state attests that it will abide by all provisions of the approved waiver and will continuously operate the waiver in accordance with the assurances specified in Section 5 and the additional requirements specified in Section 6 of the request.

Signature: Evelyn Perez

State Medicaid Director or Designee

Submission Date: Jul 29, 2019

Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.

Last Name: Perez

First Name: Evelyn

Title: Assistant Secretary, Developmental Disabilities Administration

Agency: Developmental Disabilities Administration, Department of Social and Health Services

Address: P.O. Box 45310

Address 2:

City: Olympia

State: **Washington**

Zip: 98504-5310

Phone:

(360) 407-1564 **Ext:** ☐ **TTY**

Fax:

(360) 407-0954

E-mail:

PerezE@dshs.wa.gov

Attachments

Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

- ☐ **Replacing an approved waiver with this waiver.**
- ☐ **Combining waivers.**
- ☐ **Splitting one waiver into two waivers.**
- ☒ **Eliminating a service.**
- ☐ **Adding or decreasing an individual cost limit pertaining to eligibility.**
- ☐ **Adding or decreasing limits to a service or a set of services, as specified in Appendix C.**
- ☐ **Reducing the unduplicated count of participants (Factor C).**
- ☐ **Adding new, or decreasing, a limitation on the number of participants served at any point in time.**
- ☐ **Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.**
- ☐ **Making any changes that could result in reduced services to participants.**

Specify the transition plan for the waiver:

The removal of Therapeutic equipment and supplies will have no adverse impact to waiver participants currently receiving Therapeutic equipment and supplies as this service is now available in Specialized Equipment and Supplies.

Attachment #2: Home and Community-Based Settings Waiver Transition Plan

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.

To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.

Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.

Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

Appendix I-2 Rate Determination Methods - Information placed here due to lack of capacity at Appendix I-2.

Wellness Education rate is a flat fee based on actual cost for production of the service. The current Wellness Education provider's contract is renewed annually.
The State publishes its fee schedules at: https://www.dshs.wa.gov/altsa/management-services-division/office-rates-management.

The State publishes its fee schedules at: https://www.dshs.wa.gov/altsa/management-services-division/office-rates-management.

Positive Behavior Support & Consultation, Risk Assessments, Staff/Family Consultation & Training, Behavioral Health Stabilization Services – Crisis Diversion Bed Services – Negotiated Rates: The rate methodology for the Behavioral Health Stabilization Services - Positive Behavior Support and Consultation rate is the same as the rate methodology for the Positive Behavior Support & Consultation rate. Yes; Rates have been reviewed June 2019 and continue to be at a standard market rate sufficient to recruit and retain contractors. Rates are negotiated rate within a rate range based on current market value at the time of contracting at least every two years.Rates are negotiated by DDA regional staff with individual providers/agencies. Variations in rates are due to provider differences related to overhead, staff wages, & the local demand for services. Rate changes may be proposed by providers or by DDA. Criteria for rate changes include funding provided by the Legislature & the rates paid for similar services in the geographic area, which in turn are based on provider overhead, staff wages (if applicable) & the local demand for services. DDA adjusts rates annually if necessary. To increase contracted rates, rate comparisons must indicate prevailing market rates have increased significantly (e.g., 20%+).

Supported Parenting Services – Fee Schedule Rate based on market analysis: Rates are researched and established by the Rates Unit of Management Services Division/ALTSA/DSHS and are based on the provider status as an individual provider or agency staff. Rate ranges are reviewed every three years and rates for each provider are reviewed within their identified rate range at the time of provider recontracting.

Behavior Health Stabilization Services - Specialized Psychiatric Services and Specialized Psychiatric Services - Rates have been reviewed June 2019 and continue to be at a standard market rate sufficient to recruit and retain contractors. Rates are negotiated rates within a rate range based on current market value at the time of contracting at least every two years.

Appendix G-1.d Responsibility for Review of and Response to Critical Events or Incidents
RCS's Operations Manual specifies that the RCS staff or contracted evaluators will hold an exit conference with the provider and invite participants, families, their representatives or advocates and DDA Case/Resource Managers following the investigation and prior to the formal issuing of a statement of deficiencies. The exit conference is conducted to identify and summarize for the provider the deficient practices and regulations that will be cited in the statement of deficiencies report and to identify issues that are still being considered for possible citation. RCS will remind the provider of the responsibility to immediately initiate corrective action of identified deficient practices. The formal statement of deficiencies must be mailed to the provider within 10 working days after the last day of data collection.

Appendix G-2.a.i Safeguards Concerning the Use of Restrains
CRMs and SSSs document all recommended interventions and supports in accordance with State policy and rule in participants' PCSPs and Positive Behavior Support Plans (PBSPs). By policy and rule, any recommended intervention in a PCSP and PBSP must cause no harm to the participant.

Appendix G-3.b.i Medication Management and Follow-Up Responsibility
Residential Care Services (RCS) provides the primary second-line monitoring of medication management for those receiving services from a DDA residential habilitation service as a component of their every two-year certification process. The re-certification process includes on-site observations of staff/participant interactions, medication record reviews and participant and provider staff interviews. When deficiencies are detected, statements of deficiencies (SOD) are issued and immediate remediation is required by providers. Follow-up on-site visits are made by RCS certifiers to confirm that required remediation has occurred.

DDA also provides several levels of second-line monitoring of medication management. DDA Residential Quality Assurance (QA) staff review all residential SODs in real time and review aggregated SOD data on a monthly basis to discover trends or patterns. When DDA Residential QA staff discovers trends or patterns with SODs, DDA works with RCS to ensure corrective action happens. DDA's Incident Report (IR) committee samples incident reports on a monthly basis to discover trends or patterns which may include issues with medication management. DDA Mortality Review Committee reviews all deaths in residential programs and all unexpected deaths on a monthly basis to determine if deaths were preventable. The DDA Assessment/re-assessment requires the Case/Resource Manager or Social Services Specialist to annually or more frequently if participant needs change document all participant medications, their dosage, frequency, route and why taken on the CARE

Medications screen. On the Medication Management CARE screen, the CRM or SSS documents self-administration, status (met, partial met, unmet), frequency, assistance available, participant strengths, participant limitations, participant preferences, caregiver instructions, equipment/supplies and comments. CRMs or SSSs monitor medication management to the frequency necessary to maintain client health and safety. The DDA assessment will trigger a referral requirement if medication risk factors are identified. Once this requirement is triggered the CRM or SSS must address the risk identified in the PCSP. How the risks are addressed depends on the concern identified. It could result in a medication evaluation referral, additional provider training, nurse oversight visits, consultation with the healthcare provider or other measures. Results of all monitoring are documented by the CRM or SSS in the CARE tool on the monitoring screen or as service episode records (case notes). Periodic monitoring by the CRM or SSS on a semi-annual, quarterly or monthly basis determined by the complexity of the participant's needs combined with quality assurance oversight by the annual QCC team file review assures that potentially harmful practices are detected and remediated.

Appendix H-1.b.ii Quality Improvement Strategy - System Design Changes
Description of common quality assurance system across all five DDA waivers from approved Basic Plus waiver amendment WA.0409.R02.05:

Washington State is modifying its sampling design for compiling data on its performance measures from sampling waivers individually to drawing a single sample across all of its DDA HCBS waivers. The DDA HCBS waiver program meets the conditions that are a requirement for the use of this sampling method and will allow a one-year cycle for data collection on performance measures, compared with the previous two-year cycle necessitated by the larger total sample size.
1. Design of the waivers
The DDA waivers are all very similar in design in that the waivers have many services in common, participant safeguards are common across waivers, and a single quality management and improvement strategy is used for the entire DDA waiver program. In addition, waiver program case management is provided by state employees for all waiver participants and the same assessment is used to develop the individual support plan (ISP).
2.a. Participant Services
Many services are identical across waivers, and the rest are much more similar than different. And oversight of services (e.g., to ensure provider contracts are in place, providers are qualified, services authorized are being provided) is based on the same processes across all waivers.
The following services are covered by all of DDA's current waivers and will be covered in the new IFS Waiver: behavioral health stabilization services (behavior support and consultation, crisis diversion beds, specialized psychiatric services), environmental accessibility adaptations, extended state plan services (physical therapy, occupational therapy, speech, hearing and language services), nurse delegation, sexual deviancy evaluations, specialized medical equipment and supplies, specialized psychiatric services, and staff/family consultation and training,
The following services are/will be covered by three or four of the DDA waivers: respite care, skilled nursing, supported employment, and transportation.
Services specific to some waivers are residential habilitation, day habilitation, and specialized supports such as specialized nutrition and specialized assistive technology.
2.b. Participant Safeguards

1. Response to Critical Events or Incidents
   Responses to critical events or incidents are not differentiated based on waiver type. Differences in response are based on the setting (e.g., licensed, certified or private residences) and/or the entity responsible for investigating (i.e., Child Protective Services, Adult Protective Services, Residential Care Services). Critical events or incidents must be reported irrespective of the setting or waiver enrollment.

2. Safeguards concerning restraints and restrictive interventions
   DDA's extensive protocols concerning the use of restraints and restrictive procedures are not waiver-specific. (Please see Appendix G-2 for an inventory of relevant DDA policies.) In addition, reporting and investigating of abuse and neglect apply to all settings.

2.c. Quality Management Processes and Mechanisms

Critical components of the quality management system include:

- DDA Assessment
- CARE (Comprehensive Assessment Reporting and Evaluation)
- Quality Compliance Coordinator (QCC) Protocols and Data Base
- DDA Incident Reporting System
- Individual Support Plan Meeting Survey

- Complaint Data Base
- Administrative Hearing Data Base
- Agency Contracts Data Base
- National Core Indicators Survey

3.a. Methodology for discovering information (e.g., data systems, sample selection)

The methodologies for discovering information are common across the entire DDA HCBS waiver program. These methodologies include:

- Quality Compliance Coordinator (QCC) sampling of waiver participant files and file reviews to ensure waiver assurances are being met.
- Individual Support Plan (ISP) Meeting Survey, which is mailed within one month of the ISP planning meeting and gives waiver participants an opportunity to respond to a series of questions about the ISP process.
- National Core Indicators (NCI) Survey, which includes a standardized set of questions used by all participating states. In addition, WA State has added questions about waiver services. Waiver participants as well as parents/guardians receive the survey.
- FAMLINK, which is an electronic system that maintains notifications, investigative, and outcome information for Child Protective Services (CPS). Data from FAMLINK is used to track and trend information related to allegations of abuse, neglect, abandonment and financial exploitation.
- TIVA (Tracking Investigations of Vulnerable Adults), which is an electronic system that maintains notifications, investigative, and outcome information for the Resident and Client Protection Program (RCPP) in Residential Care Services (RCS) and Adult Protective Services (APS) investigations. An additional data feed from ProviderOne has also been included to allow TIVA to collect information related to children and adolescents (under age 21 years) who are receiving mental health services and involved in abuse, neglect, and/or exploitation investigations. Data from TIVA is also used to track and trend information related to allegations of abuse, neglect, abandonment and financial exploitation.
- Administrative Hearing Data Base, which tracks requests for administrative hearings requested by waiver participants who disagree with decisions made by DDA. DDA uses data from this data base to review the concerns of waiver participants to determine if there are system issues that need to be addressed.
- Agency Contracts Database (ACD), which is used to monitor provider compliance with contracting requirements, including background check requirements, training requirements, and licensure and certification requirements.
- Mortality Review Team (MRT) Reviews of waiver participant deaths.

3.b. Manner in which individual issues are remedied.

Since all waiver participants have a state-employed Case/Resource Manager or Social Services Specialist, remediation activities typically begin at the case management level. In all cases, the DDA strives to provide waiver participants, families and DDA employees with the tools and information necessary to implement HCBS waivers that successfully support individuals in their communities.

When issues with respect to individual waiver participants are identified, case management staff are notified so that immediate action can be taken to address the issues.

Information from the various data sources described above is analyzed to determine: a) whether issues are systemic or individual, and b) the optimum strategy to address the issues identified.

Strategies to address issues in the DDA HCBS waiver program include:

- Edits in computer-based systems to require necessary information be included or to prevent inappropriate action;
- Additions to or development of computer-based systems to accommodate waiver processes such as person-centered planning and quality improvement activities such as monitoring of waiver participant abuse and neglect;
- Revisions in Washington Administrative Code (WAC) to clarify waiver requirements so that waiver participants, families and DDA staff all understand waiver requirements;
- Revisions or additions to DDA publications that provide waiver participants, guardians and families with up-to-date information on the HCBA waivers available, including the populations served, services covered, how to request waiver enrollment, and administrative hearing rights and procedures;
- Revisions or additions to DDA publications provide waiver participants, guardians and families

with up-to-date information on waiver quality assurance and quality improvement processes and results; and

- Revisions or additions to guidance (e.g., staff training, the DDA waiver manual, management bulletins, WAC) provided to DDA case management staff on the waivers and waiver-related processes (e.g., waiver enrollment, development of the person-centered plan, provision of waiver services, oversight of the individual support plan).

3.c. Process for identifying and analyzing patterns/trends.

The processes for identifying and analyzing patterns/trends are identical across all DDA HCBS waivers.

Data that is analyzed to identify patterns and trends comes from:

- QCC reviews
- National Core Indicators
- ISP satisfactions surveys
- Fiscal reports
- CRM face to face meeting data
- Incident Reports
- Complaint Data Base
- Mortality Review Team Reviews

Many entities help the DDA identify and analyze patterns and trends by reviewing reports and QIS data, including:

- DDA Executive Management, including the DDA Assistant Secretary, DDA Deputy Assistant Secretary, DDA Office Chiefs, DDA Unit Managers, and DDA regional waiver and quality assurance specialists.
- DDA Incident Review Team, which meets monthly to review aggregate data from the Electronic Incident Reporting System and makes recommendations to prevent incidents.
- DDA Mortality Review Team, which meets monthly to review deaths of waiver participants and identify, monitor and make recommendations concerning mortality trends and patterns.
- Stakeholders, who can access a dedicated internet site which offers them an opportunity to review annual waiver reports, review quality assurance activities, provide input on needed changes, provide suggestions for ways to better served waiver participants, and participate in an on-going dialogue about the quality of services for individuals on the DDA HCBS waivers.
- DDA HCBS Waiver Quality Assurance Committee, which is sponsored by the DDC and is comprised of self-advocates, family members, providers and Department representatives and meets four times a year (with provision for sub-committees as needed) to provide oversight of and guidance for the DDA HCBS Waiver program.
- Developmental Disabilities Council (DDC) which provides recommendations for improvement using the National Core Indicators Survey as the tool to identify trends and patterns.
- HCA Medicaid Agency Waiver Management Committee, which includes representatives from the Health Care Authority (the single State Medicaid Agency) and Administrations/Divisions within the operating agency and meets quarterly to review all functions delegated to the operating agency, current quality assurance activities and reports, pending waiver activity and potential waiver policy and rule changes and quality improvement activities.

3.d. Majority of the performance indicators are the same.
Currently approximately one-half of the performance measures that apply/will apply (i.e., with approval of the IFS Waiver) to the DDA HCBS waiver program are common across all five waivers. The remainder are unique to individual waivers based on the populations served, the types of services covered, or (in the case of the IFS Waiver) the addition of new sub-assurances. This amendment will more closely align performance measures across the DDA waivers.
4. The provider network is the same or very similar.
Provider networks across all waivers are very similar due to the services that the waivers have in common.
5.Provider oversight is the same or very similar.
Provider oversight is the same across all waivers due to the use of common mechanisms (e.g.,Agency Contracts Database), standardized contracts, and standardized protocols for provider oversight that are implemented by state staff employed at the regional level.

A consolidated evidence report is published annually in the fall for all waivers. Evidence for any assurances not met, evidence for PMs that are unique to IFS or other waivers and individual activities for remediation in instances of abuse, neglect and/or

exploitation are included in the consolidated evidence report.

Appendix A: Waiver Administration and Operation

1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

○ **The waiver is operated by the state Medicaid agency.**

Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program *(select one)*:

○ **The Medical Assistance Unit.**

Specify the unit name:

(Do not complete item A-2)

○ **Another division/unit within the state Medicaid agency that is separate from the Medical Assistance Unit.**

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

(Complete item A-2-a).

◉ **The waiver is operated by a separate agency of the state that is not a division/unit of the Medicaid agency.**

Specify the division/unit name:

Department of Social and Health Services/Developmental Disabilities Administration

In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. *(Complete item A-2-b).*

Appendix A: Waiver Administration and Operation

2. **Oversight of Performance.**

a. **Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:
As indicated in section 1 of this appendix, the waiver is not operated by another division/unit within the State Medicaid agency. Thus this section does not need to be completed.

b. **Medicaid Agency Oversight of Operating Agency Performance.** When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

Schedule A5 of the Cooperative Agreement between the Deaprtment of Social and Health Services (DSHS) and the Health Care Authority (HCA) delegates the following functions to the operating agency:
-Submission of all necessary application, renewal and amendment materials to CMS in order to secure and maintain approval of all proposed and existing waivers;
-Responsibility for the operation, management, and reporting of allowable Medicaid administrative activities for approved federal waivers; and
-Developing regulations, MMIS policy changes, and provider manuals.

The Cooperative Agreement is reviewed and updated when needed as issues are identified.

The Medicaid agency (HCA) is responsible for approving rules, regulations and policies that govern how waivers are operated and retains the authority to discharge its responsibilities for the administration of the Medicaid program pursuant to 42 § CFR §431.10(e). The assigned operational and administrative functions are monitored as part of the Aging and Long-Term Support Services Administration's (ALTSA's)/Developmental Disabilities Administration's (DDA's) annual Quality Assurance (QA) review cycle. Final QA outcome reports are provided to the Medicaid agency for review and follow-up.

At the end of each QA review cycle, a final report is generated which includes detailed data on a statewide level. These results are analyzed and incorporated into a statewide proficiency improvement plan. The State Medicaid Agency receives annual QA review reports and meets with the operating agency at the conclusion of the QA cycle to review results and provide input into the proficiency improvement plan. The proficiency improvement plan is reviewed and approved for implementation by DDA executive management.

The Medicaid Agency Waiver Management Committee was created and includes representatives from divisions within the operating agency, Home and Community Services (HCS) and Residential Care Services (RCS), and from two other DSHS administrations: Developmental Disabilities Administration (DDA) and Behavioral Health Administration (BHA). The committee meets at least quarterly to review all functions delegated to the operating agency, current quality assurance activity, pending waiver activity (e.g. amendments, renewals, etc.), potential waiver policy and rule changes and quality improvement activities.

The State’s Medicaid agency, the Health Care Authority, employs oversight methods that cover the full range of responsibilities specified in item A-7, including participant waiver enrollment, waiver enrollment managed against approved limits, waiver expenditures managed against approved levels, level of care evaluation, review of participant service plans, prior authorization of waiver services, utilization management, qualified provider enrollment, execution of Medicaid provider agreements, establishment of a statewide rate methodology, rules, policies, procedures and information development governing the waiver program and quality assurance and quality improvement activities. The oversight methods include: a Cooperative Agreement between the Medicaid agency, the Health Care Authority (HCA), and the operating agency, the Department of Social and Health Services (DSHS), that expressly details the delegated functions performed by the operating agency; the Medicaid Agency Waiver Management Committee that reviews all functions delegated to the operating agency and includes representatives from within administrations of the operating agency, including Aging and Long Term Supports Administration’s (ALTSA) Home and Community Services (HCS), Residential Care Services (RCS), Adult Protective Services (APS), Developmental Disabilities Administration (DDA) and the Department of Children, Youth and Families’(DCYF) Child Protective Services (CPS) and the HCA.
Oversight methods also include the State Auditor which performs audits of all activities of the operating agency; the operating agency’s Quality Assurance programs which systematically oversee all quality control systems, measures and processes; cost report auditing by the Management Services Division (MSD) of ALTSA for residential provider expenditures; rates development, management and oversight for contracted providers by the DDA Rates Unit of MSD; and legislative oversight of all aspects of waiver programs by the Joint Legislative Audit & Review Committee (JLARC).

Appendix A: Waiver Administration and Operation

3. Use of Contracted Entities. Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

○ **Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid**

agency and/or operating agency (if applicable).
Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.:*

◉ **No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).**

Appendix A: Waiver Administration and Operation

4. **Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

◉ **Not applicable**

○ **Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions. Check each that applies:

☐ **Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the State and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

Specify the nature of these agencies and complete items A-5 and A-6:

☐ **Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Specify the nature of these entities and complete items A-5 and A-6:

Appendix A: Waiver Administration and Operation

5. **Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

Appendix A: Waiver Administration and Operation

6. **Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional

non-state entities is assessed:

Appendix A: Waiver Administration and Operation

7. **Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):
In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

Function	Medicaid Agency	Other State Operating Agency
Participant waiver enrollment	☐	☒
Waiver enrollment managed against approved limits	☐	☒
Waiver expenditures managed against approved levels	☐	☒
Level of care evaluation	☐	☒
Review of Participant service plans	☐	☒
Prior authorization of waiver services	☐	☒
Utilization management	☐	☒
Qualified provider enrollment	☐	☒
Execution of Medicaid provider agreements	☐	☒
Establishment of a statewide rate methodology	☐	☒
Rules, policies, procedures and information development governing the waiver program	☒	☒
Quality assurance and quality improvement activities	☐	☒

Appendix A: Waiver Administration and Operation

Quality Improvement: Administrative Authority of the Single State Medicaid Agency

As a distinct component of the States quality improvement strategy, provide information in the following fields to detail the States methods for discovery and remediation.

a. **Methods for Discovery: Administrative Authority**
The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

i. **Performance Measures**

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. *As necessary and applicable, performance measures should focus on:*

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by

the waiver
- Equitable distribution of waiver openings in all geographic areas covered by the waiver
- Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014)

Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
A.3. The percentage of waiver deliverables that comply with the Interagency Cooperative Agreement. N = The number of waiver deliverables that comply with the Interagency Cooperative Agreement as documented by acceptance letters from HCA. D = The total number of waiver deliverables.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
A.2. The percentage of scheduled meetings of the HCA Medicaid Agency Waiver Management Committee that are held. Numerator = The number of scheduled meetings of the HCA Medicaid Agency Waiver Management Committee that are held. Denominator = The total number of scheduled meetings of the HCA Medicaid Agency Waiver Management Committee.

Data Source (Select one):
Operating agency performance monitoring
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:

A.1. The % of waiver, waiver amndmnt and wvr renewal requests submitted to CMS for which approval was obtained from Single State Medicaid Agency. N = The number of waiver, waiver amndmnt and wvr renewal requests submitted to CMS for which approval

was obtained from the Single State Medicaid Agency. D = The total number of waiver, waiver amndmnt and wvr renewal requests submitted to CMS.

Data Source (Select one):
Operating agency performance monitoring
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☒ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

A.1. The State Operating Agency obtains written approval from the Single State Medicaid Agency (Health Care Authority-HCA)to submit waiver requests, waiver amendment requests and waiver renewal requests to CMS. The Waiver Services Unit Manager verifies on an ongoing basis that prior approval from the HCA was obtained for all waiver requests, waiver amendment requests and waiver renewal requests submitted to CMS.

A.2. The Medicaid Agency Waiver Management Committee includes representatives from the HCA and administrations and divisions within the operating agency: DDA, HCS, RCS, and the Behavioral Health Administration. The committee meets at least quarterly to review all functions delegated to the operating agency, current quality assurance activity, pending waiver activity (e.g., amendments, renewals), potential waiver policy and rule changes and quality improvement activities. The Waiver Services Unit Manager verifies annually that these meetings were held.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the States method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

A.1. If it is determined that somehow a waiver request, waiver renewal request, or waiver amendment request was submitted to CMS without having prior approval from the HCA, the Waiver Services Unit Manager will establish a review team to review current processes and determine if changes need to be made to the processes themselves and/or if staff training and/or computer system changes are required to ensure that prior approval from the HCA is obtained. A report of the review will be required within 30 days of the establishment of the review team, with implementation of any necessary system changes and/or staff training to follow.

A.2. If the Medicaid Agency Waiver Management Committee did not meet quarterly, the Waiver Services Unit Manager will verify why it did not meet quarterly and ensure the process is modified as necessary so that in the future quarterly meetings are held.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix B: Participant Access and Eligibility

B-1: Specification of the Waiver Target Group(s)

a. Target Group(s). Under the waiver of Section 1902(a)(10)(B) of the Act, the state limits waiver services to one or more groups or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. *In accordance with 42 CFR §441.301(b)(6), select one or more waiver target groups, check each of the subgroups in the selected target group(s) that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
☐ **Aged or Disabled, or Both - General**					
	☐	**Aged**			☐
	☐	**Disabled (Physical)**			
	☐	**Disabled (Other)**			
☐ **Aged or Disabled, or Both - Specific Recognized Subgroups**					
	☐	**Brain Injury**			☐
	☐	**HIV/AIDS**			☐
	☐	**Medically Fragile**			☐

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
	☐	Technology Dependent			☐
☒ Intellectual Disability or Developmental Disability, or Both					
	☒	Autism	0		☒
	☒	Developmental Disability	0		☒
	☒	Intellectual Disability	0		☒
☐ Mental Illness					
	☐	Mental Illness			☐
	☐	Serious Emotional Disturbance			

b. Additional Criteria. The state further specifies its target group(s) as follows:

Individuals must meet the Developmental Disabilities Administration (DDA) definition of developmental disability as contained in state law (Revised Code of Washington-RCW) and stipulated in Washington State administrative code (WAC)and meet additional criteria as specified in state administrative code.

Washington State regulations and administrative codes stipulate that in order to qualify for DDA the individual must have a diagnosed condition of:

(1) Intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition found by DDA to be closely related to intelelctual disability or requiring treatment similar to that required for individuals with intellectual disability which;

(a) Originates prior to age eighteen;

(b) Is expected to continue indefinitely; and

(c) Results in substantial limitations.

(2) In addition to the requirements listed in (1) above, the individual must meet the other requirements contained in Chapter 388-823 WAC (concerning Developmental Disabilities Administration intake and eligiblity determination).

To be on the IFS Waiver, individuals who meet ICF/IID level of care guidelines must meet the following additional criteria:

- Live in the family home;
- Have been assessed as having a need for IFS waiver services;
- Are not enrolled on another DDA or Home and Community Services (HCS) Home and Community Based Services (HCBS) waiver; and
- Are not receiving a DDA adult or child residential service or receiving licensed foster care.

A parent who is a client of DDA is eligible to receive IFS Waiver services in order to promote the integrity of the family unit, provided:

a) All of the criteria identified above are met; and
b) The minor child who lives in the parent's home is at risk of being placed out of home (e.g., up for adoption, into foster care or into an ICF/IID).

c. Transition of Individuals Affected by Maximum Age Limitation. When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit *(select one):*

- (●) **Not applicable. There is no maximum age limit**
- ( ) **The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit.**

Specify:

Appendix B: Participant Access and Eligibility

B-2: Individual Cost Limit (1 of 2)

a. Individual Cost Limit. The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual *(select one)*. Please note that a state may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:

- ○ **No Cost Limit.** The state does not apply an individual cost limit. *Do not complete Item B-2-b or item B-2-c.*
- ○ **Cost Limit in Excess of Institutional Costs.** The state refuses entrance to the waiver to any otherwise eligible individual when the state reasonably expects that the cost of the home and community-based services furnished to that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the state. *Complete Items B-2-b and B-2-c.*

  The limit specified by the state is *(select one)*

  - ○ **A level higher than 100% of the institutional average.**

    Specify the percentage:

  - ○ **Other**

    Specify:

- ○ **Institutional Cost Limit.** Pursuant to 42 CFR 441.301(a)(3), the state refuses entrance to the waiver to any otherwise eligible individual when the state reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver. *Complete Items B-2-b and B-2-c.*
- ◉ **Cost Limit Lower Than Institutional Costs.** The state refuses entrance to the waiver to any otherwise qualified individual when the state reasonably expects that the cost of home and community-based services furnished to that individual would exceed the following amount specified by the state that is less than the cost of a level of care specified for the waiver.

  Specify the basis of the limit, including evidence that the limit is sufficient to assure the health and welfare of waiver participants. Complete Items B-2-b and B-2-c.

The need for service is based on an assessment of need (see "Other" below for detail). Washington State has been operating a state-funded program to support individuals who reside in the family home for more than 25 years. Over time the level of funding provided to individuals has varied based on the services available to DDA-eligible individuals and funding made available by the Legislature.

The services offered on the IFS waiver have been shown to adequately support individuals in the family home. The expenditure limits do not include expenditures for personal care. These services are available to waiver participants outside of the waiver as a Section 1915(k) Medicaid State Plan service.
Since all waiver participants will reside with family members, family members will serve as a primary source of support for waiver enrollees. The DDA Assessment requires that all health and welfare needs of the participant are assigned to a paid or unpaid source of support. If a family is unable to be the primary source of support, the participant may need to access a different waiver and the participant's case resource manager or social services specialist will assist the participant to make that request.

Benefit levels for the IFS waiver were derived from the State-only funded IFS Program and were established as directed by the State Legislature to mirror the State-only IFS Program benefit levels. CMS 372 Annual Per Capita (APC) for waiver services were $954 for 2015-2016, $1,006 for 2016-2017 and $1,047 for 2017-2018 (Draft CMS 372) demonstrate that these benefit levels are sufficient to assure the health and welfare of the target population post entrance to the waiver. When IFS waiver participants do demonstrate needs in excess of IFS waiver benefit levels or require additional services not offered by the IFS waiver the participant may request and gain access to one of the State's other waivers that can meet the participant's needs.

The benefit limits are not designed to be adjusted during the period in which the waiver is in effect to account for changes in the cost of providing services. As demonstrated in the previous answer, APCs for waiver services remain within the maximum benefits allowed on the IFS waiver and are projected to remain within the maximum benefits allowed for the duration of the five years of this waiver cycle.

The IFS cost limit is applied uniformly and fairly to all potentially eligible individuals through the process of the standardized DDA Assessment. The DDA Assessment algorithm utilizes many data points in the assessment to determine the appropriate benefit level for each participant.

The State's other waivers do not have reserved capacity to accept participants transitioning from the IFS waiver. Each of the State's other four waivers has a predictable monthly attrition which provides a consistent source of waiver capacity for IFS participants needing to transition to another waiver.

The cost limit specified by the state is *(select one)*:

◉ **The following dollar amount:**

Specify dollar amount: 3600

The dollar amount *(select one)*

○ **Is adjusted each year that the waiver is in effect by applying the following formula:**

Specify the formula:

◉ **May be adjusted during the period the waiver is in effect. The state will submit a waiver amendment to CMS to adjust the dollar amount.**

○ **The following percentage that is less than 100% of the institutional average:**

Specify percent:

○ **Other:**

Specify:

Appendix B: Participant Access and Eligibility

B-2: Individual Cost Limit (2 of 2)

b. Method of Implementation of the Individual Cost Limit. When an individual cost limit is specified in Item B-2-a, specify the procedures that are followed to determine in advance of waiver entrance that the individual's health and welfare can be assured within the cost limit:

The need for services and the IFS services score are determined using a standardized assessment of need.

The IFS score is based on the IFS adjusted services support rating. The IFS services support rating is based on assessed support levels from the following components of the DDA automated Assessment, as described in Chapter 388-845 WAC (concerning DDA home and community-based services waivers):

1) The DDA protective supervision acuity scale;
2) The DDA caregiver status acuity scale;
3) The DDA behavioral acuity scale;
4) The DDA medical acuity scale; and
5) The DDA activities of daily living (ADL) acuity scale.

The IFS services support level is translated to an IFS services support rating per the following table:

If the unadjusted individual and family services level is:	Then the individual and family services support rating is:
1	0
2	240
3	336
4	432
5	528

The IFS services support rating is then adjusted based on the medical acuity level and the ADL support needs level.

The IFS support rating is added to the adjustment amount to yield the IFS services score, which in turns determines the IFS Waiver funding allocation amount, as contained in the table in the previous subsection (B-2-a/"Other").

Waiver clients have rights under Medicaid law, state law (RCW) and state rules (WAC) to appeal any decision of DDA affecting eligibility, service, or choice of provider.

When DDA makes a decision affecting eligibility, level of service or denial or termination of provider, a Planned Action Notice (PAN) must be sent within 5 working days of the decision. The notice is sent to the waiver participant and her/his designee. The PAN provides the effective date of the action, the reason and applicable WAC, appeal rights, and time lines for filing appeals. Individuals have up to 90 days to appeal a department decision.

A client or representative may request an administrative hearing orally or in writing. Client appeals are heard and decided by Administrative Law Judges (ALJs) through an administrative hearing. Attorney representation is not required but is allowed. The client or their representative may present the client's case or have an attorney present the case.

c. Participant Safeguards. When the state specifies an individual cost limit in Item B-2-a and there is a change in the

participant's condition or circumstances post-entrance to the waiver that requires the provision of services in an amount that exceeds the cost limit in order to assure the participant's health and welfare, the state has established the following safeguards to avoid an adverse impact on the participant *(check each that applies)*:

☒ **The participant is referred to another waiver that can accommodate the individual's needs.**

☒ **Additional services in excess of the individual cost limit may be authorized.**

Specify the procedures for authorizing additional services, including the amount that may be authorized:

DDA will track IFS Waiver participant expenditures to enable regional staff to work with particpants and their families to obtain needed services within their allocated budget.

If needs are greater than can be met on the IFS Waiver, a request for enrollment in a different waiver (such as #0409, the Basic Plus Waiver) will be forwarded to DDA Headquarters. If waiver capacity can accommodate the request, the individual will be enrolled on a different waiver.

If the need for support cannot be met on the IFS Waiver and the appropriate waiver does not have capacity to enroll the individual, efforts wil be made to identify natural supports, Medicaid State Plan services, and/or other resources to enable the individual to remain in the community on the IFS Waiver while waiting for enrollment on a different waiver.

If all available community-based options have been explored by the individual, the family and the case resource manager and the level of support remains inadequate, and capacity on another waiver is not expected to accommodate the individual in the near future, the individual will be given the option to receive services in an institutional setting (i.e., ICF/IID).

☐ **Other safeguard(s)**

Specify:

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (1 of 4)

a. Unduplicated Number of Participants. The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The state will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix J:

Table: B-3-a

Waiver Year	Unduplicated Number of Participants
Year 1	8100
Year 2	8100
Year 3	8100
Year 4	8100
Year 5	8100

b. Limitation on the Number of Participants Served at Any Point in Time. Consistent with the unduplicated number of participants specified in Item B-3-a, the state may limit to a lesser number the number of participants who will be served at

any point in time during a waiver year. Indicate whether the state limits the number of participants in this way: *(select one)* :

- ○ **The state does not limit the number of participants that it serves at any point in time during a waiver year.**
- ◉ **The state limits the number of participants that it serves at any point in time during a waiver year.**

The limit that applies to each year of the waiver period is specified in the following table:

Table: B-3-b

Waiver Year	Maximum Number of Participants Served At Any Point During the Year
Year 1	6500
Year 2	6500
Year 3	6500
Year 4	6500
Year 5	6500

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (2 of 4)

c. Reserved Waiver Capacity. The state may reserve a portion of the participant capacity of the waiver for specified purposes (e.g., provide for the community transition of institutionalized persons or furnish waiver services to individuals experiencing a crisis) subject to CMS review and approval. The State *(select one)*:

- ◉ **Not applicable. The state does not reserve capacity.**
- ○ **The state reserves capacity for the following purpose(s).**

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (3 of 4)

d. Scheduled Phase-In or Phase-Out. Within a waiver year, the state may make the number of participants who are served subject to a phase-in or phase-out schedule *(select one)*:

- ◉ **The waiver is not subject to a phase-in or a phase-out schedule.**
- ○ **The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an intra-year limitation on the number of participants who are served in the waiver.**

e. Allocation of Waiver Capacity.

Select one:

- ◉ **Waiver capacity is allocated/managed on a statewide basis.**
- ○ **Waiver capacity is allocated to local/regional non-state entities.**

Specify: (a) the entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:

f. Selection of Entrants to the Waiver. Specify the policies that apply to the selection of individuals for entrance to the waiver:

State regulations stipulate: When there is capacity on a waiver and there is available funding for new waiver participants, DDA may consider any of the following populations in any order:

(a) Priority populations as identified and funded by the legislature.

From time to time the Legislature will direct (when funding is available) DDA to add specific groups of individuals to the waiver program in order to meet identified needs. An example would be to enroll high school graduates on the appropriate waiver (i.e., appropriate to their specific living situation and support needs) who wish to receive supported employment services. Other examples include enrolling a) individuals who require the services offered under the Community Protection Waiver, b) individuals when their Roads to Community Living (MFTP) funding expires, and c) individuals who are ready to move back to the community from an IMD.

(b) Persons DDA has determined to be in immediate risk of ICF/IID admission due to unmet health and safety needs.

(c) Persons identified as a risk to the safety of the community.

(d) Persons currently receiving services through state only funds.

(e) Persons on an HCBS waiver that provides services in excess of what is needed to meet their identified health and welfare needs (i.e., needs can be met on a lesser waiver).

(f) Persons who were previously on an HCBS waiver since April 2004 and lost waiver eligibility due to residing in an institution.

Sometimes an individual on a DDA HCBS waiver is in need of and elects to receive the level of support available in an institutional setting (as defined below). If the individual remains in the institution for at least 30 days, then under certain circumstances (see the WAC language below) the individual is terminated from her/his waiver. At the time the individual is able to return to a community setting, s/he is placed on the appropriate waiver in order to receive the support necessary to support her/him in the community.

Per WAC 388-845-0060(1) concerning termination of waiver enrollment, a waiver participant residing in an institution may be terminated from a waiver under the following circumstances.

(I) S/he is residing in a hospital, jail, prison, nursing facility, ICF/IID, or other institution and remains in residence at least one full calendar month, and is still in residence: and there is no immediate plan for the waiver participant to return to the community

(i) At the end of that full calendar month; or

(ii) At the end of the twelfth month following the effective date of their current person-centered service plan, as described in WAC 388-845-3060; or

(iii) At the end of the waiver (fiscal) year, whichever date occurs first.

The State follows State rules (WAC 388-845-0045) in the operation of the waiver application process and these rules do not prescribe a priority to one criteria over another criteria. State reviews all requests for waiver enrollment and selects those from among priority groups first for enrollment and then considers all other eligible applicants. Capacity and funding for the waiver will limit the State’s ability to enroll all eligible applicants.

The standardized DDA Assessment and the requesting Case/Resource Manager document the immediate risk factors due to unmet health and safety needs in the participant’s assessment and waiver request. The standardized DDA Assessment

and the Regional Community Protection Committee document the risk factors that indicate a person is a risk to the safety of the community in the participant's assessment and waiver request.

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served - Attachment #1 (4 of 4)

Answers provided in Appendix B-3-d indicate that you do not need to complete this section.

Appendix B: Participant Access and Eligibility

B-4: Eligibility Groups Served in the Waiver

a. **1. State Classification.** The state is a *(select one)*:

- (●) **§1634 State**
- ( ) **SSI Criteria State**
- ( ) **209(b) State**

2. Miller Trust State.
Indicate whether the state is a Miller Trust State *(select one)*:

- (●) **No**
- ( ) **Yes**

b. Medicaid Eligibility Groups Served in the Waiver. Individuals who receive services under this waiver are eligible under the following eligibility groups contained in the state plan. The state applies all applicable federal financial participation limits under the plan. *Check all that apply*:

Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR §435.217)

- [ ] **Low income families with children as provided in §1931 of the Act**
- [x] **SSI recipients**
- [ ] **Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121**
- [ ] **Optional state supplement recipients**
- [ ] **Optional categorically needy aged and/or disabled individuals who have income at:**

  Select one:

  - ( ) **100% of the Federal poverty level (FPL)**
  - ( ) **% of FPL, which is lower than 100% of FPL.**

  Specify percentage: [ ]

- [ ] **Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act)**
- [x] **Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)**
- [x] **Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act)**
- [ ] **Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)**
- [ ] **Medically needy in 209(b) States (42 CFR §435.330)**
- [ ] **Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)**
- [ ] **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the state**

plan that may receive services under this waiver)

Specify:

Special home and community-based waiver group under 42 CFR §435.217) *Note: When the special home and community-based waiver group under 42 CFR §435.217 is included, Appendix B-5 must be completed*

- ○ **No. The state does not furnish waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.** *Appendix B-5 is not submitted.*
- ◉ **Yes. The state furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.**

Select one and complete Appendix B-5.

- ○ **All individuals in the special home and community-based waiver group under 42 CFR §435.217**
- ◉ **Only the following groups of individuals in the special home and community-based waiver group under 42 CFR §435.217**

Check each that applies:

- ☒ **A special income level equal to:**

Select one:

- ◉ **300% of the SSI Federal Benefit Rate (FBR)**
- ○ **A percentage of FBR, which is lower than 300% (42 CFR §435.236)**

Specify percentage:

- ○ **A dollar amount which is lower than 300%.**

Specify dollar amount:

- ☐ **Aged, blind and disabled individuals who meet requirements that are more restrictive than the SSI program (42 CFR §435.121)**
- ☐ **Medically needy without spend down in states which also provide Medicaid to recipients of SSI (42 CFR §435.320, §435.322 and §435.324)**
- ☐ **Medically needy without spend down in 209(b) States (42 CFR §435.330)**
- ☐ **Aged and disabled individuals who have income at:**

Select one:

- ○ **100% of FPL**
- ○ **% of FPL, which is lower than 100%.**

Specify percentage amount:

- ☐ **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the state plan that may receive services under this waiver)**

Specify:

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (1 of 7)

In accordance with 42 CFR §441.303(e), Appendix B-5 must be completed when the state furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217, as indicated in Appendix B-4. Post-eligibility applies only to the 42 CFR §435.217 group.

a. Use of Spousal Impoverishment Rules. Indicate whether spousal impoverishment rules are used to determine eligibility for the special home and community-based waiver group under 42 CFR §435.217:

Note: For the five-year period beginning January 1, 2014, the following instructions are mandatory. The following box should be checked for all waivers that furnish waiver services to the 42 CFR §435.217 group effective at any point during this time period.

☒ **Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group. In the case of a participant with a community spouse, the state uses *spousal* post-eligibility rules under §1924 of the Act.**
Complete Items B-5-e (if the selection for B-4-a-i is SSI State or §1634) or B-5-f (if the selection for B-4-a-i is 209b State) and Item B-5-g unless the state indicates that it also uses spousal post-eligibility rules for the time periods before January 1, 2014 or after December 31, 2018.

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018 (select one).

◉ **Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group.**

In the case of a participant with a community spouse, the state elects to (*select one*):

◉ **Use spousal post-eligibility rules under §1924 of the Act.**
(Complete Item B-5-b (SSI State) and Item B-5-d)

○ **Use regular post-eligibility rules under 42 CFR §435.726 (SSI State) or under §435.735 (209b State)**
(Complete Item B-5-b (SSI State). Do not complete Item B-5-d)

○ **Spousal impoverishment rules under §1924 of the Act are not used to determine eligibility of individuals with a community spouse for the special home and community-based waiver group. The state uses regular post-eligibility rules for individuals with a community spouse.**
(Complete Item B-5-b (SSI State). Do not complete Item B-5-d)

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (2 of 7)

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

b. Regular Post-Eligibility Treatment of Income: SSI State.

The state uses the post-eligibility rules at 42 CFR 435.726 for individuals who do not have a spouse or have a spouse who is not a community spouse as specified in §1924 of the Act. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following allowances and expenses from the waiver participant's income:

i. Allowance for the needs of the waiver participant (*select one*):

◉ **The following standard included under the state plan**

Select one:

○ **SSI standard**

○ **Optional state supplement standard**

○ **Medically needy income standard**

○ **The special income level for institutionalized persons**

(*select one*):

○ **300% of the SSI Federal Benefit Rate (FBR)**

○ **A percentage of the FBR, which is less than 300%**

Specify the percentage:

○ **A dollar amount which is less than 300%.**

Specify dollar amount:

○ **A percentage of the Federal poverty level**

Specify percentage:

◉ **Other standard included under the state Plan**

Specify:

A client eligible for home and community based (HCBS) waiver services authorized by the developmental disabilities administration (DDA) under WAC 182-515-1513 must pay toward the cost of care and room and board as specified in WAC 182-515-1514.
DDA determines how much a client must pay toward the cost of care for home and community based (HCBS) waiver services authorized by DDA when the client is living at home or in an alternate living facility. Post eligibility treatment of income, personal needs allowance, allowable deductions for earned income, guardianship fees, child support, needs allowance for a spouse or dependent, medical expenses and other deductions are specified in WAC 182-515-1514.

○ **The following dollar amount**

Specify dollar amount: If this amount changes, this item will be revised.

○ **The following formula is used to determine the needs allowance:**

Specify:

○ **Other**

Specify:

ii. Allowance for the spouse only (*select one*):

◉ **Not Applicable**

○ **The state provides an allowance for a spouse who does not meet the definition of a community spouse in §1924 of the Act. Describe the circumstances under which this allowance is provided:**

Specify:

Specify the amount of the allowance (*select one*):

- ○ **SSI standard**
- ○ **Optional state supplement standard**
- ○ **Medically needy income standard**
- ○ **The following dollar amount:**

  Specify dollar amount: [ ] If this amount changes, this item will be revised.
- ○ **The amount is determined using the following formula:**

  Specify:

iii. Allowance for the family (*select one*):

- ◉ **Not Applicable (see instructions)**
- ○ **AFDC need standard**
- ○ **Medically needy income standard**
- ○ **The following dollar amount:**

  Specify dollar amount: [ ] The amount specified cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the state's approved AFDC plan or the medically needy income standard established under 42 CFR §435.811 for a family of the same size. If this amount changes, this item will be revised.
- ○ **The amount is determined using the following formula:**

  Specify:
- ○ **Other**

  Specify:

iv. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 §CFR 435.726:

a. Health insurance premiums, deductibles and co-insurance charges
b. Necessary medical or remedial care expenses recognized under state law but not covered under the state's Medicaid plan, subject to reasonable limits that the state may establish on the amounts of these expenses.

Select one:

- ◉ **Not Applicable (see instructions)***Note: If the state protects the maximum amount for the waiver participant,*

not applicable must be selected.

○ **The state does not establish reasonable limits.**

○ **The state establishes the following reasonable limits**

Specify:

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (3 of 7)

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

c. Regular Post-Eligibility Treatment of Income: 209(B) State.

Answers provided in Appendix B-4 indicate that you do not need to complete this section and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (4 of 7)

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

d. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules

The state uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the state Medicaid Plan. The state must also protect amounts for incurred expenses for medical or remedial care (as specified below).

i. Allowance for the personal needs of the waiver participant

(*select one*):

○ **SSI standard**

○ **Optional state supplement standard**

○ **Medically needy income standard**

○ **The special income level for institutionalized persons**

○ **A percentage of the Federal poverty level**

Specify percentage:

○ **The following dollar amount:**

Specify dollar amount: If this amount changes, this item will be revised

◉ **The following formula is used to determine the needs allowance:**

Specify formula:

A client eligible for home and community based (HCBS) waiver services authorized by the developmental disabilities administration (DDA) under WAC 182-515-1513 must pay toward the cost of care and room and board as specified in WAC 182-515-1514.
DDA determines how much a client must pay toward the cost of care for home and community based (HCBS) waiver services authorized by DDA when the client is living at home or in an alternate living facility. Post eligibility treatment of income, personal needs allowance, allowable deductions for earned income, guardianship fees, child support, needs allowance for a spouse or dependent, medical expenses and other deductions are specified in WAC 182-515-1514.

○ **Other**

Specify:

ii. If the allowance for the personal needs of a waiver participant with a community spouse is different from the amount used for the individual's maintenance allowance under 42 CFR §435.726 or 42 CFR §435.735, explain why this amount is reasonable to meet the individual's maintenance needs in the community.

Select one:

◉ **Allowance is the same**
○ **Allowance is different.**

Explanation of difference:

iii. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 CFR §435.726:

a. Health insurance premiums, deductibles and co-insurance charges
b. Necessary medical or remedial care expenses recognized under state law but not covered under the state's Medicaid plan, subject to reasonable limits that the state may establish on the amounts of these expenses.

Select one:

◉ **Not Applicable (see instructions)***Note: If the state protects the maximum amount for the waiver participant, not applicable must be selected.*
○ **The state does not establish reasonable limits.**
○ **The state uses the same reasonable limits as are used for regular (non-spousal) post-eligibility.**

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (5 of 7)

Note: The following selections apply for the five-year period beginning January 1, 2014.

e. Regular Post-Eligibility Treatment of Income: §1634 State - 2014 through 2018.

Answers provided in Appendix B-5-a indicate the selections in B-5-b also apply to B-5-e.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (6 of 7)

Note: The following selections apply for the five-year period beginning January 1, 2014.

f. Regular Post-Eligibility Treatment of Income: 209(B) State - 2014 through 2018.

Answers provided in Appendix B-4 indicate that you do not need to complete this section and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (7 of 7)

Note: The following selections apply for the five-year period beginning January 1, 2014.

g. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules - 2014 through 2018.

The state uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the state Medicaid Plan. The state must also protect amounts for incurred expenses for medical or remedial care (as specified below).

Answers provided in Appendix B-5-a indicate the selections in B-5-d also apply to B-5-g.

Appendix B: Participant Access and Eligibility

B-6: Evaluation/Reevaluation of Level of Care

As specified in 42 CFR §441.302(c), the state provides for an evaluation (and periodic reevaluations) of the need for the level(s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services.

a. Reasonable Indication of Need for Services. In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the state's policies concerning the reasonable indication of the need for services:

i. Minimum number of services.

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is: 1

ii. Frequency of services. The state requires (select one):

- ○ **The provision of waiver services at least monthly**
- ◉ **Monthly monitoring of the individual when services are furnished on a less than monthly basis**

If the state also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:

b. Responsibility for Performing Evaluations and Reevaluations. Level of care evaluations and reevaluations are performed (*select one*):

- ○ **Directly by the Medicaid agency**
- ◉ **By the operating agency specified in Appendix A**
- ○ **By a government agency under contract with the Medicaid agency.**

Specify the entity:

○ **Other**
Specify:

c. Qualifications of Individuals Performing Initial Evaluation: Per 42 CFR §441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

Regional DDA Case/Resource Managers and Regional DDA Social Service Specialists are the only individuals who perform the initial evaluations of level of care prior to placement onto the waiver. In addition to meeting the following minimum qualifications, staff must pass a background check prior to being hired and receive mandatory waiver training prior to completing any evaluations.

DDA Case/Resource Manager
Minimum Qualifications:
A Bachelor's degree in social sciences, social services, human services, behavioral sciences or an allied field and two years of experience providing social services to people with developmental disabilities. Graduate training in social science, social services, human services, behavioral sciences or an allied field will substitute, year for year, for one year of the experience providing social services to people with developmental disabilities.

Social Service Specialist
Minimum Qualifications
A Master's degree in social services, human services, behavioral sciences, or an allied field.
OR
A Bachelor's degree in social services, human services, behavioral sciences, or an allied field and one year of social service experience.

d. Level of Care Criteria. Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the state's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

The Supports Intensity Scale-Adult (SIS-A) is a nationally normed instrument developed by the American Association on Intellectual and Developmental Disabilities used to determine ICF/IID Level of Care for individuals aged 16 and over. The SIS-A is a multidimensional scale designed to determine the pattern and intensity of individual's support needs. The SIS-A was designed to a) assess support needs b) determine the intensity of needed supports c) monitor progress and d) evaluate outcomes of adults with intellectual disabilities and related developmental disabilities.
The Supports Intensity Scale evaluates individuals using the following subscales:
A. Home Living
B. Community Living
C. Lifelong Learning
D. Employment
E. Health & Safety
F. Social
G. Protection and Advocacy Activities

DDA added two additional scales that include:
- Exceptional Medical Supports Activities
- Exceptional Behavioral Supports Activities

The state of Washington has adapted an ICF/IID Level of Care tool that was originally used to assess individuals through age 12 to assess individuals through age 15. This assessment consists of 18 items, all of which are used to determine ICF/IID Level of Care.
Support needs are assessed in the following areas:
A. Activities of Daily Living
B. Instrumental Activities of Daily Living
C. Family Supports
D. Safety & Interactions
E. Peer Relationships

ICF/IID Level of Care as described in Washington Administrative Code (WAC) Chapter 388-828-4400 for adults (16 years of age and older) and Chapter 388-828-3080 for children (birth through 15 years of age).

How does DDA determine my score for ICF/IID Level of Care if I am age birth through fifteen years old? DDA determines your ICF/IID Level of Care score by adding your acuity scores for each question in the ICF/IID Level of Care Assessment for Children.

How does DDA determine if I meet the eligibility requirements for ICF/IID Level of care if I am age birth through 15 years old? DDA determines you to be eligible for ICF/IID Level of care when you meet at least one of the following:
1. You are age birth through five years old and the total of your acuity scores is five or more; or
2. You are age six through fifteen years old and the total of your acuity scores is seven or more.

How does DDA determine if you meet the eligibility requirements for ICF/IID level-of-care if you are age sixteen or older? If you are age sixteen or older, DDA determines you to be eligible for ICF/IID level-of-care from your SIS scores. Eligibility for ICF/IID level-of-care requires that your scores meet at least one of the following:
(1) You have a percentile rank over nine percent for three or more of the six subscales in the SIS support needs scale;
(2) You have a percentile rank over twenty-five percent for two or more of the six subscales in the SIS support needs scale;
(3) You have a percentile rank over fifty percent in at least one of the six subscales in the SIS support needs scale;
(4) You have a support score of one or two for any of the questions listed in the SIS exceptional medical support needs scale;
(5) You have a support score of one or two for at least one of the following items in the SIS exceptional behavior support needs scale:
(a) Prevention of assaults or injuries to others;
(b) Prevention of property destruction (e.g., fire setting, breaking furniture);
(c) Prevention of self-injury;

(d) Prevention of PICA (ingestion of inedible substances);
(e) Prevention of suicide attempts;
(f) Prevention of sexual aggression; or
(g) Prevention of wandering.
(6) You have a support score of two for any of the questions listed in the SIS exceptional behavior support needs scale; or
(7) You meet or exceed any of the qualifying scores for one or more of the following SIS questions:

Question # of SIS Support needs scale	Text of question	Your score for "Type of support" is	And your score for "Frequency of support" is
A2	Bathing and take care of personal hygiene and grooming needs	2 or more	4
		3 or more	2
A3	Using the toilet	2 or more	4
		3 or more	2
A4	Dressing	2 or more	4
		3 or more	2
A5	Preparing food	2 or more	4
		3 or more	2
A6	Eating food	2 or more	4
		3 or more	2
A7	Taking care of clothes, including laundering	2 or more	2 or more
		3 or more	1
A8	Housekeeping and cleaning	2 or more	2 or more
		3 or more	1
B6	Shopping and purchasing goods and services	2 or more	2 or more
		3 or more	1
C1	Learning and using problem-solving strategies	2 or more	3 or more
		3 or more	2
C5	Learning self-management strategies	2 or more	3 or more
		3 or more	2
E1	Taking medications	2 or more	4
		3 or more	2
E2	Ambulating and moving about	2 or more	4
		3 or more	2
E3	Avoiding health and safety hazards	2 or more	3 or more
		3 or more	2
E6	Maintaining a nutritious diet	2 or more	2 or more
		3 or more	1
E8	Maintaining emotional well-being	2 or more	3 or more
		3 or more	2
F1	Using appropriate social skills	2 or more	3 or more
		3 or more	2
G7	Managing money and personal finances	2 or more	2 or more
		3 or more	1

e. Level of Care Instrument(s). Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care *(select one)*:

◉ **The same instrument is used in determining the level of care for the waiver and for institutional care under the state Plan.**

○ **A different instrument is used to determine the level of care for the waiver than for institutional care under the state plan.**

Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

f. Process for Level of Care Evaluation/Reevaluation: Per 42 CFR §441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the waiver. If the reevaluation process differs from the evaluation process, describe the differences:

The Level of Care Evaluation/Reevaluation is completed at least annually. Designated trained DDA staff are the only individuals who perform Level of Care Evaluations/Reevaluations. Please see B-6-d for a description of the Level of Care criteria.

A qualified and trained interviewer completes the SIS-A or the ICF/IID Level of Care Assessment for Children at least annually by obtaining information about the person's support needs via a face to face interview with the person and one or more respondents who know the person well.

The inter-rate reliability (IRR) level of care is a 1:1 evaluation of Case/Resource Managers' ability to correctly administer the DDA assessment. The level of care is one product of the DDA assessment. DDA Joint Requirements Planning (JRP) staff, DDA's subject matter experts on the DDA assessment, accompany each Case/Resource Manager on an DDA assessment interview annually. The Case/Resource Manager and JRP independently complete separate assessments and the JRP compares the results to ensure that the Case/Resource Manager's determination of ICF/IID eligibility is consistent with the JRP's. Additionally, the JRP evaluates the Case/Resource Manager's interview skills and knowledge of the DDA assessment.

All LOCs are not IRR LOCs as this would not be practical nor warranted. The annual sample of IRR LOCs performed for the 406 Case/Resource Managers is a statistically valid sample size for the universe of all participants receiving paid services (32,989 participants receiving paid services requires a sample size of 380 for a confidence level of 95% with a margin of error of +/- 5% according to Raosoft).
When a Case/Resource Manager's assessment is deemed to be significantly variant from the JRP's assessment, the Case/Resource Manager must receive additional training and demonstrate improvement which is measured by a JRP conducting an additional shadow assessment.
State believes this performance measure is a valid, reliable and sufficient measure of Case/Resource Managers' ability to consistently conduct a DDA assessment and produce a consistent and reliable LOC.

g. Reevaluation Schedule. Per 42 CFR §441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule *(select one)*:

- ○ **Every three months**
- ○ **Every six months**
- ◉ **Every twelve months**
- ○ **Other schedule**
  Specify the other schedule:

h. Qualifications of Individuals Who Perform Reevaluations. Specify the qualifications of individuals who perform reevaluations *(select one)*:

- ◉ **The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.**
- ○ **The qualifications are different.**
  Specify the qualifications:

i. Procedures to Ensure Timely Reevaluations. Per 42 CFR §441.303(c)(4), specify the procedures that the state employs

to ensure timely reevaluations of level of care *(specify):*

o Regional management is responsible for ensuring that DDA staff complete annual evaluations.
o Assessment data is monitored monthly by regional management and HQ Program Managers and Quality Assurance staff to ensure
compliance.
o Waiver Specialists review Assessment Activity Reports that are generated monthly by HQ and distributed to CRMs to promote
completing assessment timely.
o DDA assessors set personal tickler systems.
o Annual, monthly and quarterly file reviews track compliance. Ternary reviews are completed by supervisors. Annual reviews
are completed by the Quality Compliance Coordinators (QCC).
o The DDA assessment (on the CARE platform) tracks timeliness of reevaluations. Case Resource Managers, Social Service
Specialists, DDA supervisors and DDA executive management all monitor these reports.

j. Maintenance of Evaluation/Reevaluation Records. Per 42 CFR §441.303(c)(3), the state assures that written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum period of 3 years as required in 45 CFR §92.42. Specify the location(s) where records of evaluations and reevaluations of level of care are maintained:

Records of evaluations will be maintained for a minimum of ten (10) years. Paper copies are available in the client file, which is maintained in the regional office. The electronic evaluation is on an electronic platform and can be viewed remotely from any DDA office in the state.

Appendix B: Evaluation/Reevaluation of Level of Care

Quality Improvement: Level of Care

As a distinct component of the States quality improvement strategy, provide information in the following fields to detail the States methods for discovery and remediation.

a. Methods for Discovery: Level of Care Assurance/Sub-assurances

The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.

i. Sub-Assurances:

a. ***Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
B.a.1. The percentage of all waiver applicants for whom an evaluation for LOC was

conducted prior to a completed request for enrollment. Numerator = All applicants who have a completed level of care assessment prior to a waiver enrollment request. Denominator = All applicants with a completed request for waiver enrollment.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DDA's Comprehensive Assessment Reporting and Evaluation (CARE) system

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

c. ***Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
B.c.1. The percentage of inter-rater reliability (IRR) level of care (LOC) determinations made where the LOC criteria were accurately applied. Numerator = Number of IRR LOC eligibility determinations consistent with LOC criteria.

Denominator = IRR LOC determinations subject to review.

Data Source (Select one):
On-site observations, interviews, monitoring
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☒ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify: Joint Requirements Planning (JRP) Team within DDA.	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **Sub-State Entity**	☐ **Quarterly**
☒ **Other** Specify: Joint Requirements Planning (JRP) Team within DDA.	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

B.a.1.
Administrative data is collected in real time in DDA's Comprehensive Assessment Reporting and Evaluation (CARE) system, which is the database of record for client information. Waiver enrollment requests are processed in CARE, which will not allow completion of the request without a completed level of care assessment. A report based on data in CARE is used to identify all applicants for waiver enrollment for whom an evaluation for LOC was completed prior to a completed request for waiver enrollment and to identify all waiver enrollment applicants.

B.c.1.
When new case resource managers are hired, the Joint Requirements Planning (JRP) Team provides them with comprehensive training in a classroom environment regarding the use and administration of the LOC Assessment. Within 30 days of completing training, JRP staff must perform a 1:1 evaluation of new case resource managers to ensure that the LOC assessment is administered correctly. In addition, JRP staff conduct an annual 1:1 evaluation of all case resource managers to ensure that they maintain their skills in administering the LOC assessment in a consistent and reliable manner. During the initial and annual 1:1 evaluations, JRP staff accompany case resource managers on a LOC assessment interview. The case resource manager conducts the assessment interview and both the JRP staff and case resource manager independently complete separate LOC assessments based on the information provided in the interview. The case resource manager's LOC assessment is then compared to the JRP staff's to ensure that the case resource manager's determination of ICF/IID LOC eligibility is consistent with that of the JRP staff. JRP staff also evaluates the case resource manager's interviewing skills in the following areas: introduction to the tool, mechanics and style of the interview process, and understanding of scoring.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the States method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

B.c.1: Individuals whose reevaluation reveals that the LOC tools were inappropriately applied receive additional training. In addition, all errors in the assessment must be corrected by the case resource manager prior to moving the assessment to current status.

If a participant is found ineligible for the waiver when the LOC criteria is correctly applied, the participant is terminated from the waiver with appropriate notice as required by WAC 388-845-0065. The Case/Resource Manager will explore non-waiver services with the participant that may be available according to WAC 388-825-057.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☒ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix B: Participant Access and Eligibility

B-7: Freedom of Choice

Freedom of Choice. *As provided in 42 CFR §441.302(d), when an individual is determined to be likely to require a level of care for this waiver, the individual or his or her legal representative is:*

i. informed of any feasible alternatives under the waiver; and
ii. given the choice of either institutional or home and community-based services.

a. Procedures. Specify the state's procedures for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver and allowing these individuals to choose either institutional or waiver services.

Identify the form(s) that are employed to document freedom of choice. The form or forms are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The DDA Case/Resource Manager (CRM) or DDA Social Service Specialisst (SSS) discuss the alternatives available as a part of the annual assessment process. The individual and/or their legal representative sign the Voluntary Participation Statement to indicate their choice of community based services or ICF/IID services.

b. Maintenance of Forms. Per 45 CFR §92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

A hard copy of the Voluntary Participation Statement that contains the signatures is maintained in the client record in the local DDA field service office.

Appendix B: Participant Access and Eligibility

B-8: Access to Services by Limited English Proficiency Persons

Access to Services by Limited English Proficient Persons. Specify the methods that the state uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003):

Service access to Limited English Proficient individuals is ensured by providing bilingual staff or contracted interpreter services at no cost to the participant. Program materials are translated into the participant's primary language. Outreach materials explaining the program are translated into eight different languages.

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

a. Waiver Services Summary. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Service Type	Service
Statutory Service	**Respite**
Extended State Plan Service	**Behavioral Health Stabilization Services - Specialized Psychiatric Services**
Extended State Plan Service	**Specialized Psychiatric Services**
Other Service	**Assistive Technology**
Other Service	**Behavioral Health Stabilization Services - Crisis Diversion Bed Services**
Other Service	**Behavioral Health Stabilization Services - Positive Behavior Support and Consultation**
Other Service	**Community Engagement**
Other Service	**Environmental Adaptations**
Other Service	**Nurse Delegation**
Other Service	**Occupational Therapy**
Other Service	**Peer Mentoring**
Other Service	**Person-Centered Plan Facilitation**
Other Service	**Physical Therapy**
Other Service	**Positive Behavior Support and Consultation**
Other Service	**Risk Assessment**
Other Service	**Skilled Nursing**
Other Service	**Specialized Clothing**

Service Type	Service		
Other Service	Specialized Medical Equipment and Supplies		
Other Service	Speech, Hearing and Language Services		
Other Service	Staff/Family Consultation Services		
Other Service	Supported Parenting Services		
Other Service	Transportation Services		
Other Service	Vehicle Modifications		
Other Service	Wellness Education		

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Respite

Alternate Service Title (if any):

HCBS Taxonomy:

Category 1: 09 Caregiver Support

Sub-Category 1: 09012 respite, in-home

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Short-term intermittent relief for persons who normally provide care for and live with the waiver participant. Personal care is incidental to the delivery of this service.

The folowing identify waiver participants who are eligible to receive respite care:

1) The waiver participant lives in her/his family home and no person living with her/him is contracted by DSHS to provide
the waiver participant with a services; or
2) The waiver participant lives with a family member who is her/his primary caregiver and who is a contracted provider by
DSHS to provide her/him with a service; or
3) The waiver participant lives with a caregiver who is contracted by DDA to provide supports as:
(a) A contracted companion home provider; or
(b) A licensed children's foster home provider.

Someone who lives with the waiver participant may be the respite provder as long as she or he is not the person who normally provides care for the individual and is not contracted to provide any other DSHS paid service to the individual.

Respite care can be provided in the following locations:
(a) waiver participant's home or place of residence;
(b) Relative's home;
(c) Licensed children's foster home;
(d) Licensed, contracted and DDA certified group home;
(e) Licensed assisted living facility contracted as an adult residential center;
(f) Adult residential rehabilitation center;
(g) Licensed and contracted adult family home;
(h) Children's licensed group home, licensed staffed residential home, or licensed childcare center;
(i) Other community settings such as camp, senior center, community organizations, informal clubs, libraries or adult day
care center.

Additionally, the waiver participant's respite care provider may take her/him into the community while providing respite services.

Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the state that is not a private residence.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1)Clinical and support needs for respite care are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan;
2)The IFS Waiver annual allocation will determine how much respite the waiver participant is authorized to receive.

3)Respite cannot replace:
(a) Day care while her/his parent or guardian is at work.
4) Respite care providers have the following limitations and requirements:
(a) If respite is provided in a private home, the home must be licensed unless it is the waiver participant's home or the home of a relative of specified degree per WAC 388-825-345 (concerning "related" providers that are exempt from licensing);
(b) The respite care provider cannot be the spouse of the caregiver receiving respite if the spouse and the caregiver reside in the same residence; and
(c) If the waiver participant receives respite from a provider who requires licensure, the respite care services are limited to those age-specific services contained in the provider's license.
5) The caregiver may not provide:
(a) other DDA services for the individual participant or other persons during her/his respite care hours; or
(b) DDA paid services to other persons during your respite care hours.
6) If the waiver participant's personal care provider is her/his parent, the parent provider will not be paid to provide respite services to any client in the same month that the waiver participant receives respite services.
7) If the waiver participant's personal care provider is the parent and the individual lives in the parent's adult family home, the individual may not receive respite.
8) DDA may not pay for any fees associated with the respite care; for example, membership fees at a recreational facility, or insurance fees.
9) If the waiver participant requires respite care from a licensed practical nurse (LPN) or a registered nurse(RN),respite services may be authorized using an LPN or RN. Respite services using a LPN or RN are limited to the dollar limits of the waiver participant's annual IFS allocation.

The use of respite in any given month is determined by the individual based on her/his need that month and the amount of funding available to them annually (as detailed in Appendix B-2-a).

Rates for individual providers and agencies are based upon rates provided to personal care providers. Rates for community-based settings such as senior centers and summer camps are based upon the rates charged to the public. All payments are made directly by the single state agency to the provider of service.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☒ **Relative**
- ☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	RN respite
Agency	Home Health Agency
Agency	Licensed Staffed Residential Programs
Agency	LPN respite
Agency	State Operated Living Alternatives (SOLA)
Agency	Group Care Home
Agency	Home Care Agency

Provider Category	Provider Type Title
Agency	Community Centers
Agency	Enhanced Adult Residential Care
Agency	Child Day Care Center
Agency	Senior Centers
Agency	Child Foster Group Care Home
Agency	RN respite
Agency	Child Care Center
Agency	Parks and Recreation Programs
Individual	Certified Nursing Assistant
Agency	Adult Family Home
Agency	Child Foster Care Home
Agency	Adult Residential Care Facility
Agency	Adult Day Care Center
Agency	Adult Residential Treatment Facility
Individual	LPN respite
Agency	Summer Programs
Individual	Individual In-Home Provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Individual
Provider Type:

RN respite
Provider Qualifications
License *(specify):*

Chapter 246-840 WAC DOH
Certificate *(specify):*

Other Standard *(specify):*

Contract standards
Verification of Provider Qualifications
Entity Responsible for Verification:

State Operating Agency
Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Home Health Agency

Provider Qualifications

License *(specify):*

Chapter 70.127 RCW (State law concerning licensing of home health, hospice, and home care agencies)

WAC 246-335 Part 1 (Requirements for in-home services agencies licensed to provide home health, home care, hospice, and hospice care center services)

WAC 246-335-020 (Department of Health licensing requirements for agencies that provide home health, home care, hospice, and hospice care center services)

Certificate *(specify):*

Other Standard *(specify):*

WAC 388-71-0500 through WAC 388-71-0556 (DSHS administrative code concerning individual provider and home care agency provider qualifications)

WAC 388-71-05670 through WAC 388-71-05799 (DSHS administrative code concerning orientation, training and continuing education for individual providers and home care agency providers)

A home health agency provides medical and nonmedical services to ill, disabled or vulnerable individuals residing in temporary or permanent residences.

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Agency contract language regarding provider qualifications.

3. Licenses, Registrations, and Certifications

a. The Contractor shall be licensed, registered, certified, and/or contracted as required by law.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation, summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Licensed Staffed Residential Programs

Provider Qualifications

License *(specify):*

Chapter 388-145 WAC (DSHS administrative code concerning licensing requiremetns for child foster homes, staffed residential homes, group residential facilities, and child-placing agencies)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Agency contract language regarding provider qualifications.

3. Licenses, Registrations, and Certifications

a. The Contractor shall be licensed, registered, certified, and/or contracted as required by law.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by
RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to
Clients in the course of performing the work under this Contract, the Contractor will conduct criminal
history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite
care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes
and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for
certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation,
summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:

LPN respite

Provider Qualifications
License *(specify):*

Chapter 246-840 WAC DOH

Certificate *(specify):*

Other Standard *(specify):*

Contract standards

Verification of Provider Qualifications
Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:

State Operated Living Alternatives (SOLA)

Provider Qualifications
License *(specify):*

Certificate *(specify):*

Chapter 388-101 and 388-101D WAC (ALTSA/DDA administrative code concerning certified community residential services and support)

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 2 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Group Care Home

Provider Qualifications

License *(specify):*

Chapter 388-145 WAC (DSHS administrative code concerning staffed residential homes and group care facilities)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Agency contract language regarding provider qualifications.

3. Licenses, Registrations, and Certifications

a. The Contractor shall be licensed, registered, certified, and/or contracted as required by law.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by
RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to
Clients in the course of performing the work under this Contract, the Contractor will conduct criminal
history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite
care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes
and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for
certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation,
summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 2 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Home Care Agency

Provider Qualifications

License *(specify):*

Chapter 70.127 RCW (State law concerning licensing of home health, hospice, and home care agencies)

WAC 246-335 Part 1 (Requirements for in-home services agencies licensed to provide home health, home care, hospice, and hospice care center services)

WAC 246-335-020 (Department of Health licensing requirements for agencies that provide home health, home care, hospice, and hospice care center services)

Certificate *(specify):*

Other Standard *(specify):*

WAC 388-71-0500 through WAC 388-71-0556 (DSHS administrative code concerning individual provider and home care agency provider qualifications)

WAC 388-71-05670 through WAC 388-71-05799 (DSHS administrative code concerning orientation, training and continuing education for individual providers and home care agency providers)

A home care agency provides nonmedical services and assistance (e.g., respite care) to ill, disabled or vulnerable individuasl to enable them to remain in their residence.

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Agency contract language regarding provider qualifications.

3. Licenses, Registrations, and Certifications

a. The Contractor shall be licensed, registered, certified, and/or contracted as required by law.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by
RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to
Clients in the course of performing the work under this Contract, the Contractor will conduct criminal
history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite
care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes
and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for
certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation,
summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:

Community Centers

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications for respite in the community.

34. a. The Contractor shall be licensed, registered, and certified as is required by law.

b. Community settings providing respite care must meet the regulations governing their business or activity.

c. Contractors offered services must be published on website and include:
(1) Identified number of service hours being provided in your program/class/event including days/date and start and end time;
(2) Identify activities that will occur during program/class/event; and
(3) Published Fee schedule.

d. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)
WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation, summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:

Enhanced Adult Residential Care

Provider Qualifications
License *(specify):*

Chapter 388-78A WAC (DSHS administrative code concerning assisted living licensing rules)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards

Verification of Provider Qualifications
Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every eighteen months

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:

Child Day Care Center

Provider Qualifications
License *(specify):*

Chapter 170-295 WAC (Department of Early Learning administrative code concerning minimum licensing requirements for child day care centers)
Chapter 170-297 WAC (Department of Early Learning administrative code concerning minimum licensing requirements for school-age child care)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Agency contract language regarding provider qualifications.

3. Licenses, Registrations, and Certifications

a. The Contractor shall be licensed, registered, certified, and/or contracted as required by law.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation, summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Senior Centers

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications for respite in the community.

34. a. The Contractor shall be licensed, registered, and certified as is required by law.

b. Community settings providing respite care must meet the regulations governing their business or activity.

c. Contractors offered services must be published on website and include:
(1) Identified number of service hours being provided in your program/class/event including days/date and start and end time;
(2) Identify activities that will occur during program/class/event; and
(3) Published Fee schedule.

d. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)
WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation, summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Child Foster Group Care Home

Provider Qualifications

License *(specify):*

Chapter 388-145 WAC (DSHS administrative code concerning licensing requirements for child foster homes, staffed residential homes, group residential facilities, and child-placing agencies)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Agency contract language regarding provider qualifications.

3. Licenses, Registrations, and Certifications

a. The Contractor shall be licensed, registered, certified, and/or contracted as required by law.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by
RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to
Clients in the course of performing the work under this Contract, the Contractor will conduct criminal
history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite
care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes
and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for
certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation,
summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:

RN respite

Provider Qualifications
License *(specify):*

Chapter 246-840 WAC DOH

Certificate *(specify):*

Other Standard *(specify):*

Contract standards

Verification of Provider Qualifications
Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:

Child Care Center

Provider Qualifications
License *(specify):*

Chapter 170-295 WAC (Department of Early Learning administrative code concerning child care center minimum licensing requirements)
Chapter 170-297 WAC (Department of Early Learning administrative code concerning school-age child care minimum licensing requirements)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Agency contract language regarding provider qualifications.

3. Licenses, Registrations, and Certifications

a. The Contractor shall be licensed, registered, certified, and/or contracted as required by law.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by
RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to
Clients in the course of performing the work under this Contract, the Contractor will conduct criminal
history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite
care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes
and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for
certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation,
summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Parks and Recreation Programs

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications for respite in the community.

34. a. The Contractor shall be licensed, registered, and certified as is required by law.

b. Community settings providing respite care must meet the regulations governing their business or activity.

c. Contractors offered services must be published on website and include:
(1) Identified number of service hours being provided in your program/class/event including days/date and start and end time;
(2) Identify activities that will occur during program/class/event; and
(3) Published Fee schedule.

d. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)
WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation, summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Individual
Provider Type:

Certified Nursing Assistant

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-841 WAC (Department of Health administrative code conerning nursing assistants)

Other Standard *(specify):*

WAC 388-825-320 (DSHS administrative code concerning how someone becomes an individual provider)
WAC 388-825-340 (concerning what is required for a provider to provide respite or residential service in their home)
WAC 388-825-345 (concerning what related providers are exempt from licensing)
WAC 388-825-355 (concerning educational requirements for individuals providing respite services)
WAC 388-825-325 (concerning required skills and abilities for individuals and agencies contracted to provide respite care)
WAC 388-825-365 (concerning reporting abuse, neglect, exploitation or financial exploitation)
Chapter 246-841 WAC (Department of Health-DOH- administrative code concerning nursing assistants)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications for individual providers.

a. The Contractor shall maintain all necessary licenses, registrations, and certifications as required by law. The Contractor agrees not to perform any task requiring a registration, certificate or license unless he/she is registered, certified or licensed to do so or is a member of the client's immediate family or is performing self-directed health care tasks. See RCW 18.679, 18.88A and 74.39 for laws related to nursing care, Registered Nurse Delegation, and self-directed health care tasks, respectively.

b. If the Contractors is providing Nurse Delegation Services, the Contractor must:

(1) Complete the Nurse Delegation for Nursing Assistants course and pass the competency test;

(2) Be a nursing assistant currently registered or certified;

(3) For Nursing Assistant Registereds, successfully complete Revised fundamentals of Caregiving, or
Modified Fundamentals of Caregiving; and

(4) Complete all Nurse Delegation training before performing any delegated task.

c. Prohibition of ALTSA/DDA employees contracting with DSHS to provide Individual Provider Services to DSHS long-term care clients.

If you are currently an Employee of ALTSA/DDA either with the
Developmental Disabilities Administration, Residential Care Services, or Home and Community services, or become an
employee of the same during the course of the period of this contract, you are considered disqualified and
DSHS will terminate your contract for convenience.

d. The Contractor shall meet all training requirements in WAC 388-71. DSHS shall supply the Contractor with training requirements and time frames for completion.

The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for

respite
care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes
and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for
certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation, summer
programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Adult Family Home

Provider Qualifications

License *(specify):*

Chapter 388-76 WAC (DSHS administrative code concerning adult family homes minimum licensing requirements)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Agency contract language regarding provider qualifications.

3. Licenses, Registrations, and Certifications

a. The Contractor shall be licensed, registered, certified, and/or contracted as required by law.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by
RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to
Clients in the course of performing the work under this Contract, the Contractor will conduct criminal
history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite
care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes
and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for
certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation,
summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every two years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Child Foster Care Home

Provider Qualifications

License *(specify):*

Chapter 388-145 WAC (DSHS administrative code concerning licensing requirements for child foster homes, staffed residential homes, group residential facilities, and child-placing agencies)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Agency contract language regarding provider qualifications.

3. Licenses, Registrations, and Certifications

a. The Contractor shall be licensed, registered, certified, and/or contracted as required by law.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by
RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to
Clients in the course of performing the work under this Contract, the Contractor will conduct criminal
history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite
care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes
and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for
certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation,
summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Adult Residential Care Facility

Provider Qualifications

License *(specify):*

Chapter 388-78A WAC (DSHS administrative code concerning Assisted Living Facility licensing rules)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Agency contract language regarding provider qualifications.

3. Licenses, Registrations, and Certifications

a. The Contractor shall be licensed, registered, certified, and/or contracted as required by law.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by
RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to
Clients in the course of performing the work under this Contract, the Contractor will conduct criminal
history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite
care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes
and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for
certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation,
summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every two years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Adult Day Care Center

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications for respite in the community.

34. a. The Contractor shall be licensed, registered, and certified as is required by law.

b. Community settings providing respite care must meet the regulations governing their business or activity.

c. Contractors offered services must be published on website and include:
(1) Identified number of service hours being provided in your program/class/event including days/date and start and end time;
(2) Identify activities that will occur during program/class/event; and
(3) Published Fee schedule.

d. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)
WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation, summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Adult Residential Treatment Facility

Provider Qualifications

License *(specify):*

Chapter 246-337 WAC (DSHS administrative code concerning Adult Residential Treatment Facility)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Agency contract language regarding provider qualifications.

3. Licenses, Registrations, and Certifications

a. The Contractor shall be licensed, registered, certified, and/or contracted as required by law.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by
RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to
Clients in the course of performing the work under this Contract, the Contractor will conduct criminal
history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite
care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes
and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for
certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation,
summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Annually.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Individual
Provider Type:

LPN respite
Provider Qualifications
License *(specify):*

Chapter 246-840 WAC DOH
Certificate *(specify):*

Other Standard *(specify):*

Contract standards
Verification of Provider Qualifications
Entity Responsible for Verification:

State Operating Agency
Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:

Summer Programs
Provider Qualifications
License *(specify):*

Certificate *(specify):*

Summer Camps
Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications for respite in the community.

34. a. The Contractor shall be licensed, registered, and certified as is required by law.

b. Community settings providing respite care must meet the regulations governing their business or activity.

c. Contractors offered services must be published on website and include:
(1) Identified number of service hours being provided in your program/class/event including days/date and start and end time;
(2) Identify activities that will occur during program/class/event; and
(3) Published Fee schedule.

d. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)
WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for respite care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation, summer programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Individual
Provider Type:

Individual In-Home Provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

WAC 388-825-320 (DSHS administrative code concerning how someone becomes an individual provider)
WAC 388-825-340 (concerning what is required for a provider to provide respite or residential service in their home)
WAC 388-825-345 (concerning what related providers are exempt from licensing)
WAC 388-825-355 (concerning educational requirements for individuals providing respite services)
WAC 388-825-325 (concerning required skills and abilities for individuals and agencies contracted to provide respite care)
WAC 388-825-365 (concerning reporting abuse, neglect, exploitation or financial exploitation)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications for individual providers.

a. The Contractor shall maintain all necessary licenses, registrations, and certifications as required by law. The Contractor agrees not to perform any task requiring a registration, certificate or license unless he/she is registered, certified or licensed to do so or is a member of the client's immediate family or is performing self-directed health care tasks. See RCW 18.679, 18.88A and 74.39 for laws related to nursing care, Registered Nurse Delegation, and self-directed health care tasks, respectively.

b. If the Contractors is providing Nurse Delegation Services, the Contractor must:

(1) Complete the Nurse Delegation for Nursing Assistants course and pass the competency test;

(2) Be a nursing assistant currently registered or certified;

(3) For Nursing Assistant Registereds, successfully complete Revised fundamentals of Caregiving, or
Modified Fundamentals of Caregiving; and

(4) Complete all Nurse Delegation training before performing any delegated task.

c. Prohibition of ALTSA/DDA employees contracting with DSHS to provide Individual Provider Services to DSHS long-term care clients.

If you are currently an Employee of ALTSA/DDA either with the
Developmental Disabilities Administration, Residential Care Services, or Home and Community services, or become an
employee of the same during the course of the period of this contract, you are considered disqualified and
DSHS will terminate your contract for convenience.

d. The Contractor shall meet all training requirements in WAC 388-71. DSHS shall supply the Contractor with training requirements and time frames for completion.

The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710.

Washington Administrative Code (WAC)

WAC 388-845-1615 Who are qualified providers of respite care?

Providers of respite care can be any of the following individuals or agencies contracted with DDA for

respite
care:
(1) Individuals meeting the provider qualifications under chapter 388-825 WAC;
(2) Homecare/home health agencies, licensed under chapter 246-335 WAC, Part 1;
(3) Licensed and contracted group homes, foster homes, child placing agencies, staffed residential homes
and foster group care homes;
(4) Licensed and contracted adult family homes;
(5) Licensed and contracted adult residential care facilities;
(6) Licensed and contracted adult residential treatment facilities under chapter 246-337 WAC;
(7) Licensed child care centers under chapter 170-295 WAC;
(8) Licensed child day care centers under chapter 170-295 WAC;
(9) Adult day care providers under chapter 388-71 WAC contracted with DDA;
(10) Certified provider under chapter 388-101 WAC when respite is provided within the DDA contract for
certified residential services; or
(11) Other DDA contracted providers such as community center, senior center, parks and recreation, summer
programs.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Behavioral Health Stabilization Services - Specialized Psychiatric Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:
10 Other Mental Health and Behavioral Services	10090 other mental health and behavioral services
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

(1) Specialized psychiatric services are specific to the individual needs of persons with developmental disabilities who are experiencing behavioral health symptoms.
(2) Service may be any of the following:
(a) Psychiatric evaluation,
(b) Medication evaluation and monitoring,
(c) Psychiatric consultation.

Behavioral health stabilization services assist persons who are experiencing a behavioral health crisis and meet criteria for community crisis stabilization services. These services are available to individuals determined by behavioral health professionals or DDA to be at risk of institutionalization or hospitalization who need one or more of the following services:
*Positive behavior support and consultation
*Specialized psychiatric services
*Crisis diversion bed services
Both behavioral health stabilization services are temporary and typically last less than ninety days. These services are authorized to be delivered in the following locations:
• Specialized Psychiatric Services are typically delivered in community mental health clinics; and
• Positive Behavior Support and Consultation services are delivered in community mental health clinics, behavior health professional’s offices or in the participant’s home.

These services are only covered under the IFS Waiver when they are outside the definition of service available through the Medicaid State Plan). It is anticipated some IFS Waiver clients will not be eligible for these services under the Medicaid State Plan, since an individual must have a mental health (MH) diagnosis to receive mental health State Plan services. A MH diagnosis is not a requirement for enrollment on the IFS Waiver.
The Developmental Disabilities Administration (DDA) works closely with the Behavioral Health Administration (BHA) to prevent duplication of BHO/State Plan MH Services. DSHS's expectation is that any DDA eligible client who meets the BHA access to care and medical necessity standards will receive behavioral health services through Behavioral Health Organizations (BHOs) or Prepaid Inpatient Health Plans (PIHP). Individuals that do not meet access to care or medical necessity standards for the service type may be served under the behavioral health stabilization services.
Most Medicaid mental health services in Washington are provided through a 1915-B waiver, which clarifies Access to Care criteria for those individuals needing more intensive mental health supports. Community mental health services through the waiver are provided through Behavioral Health Organizations, which carry out the contracting for local mental health care. Access to Care criteria excludes the DSM diagnoses classes that include mental retardation; learning, motor skills and communication disorders; and pervasive developmental disorders. Individuals with primary diagnoses and functional impairments that are only a result of these diagnoses are not eligible for mental health waiver services. As a result, individuals with these issues must display an additional covered diagnosis in order to be served through the mental health system, must be able to benefit from the intervention, and their unmet needs cannot be met more appropriately by another formal or informal system, such as the DDA or community natural supports.
Specialized psychiatric services when provided as a behavioral health stabilization service cannot occur at the same time as specialized psychiatric services when provided as a stand-alone service. Edits in ProviderOne prevent authorization of these services simultaneously.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Specialized Psychiatric Services are provided to waiver recipients age 21 and over. All medically necessary Specialized Psychiatric Services for children under 21 are covered in the state plan pursuant to the EPSDT benefit. Specialized psychiatric services are excluded if they are available through other Medicaid programs.

1)Clinical and support needs for behavioral health stabilization services are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan.
2)Behavioral health stabilization services are intermittent and temporary. The duration and amount of services needed to stabilize the waiver participant in crisis is determined by a mental health professional and/or DDA.
3)The cost of specialized psychiatric services as a behavioral health stabilization service does not count toward the waiver participant's annual allocation in the IFS Waiver.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☒ **Relative**
- ☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Advanced Registered Nurse Practitioner (ARNP)
Individual	Advanced Registered Nurse Practitioner (ARNP)
Agency	Psychiatrist
Individual	Psychiatrist
Agency	Physician assistant working under the supervision of a psychiatrist
Individual	Physician assistant working under the supervision of a psychiatrist

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Behavioral Health Stabilization Services - Specialized Psychiatric Services

Provider Category:

Agency

Provider Type:

Advanced Registered Nurse Practitioner (ARNP)

Provider Qualifications

License *(specify):*

RCW 18.79.050 (State law concerning "Advanced registered nursing practice" and exceptions)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.
a. Psychiatrist. Graduation from medical school, MD, DO (medical doctor or osteopathic physician), or PhD (when specified in Exhibit B), licensed in Washington or in the state where the services take place with training and experience in psychiatry.
b. Advanced Registered Psychiatric Nurse Practitioner. Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305; must have prepared in a formal ARNP approved specialty psychiatry program to assume primary responsibility for continuous and comprehensive management of a broad range of care, concerns and problems of mentally ill patients; shall hold a current license to practice as a registered nurse in the State of Washington or in the State where service takes place. Shall be specialized in the field of psychiatry. Note: ARNPs are not authorized to perform evaluations for Division of Disability Determination Services (DDDS) clients.
Washington Administrative Code (WAC) WAC 388-845-1905 Who are qualified providers of specialized psychiatric services?
Providers of specialized psychiatric services must be one of the following licensed or registered, and contracted health care professionals: (1) psychiatrist; (2) psychiatric advanced registered nurse practitioner (ARNP); or (3) physician assistant working under the supervision of a psychiatrist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Behavioral Health Stabilization Services - Specialized Psychiatric Services

Provider Category:

Individual

Provider Type:

Advanced Registered Nurse Practitioner (ARNP)

Provider Qualifications

License *(specify):*

RCW 18.79.050 (State law concerning "Advanced registered nursing practice" and exceptions)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.
a. Psychiatrist. Graduation from medical school, MD, DO (medical doctor or osteopathic physician), or PhD (when specified in Exhibit B), licensed in Washington or in the state where the services take place with training and experience in psychiatry.
b. Advanced Registered Psychiatric Nurse Practitioner. Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305; must have prepared in a formal ARNP approved specialty psychiatry program to assume primary responsibility for continuous and comprehensive management of a broad range of care, concerns and problems of mentally ill patients; shall hold a current license to practice as a registered nurse in the State of Washington or in the State where service takes place. Shall be specialized in the field of psychiatry. Note: ARNPs are not authorized to perform evaluations for Division of Disability Determination Services (DDDS) clients.
Washington Administrative Code (WAC) WAC 388-845-1905 Who are qualified providers of specialized psychiatric services?
Providers of specialized psychiatric services must be one of the following licensed or registered, and contracted health care professionals: (1) psychiatrist; (2) psychiatric advanced registered nurse practitioner (ARNP); or (3) physician assistant working under the supervision of a psychiatrist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Behavioral Health Stabilization Services - Specialized Psychiatric Services

Provider Category:

Agency

Provider Type:

Psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71 RCW (State law concerning requirements for Physicians)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.
a. Psychiatrist. Graduation from medical school, MD, DO (medical doctor or osteopathic physician), or PhD (when specified in Exhibit B), licensed in Washington or in the state where the services take place with training and experience in psychiatry.
b. Advanced Registered Psychiatric Nurse Practitioner. Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305; must have prepared in a formal ARNP approved specialty psychiatry program to assume primary responsibility for continuous and comprehensive management of a broad range of care, concerns and problems of mentally ill patients; shall hold a current license to practice as a registered nurse in the State of Washington or in the State where service takes place. Shall be specialized in the field of psychiatry. Note: ARNPs are not authorized to perform evaluations for Division of Disability Determination Services (DDDS) clients.
Washington Administrative Code (WAC) WAC 388-845-1905 Who are qualified providers of specialized psychiatric services?
Providers of specialized psychiatric services must be one of the following licensed or registered, and contracted health care professionals: (1) psychiatrist; (2) psychiatric advanced registered nurse practitioner (ARNP); or (3) physician assistant working under the supervision of a psychiatrist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Behavioral Health Stabilization Services - Specialized Psychiatric Services

Provider Category:

Individual

Provider Type:

Psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71 RCW (State law concerning requirements for Physicians)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.
a. Psychiatrist. Graduation from medical school, MD, DO (medical doctor or osteopathic physician), or PhD (when specified in Exhibit B), licensed in Washington or in the state where the services take place with training and experience in psychiatry.
b. Advanced Registered Psychiatric Nurse Practitioner. Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305; must have prepared in a formal ARNP approved specialty psychiatry program to assume primary responsibility for continuous and comprehensive management of a broad range of care, concerns and problems of mentally ill patients; shall hold a current license to practice as a registered nurse in the State of Washington or in the State where service takes place. Shall be specialized in the field of psychiatry. Note: ARNPs are not authorized to perform evaluations for Division of Disability Determination Services (DDDS) clients.
Washington Administrative Code (WAC) WAC 388-845-1905 Who are qualified providers of specialized psychiatric services?
Providers of specialized psychiatric services must be one of the following licensed or registered, and contracted health care professionals: (1) psychiatrist; (2) psychiatric advanced registered nurse practitioner (ARNP); or (3) physician assistant working under the supervision of a psychiatrist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Behavioral Health Stabilization Services - Specialized Psychiatric Services

Provider Category:

Agency

Provider Type:

Physician assistant working under the supervision of a psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71A RCW (State law concerning requirements for Physician Assistants)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.
a. Psychiatrist. Graduation from medical school, MD, DO (medical doctor or osteopathic physician), or PhD (when specified in Exhibit B), licensed in Washington or in the state where the services take place with training and experience in psychiatry.
b. Advanced Registered Psychiatric Nurse Practitioner. Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305; must have prepared in a formal ARNP approved specialty psychiatry program to assume primary responsibility for continuous and comprehensive management of a broad range of care, concerns and problems of mentally ill patients; shall hold a current license to practice as a registered nurse in the State of Washington or in the State where service takes place. Shall be specialized in the field of psychiatry. Note: ARNPs are not authorized to perform evaluations for Division of Disability Determination Services (DDDS) clients.
Washington Administrative Code (WAC) WAC 388-845-1905 Who are qualified providers of specialized psychiatric services?
Providers of specialized psychiatric services must be one of the following licensed or registered, and contracted health care professionals: (1) psychiatrist; (2) psychiatric advanced registered nurse practitioner (ARNP); or (3) physician assistant working under the supervision of a psychiatrist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Behavioral Health Stabilization Services - Specialized Psychiatric Services

Provider Category:

Individual

Provider Type:

Physician assistant working under the supervision of a psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71A RCW (State law concerning requirements for Physician Assistants)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.
a. Psychiatrist. Graduation from medical school, MD, DO (medical doctor or osteopathic physician), or PhD (when specified in Exhibit B), licensed in Washington or in the state where the services take place with training and experience in psychiatry.
b. Advanced Registered Psychiatric Nurse Practitioner. Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305; must have prepared in a formal ARNP approved specialty psychiatry program to assume primary responsibility for continuous and comprehensive management of a broad range of care, concerns and problems of mentally ill patients; shall hold a current license to practice as a registered nurse in the State of Washington or in the State where service takes place. Shall be specialized in the field of psychiatry. Note: ARNPs are not authorized to perform evaluations for Division of Disability Determination Services (DDDS) clients.
Washington Administrative Code (WAC) WAC 388-845-1905 Who are qualified providers of specialized psychiatric services?
Providers of specialized psychiatric services must be one of the following licensed or registered, and contracted health care professionals: (1) psychiatrist; (2) psychiatric advanced registered nurse practitioner (ARNP); or (3) physician assistant working under the supervision of a psychiatrist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Specialized Psychiatric Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:
10 Other Mental Health and Behavioral Services	10090 other mental health and behavioral services
Category 2:	**Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

1) Specialized psychiatric services are specific to the individual needs of persons with developmental disabilities who are experiencing behavioral health symptoms.
2) Service may be any of the following:
(a) Psychiatric evaluation,
(b) Medication evaluation and monitoring,
(c) Psychiatric consultation.
These services are also available as a behavioral health stabilization service in accordance with WAC 388-845-1150 through 388-845-1160 (concerning what are behavioral health stabilization services, who are qualified providers of such services, and what are the limitations to these services).
These services are only covered under the IFS Waiver when they are outside the definition of service available through the Medicaid State Plan. It is anticipated some IFS Waiver clients will not be eligible for these services under the Medicaid State Plan, since an individual must have a mental health (MH) diagnosis to receive mental health State Plan services. A MH diagnosis is not a requirement for enrollment on the IFS Waiver.
The Developmental Disabilities Administration (DDA) works closely with the Behavioral Health Administration (BHA) to prevent duplication of BHO/State Plan MH Services. DSHS's expectation is that any DDA eligible client who meets the BHA access to care and medical necessity standards will receive behavioral health services through Behavioral Health Organizations (BHOs) or Prepaid Inpatient Health Plans (PIHP). Individuals that do not meet access to care or medical necessity standards for the service type may be served under the behavioral health stabilization services.
Most Medicaid mental health services in Washington are provided through a 1915-B waiver, which clarifies Access to Care criteria for those individuals needing more intensive mental health supports. Community mental health services through the waiver are provided through Behavioral Health Organizations, which carry out the contracting for local mental health care. Access to Care criteria exclude the DSM diagnoses classes that include intellectual disability; learning, motor skills and communication disorders; and pervasive developmental disorders. Individuals with primary diagnoses and functional impairments that are only a result of these diagnoses are not eligible for mental health waiver services. As a result, individuals with these issues must display an additional covered diagnosis in order to be served through the mental health system, must be able to benefit from the intervention, and their unmet needs cannot be met more appropriately by another formal or informal system, such as the DDA or community natural supports.
Specialized psychiatric services cannot occur at the same time as specialized psychiatric services when provided as a behavioral health stabilization service. Edits in ProviderOne prevent authorization of these services simultaneously.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Specialized Psychiatric Services are provided to waiver recipients age 21 and over. All medically necessary Specialized Psychiatric Services for children under 21 are covered in the state plan pursuant to the EPSDT benefit.
1) Clinical and support needs for specialized psychiatric services are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan.
2) Specialized psychiatric services are excluded if they are available through other Medicaid programs.
3) DDA and the treating professional will determine the need and amount of service the waiver participant will receive, subject to the limitation in 4) below.
4) The dollar limitations for the waiver participant's annual allocation in the IFS Waiver limit the amount of specialized psychiatric services the waiver participant can receive unless they are provided as a behavioral health stabilization service.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☒ **Relative**
- ☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Psychiatric advanced registered nurse practitioner (ARNP)
Agency	Physician assistant working under the supervision of a psychiatrist
Agency	Psychiatric advanced registered nurse practitioner (ARNP)
Individual	Psychiatrist
Individual	Physician assistant working under the supervision of a psychiatrist
Agency	Psychiatrist

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Specialized Psychiatric Services

Provider Category:
Individual
Provider Type:

Psychiatric advanced registered nurse practitioner (ARNP)

Provider Qualifications

License *(specify):*

RCW 18.79.050 (State law concerning "Advanced registered nursing practice" and exceptions)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.
a. Psychiatrist. Graduation from medical school, MD, DO (medical doctor or osteopathic physician), or PhD (when specified in Exhibit B), licensed in Washington or in the state where the services take place with training and experience in psychiatry.
b. Advanced Registered Psychiatric Nurse Practitioner. Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305; must have prepared in a formal ARNP approved specialty psychiatry program to assume primary responsibility for continuous and comprehensive management of a broad range of care, concerns and problems of mentally ill patients; shall hold a current license to practice as a registered nurse in the State of Washington or in the State where service takes place. Shall be specialized in the field of psychiatry. Note: ARNPs are not authorized to perform evaluations for Division of Disability Determination Services (DDDS) clients.

Washington Administrative Code (WAC) 388-845-1905 Who are qualified providers of specialized psychiatric services?
Providers of specialized psychiatric services must be one of the following licensed or registered, and contracted health care professionals: (1) psychiatrist; (2) psychiatric advanced registered nurse practitioner (ARNP); or (3) physician assistant working under the supervision of a psychiatrist.
Physician assistant working under the supervision of a psychiatrist – Agency and Individual Psychiatric advanced registered nurse practitioner (ARNP).

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Specialized Psychiatric Services

Provider Category:

Agency

Provider Type:

Physician assistant working under the supervision of a psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71A RCW (State law concerning requirements for Physician Assistants)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.
a. Psychiatrist. Graduation from medical school, MD, DO (medical doctor or osteopathic physician), or PhD (when specified in Exhibit B), licensed in Washington or in the state where the services take place with training and experience in psychiatry.
b. Advanced Registered Psychiatric Nurse Practitioner. Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305; must have prepared in a formal ARNP approved specialty psychiatry program to assume primary responsibility for continuous and comprehensive management of a broad range of care, concerns and problems of mentally ill patients; shall hold a current license to practice as a registered nurse in the State of Washington or in the State where service takes place. Shall be specialized in the field of psychiatry. Note: ARNPs are not authorized to perform evaluations for Division of Disability Determination Services (DDDS) clients.

Washington Administrative Code (WAC) 388-845-1905 Who are qualified providers of specialized psychiatric services?
Providers of specialized psychiatric services must be one of the following licensed or registered, and contracted health care professionals: (1) psychiatrist; (2) psychiatric advanced registered nurse practitioner (ARNP); or (3) physician assistant working under the supervision of a psychiatrist.
Physician assistant working under the supervision of a psychiatrist – Agency and Individual Psychiatric advanced registered nurse practitioner (ARNP).

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Specialized Psychiatric Services

Provider Category:

Agency

Provider Type:

Psychiatric advanced registered nurse practitioner (ARNP)

Provider Qualifications

License *(specify):*

RCW 18.79.050 (State law concerning "Advanced registered nursing practice" and exceptions)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.
a. Psychiatrist. Graduation from medical school, MD, DO (medical doctor or osteopathic physician), or PhD (when specified in Exhibit B), licensed in Washington or in the state where the services take place with training and experience in psychiatry.
b. Advanced Registered Psychiatric Nurse Practitioner. Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305; must have prepared in a formal ARNP approved specialty psychiatry program to assume primary responsibility for continuous and comprehensive management of a broad range of care, concerns and problems of mentally ill patients; shall hold a current license to practice as a registered nurse in the State of Washington or in the State where service takes place. Shall be specialized in the field of psychiatry. Note: ARNPs are not authorized to perform evaluations for Division of Disability Determination Services (DDDS) clients.

Washington Administrative Code (WAC) 388-845-1905 Who are qualified providers of specialized psychiatric services?
Providers of specialized psychiatric services must be one of the following licensed or registered, and contracted health care professionals: (1) psychiatrist; (2) psychiatric advanced registered nurse practitioner (ARNP); or (3) physician assistant working under the supervision of a psychiatrist.
Physician assistant working under the supervision of a psychiatrist – Agency and Individual Psychiatric advanced registered nurse practitioner (ARNP).

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Specialized Psychiatric Services

Provider Category:

Individual

Provider Type:

Psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71 RCW (State law concerning requirements for Physicians)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.
a. Psychiatrist. Graduation from medical school, MD, DO (medical doctor or osteopathic physician), or PhD (when specified in Exhibit B), licensed in Washington or in the state where the services take place with training and experience in psychiatry.
b. Advanced Registered Psychiatric Nurse Practitioner. Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305; must have prepared in a formal ARNP approved specialty psychiatry program to assume primary responsibility for continuous and comprehensive management of a broad range of care, concerns and problems of mentally ill patients; shall hold a current license to practice as a registered nurse in the State of Washington or in the State where service takes place. Shall be specialized in the field of psychiatry. Note: ARNPs are not authorized to perform evaluations for Division of Disability Determination Services (DDDS) clients.

Washington Administrative Code (WAC) 388-845-1905 Who are qualified providers of specialized psychiatric services?
Providers of specialized psychiatric services must be one of the following licensed or registered, and contracted health care professionals: (1) psychiatrist; (2) psychiatric advanced registered nurse practitioner (ARNP); or (3) physician assistant working under the supervision of a psychiatrist.
Physician assistant working under the supervision of a psychiatrist – Agency and Individual Psychiatric advanced registered nurse practitioner (ARNP).

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Specialized Psychiatric Services

Provider Category:

Individual

Provider Type:

Physician assistant working under the supervision of a psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71A RCW (State law concerning requirements for Physician Assistants)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.
a. Psychiatrist. Graduation from medical school, MD, DO (medical doctor or osteopathic physician), or PhD (when specified in Exhibit B), licensed in Washington or in the state where the services take place with training and experience in psychiatry.
b. Advanced Registered Psychiatric Nurse Practitioner. Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305; must have prepared in a formal ARNP approved specialty psychiatry program to assume primary responsibility for continuous and comprehensive management of a broad range of care, concerns and problems of mentally ill patients; shall hold a current license to practice as a registered nurse in the State of Washington or in the State where service takes place. Shall be specialized in the field of psychiatry. Note: ARNPs are not authorized to perform evaluations for Division of Disability Determination Services (DDDS) clients.

Washington Administrative Code (WAC) 388-845-1905 Who are qualified providers of specialized psychiatric services?
Providers of specialized psychiatric services must be one of the following licensed or registered, and contracted health care professionals: (1) psychiatrist; (2) psychiatric advanced registered nurse practitioner (ARNP); or (3) physician assistant working under the supervision of a psychiatrist.
Physician assistant working under the supervision of a psychiatrist – Agency and Individual Psychiatric advanced registered nurse practitioner (ARNP).

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Specialized Psychiatric Services

Provider Category:

Agency

Provider Type:

Psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71 RCW (State law concerning requirements for Physicians)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.
a. Psychiatrist. Graduation from medical school, MD, DO (medical doctor or osteopathic physician), or PhD (when specified in Exhibit B), licensed in Washington or in the state where the services take place with training and experience in psychiatry.
b. Advanced Registered Psychiatric Nurse Practitioner. Shall have completed a formal advanced nursing education meeting the requirements of WAC 246-840-305; must have prepared in a formal ARNP approved specialty psychiatry program to assume primary responsibility for continuous and comprehensive management of a broad range of care, concerns and problems of mentally ill patients; shall hold a current license to practice as a registered nurse in the State of Washington or in the State where service takes place. Shall be specialized in the field of psychiatry. Note: ARNPs are not authorized to perform evaluations for Division of Disability Determination Services (DDDS) clients.

Washington Administrative Code (WAC) 388-845-1905 Who are qualified providers of specialized psychiatric services?
Providers of specialized psychiatric services must be one of the following licensed or registered, and contracted health care professionals: (1) psychiatrist; (2) psychiatric advanced registered nurse practitioner (ARNP); or (3) physician assistant working under the supervision of a psychiatrist.
Physician assistant working under the supervision of a psychiatrist – Agency and Individual Psychiatric advanced registered nurse practitioner (ARNP).

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Assistive Technology

HCBS Taxonomy:

Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications	14031 equipment and technology

Category 2: **Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

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, as well as supports to directly assist the participant and caregivers to select, acquire, and use the technology.

Assistive technology includes:

(1) The evaluation of the needs of the waiver participant, including a functional evaluation in their customary environment;
(2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices;
(3) Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices;
(4) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
(5) Training or technical assistance for the participant and/or if appropriate, the child's or adult's family; and
(6) Training or technical assistance for professionals, including individuals providing education and rehabilitation services, employers, or other individuals who provide services to, employ, or are otherwise involved in the assistive technology related life functions of children or adults with disabilities.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1) Assistive technology is limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.
2) Clinical and support needs for assistive technology are identified in the waiver participant's DDA person-centered assessment and documented in the person-centered service plan.
3) Assistive technology may be authorized as a waiver service by obtaining an initial denial of funding or information showing that the technology is not covered by Medicaid or private insurance.
4) The Department does not pay for experimental technology.
5) The Department requires the waiver participant's treating professional's written recommendation regarding her/his need for the technology. This recommendation must take into account that:
a)The treating professional has personal knowledge of and experience with the requested assistive technology; and
b)The treating professional has recently examined the waiver participant, reviewed her/his medical records when applicable, and conducted a functional evaluation.
6) The Department may require a written second opinion from a department selected professional that meets the same criteria in WAC 388-845-0420 (concerning who is a qualified provider of assistive technology) above.
7) The dollar limitations for the waiver participant's IFS Waiver annual allocation limit the amount of assistive technology service s/he is authorized to receive.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**
☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**
☐ **Relative**
☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Recreation Therapist
Agency	Occupational Therapist
Agency	Recreation Therapist
Agency	Rehabilitation Counselor
Individual	Certified Music Therapist
Agency	Certified Music Therapist
Agency	Behavior Specialist
Agency	Speech-Language Pathologist
Individual	Occupational Therapist
Individual	Behavior Specialist
Individual	Physical Therapist
Individual	Rehabilitation Counselor
Agency	Physical Therapist
Individual	Speech-Language Pathologist
Individual	Audiologist
Agency	Audiologist

Provider Category	Provider Type Title
Agency	Assistive Technology Vendor

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Individual

Provider Type:

Recreation Therapist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

National certification through the National Council for Therapeutic Recreation Certification.
Washington State Registration

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must b certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Occupational Therapist

Provider Qualifications

License *(specify):*

RCW 18.59.050 (State law concerning licensure requirements for occupational therapists)

Chapter 246-847 WAC (Department of Health administrative code concerning requirements for occupational therapists)

Certificate *(specify):*

Other Standard *(specify):*

RCW 18.598.060 (State law concerning examination requirements for occupational therapists)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must b certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:
Agency
Provider Type:

Recreation Therapist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

National certification through the National Council for Therapeutic Recreation Certification.
Washington State Registration

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must be certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Rehabilitation Counselor

Provider Qualifications

License *(specify):*

Counseling or related licensure through the Washington State Department of Health

Certificate *(specify):*

Certification through the Commission on Rehabilitation Counselor Certification

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must b certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Individual

Provider Type:

Certified Music Therapist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

National certification through the Certification Board for Music Therapists

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must be certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Certified Music Therapist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

National certification through the Certification Board for Music Therapists

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must b certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:
Agency
Provider Type:

Behavior Specialist

Provider Qualifications

License *(specify):*

State licensure and certification as required for the specific discipline:

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Chapter 246-924 WAC (Department of Health administrative code concerning requirements to become a licensed psychologist)

Chapter 18.71 RCW (Washington state law governing physician practice and licensure)

Chapter 18.71A RCW (Washington state law congerning physician assistant practice and licensure)

Certificate *(specify):*

Chapter 18.19 RCW (Washington state law concerning counselors, including certification)

Chapter 246-810 WAC (Department of Health administrative code concerning the practice of counseling)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must b certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Speech-Language Pathologist

Provider Qualifications

License *(specify):*

RCW 18.35.080 (State law concerning certificates and licensure for speech-language pathologists and audiologists)

Certificate *(specify):*

WAC 246-828-105 (Department of Health administrative code concerning speech-language pathology--minimum standards of practice)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must b certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Individual

Provider Type:

Occupational Therapist

Provider Qualifications

License *(specify):*

RCW 18.59.050 (State law concerning licensure requirements for occupational therapists)

Chapter 246-847 WAC (Department of Health administrative code concerning requirements for occupational therapists)

Certificate *(specify):*

Other Standard *(specify):*

RCW 18.598.060 (State law concerning examination requirements for occupational therapists)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must b certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:
Individual
Provider Type:

Behavior Specialist

Provider Qualifications

License *(specify):*

State licensure and certification as required for the specific discipline:

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Chapter 246-924 WAC (Department of Health administrative code concerning requirements to become a licensed psychologist)

Chapter 18.71 RCW (Washington state law governing physician practice and licensure)

Chapter 18.71A RCW (Washington state law congerning physician assistant practice and licensure)

Certificate *(specify):*

Chapter 18.19 RCW (Washington state law concerning counselors, including certification)

Chapter 246-810 WAC (Department of Health administrative code concerning the practice of counseling)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must b certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Individual

Provider Type:

Physical Therapist

Provider Qualifications

License *(specify):*

RCW 18.74.040 (State law concerning examination for a physical therapy license)

RCW 18.74.040 (State law concerning licensure of physical therapists)

Chapter 2146-915 WAC (Department of Health administrative code concerning requirements for physical therapists)

Certificate *(specify):*

Other Standard *(specify):*

RCW 18.74.030 (State law concerning minimum qualifications to apply for licensure as a physical therapist)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must b certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Individual

Provider Type:

Rehabilitation Counselor

Provider Qualifications

License *(specify):*

Counseling or related licensure through the Washington State Department of Health

Certificate *(specify):*

Certification through the Commission on Rehabilitation Counselor Certification

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must b certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Physical Therapist

Provider Qualifications

License *(specify):*

RCW 18.74.040 (State law concerning examination for a physical therapy license)

RCW 18.74.040 (State law concerning licensure of physical therapists)

Chapter 2146-915 WAC (Department of Health administrative code concerning requirements for physical therapists)

Certificate *(specify):*

Other Standard *(specify):*

RCW 18.74.030 (State law concerning minimum qualifications to apply for licensure as a physical therapist)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must b certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Individual

Provider Type:

Speech-Language Pathologist

Provider Qualifications

License *(specify):*

RCW 18.35.080 (State law concerning certificates and licensure for speech-language pathologists and audiologists)

Certificate *(specify):*

WAC 246-828-105 (Department of Health administrative code concerning speech-language pathology--minimum standards of practice)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must b certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Assistive Technology

Provider Category:

Individual

Provider Type:

Audiologist

Provider Qualifications

License *(specify):*

RCW 18.35.080 State law concerning certificates and licensure for speech-language pathologists and audiologists)

Certificate *(specify):*

WAC 246-828-095 (Department of Health administrative code concerning audiology minimum standards of practice)

Other Standard *(specify):*

RCW 18.35.040 (State law concerning licensure and examination for speech-language pathologists and audiologists)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must be certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Audiologist

Provider Qualifications

License *(specify):*

RCW 18.35.080 State law concerning certificates and licensure for speech-language pathologists and audiologists)

Certificate *(specify):*

WAC 246-828-095 (Department of Health administrative code concerning audiology minimum standards of practice)

Other Standard *(specify):*

RCW 18.35.040 (State law concerning licensure and examination for speech-language pathologists and audiologists)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must be certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Assistive Technology Vendor

Provider Qualifications

License *(specify):*

Chbapter 19.02 RCS (State law concerning business licenses)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized good and services as outlined in attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with DDA. Contractors located in the state of Washington must have a Universal business Identifier and Master Business License, as issued by the state Department of revenue. Out of state contractors must possess a Universal business Identifier and Master Business License only when it is required by Washington State law.
b. Providers of specialized services must be certified, registered, or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Washington Administrative Code (WAC)

WAC 388-845-0420 Who is a qualified provider of assistive technology?

The provider of assistive technology must be an assistive technology vendor contracted with DDA or one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Occupational therapist;
(2) Physical therapist;
(3) Speech and language pathologist;
(4) Certified music therapist;
(5) Certified recreation therapist;
(6) Audiologist; or
(7) Behavior specialist.

Verification of Provider Qualifications

Entity Responsible for Verification:

Stae Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Behavioral Health Stabilization Services - Crisis Diversion Bed Services

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
11 Other Health and Therapeutic Services	11130 other therapies
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**
- ◉ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Behavioral health stabilization services assist persons who are experiencing a behavioral health crisis. These services are available to individuals determined by behavioral health professionals or DDA to be at risk of institutionalization in a psychiatric hospital without (one or more of) the following services:

*Behavioral health crisis diversion bed services
*Positive Behavior support and consultation
*Specialized psychiatric services

Behavioral health crisis diversion bed services:
Are short-term emergent residential services when the client's living situation is disrupted and the client is at immediate risk of institutionalization. These may be provided in an individual's home or licensed or certified setting. These services are available to eligible waiver participants who are at risk of serious decline of mental functioning and who have been determined to be at risk of psychiatric hospitalization. These services also provide respite to the primary caregiver to promote the individual's return to her/his home.
Most Medicaid mental health services in Washington are provided through a 1915-B waiver, which clarifies Access to Care criteria for those individuals needing more intensive mental health supports. Community mental health services through the waiver are provided through Behavioral Health Organizations (BHOs), which carry out the contracting for local mental health care. Access to Care criteria excludes the DSM diagnoses classes that include mental retardation; learning, motor skills and communication disorders; and pervasive developmental disorders. Individuals with primary diagnoses and functional impairments that are only a result of these diagnoses are not eligible for mental health waiver services. As a result, individuals with these issues must display an additional covered diagnosis in order to be served through the mental health system, must be able to benefit from the intervention, and their unmet needs cannot be met more appropriately by another formal or informal system, such as the Developmental Disabilities Administration or community natural supports.
These services under the IFS waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization. It is anticipated some waiver participants will not be eligible for these services under the Medicaid State Plan, since an individual must have a mental health (MH) diagnosis to receive mental health State Plan services. A MH diagnosis is not a requirement for enrollment on the Waiver.
DDA works closely with the Behavioral Health Administration (BHA) to prevent duplication of BHO/State Plan BH Services. DSHS's expectation is that any DDA eligible individual who meets the BHA access to care and medical necessity standards will receive behavioral health services through BHOs or Prepaid Inpatient Health Plans (PIHP). Individuals that do not meet access to care or medical necessity standards for the service type may be served under the behavioral health stabilization services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Behavioral Health Crisis Diversion Bed Services are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of preventing institutionalization.

*Behavioral health stabilization services are intermittent and short-term.
*The duration and amount of services needed to stabilize the individual in crisis is determined by a mental health professional and/or DDA.
*Behavioral health stabilization services require prior approval by DDA or its designee.

"Short-term" reflects the fact that these services are not provided on an on-going basis. However, there is no pre-determined limit on the duration of these services. They are provided to individuals who are experiencing a behavioral health crisis and are at risk of psychiatric hospitalization. Once the crisis situation is resolved and the individual is stabilized, behavioral health crisis stabilization services will be terminated. Any ongoing need for positive behavior support and consultation will be met under the stand-alone positive behavior support and consultation services category.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**
☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**
☒ **Relative**
☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Behavioral Health Stabilization - Behavioral Health Crisis Diversion Bed Services (Supported Living Agency)
Agency	Behavioral Health Stabilization - Behavioral Health Crisis Diversion Bed Services (Other department-licensed or certified agencies)

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Crisis Diversion Bed Services

Provider Category:

Agency

Provider Type:

Behavioral Health Stabilization - Behavioral Health Crisis Diversion Bed Services (Supported Living Agency)

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every year

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Crisis Diversion Bed Services

Provider Category:

Agency

Provider Type:

Behavioral Health Stabilization - Behavioral Health Crisis Diversion Bed Services (Other department-licensed or certified agencies)

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 388-101 WAC (ALTSA administrative code concerning requirements for Certified Community residential services and support)

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every year

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

HCBS Taxonomy:

Category 1:	Sub-Category 1:
10 Other Mental Health and Behavioral Services	10090 other mental health and behavioral services
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Positive behavior support and consultation includes the development and implementation of programs designed to support waiver participants using:
a) Individualized strategies for effectively relating to caregivers and other people in the waiver participant's life; and
b) Direct interventions with the person to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise their ability to remain in the community (i.e., training, specialized cognitive counseling, conducting a functional assessment, development and implementation of a positive behavior support plan).

Behavioral health stabilization services assist persons who are experiencing a behavioral health crisis and meet criteria for community crisis stabilization services. These services are available to individuals determined by behavioral health professionals or DDA to be at risk of institutionalization or hospitalization who need one or more of the following services:

*Positive behavior support and consultation; or;
*Specialized psychiatric services
*Crisis diversion bed services

Both behavioral health stabilization services are temporary and typically last less than ninety days. These services are authorized to be delivered in the following locations:

- Specialized Psychiatric Services are typically delivered in community mental health clinics; and
- Positive Behavior Support and Consultation services are delivered in community mental health clinics, behavior health professional’s offices or in the participant’s home.

A positive behavior support and consultation agency as a behavioral health stabilization service can be either privately-contracted or state-staffed.

These services are only covered under the IFS Waiver when they are outside the definition of service available through the Medicaid State Plan and EPSDT or the child does not meet access to care definitions (i.e., via the Behavioral Health Organizations). It is anticipated some IFS Waiver clients will not be eligible for these services under the Medicaid State Plan, since an individual must have a mental health (MH) diagnosis to receive mental health State Plan services. A MH diagnosis is not a requirement for enrollment on the IFS Waiver.

The Developmental Disabilities Administration (DDA) works closely with the Behavioral Health Administration (BHA) to prevent duplication of BHO/State Plan MH Services. DSHS's expectation is that any DDA eligible client who meets the BHA access to care and medical necessity standards will receive behavioral health services through Behavioral Health Organizations (BHOs) or Prepaid Inpatient Health Plans (PIHP). Individuals that do not meet access to care or medical necessity standards for the service type may be served under the behavioral health stabilization services.

Most Medicaid mental health services in Washington are provided through a 1915-B waiver, which clarifies Access to Care criteria for those individuals needing more intensive mental health supports. Community mental health services through the waiver are provided through Behavioral Health Organizations, which carry out the contracting for local mental health care. Access to Care criteria excludes the DSM diagnoses classes that include mental retardation; learning, motor skills and communication disorders; and pervasive developmental disorders. Individuals with primary diagnoses and functional impairments that are only a result of these diagnoses are not eligible for mental health waiver services. As a result, individuals with these issues must display an additional covered diagnosis in order to be served through the mental health system, must be able to benefit from the intervention, and their unmet needs cannot be met more appropriately by another formal or informal system, such as the DDA or community natural supports.

Positive behavior support and consultation when provided as a behavioral health stabilization service cannot occur at the same time as positive behavior support and consultation when provided as a stand-alone service. Edits in ProviderOne prevent authorization of these services simultaneously.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The services under the IFS waiver are limited to additional services not otherwise covered under the State Plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.
1) Clinical and support needs for behavioral health stabilization services are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan.
2) Behavioral health stabilization services are intermittent and temporary. The duration and amount of services needed to stabilize the waiver participant in crisis is determined by a mental health professional and/or DDA.
3) The cost of positive behavior support and consultation as a behavioral health stabilization service does not count toward the waiver participant's annual allocation in the IFS Waiver.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**

☒ **Relative**

☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Mental Health Counselor
Individual	Mental Health Counselor
Agency	Polygrapher
Individual	Polygrapher
Agency	Licensed Social Worker
Individual	Licensed Social Worker
Agency	Marriage and Family Therapist
Individual	Marriage and Family Therapist
Agency	Behavior Specialist
Individual	Behavior Specialist
Individual	Counselor registered or certified in accordance with the requirements of Chapter 18.19 RCW
Agency	Behavior Technician
Agency	Sex Offender Treatment Provider (SOTP)
Individual	Sex Offender Treatment Provider (SOTP)
Agency	Psychiatrist
Individual	Psychiatrist
Individual	Psychiatric Advanced Registered Nurse Practitioner (ARNP)
Agency	Registered Nurse (RN) or Licensed Practical Nurse (LPN)
Individual	Psychologist
Agency	Psychiatric Advanced Registered Nurse Practitioner (ARNP)
Individual	Physicial assistant working under the supervision of a psychiatrist
Agency	Counselor registered or certified in accordance with the requirements of Chapter 18.19 RCW
Individual	Register Nurse (RN) or Licensed Practical Nurse (LPN)
Agency	Physician assistant working under the supervision of a psychiatrist
Agency	State operated positive behavior support agency limited to behavioral health stabilization services
Agency	Psychologist
Agency	Positive Behavior Support Agency Provider (Privately Contracted)
Agency	Positive Behavior Support Agency Provider (State-Operated)

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Mental Health Counselor

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Individual

Provider Type:

Mental Health Counselor

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure form mental health counselors, marriage and family therapist, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Polygrapher

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:
Individual
Provider Type:

Polygrapher

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Licensed Social Worker

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Individual

Provider Type:

Licensed Social Worker

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:
Agency
Provider Type:

Marriage and Family Therapist

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Individual

Provider Type:

Marriage and Family Therapist

Provider Qualifications

License *(specify):*

Chapter 246-809 (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Behavior Specialist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:
Individual
Provider Type:

Behavior Specialist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Individual

Provider Type:

Counselor registered or certified in accordance with the requirements of Chapter 18.19 RCW

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-810 WAC (Department of Health administrative code concerning requirements for counselors)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Behavior Technician

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Sex Offender Treatment Provider (SOTP)

Provider Qualifications

License *(specify):*

Chapter 246-930 WAC (Department of Health administrative code concerning requirements for Sex Offender Treatment Providers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Individual

Provider Type:

Sex Offender Treatment Provider (SOTP)

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-930 WAC (Department of Health administrative code concerning requirements for Sex Offender Treatment Providers)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71 RCW (State law concerning requirements for Physicians)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:
Individual
Provider Type:

Psychiatrist
Provider Qualifications
License *(specify):*

Chapter 18.71 RCW (State law concerning requirements for Physicians)
Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Individual

Provider Type:

Psychiatric Advanced Registered Nurse Practitioner (ARNP)

Provider Qualifications

License *(specify):*

18.79.050 RCW (State law concerning "Advanced registered nursing practice" and exceptions)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and

Consultation

Provider Category:

Agency

Provider Type:

Registered Nurse (RN) or Licensed Practical Nurse (LPN)

Provider Qualifications

License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning requirements for Practical and Registered Nursing)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:
Individual
Provider Type:

Psychologist
Provider Qualifications
License *(specify):*

Chapter 246-924 WAC (Department of Health administrative code concerning requirements for psychologists)
Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Psychiatric Advanced Registered Nurse Practitioner (ARNP)

Provider Qualifications

License *(specify):*

18.79.050 RCW (State law concerning "Advanced registered nursing practice" and exceptions)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and

Consultation

Provider Category:

Individual

Provider Type:

Physicial assistant working under the supervision of a psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71A RCW (state law concerning requirements for Physicians Assistants)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:
Agency
Provider Type:

Counselor registered or certified in accordance with the requirements of Chapter 18.19 RCW

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-810 WAC (Department of Health administrative code concerning requirements for counselors)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Individual

Provider Type:

Register Nurse (RN) or Licensed Practical Nurse (LPN)

Provider Qualifications

License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning requirements for Practical and Registered Nursing)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Physician assistant working under the supervision of a psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71A RCW (State law concerning requirements for Physician Assistants)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:
Agency
Provider Type:

State operated positive behavior support agency limited to behavioral health stabilization services

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Psychologist

Provider Qualifications

License *(specify):*

Chapter 246-924 WAC (Department of Health administrative code concerning requirements for psychologists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Positive Behavior Support Agency Provider (Privately Contracted)

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Health Stabilization Services - Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Positive Behavior Support Agency Provider (State-Operated)

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
3. Licenses, Registrations and Certifications
a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.
Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Community Engagement

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
17 Other Services	17990 other
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Community engagement services are designed to increase a waiver participant's connection to and engagement in formal and informal community supports. Services are designed to develop creative, flexible, sustainable and supportive community resources and relationships for individuals with developmental disabilities. Waiver participants are introduced to the community resources and supports that are available in their area and supported to develop skills that will facilitate integration into their community. Outcomes for this service include skill development, positive relationships, valued community roles and involvement in preferred community activities/organizations/groups/projects/other resources.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1) Support needs for community engagement services are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan.
2) The waiver participant may not receive community engagement services if s/he is receiving residential habilitation
services as defined in WAC 388-845-1500 (concerning what are residential habilitation services) because their residential provider can meet this need.
3) The dollar limitations for the waiver participant's IFS Waiver annual allocation limit the amount of community engagement service s/he is authorized to receive.
4) Community engagement services do not pay for the following costs:
a) Membership fees or dues; and/or
b) Equipment related to activities; and/or
c) The cost of any activities.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☒ **Relative**
- ☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Community Engagement
Individual	Community Engagement

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Engagement

Provider Category:

Agency

Provider Type:

Community Engagement

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

1) Experience with the community in which the participant lives and extensive knowledge of community organizations, informal clubs, community projects and events, local government resources, and businesses; and

2) Knowledge and skills necessary to
a) Find and engage leaders and members of these community resources to engage the waiver participant to become
an active member and build relationships based on common interests; and
b) Help the waiver participant develop skills that will increase her/his community integration.

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

Qualifications
g. The Contractor shall be licensed, registered, and certified as is required by law.
h. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW re.20A.710. If the Contractor has employees or
volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal
history background checks on those employees.

Washington Administrative Code (WAC)

388-845-0655 Who are qualified providers of community engagement services?

In order to be qualified, the provider of community engagement services must be one of the following individuals or organizations who have specialized training to provide services to people with developmental disabilities and are contracted with DDA to provide this service:
(1) Qualified providers must be a registered recreational therapist in the state of Washington or an individual provider contracted with DSHS or an
organization that provides services that promote skill development, improved functioning, increased independence as well as reducing or eliminating the
effects of illness or disability. Examples of organizations that provide community engagement services are:

(a) Community centers;

(b) Municipal parks and recreation programs;

(c) Therapeutic recreation camps and programs;

(d) Organizations providing community engagement services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 Years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Engagement

Provider Category:

Individual

Provider Type:

Community Engagement

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

1) Experience with the community in which the participant lives and extensive knowledge of community organizations, informal clubs, community projects and events, local government resources, and businesses; and

2) Knowledge and skills necessary to
a) Find and engage leaders and members of these community resources to engage the waiver participant to become
an active member and build relationships based on common interests; and
b) Help the waiver participant develop skills that will increase her/his community integration.

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

Qualifications
g. The Contractor shall be licensed, registered, and certified as is required by law.
h. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW re.20A.710. If the Contractor has employees or
volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal
history background checks on those employees.

Washington Administrative Code (WAC)

388-845-0655 Who are qualified providers of community engagement services?

In order to be qualified, the provider of community engagement services must be one of the following individuals or organizations who have specialized training to provide services to people with developmental disabilities and are contracted with DDA to provide this service:
(1) Qualified providers must be a registered recreational therapist in the state of Washington or an individual provider contracted with DSHS or an
organization that provides services that promote skill development, improved functioning, increased independence as well as reducing or eliminating the
effects of illness or disability. Examples of organizations that provide community engagement services are:

(a) Community centers;

(b) Municipal parks and recreation programs;

(c) Therapeutic recreation camps and programs;

(d) Organizations providing community engagement services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Environmental Adaptations

HCBS Taxonomy:

Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Environmental adaptations provide the physical adaptations to the home required by the individual's person-centered service plan needed to:

(a) Ensure the health, welfare and safety of the individual; or

(b) Enable the individual who would otherwise require institutionalization to function with greater independence in the home.

Environmental adaptations may include the installation of ramps and grab bars, widening of doorways, hardening of walls or windows, modification of bathroom facilities, or installing specialized electrical and/or plumbing systems necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The following service limitations apply to environmental adaptations:
• Prior approval by DDA is required.
• One bid is required for adaptations costing one thousand five hundred dollars or less. Two bids are required for adaptations costing more than one thousand five hundred dollars and equal to or less than five thousand dollars. Three bids are required for adaptations costing more than five thousand dollars.
• Environmental adaptations or improvements to the home are excluded if they are of general utility without direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc.
• Environmental adaptations cannot add to the total square footage of the home.
• Environmental adaptations do not include fences.
• Applicable adaptations to the home must be ADA compliant.
• DDA may require an occupational therapist, physical therapist, or other qualified professional to recommend an appropriate environmental adaptation.
• Environmental adaptations must meet all local and state building codes.
• A deteriorated condition of the existing home, other construction work in process, or the location of home in a flood plain, landslide zone or other hazardous site may limit or prevent adaptations approved by DDA.
• The dollar limitations for the waiver participant's IFS Waiver annual allocation limit the amount of Environmental Adaptation service s/he is authorized to receive.
• Environmental adaptations are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☒ **Relative**
- ☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Registered Contractor
Individual	Retail Vendor
Agency	Registered Contractor
Individual	Debris Removal
Agency	Retail Vendor
Agency	Debris Removal

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Adaptations

Provider Category:
Individual
Provider Type:

Registered Contractor

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Chapter 18.27 RCW (Washington state law concerning contractor registration)

Chapter 19.27 RCW (Washington state law concenring the state building code)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.

2. Qualifications

The Contractor shall be currently registered as a general or specialty Contractor and in good standing with the Department of Labor and Industries under RCW 18.27, except as provided under TCW 18.27.090 Exemptions.

Washington Administrative Code (WAC)

WAC 388-845-0905 Who is a qualified provider for building these environmental adaptations?

The provider making these environmental adaptations must be a registered contractor per 18.27 RCW and contracted with DDA.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

The standard contract period is three years. If a component of a provider's qualification (e.g., contractor registration) expires prior to the standard three year contract period, the contract is set to expire in conjunction with the expiration of that component. If that component is subsequently renewed, and all other qualifications remain in place, the contract is renewed as well.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Environmental Adaptations

Provider Category:

Individual

Provider Type:

Retail Vendor

Provider Qualifications

License *(specify):*

For adaptations that do not require installation:

Chapter 19.02 RCW (Washington state law concerning business licenses)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.

2. Qualifications

The Contractor shall be currently registered as a general or specialty Contractor and in good standing with the Department of Labor and Industries under RCW 18.27, except as provided under TCW 18.27.090 Exemptions.

Washington Administrative Code (WAC)

WAC 388-845-0905 Who is a qualified provider for building these environmental adaptations?

The provider making these environmental adaptations must be a registered contractor per 18.27 RCW and contracted with DDA.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 Years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Adaptations

Provider Category:

Agency

Provider Type:

Registered Contractor

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Chapter 18.27 RCW (Washington state law concerning contractor registration)

Chapter 19.27 RCW (Washington state law concerning the state building code)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.

2. Qualifications

The Contractor shall be currently registered as a general or specialty Contractor and in good standing with the Department of Labor and Industries under RCW 18.27, except as provided under TCW 18.27.090 Exemptions.

Washington Administrative Code (WAC)

WAC 388-845-0905 Who is a qualified provider for building these environmental adaptations?

The provider making these environmental adaptations must be a registered contractor per 18.27 RCW and contracted with DDA.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

The standard contract period is three years. If a component of a provider's qualification (e.g., contractor registration) expires prior to the standard three year contract period, the contract is set to expire in conjunction with the expiration of that component. If that component is subsequently renewed, and all other qualifications remain in place, the contract is renewed as well.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Adaptations

Provider Category:
Individual
Provider Type:

Debris Removal

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.

2. Qualifications

The Contractor shall be currently registered as a general or specialty Contractor and in good standing with the Department of Labor and Industries under RCW 18.27, except as provided under TCW 18.27.090 Exemptions.

Washington Administrative Code (WAC)

WAC 388-845-0905 Who is a qualified provider for building these environmental adaptations?

The provider making these environmental adaptations must be a registered contractor per 18.27 RCW and contracted with DDA.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Adaptations

Provider Category:
Agency

Provider Type:

Retail Vendor

Provider Qualifications

License *(specify):*

For adaptations that do not require installation:

Chapter 19.02 RCW (Washington state law concerning business licenses)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.

2. Qualifications

The Contractor shall be currently registered as a general or specialty Contractor and in good standing with the Department of Labor and Industries under RCW 18.27, except as provided under TCW 18.27.090 Exemptions.

Washington Administrative Code (WAC)

WAC 388-845-0905 Who is a qualified provider for building these environmental adaptations?

The provider making these environmental adaptations must be a registered contractor per 18.27 RCW and contracted with DDA.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 Years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Adaptations

Provider Category:

Agency

Provider Type:

Debris Removal

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.

2. Qualifications

The Contractor shall be currently registered as a general or specialty Contractor and in good standing with the Department of Labor and Industries under RCW 18.27, except as provided under TCW 18.27.090 Exemptions.

Washington Administrative Code (WAC)

WAC 388-845-0905 Who is a qualified provider for building these environmental adaptations?

The provider making these environmental adaptations must be a registered contractor per 18.27 RCW and contracted with DDA.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Nurse Delegation

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
05 Nursing	05020 skilled nursing
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

(1) Services in compliance with WAC 246-840-910 through 246-840-970 (concerning delegation of nursing care tasks in community-based and in-home care settings) by a registered nurse to provide training and nursing management for nursing assistants who perform delegated nursing tasks.
(2) Delegated nursing tasks include, but are not limited to, administration of noninjectable medications except for insulin, blood glucose testing, and tube feedings.
(3) Services include the initial visit, care planning, competency testing of the nursing assistant, consent of the client, additional instruction and supervisory visits.
(4)Waiver participants who receive nurse delegation services must be considered "stable and predictable" by the delegated nurse.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1)Clinical and support needs for nurse delegation services are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan;
2)The Department requires the delegating nurse's written recommendation regarding the waiver participant's need for the service. This recommendation must take into account that the nurse has recently examined the waiver participant, reviewed the waiver participant's medical records, and conducted a nursing assessment.
3)The Department may require a written second opinion from a department-selected nurse delegator that meets the same criteria in subsection (2) of this section.
4)The following tasks must not be delegated:
(a) Injections, other than insulin;
(b) Central lines;
(c) Sterile procedures; and
(d) Tasks that require nursing judgment.
5)The dollar limitations for the waiver participant's annual allocation on the IFS Waiver limit the amount of nurse delegation service s/he may receive.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Registered Nurse
Agency	Registered Nurse

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Nurse Delegation

Provider Category:

Individual

Provider Type:

Registered Nurse

Provider Qualifications

License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning practical and registered nursing, including licensure)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

2. Contractor Qualifications

a. Licensing Requirements. The Contractor shall:

Maintain all necessary licenses, registrations, and certifications as required by RCW 18.79.260, 18.88A.210 and WAC 246.840. Licenses, registrations and certifications must remain in good standing without any substantiated complains or sanctions during the period of performance of this Contract.

b. Minimum Qualifications. The Contractor shall:

(1) Possess a valid Washington State Registered Nurse license without any limitations or restrictions;

(2) Have one (1) year of experience as a Registered nurse;

(3) Have one (1) year of experience demonstrating skill and experience in client assessment, documentation of assessments and development of nursing care plans;

(4) Have demonstrated leadership, teaching experience, and the ability to work independently;

(5) Have demonstrated excellent oral and written communication skills; and

(6) Maintain current Professional Liability insurance coverage per Section 11 of this Contract.

The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1175 Who is a qualified provider of nurse delegation?

Providers of nurse delegation are registered nurses contracted with DDA to provide this service or employed by a nursing agency contracted with DDA to provide this service.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

The standard contract period is three years. If a component of a provider's qualification (e.g., license) expires prior to the standard three year contract period, the contract is set to expire in conjunction with the expiration of that component. If that component is subsequently renewed, and all other qualifications remain in place, the contract is renewed as well.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Nurse Delegation

Provider Category:

Agency

Provider Type:

Registered Nurse

Provider Qualifications

License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning practical and registered nursing, including licensure)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

2. Contractor Qualifications

a. Licensing Requirements. The Contractor shall:

Maintain all necessary licenses, registrations, and certifications as required by RCW 18.79.260, 18.88A.210 and WAC 246.840. Licenses, registrations and certifications must remain in good standing without any substantiated complains or sanctions during the period of performance of this Contract.

b. Minimum Qualifications. The Contractor shall:

(1) Possess a valid Washington State Registered Nurse license without any limitations or restrictions;

(2) Have one (1) year of experience as a Registered nurse;

(3) Have one (1) year of experience demonstrating skill and experience in client assessment, documentation of assessments and development of nursing care plans;

(4) Have demonstrated leadership, teaching experience, and the ability to work independently;

(5) Have demonstrated excellent oral and written communication skills; and

(6) Maintain current Professional Liability insurance coverage per Section 11 of this Contract.

The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-1175 Who is a qualified provider of nurse delegation?

Providers of nurse delegation are registered nurses contracted with DDA to provide this service or employed by a nursing agency contracted with DDA to provide this service.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

The standard contract period is three years. If a component of a provider's qualification (e.g., license) expires prior to the standard three year contract period, the contract is set to expire in conjunction with the expiration of that component. If that component is subsequently renewed, and all other qualifications remain in place, the contract is renewed as well.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Occupational Therapy

HCBS Taxonomy:

Category 1:	Sub-Category 1:
11 Other Health and Therapeutic Services	11080 occupational therapy
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Occupational therapy services are available under the waiver when a Medicaid provider is not available in the area in which a child lives or when the service is not covered due to medical necessity, but is determined necessary for remedial benefit.

This waiver service will in no way impede a child's or young adult's access to services to which they are entitled under EPSDT.

Before this therapy is offered as a waiver service, DSHS Form 13-734, Documentation of First Use of Medicaid Benefits, is used to document that clients have first accessed services to which they are entitled through the State Plan (including EPSDT).

State law stipulates:
"Occupational therapy" is the scientifically based use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process in order to maximize independence, prevent disability, and maintain health. The practice encompasses evaluation, treatment, and consultation. Specific occupational therapy services include but are not limited to: Using specifically designed activities and exercises to enhance neuro developmental, cognitive, perceptual motor, sensory integrative, and psychomotor functioning; administering and interpreting tests such as manual muscle and sensory integration; teaching daily living skills; developing prevocational skills and play and vocational capabilities; designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment; and adapting environments for the handicapped. These services are provided individually, in groups, or through social systems.(An example of OT provided through a social system would be therapy provided in the home environment with the involvement of family members or providers. A goal would be to incorporate therapeutic activities into the individuals natural household routine.)

State law stipulates:
Occupational Therapyservices must be provided by a person licensed to provide Occupational Therapy in the State of Washington. These requirements are comparable to the qualifications specified in 42 CFR §440.110 (concerning physical therapy, occupational therapy, and services for individuals with speech, hearing and language disorders).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

• Occupational therapy is limited to the amount determined necessary to meet the needs of the participant. OT will decrease as participant goals are achieved
and methods of providing ongoing support through natural routines are determined successful.
• The services under the waiver are limited to additional services not otherwise covered under the state plan, but consistent with waiver objectives of avoiding
institutionalization.
• DDA does not pay for treatment determined by DSHS to be experimental.
• DDA and the treating professional determine the need for and amount of service an individual can receive:
o DDA reserves the right to require a second opinion from a department selected provider.
o State Plan benefits are limited to one Occupational Therapy evaluation at beginning of service and one evaluation at discharge per year and 24 units of
Occupational Therapy (which equals approximately 6 hours) per year and up to an additional 24 units of Occupational Therapy per year with expedited
prior authorization from the Health Care Authority. State Plan provides a process for limitation extension regarding the scope, amount, duration and
frequency of the therapy when requested by the provider. Criteria considered by the Health Care Authority and MCO for limitation extension include: the
level of improvement the client has shown to date related to the requested therapy and the reasonably calculated probability of continued improvement if
the requested therapy is extended; and the reasonably calculated probability the client's condition will worsen if the requested therapy is not
extended.
o The Provider One payment system enforces that Medicaid Benefits to which they are entitled are first accessed through the State Plan.
o This waiver service is only provided to individuals age 21 and over. All medically necessary Occupational Therapy services for children under age 21 are
covered in the State Plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**
☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**
☒ **Relative**
☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Occupational Therapist
Agency	Occupational Therapy

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Occupational Therapy

Provider Category:
Individual
Provider Type:

Occupational Therapist

Provider Qualifications

License *(specify):*

RCW 18.59.050 (State law concerning licensure requirements for occupational therapists)

Chapter 246-847 WAC (Department of Health administrative code concerning requiremetns for occupational therapists)

Certificate *(specify):*

Other Standard *(specify):*

RCW 18.598.060 (State law concerning examination requirements for occupational therapists)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

2. Qualifications

a. The Contractor shall be licensed, registered, and certified as is required by law.

b. Maintain a Core Provider Agreement with the Health Care Authority, which is the state Medicaid agency,
thus deeming you a Medicaid eligible provider.

Washington Administrative Code (WAC)

WAC 388-845-1010 Who is a qualified provider of extended state plan services?

Providers of extended state plan services must be certified, registered or licensed therapists as required by
law and contracted with DDA for the therapy they are providing.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Occupational Therapy

Provider Category:

Agency

Provider Type:

Occupational Therapy

Provider Qualifications

License *(specify):*

RCW 18.59.050 (State law concerning licensure requirements for occupational therapists)

Chapter 246-847 WAC (Department of Health administrative code concerning requirements for occupational therapists)

Certificate *(specify):*

Other Standard *(specify):*

RCW 18.598.060 (State law concerning examination requirements for occupational therapists)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

2. Qualifications

a. The Contractor shall be licensed, registered, and certified as is required by law.

b. Maintain a Core Provider Agreement with the Health Care Authority, which is the state Medicaid agency,
thus deeming you a Medicaid eligible provider.

Washington Administrative Code (WAC)

WAC 388-845-1010 Who is a qualified provider of extended state plan services?

Providers of extended state plan services must be certified, registered or licensed therapists as required by
law and contracted with DDA for the therapy they are providing.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Peer Mentoring

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
17 Other Services	17990 other
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Peer mentoring involves the provision of support and guidance to a waiver participant and family members of a waiver participant by a person with shared experience. Peer mentors may explain community services and programs and suggest strategies to the waiver participant and family to achieve the waiver participant's goals.

Peer mentoring actively engages participants and family members of participants to share their successful strategies and experiences in navigating a broad range of community resources beyond those offered through the waiver with other waiver participants and their families.

Peer mentoring does not provide case management services to a waiver participant; peer mentoring does not include determination of level of care, functional or financial eligibility for services or person-centered service planning. Peer mentoring does provide support to the participant and their family in locating and accessing other community services and programs that may assist the participant to engage in community life or provide supports to the participant.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The services under the IFS waiver are limited to additional services not otherwise covered under the State Plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

1)Support needs for peer mentoring are identified in the waiver participant's DDA person-centered assessment and documented
in her/his person-centered service plan.
2)Peer mentors cannot mentor their own family members.
3)The dollar limitations for the waiver participant's annual allocation in the IFS Waiver limit the amount of peer mentoring service s/he is authorized to receive.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Organizations who provide peer support to individuals with developmental disabilities and their families.
Individual	Individuals who provide peer support to individuals with developmental disabilities and their families.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Peer Mentoring

Provider Category:
Agency
Provider Type:

Organizations who provide peer support to individuals with developmental disabilities and their families.

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Peer mentor certification as awarded by the organization to the individual providing the service. Organizations can include self-advocacy and parent organizations.

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications. State Operating Agency verified every 3 years. Organizations who provide peer support to individuals with developmental disabilities and their families. Peer mentor certification is awarded by the organization to the individual providing the service. Organizations can include self-advocacy and parent organizations. The peer mentor can be an individual with developmental disabilities or the member of a family that includes an individual with developmental disabilities.

Washington Administrative Code (WAC)

WAC 388-845-1191 Who are qualified providers of peer mentoring? Qualified providers include organizations who:
(1) Provide peer mentoring support and training to individuals with developmental disabilities or to families with a member with a developmental disability; and
(2) Are contracted with DDA to provide this service.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Peer Mentoring

Provider Category:

Individual

Provider Type:

Individuals who provide peer support to individuals with developmental disabilities and their families.

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications. State Operating Agency verified every 3 years. Organizations who provide peer support to individuals with developmental disabilities and their families. Peer mentor certification is awarded by the organization to the individual providing the service. Organizations can include self-advocacy and parent organizations. The peer mentor can be an individual with developmental disabilities or the member of a family that includes an individual with developmental disabilities.

Washington Administrative Code (WAC) 388-845-1191

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Person-Centered Plan Facilitation

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17990 other
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Person-centered planning facilitation is an approach to forming life plans that is centered on the individual. It is used as a life planning model to enable individuals with disabilities or others requiring support to increase personal self-determination.

Person-centered planning facilitation includes:
1) Identifying and developing a potential circle of support.
2) Exploring what matters to the waiver participant by listening to and learning from the person.
3) Developing a vision for a meaningful life, as defined by the waiver participant.
4) Discovering capacities and assets of the waiver participant and her or his family, neighborhood, and support network.
5) Generating an action plan.
6) Facilitating follow-up meetings to track progress toward goals.

Person-Centered Planning Facilitation is a distinctly different service that does not duplicate nor replace the responsibilities of the DDA Case/Resource Manager who is responsible for developing the person-centered service plan, and this service does not replace an individual's person-centered service plan. The person-centered planning facilitators employ methods including total communications techniques, graphic facilitation of meetings and problem solving skills in the development of a person centered plan, such as PATH (Planning Alternative Tomorrows with Hope), MAPS (Making Action Plans), personal futures planning and person centered thinking tools.

Person-centered planning facilitators typically organize a circle of people who know and care about the individual and who assist the individual to organize individualized, natural and creative supports to achieve meaningful goals based on the individual’s strengths and preferences. This team typically meets with the individual a number of times to build relationships, to explore strengths and interests and to build team unity. Then, in a major planning session that may last two to four hours or more, the team develops a comprehensive plan. The resultant plan may be in any format that is accessible to the individual, such as a document, a drawing or an oral plan recorded on tape or digital media.

By definition, person-centered planning facilitation is not a service oriented approach but a broad exploration of an individual’s vision for a valued life that offers a platform for the individual and her/his trusted friends and family members to express this vision and commitments of support without limiting that expression to what can or will be provided by the service system.

In Washington State’s experience, facilitated person-centered plans have been a source of significant support for individuals in transitional stages of their lives; for example, for young people transitioning from high school into employment and moving out of the family home.

Completed facilitated person-centered plans will inform, provide direction and offer details of a waiver participant’s desires, goals and preferences to the DDA Case/Resource Manager who jointly develops with the wavier participant a written person-centered service plan based on the DDA assessment. The person-centered planning process is driven by the participant. The person-centered service plan reflects the services and supports that are important for the participant to meet the needs identified through the functional assessment as well as what is important to the individual with regard to preferences for the delivery of services and support.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1)Support needs for person-centered planning facilitation are identified in the waiver participant's DDA person-centered
assessment and documented in her/his person-centered service plan.
2)Person-centered planning facilitation may include follow up contacts with the waiver participant and her/his family to consult on plan implementation.
3)The dollar limitations for the waiver participant's annual allocation in the IFS Waiver limit the amount of person-centered planning facilitation service s/he is authorized to receive.
4)An employee of DDA cannot provider person-centered planning facilitation services.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Person-Centered Planning Facilitator

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Person-Centered Plan Facilitation

Provider Category:
Individual
Provider Type:

Person-Centered Planning Facilitator

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Physical Therapy

HCBS Taxonomy:

Category 1:	Sub-Category 1:
11 Other Health and Therapeutic Services	11090 physical therapy
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Physical therapy services are available under the waiver when a Medicaid provider is not available in the area in which a child lives or when the service is not covered due to medical necessity, but is determined necessary for remedial benefit.

State law stipulates:
Physical Therapy means the treatment of any bodily or mental condition of a person by the use of the physical, chemical, or other properties of heat, cold, air, light, water, electricity, sound massage, and therapeutic exercise, which includes posture and rehabilitation procedures; the performance of tests and measurements of neuromuscular function as an aid to the diagnosis or treatment of any human condition; performance of treatments on the basis of test findings after consultation with and periodic review by an authorized health care practitioner.

State law stipulates:
Physical Therapy services must be provided by a person licensed to provide this service in the State of Washington. These requirements are comparable to the qualifications specified in 42 CFR 440.110.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

• Physical therapy is limited to the amount determined necessary to meet the needs of the participant. PT will decrease as participant goals are achieved and
methods of providing ongoing support through natural routines are determined successful.
• The services under the waiver are limited to additional services not otherwise covered under the state plan, but consistent with waiver objectives of avoiding
institutionalization.
• DDA does not pay for treatment determined by DSHS to be experimental;
• DDA and the treating professional determine the need for and amount of service an individual can receive:
o DDA reserves the right to require a second opinion from a department-selected provider.
o State Plan benefits are limited to one Physical Therapy evaluation at beginning of service and one evaluation at discharge per year and
24 units of Physical Therapy (which equals approximately 6 hours) per year and up to an additional 24 units of Physical Therapy per year
with expedited prior authorization from the Health Care Authority. State Plan provides a process for limitation extension regarding the scope, amount,
duration and frequency of the therapy when requested by the provider. Criteria considered by the Health Care Authority and MCO for limitation extension
include: the level of improvement the client has shown to date related to the requested therapy and the reasonably calculated probability of continued
improvement if the requested therapy is extended; and the reasonably calculated probability the client's condition will worsen if the requested therapy
is not extended.
• The Provider One payment system enforces that Medicaid Benefits to which they are entitled are first accessed through the State Plan.
• This waiver service is only provided to individuals age 21 and over. All medically necessary Physical Therapy services for children under age 21 are covered in
the State Plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**
☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**
☒ **Relative**
☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Physical Therapist
Agency	Physical Therapy

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Physical Therapy

Provider Category:
Individual
Provider Type:

Physical Therapist

Provider Qualifications

License *(specify):*

RCW 18.74.040 (State law concerning examination for a physical therapy license)

RCW 18.74.040 (State law concerning licensure of physical therapists)

Chapter 2146-915 WAC (Department of Health administrative code concerning requirements for physical therapists)

Certificate *(specify):*

Other Standard *(specify):*

RCW 18.74.030 (State law concerning minimum qualifications to apply for licensure as a physical therapist)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

1. Qualifications

a. The Contractor shall be licensed, registered, and certified as is required by law for professionals whom provide Physical Therapy services in the state of Washington.
b. Maintain a Core Provider Agreement with the Health Care Authority, which is the state Medicaid agency, thus deeming you a Medicaid eligible provider.

Washington Administrative Code (WAC)

WAC 388-845-1010 Who is a qualified provider of extended state plan services?

Providers of extended state plan services must be certified, registered or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Physical Therapy

Provider Category:

Agency

Provider Type:

Physical Therapy

Provider Qualifications

License *(specify):*

RCW 18.74.040 (State law concerning examination for a physical therapy license)

RCW 18.74.040 (State law concerning licensure of physical therapists)

Chapter 2146-915 WAC (Department of Health administrative code concerning requirements for physical therapists)

Certificate *(specify):*

Other Standard *(specify):*

RCW 18.74.030 (State law concerning minimum qualifications to apply for licensure as a physical therapist)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

1. Qualifications

a. The Contractor shall be licensed, registered, and certified as is required by law for professionals whom provide Physical Therapy services in the state of Washington.
b. Maintain a Core Provider Agreement with the Health Care Authority, which is the state Medicaid agency, thus deeming you a Medicaid eligible provider.

Washington Administrative Code (WAC)

WAC 388-845-1010 Who is a qualified provider of extended state plan services?

Providers of extended state plan services must be certified, registered or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Positive Behavior Support and Consultation

HCBS Taxonomy:

Category 1: **Sub-Category 1:**

Category 2: **Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Includes the development and implementation of programs designed to support waiver participants using:
1)Individualized strategies for effectively relating to caregivers and other people in the waiver participant's life; and
2)Direct interventions with the person to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise their ability to remain in the community (i.e., training, specialized cognitive counseling, conducting a functional assesmsnet, development and implementation of a positibe behavior support plan).

Positive behavior support and consultation may also be provided as a behavioral health stabilization service in accordance with WAC 388-845-1150 through 388-845-1160 (concerning what are behavioral health stabilization services, who are qualified providers of such services, and what are the limitations to these services).

Positive behavior support and consultation cannot occur at the same time as positive behavior support and consultation when provided as a behavioral health stabilization service. Edits in ProviderOne prevent authorization of these services simultaneously.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The services under the IFS waiver are limited to additional services not otherwise covered under the State Plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

1)Clinical and support needs for positive behavior support and consultation are identified in the waiver participant's DDA person-centered assessment and documented in the person-centered service plan;
2)DDA and the treating professional will determine the need and amount of service the waiver participoant will receive, subject to the limitations in subsection 3) below.
3)The dollar limitations in the annual allocation in the waiver participant's PCFS Waiver limit the amount of positive behavior support and consultation service the waiver participant is authorized to receive unless provided as a behavioral health stabilization service.
4)DDA reserves the right to require a second opinion from a Department-selected provider.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**
☒ **Relative**
☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Registered Nurse (RN) or Licensed Practical Nurse (LPN)
Agency	Counselor registered or certified in accordance with the requirements of Chapter 18.19 RCW.
Agency	Sex Offender Treatment Provider (SOTP)
Individual	Marriage and Family Therapist
Individual	Physician assistant working under the supervision of a psychiatrist
Individual	Registered Nurse (RN) or Licensed Practical Nurse (LPN)
Agency	Physician assistant working under the supervision of a psychiatrist
Agency	Behavior Specialist
Agency	Marriage and Family Therapist
Individual	Behavior Specialist
Agency	Psychiatrist
Agency	Polygrapher
Agency	Mental Health Counselor
Individual	Sex Offender Treatment Provider (SOTP)
Individual	Polygrapher
Agency	Licensed Social Worker
Individual	Behavior Technician
Individual	Licensed Social Worker
Agency	State operated positive behavior support agency limited to behavioral health stabilization services
Individual	Psychiatric Advanced Registered Nurse Practitioner (ARNP)
Individual	Mental Health Counselor
Individual	Psychiatrist
Individual	Psychologist
Agency	Behavior Technician
Agency	Psychiatric Advanced Registered Nurse Practitioner (ARNP)
Agency	Psychologist
Individual	Counselor registered or certified in accordance with the requirements of Chapter 18.19 RCW

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Registered Nurse (RN) or Licensed Practical Nurse (LPN)

Provider Qualifications

License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning requirements for Practical and Registered Nursing)

Certificate *(specify):*

Other Standard *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning requirements for Practical and Registered Nursing)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Counselor registered or certified in accordance with the requirements of Chapter 18.19 RCW.

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-810 WAC (Department of Health administrative code concerning requirements for counselors)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Sex Offender Treatment Provider (SOTP)

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-930 WAC (Department of Health administrative code concerning requirements for Sex Offender Treatment Providers)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or

b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.

c. All Contractors shall be in good professional standing with the Washington State Department of Health.

d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:
Individual
Provider Type:

Marriage and Family Therapist

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter
18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health
(DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:
Individual
Provider Type:

Physician assistant working under the supervision of a psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71A RCW (State law concerning requirements for Physician Assistants)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:
Individual
Provider Type:

Registered Nurse (RN) or Licensed Practical Nurse (LPN)
Provider Qualifications
License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning requirements for Practical and Registered Nursing)
Certificate *(specify):*

Other Standard *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning requirements for Practical and Registered Nursing)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Physician assistant working under the supervision of a psychiatrist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or

b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.

c. All Contractors shall be in good professional standing with the Washington State Department of Health.

d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Behavior Specialist

Provider Qualifications

License *(specify):*

State licensure and certification as required for the specific discipline:

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Chapter 246-924 WAC (Department of Health administrative code concerning requirements to become a licensed psychologist)

Chapter 18.71 RCW (Washington state law governing physician practice and licensure)

Chapter 18.71A RCW (Washington state law congerning physician assistant practice and licensure)

Certificate *(specify):*

Chapter 18.19 RCW (Washington state law concerning counselors, including certification)

Chapter 246-810 WAC (Department of Health administrative code concerning the practice of counseling)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Marriage and Family Therapist

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or

b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.

c. All Contractors shall be in good professional standing with the Washington State Department of Health.

d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:
Individual
Provider Type:

Behavior Specialist

Provider Qualifications

License *(specify):*

State licensure and certification as required for the specific discipline:

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Chapter 246-924 WAC (Department of Health administrative code concerning requirements to become a licensed psychologist)

Chapter 18.71 RCW (Washington state law governing physician practice and licensure)

Chapter 18.71A RCW (Washington state law congerning physician assistant practice and licensure)

Certificate *(specify):*

Chapter 18.19 RCW (Washington state law concerning counselors, including certification)

Chapter 246-810 WAC (Department of Health administrative code concerning the practice of counseling)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71 RCW (State law concerning requirements for Psychiatrists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or

b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.

c. All Contractors shall be in good professional standing with the Washington State Department of Health.

d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:
Agency
Provider Type:

Polygrapher

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Mental Health Counselor

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (DOH administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or

b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.

c. All Contractors shall be in good professional standing with the Washington State Department of Health.

d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:
Individual
Provider Type:

Sex Offender Treatment Provider (SOTP)

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-930 WAC (Department of Health administrative code concerning requirements for Sex Offender Treatment Providers)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:
Individual

Provider Type:

Polygrapher

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or

b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.

c. All Contractors shall be in good professional standing with the Washington State Department of Health.

d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:
Agency
Provider Type:

Licensed Social Worker

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Individual

Provider Type:

Behavior Technician

Provider Qualifications

License *(specify):*

State licensure and certification as required for the specific discipline:

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Chapter 18.19 RCW (Washington state law concerning counselors, including certification)

Chapter 246-810 WAC (Department of Health administrative code concerning the practice of counseling)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or

b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.

c. All Contractors shall be in good professional standing with the Washington State Department of Health.

d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Individual

Provider Type:

Licensed Social Worker

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

State operated positive behavior support agency limited to behavioral health stabilization services

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Washington Administrative Code (WAC)
WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 2 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Individual

Provider Type:

Psychiatric Advanced Registered Nurse Practitioner (ARNP)

Provider Qualifications

License *(specify):*

RCW 18.79.050 (State law concerning "Advanced registered nursing practice" and exceptions)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:
Individual
Provider Type:

Mental Health Counselor

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (DOH administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter
18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health
(DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:
Individual

Provider Type:

Psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71 RCW (State law concerning requiremetns for Physicians)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or

b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.

c. All Contractors shall be in good professional standing with the Washington State Department of Health.

d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:
Individual
Provider Type:

Psychologist
Provider Qualifications
License *(specify):*

Chapter 246-924 WAC (Department of Health administrative code concerning requirements for psychologists)
Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Behavior Technician

Provider Qualifications

License *(specify):*

State licensure and certification as required for the specific discipline:

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Chapter 18.19 RCW (Washington state law concerning counselors, including certification)

Chapter 246-810 WAC (Department of Health administrative code concerning the practice of counseling)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or

b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.

c. All Contractors shall be in good professional standing with the Washington State Department of Health.

d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Psychiatric Advanced Registered Nurse Practitioner (ARNP)

Provider Qualifications

License *(specify):*

RCW 18.79.050 (State law concerning "Advanced registered nursing practice" and exceptions)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:

Agency

Provider Type:

Psychologist

Provider Qualifications

License *(specify):*

Chapter 246-924 WAC (Department of Health administrative code concerning requirements for psychologists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or

b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.

c. All Contractors shall be in good professional standing with the Washington State Department of Health.

d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support and Consultation

Provider Category:
Individual
Provider Type:

Counselor registered or certified in accordance with the requirements of Chapter 18.19 RCW

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-810 WAC (Department of Health administrative code concerning requirements for counselors)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Licenses, Registrations and Certifications

a. Providers shall be licensed with the State of Washington in accordance with the requirements of Chapter 18.22 RCW; or
b. Unlicensed providers must be certified or registered with the Washington State Department of Health (DOH) in accordance with the requirements of Chapter 18.19 RCW.
c. All Contractors shall be in good professional standing with the Washington State Department of Health.
d. Certified counselors will provide a copy of their DOH-required supervisory agreement to the Developmental Disabilities Administration (DDA) upon request.

Washington Administrative Code (WAC)

WAC 388-845-0505 Who is a qualified provider of positive behavior support and consultation? Under the Basic Plus, Core, CP and IFS waivers, the provider of positive behavior support and consultation must be one of the following professionals contracted with DDA and duly licensed, registered or certified to provide this service:
(1) Marriage and family therapist;
(2) Mental health counselor;
(3) Psychologist;
(4) Sex offender treatment provider;
(5) Social worker;
(6) Registered nurse (RN) or licensed practical nurse (LPN);
(7) Psychiatrist;
(8) Psychiatric advanced registered nurse practitioner (ARNP);
(9) Physician assistant working under the supervision of a psychiatrist;
(10) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(11) Polygrapher; or
(12) State operated positive behavior support agency limited to behavioral health stabilization services.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Risk Assessment

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17990 other
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Risk Assessments are professional evaluations of violent, stalking, sexually violent, predatory and/or opportunistic behavior to determine the need for psychological, medical or therapeutic services.

There are no limits to the amount, frequency, or duration of this service. Prior approval by DDA for this service provides appropriate oversight of service utilization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1) Clinical and support needs for risk assessments are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan;
2) Risk assessments must meet the standards contained in WAC 246-930-320 (Department of Health administrative code concerning standards for assessment and evaluation reports prepared by sex offender treatment providers).
3) The costs of risk assessments do not count toward the dollar limits of the waiver participant's annual allocation in the IFS Waiver.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Certified Sex Offender Treatment Provider (SOTP)
Agency	Certified Sex Offender Treatment Provider (SOTP)

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Risk Assessment

Provider Category:

Individual

Provider Type:

Certified Sex Offender Treatment Provider (SOTP)

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-930 WAC (Department of Health administrative code concerning sex offender treatment provider requirements, including certification)
WAC 246-930-020 (Department of Health administrative code indicating only credentialed health care professionals may be certified as a sex offender treatment provider)
WAC 246-930-030 (Department of Health administrative code concerning the education required prior to examination to become a certified sex offender treatment provider)
WAC 246-930-040 (Department of Health administrative code concerning the professional experience required prior to examination to become a certified sex offender treatment provider)

Other Standard *(specify):*

Contract Standards.
Individuals hired by an agency as an SOTP must meet the requirements of an individual SOTP.
Providers must have experience assessing sexually aggressive youth and/or adults.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Risk Assessment

Provider Category:

Agency

Provider Type:

Certified Sex Offender Treatment Provider (SOTP)

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Agency and Individual - Chapter 246-930 WAC (Department of Health administrative code concerning sex offender treatment provider requirements, including certification)
WAC 246-930-020 (Department of Health administrative code indicating only credentialed health care professionals may be certified as a sex offender treatment provider)
WAC 246-930-030 (Department of Health administrative code concerning the education required prior to examination to become a certified sex offender treatment provider)
WAC 246-930-040 (Department of Health administrative code concerning the professional experience required prior to examination to become a certified sex offender treatment provider)

Other Standard *(specify):*

Contract Standards
Individuals hired by an agency as an SOTP must meet the requirements of an individual SOTP.
Providers must have experience assessing sexually aggressive youth and/or adults.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Skilled Nursing

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
05 Nursing	05020 skilled nursing
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Waiver skilled nursing provides chronic, long-term nursing services to address needs that are not met through the nursing services available in the Medicaid State Plan. Skilled nursing services under the waiver differ in nature, scope, supervision arrangements, or provider type (including provider training and qualifications) from skilled nursing services in the State plan.

The services under the waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

Services include nurse delegation services provided by a registered nurse, including the initial visit, follow up instruction, and/or supervisory visits.

Services listed in the person-centered service plan must be within the scope of the State's Nurse Practice Act.

Safeguards that the State has in place to prevent duplicate billing for skilled nursing and nurse delegation include the following: 1) Skilled nursing requires a prior approval by DDA and 2) skilled nursing hours are determined by DDA Nursing Care Consultant’s skilled nursing assessment.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The following limitations apply to receipt of skilled nursing services:
*Skilled nursing services require prior approval by DDA.
*Skilled nursing hours must not exceed the number of hours determined by the DDA Nursing Care Consultant's skilled nursing assessment.

Nurse delegation is an intermittent service. The Registered Nurse Delegator is required to visit and provide supervision to the registered or certified nursing assistant (NAR/CNA) at least once every ninety (90) days. If providing diabetic training, the RND must visit the individual at least once a week for the first four (4) weeks. However, the RND may determine that some clients need to be seen more often.

The department reserves the right to require a second opinion by a department-selected provider.

The dollar limitations for the waiver participant's IFS Waiver annual allocation limit the amount of skilled nursing service s/he is authorized to receive.

The rate for skilled nursing services is based on fee schedule. All payments are made directly from the single state agency to the provider of service.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☒ **Relative**
- ☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Licensed Practical Nurse (LPN)
Agency	Licensed Practical Nurse (LPN)
Agency	Registered Nurse (RN)
Individual	Registered Nurse (RN)

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Skilled Nursing

Provider Category:
Individual
Provider Type:

Licensed Practical Nurse (LPN)

Provider Qualifications
License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning practical and registered nursing)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3.Qualifications

c. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

d. Licensing Requirement. The Contractor must have and present an active license to practice as a registered nurse or as a licensed practical nurse, as defined under RCW 18.79, or an active in-home services agency license under 70.217. Agency staff providing Skilled Nursing Services must have an active license to practice as a registered nurse or as a licensed practical nurse, as defined under RCW 18.79.The Contractor shall maintain at all times current nursing licenses, registrations, and certificates as required by law.

e. By entering into this agreement, the Contractor certifies and provides assurances that the Contractor meets the minimum qualifications and that Contractor has the ability and willingness to carry out the responsibilities outlined in the Service Plan. The Contractor shall contact the Client's DDA case resource manager if at any time there are any concerns about the Contractor's ability to perform those responsibilities.

Washington Administrative Code (WAC)

WAC 388-845-1705 Who is a qualified provider of skilled nursing services?

The provider of skilled nursing services must be a licensed practical nurse (LPN) or registered nurse (RN) acting within the scope of the standards of nursing conduct or practice chapter 246-700 WAC and contracted with DDA to provide this service.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Skilled Nursing

Provider Category:

Agency

Provider Type:

Licensed Practical Nurse (LPN)

Provider Qualifications

License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning practical and registered nursing)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3.Qualifications

c. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

d. Licensing Requirement. The Contractor must have and present an active license to practice as a registered nurse or as a licensed practical nurse, as defined under RCW 18.79, or an active in-home services agency license under 70.217. Agency staff providing Skilled Nursing Services must have an active license to practice as a registered nurse or as a licensed practical nurse, as defined under RCW 18.79.The Contractor shall maintain at all times current nursing licenses, registrations, and certificates as required by law.

e. By entering into this agreement, the Contractor certifies and provides assurances that the Contractor meets the minimum qualifications and that Contractor has the ability and willingness to carry out the responsibilities outlined in the Service Plan. The Contractor shall contact the Client’s DDA case resource manager if at any time there are any concerns about the Contractor’s ability to perform those responsibilities.

Washington Administrative Code (WAC)

WAC 388-845-1705 Who is a qualified provider of skilled nursing services?

The provider of skilled nursing services must be a licensed practical nurse (LPN) or registered nurse (RN) acting within the scope of the standards of nursing conduct or practice chapter 246-700 WAC and contracted with DDA to provide this service.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Skilled Nursing

Provider Category:

Agency

Provider Type:

Registered Nurse (RN)

Provider Qualifications

License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning practical and registered nursing)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3.Qualifications

c. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

d. Licensing Requirement. The Contractor must have and present an active license to practice as a registered nurse or as a licensed practical nurse, as defined under RCW 18.79, or an active in-home services agency license under 70.217. Agency staff providing Skilled Nursing Services must have an active license to practice as a registered nurse or as a licensed practical nurse, as defined under RCW 18.79.The Contractor shall maintain at all times current nursing licenses, registrations, and certificates as required by law.

e. By entering into this agreement, the Contractor certifies and provides assurances that the Contractor meets the minimum qualifications and that Contractor has the ability and willingness to carry out the responsibilities outlined in the Service Plan. The Contractor shall contact the Client's DDA case resource manager if at any time there are any concerns about the Contractor's ability to perform those responsibilities.

Washington Administrative Code (WAC)

WAC 388-845-1705 Who is a qualified provider of skilled nursing services?

The provider of skilled nursing services must be a licensed practical nurse (LPN) or registered nurse (RN) acting within the scope of the standards of nursing conduct or practice chapter 246-700 WAC and contracted with DDA to provide this service.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Skilled Nursing

Provider Category:

Individual

Provider Type:

Registered Nurse (RN)

Provider Qualifications

License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning practical and registered nursing)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3.Qualifications

c. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

d. Licensing Requirement. The Contractor must have and present an active license to practice as a registered nurse or as a licensed practical nurse, as defined under RCW 18.79, or an active in-home services agency license under 70.217. Agency staff providing Skilled Nursing Services must have an active license to practice as a registered nurse or as a licensed practical nurse, as defined under RCW 18.79.The Contractor shall maintain at all times current nursing licenses, registrations, and certificates as required by law.

e. By entering into this agreement, the Contractor certifies and provides assurances that the Contractor meets the minimum qualifications and that Contractor has the ability and willingness to carry out the responsibilities outlined in the Service Plan. The Contractor shall contact the Client's DDA case resource manager if at any time there are any concerns about the Contractor's ability to perform those responsibilities.

Washington Administrative Code (WAC)

WAC 388-845-1705 Who is a qualified provider of skilled nursing services?

The provider of skilled nursing services must be a licensed practical nurse (LPN) or registered nurse (RN) acting within the scope of the standards of nursing conduct or practice chapter 246-700 WAC and contracted with DDA to provide this service.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Specialized Clothing

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17010 goods and services
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Nonrestrictive clothing adapted to the waiver participant's individual needs and related to her/his disability. Specialized clothing can include weighted clothing, clothing designed for tactile defensiveness or sensory integration, specialized footwear, or reinforced clothing.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1)Clinical and support needs for specialized clothing are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan.
2)Specialized clothing may be authorized as a waiver service if the service is not covered by Medicaid or private insurance. The waiver participant must assist the Department in determining whether third party payments are available.
3)Clothing of general use to all populations is not covered.
4)The Department may require a second opinion from a department-selected health care provider.
5)The dollar limitations for the waiver participant's annual allocation in the IFS Waiver limit the amount of specialized clothing service s/he may receive.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Specialized Clothing Vendor
Individual	Specialized Cothing Vendor

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Specialized Clothing

Provider Category:
Agency
Provider Type:

Specialized Clothing Vendor

Provider Qualifications

License *(specify):*

Chapter 19.02 RCW (Washington state law concerning business licenses)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
2. Qualifications
a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized goods and services as outlined in
Attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with
DDA. Contractors located in the state of Washington must have a Universal Business Identifier and Master Business License, as issued by the state
Department of Revenue. Out of state contractors must possess a Universal Business Identifier and Master Business License only when it is required by
Washington State law.

b. Providers of specialized services must be certified, registered or licensed therapists as required by law and contracted with DDA for the therapy they
are providing.

Washington Administrative Code (WAC)

WAC 388-845-1845 Who are qualified providers of specialized clothing?

Providers of specialized clothing are specialized clothing vendors contracted with DDA to provide this service.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

The standard contract period is three years. If a component of a provider's qualification (e.g., license) expires prior to the standard three year contract period, the contract is set to expire in conjunction with the expiration of that component. If that component is subsequently renewed, and all other qualifications remain in place, the contract is renewed as well.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Specialized Clothing

Provider Category:

Individual

Provider Type:

Specialized Cothing Vendor

Provider Qualifications

License *(specify):*

Chapter 19.02 RCW (Washington state law concerning business licenses)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
2. Qualifications
a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized goods and services as outlined in
Attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with
DDA. Contractors located in the state of Washington must have a Universal Business Identifier and Master Business License, as issued by the state
Department of Revenue. Out of state contractors must possess a Universal Business Identifier and Master Business License only when it is required by
Washington State law.

b. Providers of specialized services must be certified, registered or licensed therapists as required by law and contracted with DDA for the therapy they
are providing.

Washington Administrative Code (WAC)

WAC 388-845-1845 Who are qualified providers of specialized clothing?

Providers of specialized clothing are specialized clothing vendors contracted with DDA to provide this service.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

The standard contract period is three years. If a component of a provider's qualification (e.g., license) expires prior to the standard three year contract period, the contract is set to expire in conjunction with the expiration of that component. If that component is subsequently renewed, and all other qualifications remain in place, the contract is renewed as well.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Specialized Medical Equipment and Supplies

HCBS Taxonomy:

Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications	14031 equipment and technology
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Specialized equipment or supplies which enables individuals to:
(a) Increase their abilities to perform their activities of daily living; or
(b) Perceive, control or communicate with the environment in which they live; or
(c) Improve daily functioning through sensory integration.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1) Specialized equipment and supplies are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.
2) Habilitative support needs for specialized equipment and supplies are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan.
3) Specialized equipment and supplies not listed in WAC 388-845-1800 (concerning what are covered medical equipment and supplies) and under the service definition above require prior approval by the DDA Regional Administrator or designee for each authorization.
4) DDA reserves the right to require a second opinion by a department-selected provider.
5) Items paid for with waiver funds shall be in addition to any medical equipment and supplies furnished under the Medicaid state plan or other private insurance or program or items not covered by the Medicaid state plan or other available insurance.
6) Items must be of direct medical or remedial benefit to the individual and necessary as a result of the individual's disability.
7) Medications, prescribed or non-prescribed, and vitamins are excluded.
8) The dollar limitations of the waiver participant's annual allocation in the IFS Waiver limit the amount of specialized equipment and supplies/she is authorized to receive.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☒ **Relative**
- ☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Medical Equipment Supplier

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Specialized Medical Equipment and Supplies

Provider Category:
Agency
Provider Type:

Medical Equipment Supplier
Provider Qualifications
License *(specify):*

Chbapter 19.02 RCS (State law concerning business licenses)
Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications. The contractor shall be a legal business legitimately engaged in the business of provision of medical equipment and supplies. Contractors located in the state of Washington must have a Universal Business Identifier and Master Business License, as issued by the state Department of Revenue. Out of state contractors must possess a Universal Business Identifier and Master Business License only when it is required by Washington State law.

Washington Administrative Code (WAC)

WAC 388-845-1805 Who are the qualified providers of specialized medical equipment and supplies?

The provider of specialize medical equipment and supplies must be a medical equipment supplier contracted with DDA or have a state contract as a Title XIX vendor.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Speech, Hearing and Language Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:
11 Other Health and Therapeutic Services	11100 speech, hearing, and language therapy
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Speech, hearing and language services are available through the waiver when a Medicaid provider is not available in the area in which a child or young adult lives or when the service is not covered due to medical necessity, but is determined necessary for remedial benefit. Speech, hearing and language services are services provided to individuals with speech hearing and language disorders by or under the supervision of a speech pathologist or audiologist.

State law stipulates:
"Speech-language pathology" means the application of principles, methods, and procedures related to the development and disorders, whether of organic or nonorganic origin, that impede oral, pharyngeal, or laryngeal sensorimotor competencies and the normal process of human communication including, but not limited to, disorders and related disorders of speech, articulation, fluency, voice, verbal and written language, auditory comprehension, cognition/communication, and the application of augmentative communication treatment and devices for treatment of such disorders

"Audiology" means the application of principles, methods, and procedures related to hearing and the disorders of hearing and to related language and speech disorders, whether of organic or nonorganic origin, peripheral or central, that impede the normal process of human communication including, but not limited to, disorders of auditory sensitivity, acuity, function, processing, or vestibular function, the application of aural habilitation, rehabilitation, and appropriate devices including fitting and dispensing of hearing instruments, and cerumen management to treat such disorders.

State law stipulates:
Speech-language pathology and Audiology services must be provided by a person licensed to provide these services in the State of Washington. These requirements are comparable to the qualifications specified in 42 CFR §440.110 (concerning physical therapy, occupational therapy, and services for individuals with speech, hearing and language disorders).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

"Speech-language pathology" means the application of principles, methods, and procedures related to the development and disorders, whether of organic or nonorganic origin, that impede oral, pharyngeal, or laryngeal sensorimotor competencies and the normal process of human communication including, but not limited to, disorders and related disorders of speech, articulation, fluency, voice, verbal and written language, auditory comprehension, cognition/communication, and the application of augmentative communication treatment and devices for treatment of such disorders

"Audiology" means the application of principles, methods, and procedures related to hearing and the disorders of hearing and to related language and speech disorders, whether of organic or nonorganic origin, peripheral or central, that impede the normal process of human communication including, but not limited to, disorders of auditory sensitivity, acuity, function, processing, or vestibular function, the application of aural habilitation, rehabilitation, and appropriate devices including fitting and dispensing of hearing instruments, and cerumen management to treat such disorders.
Speech-language pathology and Audiology services must be provided by a person licensed to provide these services in the State of Washington. These requirements are comparable to the qualifications specified in 42 CFR 440.110 (concerning physical therapy, occupational therapy, and services for individuals with speech, hearing and language disorders).

• The Provider One payment system enforces that Medicaid Benefits to which they are entitled are first accessed through the State Plan.
• This waiver service is only provided to individuals age 21 and over. All medically necessary Speech, Hearing and Language services for children
under age 21 are covered in the State Plan pursuant to the EPSDT benefit.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**
☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**
☒ **Relative**
☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Speech-Language Pathologist
Agency	Speech-Language Pathologist
Individual	Audiologist
Agency	Audiologist

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Speech, Hearing and Language Services

Provider Category:
Individual
Provider Type:

Speech-Language Pathologist
Provider Qualifications
License *(specify):*

RCW 18.35.080 (State law concerning certificates and licensure for speech-language pathologists and audiologists)

Certificate *(specify):*

WAC 246-828-105 (Department of Health administrative code concerning speech-language pathology--minimum standards of practice)

Other Standard *(specify):*

WAC 246-828-105 (Department of Health administrative code concerning speech-language pathology--minimum standards of practice)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Qualifications

a. The Contractor shall be licensed, registered, and certified as is required by law for professionals whom provide speech therapy services in the state of Washington.

b. Maintain a Core Provider Agreement with the Health Care Authority, which is the state Medicaid agency, thus deeming you a Medicaid eligible provider.

Washington Administrative Code (WAC)

WAC 388-845-1010 Who is a qualified provider of extended state plan services?

Providers of extended state plan services must be certified, registered or licensed therapists as required by
law and contracted with DDA for the therapy they are providing.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Speech, Hearing and Language Services

Provider Category:

Agency

Provider Type:

Speech-Language Pathologist

Provider Qualifications

License *(specify):*

RCW 18.35.080 (State law concerning certificates and licensure for speech-language pathologists and audiologists)

Certificate *(specify):*

WAC 246-828-105 (Department of Health administrative code concerning speech-language pathology--minimum standards of practice)

Other Standard *(specify):*

RCW 18.35.040 (State law concerning licensure and examination for speech-language pathologists and audiologists)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Qualifications

a. The Contractor shall be licensed, registered, and certified as is required by law for professionals whom provide speech therapy services in the state of Washington.

b. Maintain a Core Provider Agreement with the Health Care Authority, which is the state Medicaid agency, thus deeming you a Medicaid eligible provider.

Washington Administrative Code (WAC)

WAC 388-845-1010 Who is a qualified provider of extended state plan services?

Providers of extended state plan services must be certified, registered or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Speech, Hearing and Language Services

Provider Category:

Individual

Provider Type:

Audiologist

Provider Qualifications

License *(specify):*

RCW 18.35.080 State law concerning certificates and licensure for speech-language pathologists and audiologists)

Certificate *(specify):*

WAC 246-828-095 (Department of Health administrative code concerning audiology minimum standards of practice)

Other Standard *(specify):*

RCW 18.35.040 (State law concerning licensure and examination for speech-language pathologists and audiologists)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.
Contract language regarding provider qualifications.

3. Qualifications

a. The Contractor shall be licensed, registered, and certified as is required by law for professionals whom
provide speech therapy services in the state of Washington.
b. Maintain a Core Provider Agreement with the Health Care Authority, which is the state Medicaid agency,
thus deeming you a Medicaid eligible provider.

Washington Administrative Code (WAC)

WAC 388-845-1010 Who is a qualified provider of extended state plan services?

Providers of extended state plan services must be certified, registered or licensed therapists as required by
law and contracted with DDA for the therapy they are providing.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Speech, Hearing and Language Services

Provider Category:

Agency

Provider Type:

Audiologist

Provider Qualifications

License *(specify):*

RCW 18.35.080 State law concerning certificates and licensure for speech-language pathologists and audiologists)

Certificate *(specify):*

WAC 246-828-095 (Department of Health administrative code concerning audiology minimum standards of practice)

Other Standard *(specify):*

RCW 18.35.040 (State law concerning licensure and examination for speech-language pathologists and audiologists)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Qualifications

a. The Contractor shall be licensed, registered, and certified as is required by law for professionals whom provide speech therapy services in the state of Washington.

b. Maintain a Core Provider Agreement with the Health Care Authority, which is the state Medicaid agency, thus deeming you a Medicaid eligible provider.

Washington Administrative Code (WAC)

WAC 388-845-1010 Who is a qualified provider of extended state plan services?

Providers of extended state plan services must be certified, registered or licensed therapists as required by law and contracted with DDA for the therapy they are providing.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Staff/Family Consultation Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17990 other
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Clinical and therapeutic services that assist unpaid caregivers and/or paid support staff in carrying out individual treatment/support plans, and that are not covered by the Medicaid state plan, and are necessary to improve the individual's independence and inclusion in their community. This service is not intended to instruct paid staff on the competencies relative to their field they are required to have or to provide training required to meet provider qualifications, but rather to support staff in meeting the individualized and specific needs of the waiver participant. The person-centered service plan, developed by the case/resource manager in collaboration with the waiver participant and the waiver participant's family, provides the high-level summary of services and goals for each specified waiver service. The plan developed by the consultant provides step-by-step details necessary to reach a goal by implementing a specific course of supports by the participant's family or paid providers.

Consultation, such as assessment, the development, training and technical assistance to a home or community support plan, and monitoring of the provider and individual in the implementation of the plan, is provided to families or direct staff to meet the specific needs of the waiver participant as outlined in the waiver participant's person-centered service plan, including:
(a) Health monitoring;
(b) Positioning and transfer;
(c) Basic and advanced instructional techniques;
(d) Positive behavior support;
(e) Augmentative communication systems;
(f) Diet and nutritional guidance;
(g) Disability information and education;
(h) Strategies for effectively and therapeutically interacting with the participant;
(i) Environmental consultation;
(j) Individual and family counseling;
(k) Assistive technology; and
(l) Assistance with managing the family's daily schedule and home.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1)Clincial and support needs for staff/family consultation and training are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan.
2)Expenses to the family or provider for room and board or attendance, including registration, at conferences are excluded as a service under staff/family consultation and training.
3)Services will not duplicate services available through third party payers or social service organizations or schools.
4)The dollar limitations in the waiver participant's annual allocation in the IFS Waiver limit the amount of staff/fammily consultation and training service s/he is authorized to receive.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☒ **Relative**
- ☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Certified Professional Organizer
Agency	Certified Professional Organizer
Agency	Occupational Therapist
Agency	Social Worker
Agency	Audiologist
Agency	Certified Dietician

Provider Category	Provider Type Title
Agency	Nutritionist
Individual	Providers listed in WAC 388-845-0506 (providers of Behavior Support and Consultation under the CIIBS Waiver) and contracted with DDA to provide CIIBS Intensive services.
Individual	Audiologist
Individual	Psychologist
Agency	Physical Therapist
Individual	Certified Dietician
Individual	Teacher
Individual	Mental Health Counselor
Individual	Physical Therapist
Agency	Professional Advocacy Organization
Agency	Psychologist
Individual	Marriage and Family Therapist
Agency	Psychiatrist
Individual	Counselors registered or certified in accordance with the requirements of Chapter 18.19 RCW.
Agency	Providers listed in WAC 388-845-0506 (providers of Behavior Support and Consultation under the CIIBS Waiver) and contracted with DDA to provide CIIBS Intensive services.
Individual	Sex Offender Treatment Provider (SOTP)
Agency	Sex Offender Treatment Provider (SOTP)
Agency	Marriage and Family Therapist
Individual	Occupational Therapist
Agency	Counselors registered or certified in accordance with the requirements of Chapter 18.19 RCW.
Agency	Registered Nurse (RN) or Licensed Practical Nurse (LPN)
Agency	Mental Health Counselor
Individual	Certified American Sign Language Instructor
Agency	Certified American Sign Language Instructor
Individual	Nutritionist
Individual	Recreation Therapist registered in WA and certified by the National Council for Therapeutic Recreation
Agency	Speech/Language Pathologist
Individual	Registered Nurse (RN) or Licensed Practical Nurse (LPN)
Agency	Recreation Therapist registered in WA and certified by the National Council for Therapeutic Recreation
Individual	Social Worker
Individual	Speech/Language Pathologist
Individual	Psychiatrist

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Certified Professional Organizer
Provider Qualifications
License *(specify):*

Certificate *(specify):*

Certified as a professional organizer.

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Agency

Provider Type:

Certified Professional Organizer

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certified as a professional organizer.

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Agency

Provider Type:

Occupational Therapist

Provider Qualifications

License *(specify):*

Chapter 246-847 WAC (Department of Health administrative code concerning requirements for Occupational Therapists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Agency

Provider Type:

Social Worker

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Agency

Provider Type:

Audiologist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

WAC 246-828-095 (Department of Health administrative code concerning audiology minimum standards of practice)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Agency
Provider Type:

Certified Dietician

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 18.138 RCW (State law concerning requirements for Dietitians and Nutritionists)

Chapter 246-822 WAC (DOH administrative code concerning requirements for Dietitians or Nutritionists)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Agency

Provider Type:

Nutritionist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 18.138 RCW (Washington state law concerning dietitians and nutritionists, including certification)

Chapter 246-822 WAC (Department of Health administrative code concerning certified dietitians and nutritionists)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Providers listed in WAC 388-845-0506 (providers of Behavior Support and Consultation under the CIIBS Waiver) and contracted with DDA to provide CIIBS Intensive services.

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Audiologist
Provider Qualifications
License *(specify):*

Certificate *(specify):*

WAC 246-828-095 (Department of Health administrative code concerning audiology minimum standards of practice)
Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Psychologist
Provider Qualifications
License *(specify):*

Chapter 246-924 WAC (Department of Health administrative code concerning requirements for psychologists)
Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Agency

Provider Type:

Physical Therapist

Provider Qualifications

License *(specify):*

Chapter 246-915 WAC (Department of Health administrative code concerning requirements for physical therapists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Certified Dietician

Provider Qualifications
License *(specify):*

Certificate *(specify):*

Chapter 18.138 RCW (State law concerning requirements for Dietitians and Nutritionists)

Chapter 246-822 WAC (DOH administrative code concerning requirements for Dietitians or Nutritionists)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Teacher
Provider Qualifications
License *(specify):*

Certificate *(specify):*

WAC 181-79A
Other Standard *(specify):*

Contract Standards
Verification of Provider Qualifications
Entity Responsible for Verification:

State Operating Agency
Frequency of Verification:

Every 3 years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Mental Health Counselor
Provider Qualifications
License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)
Certificate *(specify):*

Other Standard *(specify):*

Contract Standards

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Individual

Provider Type:

Physical Therapist

Provider Qualifications

License *(specify):*

Chapter 246-915 WAC (Department of Health administrative code concerning requirements for physical therapists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Agency
Provider Type:

Professional Advocacy Organization

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Agency

Provider Type:

Psychologist

Provider Qualifications

License *(specify):*

Chapter 246-924 WAC (Department of Health administrative code concerning requirements for psychologists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Individual

Provider Type:

Marriage and Family Therapist

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Agency
Provider Type:

Psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71 RCW (State law concerning requiremetns for Physicians)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Counselors registered or certified in accordance with the requirements of Chapter 18.19 RCW.

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-810 WAC (Department of Health administrative code concerning requirements for counselors)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Agency
Provider Type:

Providers listed in WAC 388-845-0506 (providers of Behavior Support and Consultation under the CIIBS Waiver) and contracted with DDA to provide CIIBS Intensive services.

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Individual

Provider Type:

Sex Offender Treatment Provider (SOTP)

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-930 WAC (Department of Health administrative code concerning requirements for Sex Offender Treatment Providers)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Agency

Provider Type:

Sex Offender Treatment Provider (SOTP)

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-930 WAC (Department of Health administrative code concerning requirements for Sex Offender Treatment Providers)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Agency

Provider Type:

Marriage and Family Therapist

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Occupational Therapist

Provider Qualifications

License *(specify):*

Chapter 246-847 WAC (Department of Health administrative code concerning requirements for Occupational Therapists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Agency
Provider Type:

Counselors registered or certified in accordance with the requirements of Chapter 18.19 RCW.

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-810 WAC (Department of Health administrative code concerning requirements for counselors)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Agency

Provider Type:

Registered Nurse (RN) or Licensed Practical Nurse (LPN)

Provider Qualifications

License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning requirements for Practical and Registered Nursing)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Chapter 246-840 WAC (Department of Health administrative code concerning requirements for Practical and Registered Nursing)

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Agency

Provider Type:

Mental Health Counselor

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Certified American Sign Language Instructor

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification as an American Sign Language (ASL) Instructor

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Agency
Provider Type:

Certified American Sign Language Instructor

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification as an American Sign Language (ASL) Instructor

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Nutritionist
Provider Qualifications
License *(specify):*

Certificate *(specify):*

Chapter 18.138 RCW (Washington state law concerning dietitians and nutritionists, including certification)

Chapter 246-822 WAC (Department of Health administrative code concerning certified dietitians and nutritionists)
Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Recreation Therapist registered in WA and certified by the National Council for Therapeutic Recreation

Provider Qualifications

License *(specify):*

Certificate *(specify):*

National certification through the National Council for Therapeutic Recreation Certification.
Washington State Registration

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Agency

Provider Type:

Speech/Language Pathologist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-828-105 (Department of Health administrative code concerning speech-language pathology-minimum standards of practice)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Individual

Provider Type:

Registered Nurse (RN) or Licensed Practical Nurse (LPN)

Provider Qualifications

License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning requirements for Practical and Registered Nursing)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Agency
Provider Type:

Recreation Therapist registered in WA and certified by the National Council for Therapeutic Recreation

Provider Qualifications

License *(specify):*

Certificate *(specify):*

National certification through the National Council for Therapeutic Recreation Certification.
Washington State Registration

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Social Worker

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:

Individual

Provider Type:

Speech/Language Pathologist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-828-105 (Department of Health administrative code concerning speech-language pathology-minimum standards of practice)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Staff/Family Consultation Services

Provider Category:
Individual
Provider Type:

Psychiatrist
Provider Qualifications
License *(specify):*

Chapter 18.71 RCW (State law concerning requiremetns for Physicians)
Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.

3. Contractor Qualifications

a. In accordance with WAC 388-845-2005, to provide staff/family consultation and training, a provider must be listed as a qualified professional, see WAC 388-845-2005, be licensed, registered or certified and contracted with DDA. Recreation therapist must be certified by the National Council for Therapeutic Recreation.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

Proposed WAC 388-845-2005 Who is a qualified provider of staff/family consultation and training?

To provide staff/family consultation and training, a provider must be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Sex offender treatment provider;
(9) Speech/language pathologist;
(10) Social worker;
(11) Psychologist;
(12) Certified American sign language instructor;
(13) Nutritionist;
(14) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(15) Certified dietician;
(16) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(17) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services;
(18) Certified music therapist (for CIIBS only);
(19) Psychiatrist; or
(20) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Supported Parenting Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17990 other
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Supported parenting services are professional services offered to parents and prospective parents with developmental disabilities who are enrolled on the IFS Waiver. Prospective parents are waiver participants who are pregnant or who are in the process of adopting a child. Supported parenting offers professional services to the parent who is a waiver participant while staff/family consultation and training offers professional assistance to families or direct service providers to help them better meet the needs of the waiver participant.

Services may include teaching, parent coaching and other supportive strategies in areas critical to parenting, including child development, nutrition and health, safety, childcare, money management, time and household management and housing.

Supported parenting services are designed to build parental skills around the child's developmental domains of cognition, language, motor, social-emotional and self-help.

In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or cerified professionals listed below and be contracted with DDA.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1)Clinical and support needs for supported parenting services are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan.

2)The dollar limitations in the waiver participant's annual allocation in the IFS Waiver limit the amount of supported parenting services s/he is authorized to receive.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Speech/Language Pathologist
Agency	Providers listed in WAC 388-845-0506 (providers of Behavior Support and Consultation under the CIIBS Waiver) and contracted with DDA to provide CIIBS Intensive services.
Agency	Counselors registered or certified in accordance with the requirements of Chapter 18.19 RCW
Individual	Psychologist
Agency	Registered Nurse (RN) or Licensed Practical Nurse (LPN)
Individual	Occupational Therapist
Individual	Audiologist
Individual	Psychiatrist
Individual	Providers listed in WAC 388-845-0506 (providers of Behavior Support and Consultation under the CIIBS Waiver) and contracted with DDA to provide CIIBS Intensive services.
Individual	Certified Dietician
Agency	Physical Therapist
Individual	Social Worker
Agency	Psychiatrist
Individual	Recreation Therapist registered in WA and certified by the National Council for Therapeutic Recreation

Provider Category	Provider Type Title
Individual	Physical Therapist
Agency	Occupational Therapist
Agency	Recreation Therapist registered in WA and certified by the National Council for Therapeutic Recreation
Agency	Marriage and Family Therapist
Individual	Registered Nurse (RN) or Licensed Practical Nurse (LPN)
Agency	Speech/Language Pathologist
Individual	Mental Health Counselor
Individual	Nutritionist
Individual	Marriage and Family Therapist
Agency	Nutritionist
Agency	Social Worker
Agency	Audiologist
Agency	Certified Dietician
Agency	Certified American Sign Language Instructor
Individual	Certified American Sign Language Instructor
Agency	Mental Health Counselor
Agency	Psychologist
Individual	Counselors registered or certified in accordance with the requirements of Chapter 18.19 RCW
Agency	Professional Advocacy Organization

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Speech/Language Pathologist

Provider Qualifications

License *(specify):*

Chapter 246-828-105 (Department of Health administrative code concerning speech-language pathology-minimum standards of practice)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Providers listed in WAC 388-845-0506 (providers of Behavior Support and Consultation under the CIIBS Waiver) and contracted with DDA to provide CIIBS Intensive services.

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Counselors registered or certified in accordance with the requirements of Chapter 18.19 RCW

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-810 WAC (Department of Health administrative code concerning requirements for counselors)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Psychologist

Provider Qualifications

License *(specify):*

Chapter 246-924 WAC (Department of Health administrative code concerning requirements for psychologists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Registered Nurse (RN) or Licensed Practical Nurse (LPN)

Provider Qualifications

License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning requirements for Practical and Registered Nursing)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Occupational Therapist

Provider Qualifications

License *(specify):*

RCW 18.59.050 (State law concerning licensure requirements for occupational therapists)

Chapter 246-847 WAC (Department of Health administrative code concerning requirements for occupational therapists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Audiologist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

WAC 246-828-095 (Department of Health administrative code concerning audiology minimum standards of practice)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71 RCW (State law concerning requirements for Psychiatrists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Providers listed in WAC 388-845-0506 (providers of Behavior Support and Consultation under the CIIBS Waiver) and contracted with DDA to provide CIIBS Intensive services.

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Certified Dietician

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 18.138 RCW (State law concerning requirements for Dietitians and Nutritionists)

Chapter 246-822 WAC (DOH administrative code concerning requirements for Dietitians or Nutritionists)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Physical Therapist

Provider Qualifications

License *(specify):*

Chapter 246-915 WAC (Department of Health administrative code concerning requirements for physical therapists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Social Worker

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Psychiatrist

Provider Qualifications

License *(specify):*

Chapter 18.71 RCW (State law concerning requirements for Psychiatrists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Recreation Therapist registered in WA and certified by the National Council for Therapeutic Recreation

Provider Qualifications

License *(specify):*

Certificate *(specify):*

National certification through the National Council for Therapeutic Recreation Certification.
Washington State Registration

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Physical Therapist

Provider Qualifications

License *(specify):*

Chapter 246-915 WAC (Department of Health administrative code concerning requirements for physical therapists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Occupational Therapist

Provider Qualifications

License *(specify):*

RCW 18.59.050 (State law concerning licensure requirements for occupational therapists)

Chapter 246-847 WAC (Department of Health administrative code concerning requirements for occupational therapists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Recreation Therapist registered in WA and certified by the National Council for Therapeutic Recreation

Provider Qualifications

License *(specify):*

Certificate *(specify):*

National certification through the National Council for Therapeutic Recreation Certification.
Washington State Registration

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Marriage and Family Therapist

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Registered Nurse (RN) or Licensed Practical Nurse (LPN)

Provider Qualifications

License *(specify):*

Chapter 246-840 WAC (Department of Health administrative code concerning requirements for Practical and Registered Nursing)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Speech/Language Pathologist

Provider Qualifications

License *(specify):*

Chapter 246-828-105 (Department of Health administrative code concerning speech-language pathology-minimum standards of practice)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Mental Health Counselor

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Nutritionist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 18.138 RCW (Washington state law concerning dietitians and nutritionists, including certification)

Chapter 246-822 WAC (Department of Health administrative code concerning certified dietitians and nutritionists)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Marriage and Family Therapist

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Nutritionist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 18.138 RCW (Washington state law concerning dietitians and nutritionists, including certification)

Chapter 246-822 WAC (Department of Health administrative code concerning certified dietitians and nutritionists)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Social Worker

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Audiologist

Provider Qualifications

License *(specify):*

Certificate *(specify):*

WAC 246-828-095 (Department of Health administrative code concerning audiology minimum standards of practice)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Certified Dietician

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 18.138 RCW (State law concerning requirements for Dietitians and Nutritionists)

Chapter 246-822 WAC (DOH administrative code concerning requirements for Dietitians or Nutritionists)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Certified American Sign Language Instructor

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification as an American Sign Language (ASL) Instructor

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Certified American Sign Language Instructor

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certification as an American Sign Language (ASL) Instructor

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Mental Health Counselor

Provider Qualifications

License *(specify):*

Chapter 246-809 WAC (Department of Health administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Psychologist

Provider Qualifications

License *(specify):*

Chapter 246-924 WAC (Department of Health administrative code concerning requirements for psychologists)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Individual

Provider Type:

Counselors registered or certified in accordance with the requirements of Chapter 18.19 RCW

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Chapter 246-810 WAC (Department of Health administrative code concerning requirements for counselors)

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Parenting Services

Provider Category:

Agency

Provider Type:

Professional Advocacy Organization

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications

Qualifications. In order to be qualified, providers of supported parenting services must have an understanding of the manner in which individuals with developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the licensed, registered or certified professionals listed below and be contracted with DDA.

Washington Administrative Code (WAC)

WAC 388-845-2135 Who are qualified providers of supported parenting services?
In order to be qualified, providers of supported parenting services must have an understanding of the manner in which persons with intellectual/developmental disabilities best learn in addition to skills in child development and family dynamics and be one of the following licensed, registered or certified professionals and be contracted with DDA:
(1) Audiologist;
(2) Licensed practical nurse;
(3) Marriage and family therapist;
(4) Mental health counselor;
(5) Occupational therapist;
(6) Physical therapist;
(7) Registered nurse;
(8) Speech/language pathologist;
(9) Social worker;
(10) Psychologist;
(11) Certified American sign language instructor;
(12) Nutritionist;
(13) Counselors registered or certified in accordance with the requirements of chapter 18.19 RCW;
(14) Certified dietician;
(15) Recreation therapist registered in Washington and certified by the National Council for Therapeutic Recreation;
(16) Providers listed in WAC 388-845-0506 and contracted with DDA to provide CIIBS intensive services; or
(17) Psychiatrist; or
(18) Professional advocacy organization.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through

the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Transportation Services

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
17 Other Services	17990 other
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Reimbursement to a provider when the transportation is required and specified in the waiver participant's person-centered service plan. This service is available if the cost and responsibility for transportaton is not already included in the waiver participant provider's contract and payment.

Transportation services provide the waiver participant access to waiver services specified by the waiver participant's person-centered service plan.

Whenever possible, the waiver participant must use family, neighbors, friends or community agencies that can provide this service without charge.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1)Support needs for transportation services are identified in the waiver participant's DDA person-centered assessment and
documented in her/his person-centered service plan.
2)Transportation to/from medical or medically related appointments is a Medicaid transportation service and is to be considered and used first.
3)Transportation is offered in addition to medical transportation but cannot replace Medicaid transportation services.
4)Transportation is limited to travel to and from a waiver service.
5)Transportation does not include the purchase of a bus pass.
6)This service does not cover the purchase or lease of vehicles.
7)Reimbursement for provider travel time is not included in this service.
8)Reimbursement to the provider is limited to transportation that occurs when the waiver participant is with the provider.
9)The waiver participant is not eligible for transporation services if the cost and responsiblity for transporation is already included in the provider's contract and payment.
10)The dollar limitations of the waiver participant's annual allocation in the IFS Waiver limit the amount of transportation
services s/he is authorized to receive.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☒ **Relative**
- ☒ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Transportation Provider
Individual	Transportation Provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Transportation Services

Provider Category:

Agency

Provider Type:

Transportation Provider

Provider Qualifications

License *(specify):*

Chapter 308-104 WADC (Department of Licensing [DOL] administrative code concerning drivers' licenses)

Certificate *(specify):*

Other Standard *(specify):*

Chapter 308-106 WAC (State aministrative code concerning mandatory Insurance to operate a vehicle)

Chapter 308-106 WAC (State aministrative code concerning mandatory Insurance to operate a vehicle)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Agency contract language regarding provider qualifications.

3. Licenses, Registrations, and Certifications

a. The Contractor shall be licensed, registered, certified, and/or contracted as required by law.

b. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.

Washington Administrative Code (WAC)

WAC 388-845-2205 Who is qualified to provide transportation services?

(1) The provider of transportation services can be an individual or agency contracted with DDA whose contract includes transportation in the statement of work.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

The standard contract period is three years. If a component of a provider's qualification (e.g., license) expires prior to the standard three year contract period, the contract is set to expire in conjunction with the expiration of that component. If that component is subsequently renewed, and all other qualifications remain in place, the contract is renewed as well.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Transportation Services

Provider Category:

Individual

Provider Type:

Transportation Provider

Provider Qualifications

License *(specify):*

Chapter 308-104 WAC (Department of Licensing [DOL] administrative code concerning drivers' licenses)

Certificate *(specify):*

Other Standard *(specify):*

Chapter 308-106 WAC (State aministrative code concerning mandatory Insurance to operate a vehicle)

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications for individual providers.

a. The Contractor shall maintain all necessary licenses, registrations, and certifications as required by law. The Contractor agrees not to perform any task requiring a registration, certificate or license unless he/she is registered, certified or licensed to do so or is a member of the client's immediate family or is performing self-directed health care tasks. See RCW 18.679, 18.88A and 74.39 for laws related to nursing care, Registered Nurse Delegation, and self-directed health care tasks, respectively.

b. If the Contractors is providing Nurse Delegation Services, the Contractor must:

(1) Complete the Nurse Delegation for Nursing Assistants course and pass the competency test;

(2) Be a nursing assistant currently registered or certified;

(3) For Nursing Assistant Registereds, successfully complete Revised fundamentals of Caregiving, or
Modified Fundamentals of Caregiving; and

(4) Complete all Nurse Delegation training before performing any delegated task.

c. Prohibition of ALTSA/DDA employees contracting with DSHS to provide Individual Provider Services to DSHS long-term care clients.

If you are currently an Employee of ALTSA/DDA either with the
Developmental Disabilities Administration, Residential Care Services, or Home and Community services, or become an
employee of the same during the course of the period of this contract, you are considered disqualified and
DSHS will terminate your contract for convenience.

d. The Contractor shall meet all training requirements in WAC 388-71. DSHS shall supply the Contractor with training requirements and time frames for completion.

The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710.

Washington Administrative Code (WAC)

WAC 388-845-2205 Who is qualified to provide transportation services?

(1) The provider of transportation services can be an individual or agency contracted with DDA whose contract includes transportation in the statement of work.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

The standard contract period is three years. If a component of a provider's qualification (e.g., license) expires prior to the standard three year contract period, the contract is set to expire in conjunction with the expiration of that component. If that component is subsequently renewed, and all other qualifications remain in place, the contract is renewed as well.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Vehicle Modifications

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
14 Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Adaptations or alterations to a vehicle required in order to accommodate the unique needs of the waiver participant, enable full integration into the community, and ensure the health, welfare, and safety of the waiver participant and/or caregivers.

Vehicle Modifications require prior approval from the DDA regional administrator or designee.
Examples of vehicle modifications include:
a) Manual hitch-mounted carrier and hitch for all wheelchair types;
b) Wheelchair cover;
c) Wheelchair strap-downs;
d) Portable wheelchair ramps;
e) Accessible running boards and steps;
f) Assist poles and/or grab handles;
g) Power-activated carrier for all wheelchair types;
h) Permanently installed wheelchair ramps;
i) Repairs and maintenance to vehicle modifications as needed for client safety; and
j) Other access modifications.

The following vehhicle modifications require prior approval by the DDA Regional Administrator or designee:
a) Power activated carrier for all wheelchair types;
b) Power activated wheelchair ramps;
c) Repairs and maintenance to vehicular modifications as needeed for client safety; and
d) Other access modifications.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1)Clinical and support needs for vehicle modification services are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan;
2)The waiver participant lives in her/his family home;
3)Vehicle modifications are excluded if they are of general utility without direct medical or remedial benefit to the waiver participant or caregiver;
4)Participants who are enrolled with the Division of Vocational Rehabilitation (DVR) must pursue this benefit through DVR first;
5)Vehicle modifications must be the most cost effective modification based upon a comparison of contractor bids as determined by DDA.
6)Modifications will only be approved for a vehicle that serves as the waiver participant's primary means of transportation and is owned by the waiver participant and/or her/his family.
7)DDA requires the waiver participant's treating professional's written recommendation regarding the need for the service. This recommendation must take into account that the treating professional has recently examined the waiver participant, reviewed her/his medical records, and conducted a functional evaluation.
8)The Department may require a second opinion from a department-selected provider that meets the same criteria as subsection 7) of this section.
9)The dollar limitations of the waiver participant's annual allocation in the IFS Waiver limit the amount of vehicle modification service that the s/he is authorized to receive.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**

☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Vehicle Service Provider
Agency	Vehicle Adaptive Equipment Vendor

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Vehicle Modifications

Provider Category:

Agency

Provider Type:

Vehicle Service Provider

Provider Qualifications

License *(specify):*

Chapter 19.02 RCW (Washington state law concerning business licenses)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
2. Qualifications
a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized goods and services as outlined in
Attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with
DDA. Contractors located in the state of Washington must have a Universal Business Identifier and Master Business License, as issued by the state
Department of Revenue. Out of state contractors must possess a Universal Business Identifier and Master Business License only when it is required by
Washington State law.

b. Providers of specialized services must be certified, registered or licensed therapists as required by law and contracted with DDA for the therapy they
are providing.

Washington Administrative Code (WAC)

WAC 388-845-2265 Who are providers of vehicle modifications?

Providers of vehicle modifications are:
(1) Vehicle service providers contracted with DDA to provide this service; or
(2) Vehicle adaptive equipment vendors contracted with DDA to provide this service.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

The standard contract period is three years. If a component of a provider's qualification (e.g., license) expires prior to the standard three year contract period, the contract is set to expire in conjunction with the expiration of that component. If that component is subsequently renewed, and all other qualifications remain in place, the contract is renewed as well.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Vehicle Modifications

Provider Category:

Agency

Provider Type:

Vehicle Adaptive Equipment Vendor

Provider Qualifications

License *(specify):*

Chapter 19.02 RCW (Washington state law concerning business licenses)

Certificate *(specify):*

Other Standard *(specify):*

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider qualifications.
2. Qualifications
a. The Contractor shall be a legal business entity legitimately engaged in the business of provision of specialized goods and services as outlined in
Attachment A. Vendors of specialized services must maintain a business license required by law for the type of product provided and contracted for with
DDA. Contractors located in the state of Washington must have a Universal Business Identifier and Master Business License, as issued by the state
Department of Revenue. Out of state contractors must possess a Universal Business Identifier and Master Business License only when it is required by
Washington State law.

b. Providers of specialized services must be certified, registered or licensed therapists as required by law and contracted with DDA for the therapy they
are providing.

Washington Administrative Code (WAC)

WAC 388-845-2265 Who are providers of vehicle modifications?

Providers of vehicle modifications are:
(1) Vehicle service providers contracted with DDA to provide this service; or
(2) Vehicle adaptive equipment vendors contracted with DDA to provide this service.

Verification of Provider Qualifications

Entity Responsible for Verification:

State Operating Agency

Frequency of Verification:

Every 3 years.

The standard contract period is three years. If a component of a provider's qualification (e.g., license) expires prior to the standard three year contract period, the contract is set to expire in conjunction with the expiration of that component. If that component is subsequently renewed, and all other qualifications remain in place, the contract is renewed as well.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Wellness Education

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
17 Other Services	17990 other
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Wellness education provides waiver participants with monthly informational and educational materials designed to assist them in managing health related issues, achieving goals identified in their person-centered service plans and addressing health and safety issues. This Individual and Family Service Waiver service will assist participants to achieve greater health, safety and success in community living.
a. The individualized material is being developed by the state and by the contracted provider.
b. The participants will receive printed material.
c. The participants will receive a monthly mailing.
d. The Wellness Education service is designed to assist participants to live in the community and avoid institutionalization by ensuring that they receive needed information and tools. For example, the service can provide information needed to:
• Successfully manage chronic conditions in order to halt progression resulting in risk of nursing home placements;

• Prevent and avoid health risks such as, pneumonia, influenza, infections, and other illnesses or conditions that can lead to nursing home placement for elderly or frail participants;
• Work effectively with health providers in order to understand and follow recommendations for the correct course of treatment in order to prevent hospitalization or nursing home placement;
• Develop support networks that can promote engagement and combat isolation that can lead to increased health and safety risks that can result in nursing home placement;
• Develop an effective person-centered service plan that utilizes an array of paid an informal supports to address the whole person needs of the person to live successfully in the community;
• Achieve community goals identified in the person-centered service plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Waiver participants who elect to receive this waiver service will receive the service monthly.
Since this service is one of the services covered under the annual allocation, an expenditure limitation applies as indicated in Appendix C-4.a.
Payment will be made directly to the provider by the State Medicaid Agency.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☒ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Wellness Education

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Wellness Education

Provider Category:
Agency
Provider Type:

Wellness Education

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

The Wellness Education newsletter is published and mailed by an agency with experience managing, developing and distributing monthly newsletters to a specified population.

Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process.

Contract language regarding provider requirements. The Contractor shall:

1. Create an introductory newsletter available to DSHS in PDF, translated into all seventeen (17) languages to be used by DSHS when new clients enroll in the waiver mid-month and need to access the Wellness Education service.
2. Produce a monthly client newsletter with simple to understand information and specific action items to address whole wellness and safety needs identified in the Clients' service plan. Each Client's newsletter will contain three (3) articles that educate the Client on relevant aspects of lifestyle, health education or clinical management.

Washington Administrative Code (WAC)

WAC 388-845-2290 Who are qualified providers of wellness education? The wellness education provider must have the ability and resources to:
1) Receive and manage client data in compliance with all applicable federal HIPPA regulations, state law and rules and ensure client confidentiality and privacy;
2) Translate materials into the preferred language of the participant;
3) Ensure that materials are targeted to the participant's assessment and person-centered service plan;
4) Manage content sent to participants to prevent duplication of materials;
5) Deliver newsletters and identify any undeliverable client/representative addresses prior to each monthly mailing and manage any returned mail in a manner that ensures participants receive the monthly information; and
6) Contract with ALTSA or DDA to provide this service.

Verification of Provider Qualifications

Entity Responsible for Verification:

Operating Agency

Frequency of Verification:

Every two years.

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. Provision of Case Management Services to Waiver Participants. Indicate how case management is furnished to waiver participants (*select one*):

○ **Not applicable** - Case management is not furnished as a distinct activity to waiver participants.

◉ **Applicable** - Case management is furnished as a distinct activity to waiver participants.
Check each that applies:

☐ **As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*

☐ **As a Medicaid state plan service under §1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*

☐ **As a Medicaid state plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*

☒ **As an administrative activity.** *Complete item C-1-c.*

☐ **As a primary care case management system service under a concurrent managed care authority.** *Complete item C-1-c.*

c. Delivery of Case Management Services. Specify the entity or entities that conduct case management functions on behalf of waiver participants:

State-employed DDA Case Resource Managers and DDA Social Service Specialists conduct case management functions on behalf of waiver recipients.

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

a. Criminal History and/or Background Investigations. Specify the state's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

○ **No. Criminal history and/or background investigations are not required.**

◉ **Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

(a) Background checks are required for providers who have unsupervised access to individuals with developmental disabilities receiving services on the IFs Waiver. This includes volunteers, students, interns, or contracted or licensed staff and state staff.
(b) Searches are conducted through Washington State Patrol, and all long-term care workers (as defined below) are required to have a fingerprint check through the FBI. Individuals being hired by DDA who have lived in Washington less than three years are also required to have a fingerprint check through the FBI. As of January 2016, staff hired by Supported Living providers will also have to undergo a fingerprint check through the FBI.

The DSHS Background unit also checks Adult Protective Services and Department of Health registers.

State and federal (FBI) background checks were required for all long-term care workers (as defined in RCW 74.39A.009) for the elderly or persons with disabilities. "Long-term care workers" includes all persons who provide paid, hands-on personal care services for the elderly or persons with disabilities, including but not limited to individual providers of home care services, direct care workers employed by home care agencies, providers of home care services to persons with developmental disabilities under Title 71A RCW, all direct care workers in state-licensed assisted living facilities, and adult family homes, respite care providers, direct care workers employed by community residential service businesses, and any other direct care worker providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities.
(c) The entity responsible for retrieving this information is DSHS/Background Check Centralized Unit (BCCU).
(d) Relevant state laws, regulations and policies are: RCW 43.43.837 (State Patrol Washington State law concerning fingerprint-based background checks)-, RCW 74.15.030(c) (public assistance Washington state law concerning background checks for those with unsupervised access to children or individuals with a developmental disability), WAC 388-06 (DSHS administrative code concerning background checks)and DSHS Administrative Policy 18.63 (concerning employee background check requirements).

State utilizes multiple processes and QA oversight to ensure that mandatory investigations have been conducted in accordance with state policy. All state, county and contractor employees, volunteers and interns who have direct contact with waiver participants must have evidence of background investigations completed with a non-disqualifying check result in their personnel files. State and county staff who complete contracts for all contractors require evidence of completed background investigations with a non-disqualifying check result before contracts are signed and put into effect. State residential QA staff utilize a DDA residential background check tracking tool to document that all contract residential staff have completed background investigations with a non-disqualifying result. Residential Care Services licensors and certifiers review evidence of completed background investigations while conducting initial and renewal licensing/certification of all residential providers.

b. Abuse Registry Screening. Specify whether the state requires the screening of individuals who provide waiver services through a state-maintained abuse registry (select one):

○ **No. The state does not conduct abuse registry screening.**

◉ **Yes. The state maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

(a) The entities responsible for maintaining the abuse registry:

Under state authority, RCW 26.44 (state law concerning abuse of children), Child Protective Services (CPS) within the Children's Administration (CA) of the Department of Social and Health Services (DSHS) is responsible for receiving and investigating reports of suspected child abuse and neglect.

Under state authority, RCW 74.34 (state law concerning abuse of vulnerable adults), the Aging and Long Term Support Administration (ALTSA) receives reports and conducts investigations of abuse, neglect, exploitation and abandonment for clients enrolled with the Developmental Disabilities Administration. ALTSA Residential Care Services (RCS) investigates provider practice issues with respect to abuse and neglect occurring in nursing homes, assisted living facilities, adult family homes, & supported living programs. ALTSA Adult Protective Services (APS) investigates abuse and neglect involving adults residing in residential facilities and in their own homes. Both APS and RCS forward final findings of abuse, neglect and exploitation to the DSHS Background Check Central Unit (BCCU).

The BCCU enters the information into a database used to screen all names submitted for a background check.

(b) The types of positions for which abuse registry screenings must be conducted:

Pursuant to WAC 388-06-0110 (concerning who must have background checks) and RCW 74.15.030 (state law concerning the powers and duties of the Secretary of DSHS, including background checks), all DDA direct hires and direct contracts which may involve unsupervised access to children or people with developmental disabilities require a background check through the BCCU which includes abuse registry screening.

Prior to providing contracted waiver services, the DSHS requires screening of individuals through the BCCU which includes the abuse registry findings. Per RCW 74.39A.050(8)(state law concerning quality improvement of long-term care services), no provider or staff, or prospective provider or staff, entered into a state registry finding him or her guilty of abuse, neglect, exploitation, or abandonment of a minor or a vulnerable adult as defined in Chapter 74.34 RCW (state law concerning abuse of vulnerable adults) shall be employed in the care of and have unsupervised access to vulnerable adults.

(c) The process for ensuring that mandatory screenings have been conducted:

As part of the background check process, the BCCU cross-checks all potential employees with a CA database that contains information on all individuals with a substantiated finding of child abuse and/or neglect. DDA does not hire or contract with any provider that may have unsupervised contact with a child or vulnerable adult until a background check is cleared and placed into the individuals file (DDA Policy 5.01, Background Checks). Contracted agency providers are required to conduct background checks on all of their employees, including all administrators, employees, volunteers, and subcontractors who may have unsupervised access to clients, pursuant to WAC 388-101-3250 (concerning background checks for the staff of certified provides of community residential services and supports) and RCW 43.43.830 (which is state law covering the Washington State Patrol which concerns background checks for those with access to children or vulnerable adults). This is checked again by the state during contract renewal no less than every 3 years.

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. Services in Facilities Subject to §1616(e) of the Social Security Act. *Select one:*

- ◉ **No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.**
- ○ **Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under state law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the state, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one*:

- (●) **No. The state does not make payment to legally responsible individuals for furnishing personal care or similar services.**
- ( ) **Yes. The state makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) state policies that specify the circumstances when payment may be authorized for the provision of ***extraordinary care*** by a legally responsible individual and how the state ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the state policies specified here.*

- [ ] **Self-directed**
- [ ] **Agency-operated**

e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians. Specify state policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one*:

- ( ) **The state does not make payment to relatives/legal guardians for furnishing waiver services.**
- (●) **The state makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

State regulations stipulate the following limitations apply to providers for waiver services:

(1) The waiver participant's spouse cannot be their paid provider for any waiver service.

(2) If the individual is under age eighteen, her/his natural, step, or adoptive parent cannot be the paid provider for any waiver service.

(3) If the individual is age eighteen or older, her/his natural, step, or adoptive parent cannot be the paid provider for any waiver service with the exception of:

(a) Transportation to a waiver service;

(b) Residential Habilitation services if her/his parent is certified as a residential agency; or

(c) Respite care for the individual if s/he and her/his parent live in separate households.

Any relative or legal guardian who does not meet any of the three criteria detailed in this section may be qualified to furnish services.

The following controls are in place to ensure payments are made only for services rendered:

*Annual Person-Centered Service Plans
*Case resource manager monitoring of plan
*Annual PCSP audits
*National Core Indicator interviews
*Person-Centered Service Plan surveys

To ensure the safety of waiver participants, the state instructs Case Resource Managers to locate a third party to supervise providers when the waiver participant is unable to do so.

Waiver services for which payment may be made to relatives or legal guardians include: 1) respite; 2) behavioral health stabilization services – specialized psychiatric services; 3) specialized psychiatric services; 4) behavioral health stabilization services – crisis diversion bed services; 5) behavioral health stabilization services – positive behavior support and consultation; 6) community engagement; 7) environmental adaptations; 8) occupational therapy; 9) physical therapy; 10) positive behavior support and consultation; 11) skilled nursing; 12) specialized medical equipment and supplies; 13) speech, hearing and language services; 14) Staff/family consultation and training; and 15) transportation.

There are no limitations on the amount of services that may be furnished by a relative or legal guardian (above and beyond limitations described in waiver services or Appendix C-4).

Legal guardians who exercise decision-making authority may be paid to provide waiver services. Case/Resource Managers work with the waiver participant and waiver participant’s family to develop a person-centered service plan that meets the needs of the waiver participant and honors the preferences of the waiver participant based on needs identified in the DDA Assessment. As a component of this person-centered service plan development, waiver participants are offered a choice of service providers.

○ **Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

○ **Other policy.**

Specify:

f. Open Enrollment of Providers. Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

The State of Washington allows for continuous open enrollment of all qualified providers. Provider qualifications are available to the public on-line per Washington Administrative Code (WAC). Waiver enrollees may select qualified providers at any time during the waiver year. Providers may enroll at any time during the year.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the States quality improvement strategy, provide information in the following fields to detail the States methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. Sub-Assurances:

a. ***Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
C.a.1. The percentage of waiver service providers requiring licensure or certification, which initially met and continued to meet DDA contract standards, which include appropriate licensure or certification. Numerator= All waiver service providers that met contract standards, including licensure or certification. Denominator= All waiver service providers that require licensure or certification.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Agency Contracts Database (ACD)

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid**	☐ **Weekly**	☒ **100% Review**

Agency		
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	Specify:

b. ***Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.***

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
C.b.1. The percentage of waiver files reviewed for which all authorized non-licensed/non-certified providers met DDA contract standards and waiver requirements. Numerator= All files reviewed for which 100% of authorized non-licensed/non-certified providers met contract standards. Denominator= All files reviewed for compliance with contract standards and waiver requirements.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:

Quality Compliance Coordinator (QCC) Team within DDA.		
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.***

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are

identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
C.c.3: The percentage of non-licensed/non-certified providers who who met state & waiver training requirements as verified by valid contracts. Numerator= All non-licensed/non-certified waiver providers who met state & waiver training requirements. Denominator= All non-licensed/non-certified waiver providers.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Agency Contracts Database (ACD)

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
C.c.1: The percentage of case file reviews, for which authorized providers met state training requirements as verified by valid licenses and contracts. Numerator= Files reviewed for which an authorized provider met state training requirements. Denominator= All files reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other**	☒ **Annually**	☐ **Stratified**

Specify: Quality Compliance Coordinator (QCC) Team within DDA.		Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
C.c.2: The percentage of licensed waiver service providers who met state training requirements as verified by valid licenses and contracts. Numerator: Waiver service providers requiring licensure who met state training requirements. Denominator= Waiver service providers requiring licensure and training.

Data Source (Select one):
Other

If 'Other' is selected, specify:
Agency Contracts Database (ACD)

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other**	☒ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
Specify:	
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

C.a.1; C.b.2; C.c.2; and C.c.3: The Contracts Program Manager produces an annual report comparing claims data against the Agency Contracts Database (ACD) to verify that providers of service to all clients meet contract standards, including licensure and other requirements, as verified by a valid contract.

C.c.2 and C.c.3: DDA maintains provider contract records in the Agency Contracts Database (ACD) that verifies providers have met ongoing training requirements prior to contract renewal. ACD reports are run annually to verify completion of training requirements.

C.b.1. and C.c.1: The Quality Compliance Coordinator (QCC) Team completes a review of randomly selected files across all waivers on an annual basis. The list for the QCC Team review is generated to produce a random sample with a 95% confidence level and a confidence interval of +/-5%. The findings from these reviews are collected in a database. All findings are expected to be corrected within 90 days. Corrections are monitored by QCC Team members.

As a part of the QCC review, the team checks to see that providers of service to waiver participants continue to meet contract standards, which include appropriate licensure, certification and other standards including training requirements, as verified by a valid contract in the Enterprise All Contracts Database.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the States method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

Contract Reports:
C.a.1; C.b.2; C.c.2; and C.c.3:
The results of the annual report comparing claims data against the ACD are shared with the regions for immediate follow up. Providers without a valid contract or the necessary training requirements are reviewed to determine the appropriate course of contract action. Services are terminated for those without valid contracts.

QCC Waiver File Reviews:
C.b.1. and C.c.1:
Individual findings are expected to be corrected within 90 days. Regional management and QCC are available to provide individualized support and assistance with these corrections. QCC staff monitors to ensure corrections occur.

Next, findings are analyzed by DDA management. Based on the analyses, additional necessary steps are taken. For example:
*Annual staff Waiver Training curriculum is developed and/or modified.
*Policies are clarified.
*Personnel issues are identified and addressed.
*Form format and instructions are modified.
*Waiver administrative code (WAC) is revised.
*Regional processses are revised.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. Additional Limits on Amount of Waiver Services. Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

○ **Not applicable**- The state does not impose a limit on the amount of waiver services except as provided in Appendix C-3.

◉ **Applicable** - The state imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

☐ **Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
Furnish the information specified above.

☐ **Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

☒ **Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

a.) The limits apply to all waiver services except behavioral health stabilization services and risk assessments. State reviewed expenditure data for the state-funded IFS program prior to submitting the original IFS waiver application in 2015. Benefit levels for the IFS waiver were derived from the State-only funded IFS Program and were established as directed by the State Legislature to mirror the State-only IFS Program benefit levels. CMS 372 Annual Per Capita (APC) expenditures for waiver services were $954 for 2015-2016, $1,006 for 2016-2017 and $1,047 for 2017-2018 (Draft CMS 372) demonstrate that these benefit levels are sufficient to assure the health and welfare of the target population post entrance to the waiver. State will reevaluate benefit levels during the five year waiver cycle based on annual CMS 372 APC data and propose changes as necessary to the Washington Legislature and to CMS.

b.) The IFS limits are determined based on an assessment of need. The annual allocations are:

- Level 1 up to $1,200
- Level 2 up to $1,800
- Level 3 up to $2,400
- Level 4 up to $3,600

Historically the limits have been based upon funding provided by the Legislature and extensive data indicating a high relationship between assessed need, funding level and avoidance of out-of-home placement. Individuals with needs that exceed IFS funding levels have historically been placed on one of DDA's other HCBS waivers (ie., Basic Plus, Core, Community Protection, Children's Intensive In-Home Behavioral Support-CIIBS.)

The allocation of funding is bassed upon the DDA individual and fammily services assessment, which is an algorithm in the DDA assessment that determines the individual award level using the assessed support levels from:
The purpose of the individual and family services assessment is to determine your individual and family services level and score using your assessed support levels from:
(1) The DDA protective supervision acuity scale;
(2) The DDA caregiver status acuity scale;
(3) The DDA behavioral acuity scale;
(4) The DDA medical acuity scale; and
(5) The DDA activities of daily living (ADL) acuity scale.

The IFS services level is determined according to the following table:

(1) DDA determines your individual and family services level using the following table:

If your protective supervision support level is: And your primary caregiver risk level is: And your backup caregiver risk score is: And your behavioral acuity level is: Then your unadjusted individual and family services level is:

Table 1

If the protective supervision support level is:	And the primary caregiver risk level is:	And the backup caregiver risk score is:	And the behavioral acuity level is:	Then the adjusted individual and family services level is:
0	None	1	None	1
0	None 1 Low 1			
0	None 1 Medium 1			
0	None 1 High 2			
0	None 2 or 3 None 1			
0	None 2 or 3 Low 1			
0	None 2 or 3 Medium 2			
0	None 2 or 3 High 2			
0	Low 1 None 1			
0	Low 1 Low 1			
0	Low 1 Medium 1			
0	Low 1 High 2			

0	Low 2 or 3 None 1
0	Low 2 or 3 Low 1
0	Low 2 or 3 Medium 2
0	Low 2 or 3 High 2
0	Medium 1 None 1
0	Medium 1 Low 1
0	Medium 1 Medium 1
0	Medium 1 High 2
0	Medium 2 or 3 None 1
0	Medium 2 or 3 Low 1
0	Medium 2 or 3 Medium 2
0	Medium 2 or 3 High 2
0	High 1 None 1
0	High 1 Low 1
0	High 1 Medium 2
0	High 1 High 2
0	High 2 or 3 None 2
0	High 2 or 3 Low 2
0	High 2 or 3 Medium 2
0	High 2 or 3 High 3
0	Immediate 1 None 1
0	Immediate 1 Low 1
0	Immediate 1 Medium 2
0	Immediate 1 High 2
0	Immediate 2 or 3 None 2
0	Immediate 2 or 3 Low 2
0	Immediate 2 or 3 Medium 2
0	Immediate 2 or 3 High 3
1	None 1 None 1
1	None 1 Low 1
1	None 1 Medium 1
1	None 1 High 2
1	None 2 or 3 None 1
1	None 2 or 3 Low 1
1	None 2 or 3 Medium 2
1	None 2 or 3 High 3
1	Low 1 None 1
1	Low 1 Low 1
1	Low 1 Medium 1
1	Low 1 High 2
1	Low 2 or 3 None 1
1	Low 2 or 3 Low 1
1	Low 2 or 3 Medium 2
1	Low 2 or 3 High 3
1	Medium 1 None 1
1	Medium 1 Low 1
1	Medium 1 Medium 2
1	Medium 1 High 3
1	Medium 2 or 3 None 1
1	Medium 2 or 3 Low 2
1	Medium 2 or 3 Medium 2
1	Medium 2 or 3 High 3
1	High 1 None 2
1	High 1 Low 2
1	High 1 Medium 2
1	High 1 High 3
1	High 2 or 3 None 2

1	High 2 or 3 Low 2
1	High 2 or 3 Medium 3
1	High 2 or 3 High 4
1	Immediate 1 None 2
1	Immediate 1 Low 2
1	Immediate 1 Medium 2
1	Immediate 1 High 3
1	Immediate 2 or 3 None 2
1	Immediate 2 or 3 Low 2
1	Immediate 2 or 3 Medium 3
1	Immediate 2 or 3 High 4
2 or 3	None 1 None 1
2 or 3	None 1 Low 1
2 or 3	None 1 Medium 2
2 or 3	None 1 High 3
2 or 3	None 2 or 3 None 2
2 or 3	None 2 or 3 Low 2
2 or 3	None 2 or 3 Medium 2
2 or 3	None 2 or 3 High 4
2 or 3	Low 1 None 1
2 or 3	Low 1 Low 1
2 or 3	Low 1 Medium 2
2 or 3	Low 1 High 3
2 or 3	Low 2 or 3 None 2
2 or 3	Low 2 or 3 Low 2
2 or 3	Low 2 or 3 Medium 2
2 or 3	Low 2 or 3 High 4
2 or 3	Medium 1 None 2
2 or 3	Medium 1 Low 2
2 or 3	Medium 1 Medium 2
2 or 3	Medium 1 High 3
2 or 3	Medium 2 or 3 None 2
2 or 3	Medium 2 or 3 Low 2
2 or 3	Medium 2 or 3 Medium 3
2 or 3	Medium 2 or 3 High 4
2 or 3	High 1 None 2
2 or 3	High 1 Low 2
2 or 3	High 1 Medium 2
2 or 3	High 1 High 3
2 or 3	High 2 or 3 None 2
2 or 3	High 2 or 3 Low 2
2 or 3	High 2 or 3 Medium 3
2 or 3	High 2 or 3 High 4
2 or 3	Immediate 1 None 2
2 or 3	Immediate 1 Low 2
2 or 3	Immediate 1 Medium 2
2 or 3	Immediate 1 High 3
2 or 3	Immediate 2 or 3 None 2
2 or 3	Immediate 2 or 3 Low 2
2 or 3	Immediate 2 or 3 Medium 3
2 or 3	Immediate 2 or 3 High 4
4	None 1 None 2
4	None 1 Low 2
4	None 1 Medium 2
4	None 1 High 3
4	None 2 or 3 None 2
4	None 2 or 3 Low 2

4	None 2 or 3 Medium 3
4	None 2 or 3 High 4
4	Low 1 None 2
4	Low 1 Low 2
4	Low 1 Medium 2
4	Low 1 High 3
4	Low 2 or 3 None 2
4	Low 2 or 3 Low 2
4	Low 2 or 3 Medium 3
4	Low 2 or 3 High 4
4	Medium 1 None 2
4	Medium 1 Low 2
4	Medium 1 Medium 3
4	Medium 1 High 3
4	Medium 2 or 3 None 2
4	Medium 2 or 3 Low 3
4	Medium 2 or 3 Medium 3
4	Medium 2 or 3 High 4
4	High 1 None 2
4	High 1 Low 2
4	High 1 Medium 3
4	High 1 High 3
4	High 2 or 3 None 2
4	High 2 or 3 Low 3
4	High 2 or 3 Medium 4
4	High 2 or 3 High 4
4	Immediate 1 None 2
4	Immediate 1 Low 2
4	Immediate 1 Medium 3
4	Immediate 1 High 3
4	Immediate 2 or 3 None 2
4	Immediate 2 or 3 Low 3
4	Immediate 2 or 3 Medium 4
4	Immediate 2 or 3 High 4
5	None 1 None 2
5	None 1 Low 2
5	None 1 Medium 3
5	None 1 High 4
5	None 2 or 3 None 3
5	None 2 or 3 Low 3
5	None 2 or 3 Medium 4
5	None 2 or 3 High 5
5	Low 1 None 2
5	Low 1 Low 2
5	Low 1 Medium 3
5	Low 1 High 4
5	Low 2 or 3 None 3
5	Low 2 or 3 Low 3
5	Low 2 or 3 Medium 4
5	Low 2 or 3 High 5
5	Medium 1 None 2
5	Medium 1 Low 2
5	Medium 1 Medium 3
5	Medium 1 High 4
5	Medium 2 or 3 None 3
5	Medium 2 or 3 Low 3
5	Medium 2 or 3 Medium 4

5	Medium 2 or 3 High 5
5	High 1 None 2
5	High 1 Low 2
5	High 1 Medium 3
5	High 1 High 4
5	High 2 or 3 None 3
5	High 2 or 3 Low 3
5	High 2 or 3 Medium 4
5	High 2 or 3 High 5
5	Immediate 1 None 2
5	Immediate 1 Low 2
5	Immediate 1 Medium 3
5	Immediate 1 High 4
5	Immediate 2 or 3 None 3
5	Immediate 2 or 3 Low 3
5	Immediate 2 or 3 Medium 4
5	Immediate 2 or 3 High 5
6	None 1 None 2
6	None 1 Low 3
6	None 1 Medium 3
6	None 1 High 4
6	None 2 or 3 None 3
6	None 2 or 3 Low 3
6	None 2 or 3 Medium 4
6	None 2 or 3 High 5
6	Low 1 None 2
6	Low 1 Low 3
6	Low 1 Medium 3
6	Low 1 High 4
6	Low 2 or 3 None 3
6	Low 2 or 3 Low 3
6	Low 2 or 3 Medium 4
6	Low 2 or 3 High 5
6	Medium 1 None 3
6	Medium 1 Low 3
6	Medium 1 Medium 3
6	Medium 1 High 4
6	Medium 2 or 3 None 3
6	Medium 2 or 3 Low 4
6	Medium 2 or 3 Medium 4
6	Medium 2 or 3 High 5
6	High 1 None 3
6	High 1 Low 3
6	High 1 Medium 4
6	High 1 High 4
6	High 2 or 3 None 4
6	High 2 or 3 Low 4
6	High 2 or 3 Medium 5
6	High 2 or 3 High 5
6	Immediate 1 None 3
6	Immediate 1 Low 3
6	Immediate 1 Medium 4
6	Immediate 1 High 4
6	Immediate 2 or 3 None 4
6	Immediate 2 or 3 Low 4
6	Immediate 2 or 3 Medium 5
6	Immediate 2 or 3 High 5

(2) DDA adds one level to the individual and family services level when the individual and family services level is determined to be:
(a) Level one, two, three, or four; and
(b) The individual has a score of four for question two "Other caregiving for persons who are disabled, seriously ill, or under five" in the DDA caregiver status acuity scale.

The service level is translated into a numerical score called a "rating". The individual and family services rating is determined by using the following table:

Table 2

If the unadjusted individual and family services level is:	Then the individual and family services support rating is:
1	0
2	240
3	336
4	432
5	528

DDA adjusts the individual and family services support rating using the following table:

Table 3

If your individual and family services level is 1, 2,3,4,or 5:		And your ADL support needs level for the SIS per WAC 388-825-5480 is: or			
		None	Low	Medium	High
And yhour medical acuity level per WAC 388-828-5700 is:	None	57	57	76	85
	Low	57	57	76	85
	Medium	57	88	122	145
	High	57	145	245	287

(Example: If the individual and family service level is 3 and the ADL support needs level is "low" and the medical acuity level is "medium," the amount of the adjustment is 88.

To determine the final individual and family services score, DDA adds the individual and family support rating (Table 2 above) to the adjustment amount (Table 3 above).

Example: If the individual and family services support rating is 336 and the amount of the adjustment is 122, the individual and family services score is 458.

DDA uses the following table to determine the amount of your individual and family services award:

Table 4

If your individual and family services score is:	The award level will be:	The amount of your award is up to:
0 to 60	Not eligible	No Award
61 to 240	Level 1	$1,200
241 to 336	Level 2	$1,800
337 to 527	Level 3	$2,400
528 or more	Level 4	$3,600

WAC Citations:
WAC 388-828-5480 concerns how DDA determines your ADL support needs level for the SIS assessment.

WAC 388-828-5700 concerns how DDA determines your medical acuity level.

The annual cost limit for access to the IFS Waiver is based on the individual's assessed level of need which encompasses the following set of services:

- Assistive technology
- Community engagement
- Environmental adaptations
- Occupational therapy
- Physical Therapy
- Speech, hearing & language services
- Nurse delegation
- Person-centered plan facilitation
- Peer mentoring
- Positive Behavior Support and Consultation
- Respite
- Skilled nursing
- Specialized clothing
- Specialized medical equipment and supplies
- Supported parenting services
- Staff/family consultation and training
- Therapeutic equipment and supplies
- Transportation
- Vehicle modification
- Wellness Education

The following services are also available based on participant’s assessed need and outside the IFS assessed per year cost limit:

- Behavioral Health Stabilization Services-Positive Behavior Support and Consultation
- Behavioral Health Stabilization Services-Specialized Psychiatric Services
- Behavioral Health Stabilization Services-Crisis Diversion Bed Services
- Risk Assessment

Within the waiver, there are four levels of funding available annually to waiver participants. The level of funding an individual receives is determined by her/his assessed IFS score per the following table:

If the individual and family services score is:	The award level is:	The amount of the award is:
0 to 60	Not eligible	No Award
61 to 240	Level 1	$1,200
241 to 336	Level 2	$1,800
337 to 527	Level 3	$2,400
528 or more	Level 4	$3,600

Additional detail is provided in the next subsection of the waiver application (B-2-b).

The IFS score is based on the assessed support levels from the following components of the DDA automated Assessment, as described in Chapter 388-845 WAC (concerning DDA home and community-based services waivers:

1) The DDA protective supervision acuity scale;
2) The DDA caregiver status acuity scale;
3) The DDA behavioral acuity scale;
4) The DDA medical acuity scale; and
5) The DDA activities of daily living (ADL) acuity scale.

The IFS services support level is converted to an IFS services support rating per the following table:

If the unadjusted	Then the individual and

individual and family services level is:	family services support rating is:
1	0
2	240
3	336
4	432
5	528

The IFS services support rating is then adjusted based on the medical acuity level and the ADL support needs level.

The IFS support rating is added to the adjustment amount to yield the IFS services score, which in turns determines the IFS Waiver funding allocation amount, as contained in the first table above.

State will reevaluate benefit levels during the five year waiver cycle based on annual waiver Annual Per Capita expenditure data and propose changes based on utilization changes or service cost increases as necessary to the Washington Legislature and to CMS.

State permits exceptions to rule (ETR) to exceed the maximum benefit level for exceptional expenditures when the IFS waiver will otherwise continue to meet the health and welfare needs of the waiver participant.

When IFS waiver participants demonstrate needs in excess of IFS waiver benefit levels and these needs will not be met with an exception to rule or require additional services not offered by the IFS waiver the participant may request and gain access to one of the State's other waivers that can meet the participant's needs.

The State mails two documents to the waiver participant to notify the participant of the benefit amount to which their waiver services are subject: the completed person-centered service plan (PCSP) and planned action notice (PAN).

☐ **Other Type of Limit.** The state employs another type of limit.
Describe the limit and furnish the information specified above.

Appendix C: Participant Services

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

Washington State assessed and verified that the settings proposed for this waiver are settings that are home and community-based as defined at 42 CFR 441.301(c)(4). No excluded settings are included in the IFS waiver settings.

Washington State will ensure that all settings, including any future new settings, will continue to comport with the HCBS settings regulations by a comprehensive system of settings reviews and HCBS settings compliance verifications including but not limited to:

(1) waiver file review – performance measure C.b.1 The percentage of waiver files reviewed for which all authorized providers met DDA and HCBS settings standards. N = All files reviewed for which 100% of authorized providers met contract and HCBS settings standards. D = All files reviewed for compliance with contract and HCBS settings standards;

(2) annual on-site reviews of the following settings: (a) In-home – case resource managers visit these settings annually; (b) Community healthcare providers – annual quality assurance monitoring cycle; (c) Dental providers – annual quality assurance monitoring cycle; (d) Specialized psychiatric services – annual quality assurance monitoring cycle; (e) Positive behavior support and consultation – annual quality assurance monitoring cycle; (f) Community crisis stabilization services – annual quality assurance monitoring cycle; (g) Vehicle modification providers – annual quality assurance monitoring cycle; (h) Adult day services – reviewed by Area Agencies on Aging; (i) Adult residential treatment facility – reviewed by Department of Health as part of licensure process;

(3) annual or biannual on-site reviews of the following settings as part of the licensure process: (a) Adult family home – Residential Care Services, Department of Social and Health Services; (b) Adult residential care facility – Residential Care Services, Department of Social and Health Services;

(4) biannual on-site reviews of the following settings as part of the certification process: (a) group home – Residential Care Services, Department of Social and Health Services;

(5) Every three year review of the following settings by regional DDA staff at the time of contract renewal: (a) transportation providers; (b) environmental adaptations providers; (c) specialized clothing providers; (d) Staff/family consultation and training providers; (e) skilled nursing providers; (f) assistive technology providers; (g) peer mentoring providers; (h) person-centered planning facilitation providers; (i) supported parenting providers; (j) community engagement providers; (k) senior centers; (l) child day care centers; (m) community centers; (n) summer programs; (o) parks and recreation programs;

6) Every three year on-site review as part of the licensing process by the Division of Licensed Resources, Children's Administration of the following settings: (a) licensed staffed residential; (b) child foster care; and (c) child group care facilities.

(6) DDA reviewed the requirements for HCBS settings and identified all IFS waiver settings as fully complying with the HCBS requirements. DDA's review included an analysis of state laws, rules, policies, processes, and forms/tools in relation to the new federal HCBS requirements.

DDA reviewed and documented that the following IFS waiver service settings are compliant with HCBS settings rules:

- In home – all IFS waiver participant live in their own private homes
- Behavioral Health Stabilization Services - Crisis Diversion Bed Services
- Community healthcare providers – provided in provider's office
- Dental providers – provided in provider's office in a typical community setting site - see additional documentation at the end of this section
- Specialized psychiatric services – provided in provider's office in a typical community setting
- Positive behavior support and consultation – provided in home or in provider's office in a typical community setting
- Vehicle modification providers – provided in provider's shop in a typical community setting
- Transportation providers – provided in the community

Based on an analysis of state laws, rules, policies, processes, and forms/tools in relation to the new federal HCBS requirements, DDA also verified that the following additional IFS waiver service settings are also fully compliant with HCBS setting rules:

- Environmental adaptations – provided in home
- Specialized clothing – provided in the community
- Staff/family consultation and training – provided in provider's office in a typical community setting
- Skilled nursing – provided in home
- Assistive technology – provided in home and in provider's office in a typical community setting

- Peer mentoring – provided in home and in the community
- Person-centered planning facilitation – provided in home
- Supported parenting service – provided in home and in provider's office in a typical community setting
- Community engagement – provided in the community

Respite care settings
- Respite - provided in the community in the following integrated settings: In-home, senior center, child day care center, community center, child care center
- Respite - provided in the following setings determined to be compliant with HCB setting requirements: group home, licensed staffed residential program, adult day services, child foster care and child group care facilities
- Respite - provided in settings that with changes will fully comply with HCB setting requirements: Adult family home, adult residential care facility
- Respite - provided in a setting that may require changes to fully comply with HCB setting requirements: Adult residential treatment facility
- Respite - provided in settings that may be segregated: Summer program, parks and recreation program

(7) DDA will periodically review services under the IFS Waiver to ensure that home and community-based setting requirements continue to be met. The results of those reviews will be shared with the Medicaid Agency Management Committee which includes representatives from the Health Care Authority (the single State Medicaid Agency).

The following settings are reviewed annually:
- In home – case resource managers visit these settings annually.
- Behavioral Health Stabilization Services - Crisis Diversion Bed Services
- Community healthcare providers – annual Quality Assurance monitoring cycle.
- Dental providers – annual Quality Assurance monitoring cycle.
- Specialized psychiatric services – annual Quality Assurance monitoring cycle.
- Positive behavior support and consultation – annual Quality Assurance monitoring cycle.

- Vehicle modification providers – annual Quality Assurance monitoring cycle.
- Adult day services (by Area Agencies on Aging)
- Adult residential treatment facility (by the Department of Health as part of licensure)

The following settings are reviewed annually or every two years as part of the licensure process:
- Adult family home (two years, Department of Social and Health Services)
- Adult residential care facility (two years, Department of Social and Health Services)
- Adult residential treatment facility (annually, Department of Health)

The following settings are reviewed at least every two years by Residential Care Services as part of the certification process:
- Group Home

The following settings are reviewed at least every three years by regional staff at the time of contract renewal:
- Transportation providers
- Environmental adaptations
- Specialized clothing
- Staff/family consultation and training
- Skilled nursing
- Assistive technology
- Peer mentoring
- Person-centered planning facilitation
- Supported parenting service
- Community engagement
- Senior centers
- Child day care center
- Community centers
- Child care centers
- Summer programs

- Parks and recreation programs

The following settings are reviewed as part of the licensing process at least every three years by the Division of Licensed Resources (DLR) staff of the Children's Administration:
- Licensed Staffed Residential
- Child Foster Care
- Child Group Care Facilities

When non-compliant settings are found, the State utilizes one or more of the following processes to remediate the situation: 1) for licensed and certified providers, State may utilize the license/certification remediation process specified in rule (WAC 388-101-3160); 2) for all state-contracted providers, State may use contractual remediation steps contained in contractual agreements between the State and service providers; 3) for county contracted providers, counties may use contractual remediation steps contained in contractual agreements between the county and service providers; and 4) for residential, employment and day program providers, State may utilize technical assistance resources to consult with and bring non-compliant settings into compliance.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (1 of 8)

State Participant-Centered Service Plan Title:

Person-Centered Service Plan

a. Responsibility for Service Plan Development. Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals *(select each that applies):*

☐ **Registered nurse, licensed to practice in the state**

☐ **Licensed practical or vocational nurse, acting within the scope of practice under state law**

☐ **Licensed physician (M.D. or D.O)**

☐ **Case Manager** (qualifications specified in Appendix C-1/C-3)

☒ **Case Manager** (qualifications not specified in Appendix C-1/C-3).
Specify qualifications:

Regional DDA Case/Resource Managers and Regional DDA Social Service Specialists are responsible for development of the person-centered service plan (PCSP). In addition to meeting the following minimum qualifications, staff must pass a background check prior to being hired and receive mandatory waiver training prior to completing any evaluations.

DDA Case/Resource Manager
Minimum Qualifications:
A Bachelor's degree in social sciences, social services, human services, behavioral sciences or an allied field and two years of experience providing social services to people with developmental disabilities. Graduate training in social science, social services, human services, behavioral sciences or an allied field will substitute, year for year, for one year of the experience providing social services to people with developmental disabilities.

☒ **Social Worker**
Specify qualifications:

Social Service Specialist
Minimum Qualifications
A Master's degree in social services, human services, behavioral sciences, or an allied field and two year of paid social service experience.
OR
A Bachelor's degree in social services, human services, behavioral sciences, or an allied field and three years of social service experience.

☐ **Other**
Specify the individuals and their qualifications:

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (2 of 8)

b. Service Plan Development Safeguards. *Select one:*

◉ **Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.**

○ **Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.**

The state has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. *Specify:*

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (3 of 8)

c. Supporting the Participant in Service Plan Development. Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

Approximately 60 days prior to the Person-centered Service Plan reassessment date, the Case Resource Manager(CRM)/Social Service Specialist contacts the individual and his/her representative by phone and letter. To aid them in their assessment planning and scheduling, case resource managers and their supervisors run monthly caseload reports that show each individual's next PCSP date. All communications with waiver participants reflect cultural considerations of the individual and is conducted in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient. Strategies for solving conflict or disagreement within the planning process are discussed with the individual prior to the beginning of PCSP. Providers of waiver services to the individual do not provide case management or develop the person-centered service plan.

During the phone conversation the CRM/Social Service Specialist describes the person-centered service plan process and confirms per policy 5.02 (Necessary Supplemental Accommodation) the individual has an identified representative. In addition, the individual is asked who else they would like to have participate and/or contribute and where and when they would like the face-to-face PCSP meeting to be held. Support is provided as needed to ensure the person-centered service plan development process is led and driven by the waiver participant and the participant is enabled to make informed choices and decisions.

The letter the CRM/Social Service Specialist sends serves to confirm the date, time and location of the meeting and includes the DDA HCBS Waiver Brochure. The DDA HCBS Waiver Brochure includes information about waiver services, eligibility criteria and administrative hearing rights. The CRM/Social Service Specialist also extends invitations by phone and/or letter to individuals who the waiver participant has asked to participate in the PCSP process. In addition, the waiver participant is provided access to person centered planning tools that they can review and use prior to the meeting. Support is available to assist the individual to review and/or use those tools.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (4 of 8)

d. Service Plan Development Process. In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Sixty days prior to the due date for the participant's annual re-assessment, the Case/Resource Manager or Social Services Specialist mails a notice to the waiver participant informing them that they will be contacted by phone to schedule the re-assessment at a time and place convenient to the waiver participant. If the participant receives a DDA-paid service in their home and the DDA assessment is not administered in the home, DDA will conduct a follow-up home visit to ensure that the participant's person-centered service plan can be safely implemented in their residential environment.

The Person-centered Service Plan (PCSP) is the planning document produced for all clients receiving paid services, including waiver participants. The Person-centered Service Plan reflects the services and supports that are important for the individual to meet their assessed needs and also what is important to the individual with regard to preferences for service and support delivery.

The DDA Assessment provides:
-An integrated, comprehensive tool to measure support needs for adults and children.
-A work process to support case management services because the system:
o Identifies the level of support needed by a client;
o Indicates whether a service level assessment is needed; and
o Documents the paid and unpaid services the waiver participant will receive.
-Detailed information regarding client needs in many life domains. This allows case resource managers to make more effective service referrals.
-Documentation of health and welfare needs which are automatically populated in the PCSP as needs that must be addressed.
-Documentatoin of risk factors and measures in palce to minimize them, including emergency plans and strategies when needed.
-Clearer information for executive management and legislators on the overall needs of people with developmental disabilities.
-A nationally normed assessment for adults developed by the AAIDD.
-A mechanism to identify and record the individual's personal goals.

(a) Who develops the plan, who participates in the process, and the timing of the plan.

-The individual waiver participant directs the overall process of PCSP development.
-Development of the Person-Centered Service Plan (PCSP) is facilitated by the DDA Case Resource Manager (CRM)/ Social Service Specialist.
-Participants or contributors to the plan in addition to the individual and the individual's representative may consist of anyone else the individual would like to have participate or contribute (family, friends, providers, etc...)
-The PCSP is completed at least once every 12 months. Planning for the PCSP begins 60 days in advance of the due date.

(b) The types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status.

The DDA Assessment which is administered by the DDA CRM/Social Service Specialist provides the internal assessment and contains the following modules which assess for participant needs, preferences, goals and health status.
1. The Support Assessment module contains:
a. The Supports Intensity Scale Assessment (which includes the ICF/IID Level of Care for individuals age 16 and above);
b. ICF/IID Level of Care Assessment for individual age 15 and under;
c. Protective Supervision Scale;
d. Caregiver Status Scale;
e. Current Services Scale;

f. SIS Behavior Scale; and
g. SIS Medical Scale.

2. The Service Level Assessment module contains:
a. Personal Care assessment;
b. Personal goals;
c. Employment Support Assessment;
d. Sleep Assessment;
e. Mental Health Assessment;
f. Equipment;
g. Medication Management;
h. Medication; and
i. Seizure & allergies.

3. The Person-Centered Service Plan module contains the following tools:
a. Service Summary;
b. Support Needs;
c. Finalize Plan;
d. Environmental Plan;
e. Equipment;
f. DDA Referral;
g. Plan review;
h. Individual and Family Service Calculator;
i. Supported Living Rate Calculator; and
j. Foster Care Rate Assessment Calculator.

4. The Supports Intensity Scale (SIS) Assessment contains the following scales:
a. Support needs;
b. Supplemental protection and advocacy;
c. Exceptional medical support needs; and
d. Exceptional behavioral support needs.

DDA also uses external assessments as a part of the PCSP process. Examples of external assessments include; nursing evaluations, PT/OT reports, psychological evaluations, person-centered planning tools, etc.

(c) How the participant is informed of the services and supports that are available under the waiver and the array of service and support providers.

Participants are informed of services available under the Waiver by:
1. The DDA HCBS Waiver Brochure which is enclosed with the letter confirming the PCSP meeting. The letter and brochure are sent approximately 60 days prior to the PCSP meeting. The DDA HCBS Waiver Brochure identifies waiver services.
2. During the course of the PCSP meeting service options and service providers are discussed and described. Alternative home and community-based settings considered by the participant are documented.
3. Washington Administrative Code (WAC) fully defines services available under the waiver and is made available upon request and via the DDA internet Website.

(d) The plan development process ensures that the service plan addresses participant goals, needs (including health care needs), strengths and preferences.

Participant goals:

o There is a screen in the DDA assessment that requires the documentation of participant goals, if those goals are shared with the CRM/Social Service Specialist.

Participant clinical and support needs (including health care needs):
o Health and welfare needs are identified throughout the course of the assessment on multiple screens (please see section b above). Health and welfare needs are also identified by additional documentation submitted as part of the PCSP process (i.e. medical reports).

Preferences:
o Participant preferences are identified throughout the assessment and planning process. These are documented in the body of the assessment and in the PCSP. The PCSP documents that the setting in which the participant resides was chosen by the participant.

(e) How Waiver and other services are coordinated:

Waiver and other paid and non-paid services are coordinated by the CRM/Social Service Specialist.
-Services identified to meet health and welfare needs are documented in the PCSP.
-Providers receive a copy of the PCSP. This assists them to not only understand their role in the individual's life but also the supports others are giving.
-The CRM/Social Service Specialist monitors the PCSP to ensure health and welfare needs are being addressed as planned.

(f) How the plan development process provides for the assignment of responsibilities to implement and monitor the plan and prevent the provision of unnecessary or inappropriate services and supports.

The assessment identifies health and welfare needs.
o The identified needs populate the PCSP.
- Business rules require each identified need to be addressed by a waiver, non-waiver, and/or non-paid service.
o When an identified need requires a Waiver funded service the CRM/Social Service Specialist is required to identify the specific provider and the service type that will address this need.
- The CRM/Social Service Specialist is required to provide sufficient documentation to allow the provider and the participant to know what the provider responsibilities are.
o When an identified need is addressed by a non-paid service, the CRM/Social Service Specialist identifies the responsiblse party in the PCSP.
o When a provider or service to address specific needs has not been identified, the plan reflects the steps in place to identify either the service or the provider.
- Whenever the service or provider is identified the PCSP is amended to reflect the updated plan.

The CRM/Social Service Specialist provides oversight and monitoring of the PCSP, including both paid and non-paid services.

(g) PCSP is finalized and agreed to with the informed consent of the participant in writing and signed by all the individuals and providers responsible for its implementation. Finalized plan is distributed to the participant and other people involved in the PCSP.

(h) How and when the plan is updated, including when the participant's needs change.

o An individual may request a review of his/her PCSP at any time by calling his/her case resource manager. If there is a significant change in conditions or circumstances, DDA must reassess the plan and amend the plan to reflect any significant changes. This reassessment does not affect the end date of the annual PCSP.

Updates or amendments to the currently effective version of the Person-Centered Service Plan (PCSP) are tracked in the system.

o When a Service Level Assessment is moved from Pending to Current status, the PCSP version attached to that assessment will lock (so a record is kept of the version that the client/representative has signed off on).

o Amendments do not change the Plan Effective date.

Each subsequent change to the PCSP is saved. There are two types of amendments:those that require a new Service Level Assessment and those that do not. Examples are:

PCSP amendment With new assessment

o Change in status of client in key domain (behavior, medical, caregiver, ADL, etc.)

o Change of provider for residential service (the individual's residence changes)

o Change in a paid service

PCSP amendment without new assessment

o Change in demographic information only.

o Change in the assistance available.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (5 of 8)

e. Risk Assessment and Mitigation. Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

Risk Assessment and Mitigation occurs via the DDA Assessment and PCSP. The DDA assessment takes a comprehensive approach to assessing for risk and provides a mechanism for allowing the case resource manager and the individual to identify risks and develop a strategy to mitigate identified risk.

Health, welfare and safety needs are evaluated throughout the Support Assessment and Service Level Assessment modules in the DDA Assessment. They are then addressed in planning via formal referrals, authorized paid DDA Services and other documented support activities in the PCSP.

The DDA Assessment evaluates risk by assessing for the following:
*Unstable/potentially unstable diagnosis
*Caregiver training required
*Medication regimen affecting plan
*Immobility issues affecting plan
*Nutritional status affecting plan
*Current or potential skin problems
*Skin Observation Protocol
*Alcohol/Substance Abuse
*Depression
*Suicide
*Pain
*Mental Health
*Legal
*Environmental
*Financial
*Community Protection
- Community Protection criteria have been developed to identify clients not already on the CP waiver, but who are exhibiting some extreme behaviors that could pose a public safety threat.

When risk areas are identified they populate a referral screen in the PCSP. The CRM/Social Service Specialist documents the plan/response to each item that populates the referral screen.

Emergency planning is an required component of the PCSP. Back up caregivers and emergency contacts are identified during the waiver participant's assessment and can be updated at any time. Back up and emergency plans are required in WAC for all residential providers. Arrangements for back-up plans vary from individual to individual. In some situations a back-up plan may be a family member. In others, a back up plan may include a paid provider stepping in to assure health and welfare needs are addressed during times of crisis.

WAC 388-828-1640
What are the mandatory panels in your DDA assessment?
After DDA has determined your client group, DDA determines the mandatory panels in your DDA assessment using the following tables. An "X" indicates that the panel is mandatory; an "O" indicates the panel is optional. If it is blank, the panel is not used.

(1) DDA "Assessment main" and client details information

	Client Group			
DDA Assessment Panel Name	Waiver and State No Paid Services	Other Medicaid Only Residential	State Only Paid Services	Paid Services
Assessment Main	X	X	X	X
Demographics	X	X	X	X
Overview	X	X	X	X
Addresses	X	X	X	X
Collateral Contacts	X	X	X	X
Financials	X	X	X	X

(2) Supports intensity scale assessment

	Client Group			
	Waiver and State	Other Medicaid	State Only	
DDA Assement Panel Name	No Paid Services	Only Residential	Paid Services	Paid Services
Home Living	X	X	X	X
Community Living	X	X	X	X
Lifelong Learning	X	X	X	X
Employment	X	X	X	X
Health & Safety	X	X	X	X
Social Activities	X	X	X	X
Protection & Advocacy	X	X	X	X

(3) Support assessment for children

	Client Group			
	Waiver and State	Other Medicaid	State Only	
DDA Assessment Panel Name	No Paid Services	Only Residential	Paid Services	Paid Services
Activities of Daily Living	X	X	X	X
IADLs (Instrumental Activities of Daily Living)	X	X	X	X
Family Supports	X	X	X	X
Peer Relationships	X	X	X	X
Safety & Interactions	X	X	X	X

(4) Common support assessment panels

	Waiver and State	Other Medicaid	State Only	
DDA Assessmentd Panel Name	No Paid Services	Only Residential	Paid Services	Paid Services
Medical Supports	X	X	X	X
Behavioral Supports	X	X	X	X
Protective Supervision	X	X	X	X
DDA Caregiver Status*	X	X	X	X
Programs and Services	X	X	X	X

*Information on the DDA Caregiver Status panel is not mandatory for clients receiving paid services in an AFH, BH, SL, GH, SOLA, or RHC.

(5) Service level assessment panels

	Waiver and State	Other Medicaid	State Only	
DDA Assessment Panel Name	No Paid Services	Only Residential	Paid Services	Paid Services
Environment	X	X	O	
Medical Main	O	X	O	
Medications	X	X	X	
Diagnosis	X	X	X	
Seizures	X	X	X	
Medication Management	X	X	X	
Treatments/programs	X	X	X	
ADH (Adult Day Health)	O	O	O	
Pain	X	X	X	
Indicators-Main	O	X	O	
Allergies	X	X	X	
Indicators/Hospital	X	X	X	
Foot	X	X	O	
Skin	X	X	O	
Skin Observation	O	O	O	
Vitals/Preventative	X	X	O	

Comments	O	O	O
Communication-Main	O	X	O
Speech/Hearing	O	X	O
Psych/Social	O	X	O
MMSE (Mini-Mental Status Exam)	O	X	O
Memory	O	X	O
Behavior	O	X	O
Depression	O	X	O
Suicide	O	O	O
Sleep	O	O	O
Relationships & Interests	O	O	O
Decision Making	O	X	O
Goals	X	O	O
Legal Issues	O	O	O
Alcohol	O	O	O
Substance Abuse	O	O	O
Tobacco	O	X	O
Mobility Main	O	X	O
Locomotion In Room	O	X	O
Locomotion Outside Room	O	X	O
Walk in Room	O	X	O
Bed Mobility	O	X	O
Transfers	O	X	O
Falls	O	O	O
Toileting-Main	O	X	O
Bladder/Bowel	O	X	O
Toilet Use	O	X	O
Eating-Main	O	X	O
Nutritional/Oral	O	X	O
Eating	O	X	O
Meal Preparation	O	X	O
Hygiene-Main	O	X	O
Bathing	O	X	O
Dressing	O	X	O
Personal Hygiene	O	X	O
Household Tasks	O	X	O
Transportation	O	X	O
Essential Shopping	O	X	O
Wood Supply	O	X	O
Housework	O	X	O
Finances	O	O	O
Pet Care	O	O	O
Functional Status	O	O	O
Employment Support*	X*	X*	X*
Mental Health	X	X	X
DDA Sleep*	X*	O	O

*Indicates that:

(a) The "Employment Support" panel is mandatory only for clients age twenty-one and older who are on or being considered for one of the county services listed in WAC 388-828-1440(2).

(b) The "DDA Sleep" panel is mandatory only for clients who are age eighteen or older and who are receiving:

(i) DDA HCBS Core or Community Protection waiver services; or

(ii) State-Only residential services.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (6 of 8)

f. Informed Choice of Providers. Describe how participants are assisted in obtaining information about and selecting from

among qualified providers of the waiver services in the service plan.

Participants are given free choice of all qualified/approved providers of each service approved in his/her plan. During the course of the PCSP process the participant is advised s/he have a choice of providers. The assessment meeting includes an Assessment Wrap-up checklist that the client and/or her/his representative signs. One of the items on the checklist is a statement verifying that the individual understands that s/he has a choice of and can change provider(s). Also, at the time of the annual person-centered service plan (PCSP) update, participants have an opportunity to select alternative providers. Waiver participants can also select alternative providers at any time by requesting an update of their PCSP.

The Case Resource Manager (CRM)/Social Service Specialist will provide information to access appropriate referral registries, contract database list and/or websites to facilitate access to provider lists and assist with the contracting process.

In-home Respite:
All client's can contact the Home Care Referral Registry to access an individual respite provider. DDA provides client's the contact information to the Referral registry or information can be accessed from the internet Home Care Referral Registry website @http://www.hcrr.wa.gov/

*The Home Care Referral Registry is maintained by the Home Care Quality Authority. The Registry provides information about available Individual providers (IPs) in a geographic areas who are interested in being interviewed for potential hire.
*DDA provides lists of agencies contracted to provide in-home services and families choosing an agency, work with agency staff to select individuals to work in their homes.

*Other Provider types
- o Lists of provider of specific services can be generated out of the Agency Contracts Data Base (ACD) maintained by DSHS. Provider recruitment is ongoing and contract referrals are accepted on a continual basis.
- o The ALTSA Internet page maintains provider lists for Adult Family Home and Adult Residential Care Facilities.
- o The DDA Internet page maintains a supported living provider locator.
- o Contractors for Environmental Adaptations are listed by Labor & Industries, along with information about their licenses and any actions taken against them. Families may choose from this broad list of contractors and refer them to DDA for contracting. DDA also maintains a list of contractors.
- o ProviderOne maintains an online search engine open to the public for providers of therapy, counseling, and other services.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (7 of 8)

g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency. Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR §441.301(b)(1)(i):

The Developmental Disabilities Aadministration (DDA) operates a number of quality assurance (QA) processes that ensures that person-centered individual service plans meet the needs of waiver participants. At the end of each QA review cycle, a final report is generated which includes detailed data on a statewide level. These results are analyzed and incorporated into a statewide quality improvement plan. The State Medicaid Agency receives annual QA review reports and meets with the operating agency at the conclusion of the QA cycle to review results and provide input into the quality improvement plan. The quality improvement plan is then reviewed and approved for implementation by DDA executive management. This is part of a total Quality Improvement Strategy (QIS), which includes surveys, file reviews, performance measures, ternary evaluations of performance measures, and staff training.

More detail on QA processes as they relate to the individual support plan is provided below.

The mechanism for ongoing oversight of waiver operation by the Single State Medicaid Agency is the Medicaid Agency Waiver Management Committee, which includes representatives from administrations and divisions within the operating agency, Home and Community Services and Residential Care Services, which are divisions within the operating agency, as well as the Developmental Disabilities Administration (DDA) and the Behavioral Health Administration (BHA). The Committee meets at least quarterly to review all functions delegated to the operating agency, current quality assurance activity, pending waiver activity (e.g. amendments, renewals, etc.), potential waiver policy and rule changes and quality improvement activities.

The Developmental Disabilities Administration is an administration within the Department of Social and Health Services (DSHS), which is the operating agency. The individual Case Resource Manager/Social Service Specialist is an employee of DDA. DDA determines client eligiblity and requires the use of the administration's electronic assessment and service planning tool. DDA Case Resource Managers/Social Service Specialists directly authorize all initial service plans and supervisors conduct quality assurance activities on service plans. DDA has direct electronic access to all service plans.

DDA has a comprehensive monitoring process to oversee the planning process and the person-centered service plan (PCSP). In addition, DDA participates in the National Core Indicators Survey and initiates an PCSP survey. Data is gathered and analyzed and necessary steps are taken to correct areas of concern.

DDA monitoring process:
The DDA Quality Compliance Coordinator(QCC) Team completes an annual review of randomly selected files across all waivers. The list for the QCC team review is generated to produce a random sample with a 95% confidence level and a +/- 5 confidence interval. Included in the review are items concerning the person-centered planning process and content of the PCSP.

The findings from these reviews are collected in a database. All findings are expected to be corrected within 90 days. Corrections are monitored by the QCC Team. Findings are analyzed by DDA management. Based on the analysis necessary steps are taken, such as:

* Annual Waiver Training curriculum is developed in part to address review findings.
* Policy clarifications are issued.
* Personnel issues are identified.
* The format of and instructions on forms are modified.
* Waiver WAC is revised to clarify rule.
* Regional processses are updated.

The National Core Indicators Survey:
Washington State's Developmental Disabilities Administration (DDA) participates in a national study that assesses performance and outcome indicators for state developmental disabilities service systems. This study allows the administration to compare it's performance to service systems in other states and within our state from year to year.

There are currently 60 performance and outcome indicators to be assessed covering the following domains:

* Consumer Outcomes
* System Performance
* Health, Welfare, & Rights
* Service Delivery System Strength & Stability

In addition, DDA has added some waiver specific questions to assist with assuring PCSPs are implemented as written and that health and welfare needs are being addressed. Findings are analyzed by DDA management and shared with stakeholders. The Washington State Developmental Disabilities Council (DDC) participates in the survey process by analyzing results.

An Assessment meeting wrap-up form is given to each waiver participant at the conclusion of the PCSP planning meeting. This form gives participants an opportunity to respond to a series of questions about the PCSP process.

A PCSP Meeting survey is mailed to waiver participants within one month of the PCSP planning meeting. This survey gives participants an opportunity to respond to a series of questions about the PCSP process. The survey is mailed from Central Office based on a random sample representative of all waivers with a 95% confidence level and a confidence interval of +/-5%. Information collected is analyzed annually by the Medicaid Agency Waiver Management Committee.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (8 of 8)

h. Service Plan Review and Update. The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

- ○ **Every three months or more frequently when necessary**
- ○ **Every six months or more frequently when necessary**
- ◉ **Every twelve months or more frequently when necessary**
- ○ **Other schedule**

Specify the other schedule:

i. Maintenance of Service Plan Forms. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following *(check each that applies):*

- ☐ **Medicaid agency**
- ☒ **Operating agency**
- ☒ **Case manager**
- ☒ **Other**

Specify:

Copies of the signed PCSP are kept in the client files which are maintained in the DDA regional offices. Electronic copies of the PCSP are maintained on the CARE platform.

Appendix D: Participant-Centered Planning and Service Delivery

D-2: Service Plan Implementation and Monitoring

a. Service Plan Implementation and Monitoring. Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

The DDA Case/Resource Manager or Social Service Specialist's monitoring methods address: 1) services furnished in accordance with the service plan and participant access to waiver services identified in PCSP – Case/Resource Manager or Social Service Specialist verifies the services they authorize in accordance with the PCSP are actually delivered by on-site or remote monitoring with the waiver participant; reviews of progress reports from service providers; and reviews of additional assessment (e.g. IEPs, OT evaluations); 2) participants exercise free choice of provider – Case/Resource Manager or Social Service Specialist discuss provider options including on-line sources of provider information with participants during the annual reassessment and during the waiver year when a participant experiences provider turn over or when a participant asks for assistance with finding a new provider; 3) services meet participant's needs – Case/Resource Manager or Social Service Specialists ask participants if they believe their services are meeting their needs during monitoring visits and phone calls and during their annual reassessment; 4) effectiveness of back-up plans – Case/Resource Manager or Social Services Specialist review the participant's emergency plan with the participant during every reassessment and determine if all components are up to date and realistic; 5) participant health and welfare – Case/Resource Manager or Social Service Specialist monitor participant's health and welfare with scheduled in-person check ins and phone calls at intervals appropriate for participant's acuity, respond to any incident reports with appropriate follow-up actions and review all progress reports from positive behavior support and other direct service providers; 6) participant access to non-waiver services in PCSP, including health services – Case/Resource Manager or Social Service Specialist review and confirm that participants know how and are successfully accessing all needed services, including waiver, CFC, managed care health, mental health, and dental health with participants during monitoring in-person and phone visits.

Problems identified by DDA Case/Resource Managers (CRMs) or Social Service Specialists (SSSs) are reported, responded to and remediated according to established agency best practices, Washington and federal rules and Washington state and federal law. Case/Resource Managers and Social Service Specialists are mandatory reporters who must report any suspected abuse, neglect, exploitation or abandonment of a participant according to agency policy, rule and state law. State operates an Incident Reporting Application to record, track and document remediation efforts for all types of incidents. Issues with providers may be addressed directly by CRMs/SSSs, staffed with supervisors or referred to contract specialists for resolution. When non-compliant settings are found, the State utilizes one or more of the following processes to remediate the situation: 1) for licensed and certified providers, State may utilize the license/certification remediation process specified in rule (WAC); 2) for all state-contracted providers, State may use contractual remediation steps contained in contractual agreements between the State and service providers; 3) for county contracted providers, counties may use contractual remediation steps contained in contractual agreements between the county and service providers; and 4) for residential, employment and day program providers, State may utilize technical assistance resources to consult with and bring non-compliant settings into compliance.

The regional DDA Case Resource Manager (CRM) or Social Service Specialist provides the primary oversight and monitoring of the PCSP. The DDA CRM or Social Service Specialist authorizes the Waiver Services identified as necessary to meet health and welfare needs in the PCSP. The DDA CRM or Social Service Specialist monitors service provision no less than two times per year by at least one face to face client visit and an additional contact with the waiver participant/legal representative which can be completed by telephone, e-mail or face to face. Continuous monitoring also occurs by contacting providers; reviewing progress reports submitted by providers and reviewing additional assessments (e.g. IEPs, psychological evaluations, Occupational Therapy evaluations etc.). If the DDA CRM or Social Service Specialist finds that the PCSP is not meeting the individual's needs the PCSP will be revised/amended. All monitoring is documented in either the Service Episode Record section of the electronic DDA Assessment or the Waiver Screen.

At the time of the annual review, the CRM/Social Service Specialist is required to review the effectiveness of last year's plan with the individual and/or their legal representative. This review is a required step before the DDA Assessment will allow the CRM to create a new assessment. All plans are expected to address emergency preparedness such as: back-up caregivers, evacuation plans, what to do in case of natural disaster etc. The plan review process provides an opportunity to review the effectiveness of these plans.

In addition to DDA CRM/Social Service Specialist monitoring activities, the following occur:

* A sample of waiver case files is reviewed by Quality Compliance Coordinators.
    - o Quality Compliance Coordinators review annually a statewide random sample of waiver files.
    - o Waiver case files are reviewed for the following evidence:
        - * The PCSP was completed within 12 months.
        - * The individual was given a choice between waiver services and institutional care.
        - * The individual meets the ICF/IID level of care standard.

* The individual meets disability criteria.
* The individual is financially eligible.
* Services have been authorized in accordance with the person-centered service plan.
* Waiver services or appropriate monitoring activities are occurring every month.
* All authorized services are reflected in the plan.
* All providers are qualified to provide the services for which they are authorized.
* The individual was given a choice of qualified providers.
* Appeal rights and procedures have been explained.

National Core Indicators Survey (NCI) face to face interviews:
Washington State's Developmental Disabilities Administration (DDA) participates in a national study that assesses performance and outcome indicators for state developmental disabilities service systems. This study allows the administration to compare it's performance to service systems in other states and within our state from year to year.

Currently 60 performance and outcome indicators are assessed that cover the following domains:
* Consumer Outcomes
* System Performance
* Health, Welfare, & Rights
* Service Delivery System Strength & Stability

In addition, DDA has added waiver-specific questions to assist with assuring PCSPs are implemented as written and that health and welfare needs are being addressed.

Examples of waiver specific questions:
* If you need to change your child's services, do you know what to do?
* Do the services and supports offered on your Person-Centered Service Plan meet your child's and family's needs?
* Did you (did the waiver participant) receive information at your (his/her) person-centered service plan meeting about the services and supports that are available under the (his/her) waiver?

Findings are analyzed by DDA management and shared with stakeholders. The Washington State Developmental Disabilities Council (DDC) participates in the survey process by analyzing results.

Assessment Meeting Wrap-up and PCSP Survey:
An Assessment Meeting Wrap-up is given to each waiver participant at the conclusion of the PCSP planning meeting. The Wrap-up survey gives participants an opportunity to respond to a series of questions about the PCSP process. And after the assessment is finalized, Central Office sends an PCSP survey to a stastically-valid random sample of waiver participant with a return envelope to allow for an anonymous submission to Central Office.

Questions on the PCSP survey:
* Did you get to choose who came to your meeting?
* Did your Case Resource Manager discuss any concerns you have with your current services?
* Were your concerns addressed in your new person-centered service plan?
* Did you receive information about what services are available in your waiver to meet your assessed needs?
* Were you given a choice of services that are available in your waiver to meet your identified needs?
* Were you given a choice of service providers?
* Were your personal goals discussed in developing your plan?
* Do you feel like your health concerns are addressed to your satisfaction?
* Do you feel like your safety concerns are addresssed adequately?
* Did you receive information regarding planning for emergencies, such as an earthquake or other natural disaster?
* Do you know who to contact if your needs change before the next assessment?
* Do you know you have a right to appeal decisions made by DDA?
* Did your case resource manager explain how to use your Planned Action Notice (PAN) to appeal a service decision in your support plan if you disagree with that decision?

Residential Care Services (RCS) certifies DDA residential providers and licenses adult family homes and boarding (group)homes, all of which are qualified providers of respite services.

- These providers are evaluated at a minimum of every two years.
- A component of the RCS evaluation process is a review of the PCSP to ensure the agency is implementing the plan as written.

b. Monitoring Safeguards. *Select one:*

◉ **Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may not provide other direct waiver services to the participant.**

○ **Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may provide other direct waiver services to the participant.**

The state has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. *Specify:*

Appendix D: Participant-Centered Planning and Service Delivery

Quality Improvement: Service Plan

As a distinct component of the States quality improvement strategy, provide information in the following fields to detail the States methods for discovery and remediation.

a. Methods for Discovery: Service Plan Assurance/Sub-assurances

The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

i. Sub-Assurances:

a. ***Sub-assurance: Service plans address all participants assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
D.a.3. To monitor ongoing waiver eligibility, the percentage of PCSPs with monthly waiver service provision or monitoring by the case resource manager during a break in services. Numerator = Waiver PCPSs reviewed with monthly waiver service provision or monitoring by the case resource manager during a break in service. Denominator = All waiver PCSPs reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify: Quality Compliance Coordinator (QCC) Team within DDA.	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
D.a.1. The percentage of PCSPs conducted for waiver participants that address their assessed health and welfare needs through the provision of waiver services or other means. Numerator = Waiver participants' PCSPs that address all assessed health and welfare needs through the provision of waiver services or other means. Denominator = Total number of waiver PCSPs.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Comprehensive Assessment Reporting and Evaluation (CARE) system.

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☒ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
D.a.6. The percentage of families reporting through NCI surveys that they are involved in the creation of their waiver participant's PCSP. N = All waiver participants or family members responding to the NCI survey and reporting involvement in the creation of the PCSP. D = All waiver participants or waiver participant family members responding to the NCI survey.

Data Source (Select one):
Analyzed collected data (including surveys, focus group, interviews, etc)
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*

☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☒ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify: Quality Compliance Coordination (QCC) Team within DDA.	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Other** Specify:

Performance Measure:
D.a.2. The percentage of Person-Centered Service Plans (PCSPs) conducted for waiver participants that personal goals were addressed. N = Waiver participants' PCSPs with identified personal goals addressed in their service plans. D = Total number of waiver participants' PCSPs.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Comprehensive Assessment Reporting and Evaluation (CARE) system.

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other**	

	Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
D.a.5. The percentage of all waiver PCSPs which include emergency planning. Numerator = All waiver PCSPs with evidence of emergency planning present. Denominator = All waiver PCSPs.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Comprehensive Assessment Reporting and Evaluation (CARE) system

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**

☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
D.a.4. The percentage of waiver recipients' PCSPs with critical indicators triggered in the assessment that were addressed in the PCSP. N = The number of PCSPs reviewed in which all identified critical indicators were addressed. D = The total number of waiver recipient PCSPs reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify: Quality Compliance Coordinator (QCC) Team within DDA.	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

c. ***Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participants needs.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
D.c.1. The percentage of annual PCSPs for waiver participants that are completed

before the end of the twelfth month following the initial PCSP or last annual PCSP. N = The number of waiver PCSPs reviewed that are completed before the end of the twelfth month. D = All completed waiver PCSPs reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify: Quality Compliance Coordinator (QCC) Team within DDA.	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Operating agency performance monitoring
If 'Other' is selected, specify:

Responsible Party for data collection/generation	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*

(check each that applies):		
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☒ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☒ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
D.c.2. The percentage of waiver participants and family members responding to the PCSP Meeting Survey who report knowing what to do if their needs change before the next annual PCSP meeting. N = All PCSP Meeting Survey respondents who report knowing what to do if their needs change before the next PCSP. D = All waiver participants and family members responding to the PCSP Meeting Survey.

Data Source (Select one):
Analyzed collected data (including surveys, focus group, interviews, etc)
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☒ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%=/-
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☒ **Other** Specify:

		100% of those responding to the PCSP Meeting Survey.
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☒ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
D.c.3. Percent of waiver participants who experienced a significant change in needs who were given a significant change assessment as required & PCSP was updated. N = # of files reviewed with significant change assessments completed & PCSPs updated as required for participants' significant change in needs. D = # of participant files that had significant change reported.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Comprehensive Assessment Reporting and Evaluation (CARE) system

Responsible Party for	**Frequency of data**	**Sampling Approach**

data collection/generation *(check each that applies):*	**collection/generation** *(check each that applies):*	*(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

d. ***Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
D.d.4. The percentage of waiver participants' PCSPs reviewed whose services identified in the PCSP are all authorized in ProviderOne or Individual ProviderOne. N = Waiver PCSP reviewed with current services authorized in ProviderOne or Individual ProviderOne & identified in the PCSP. D = Waiver PCSPs reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval =

		95%
☒ **Other** Specify: Quality Compliance Coordinator (QCC) Team within DDA.	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
D.d.2. The percentage of waiver PCSPs with services that are delivered within 90

days of the PCSP effective date or as specified in the PCSP. Numerator = All waiver PCSPs reviewed with services delivered within 90 days or as specified in the PCSP. Denominator= All waiver PCSPs reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify: Quality Compliance Coordinator (QCC) Team within DDA.	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
D.d.1. The percentage of waiver PCSPs with services that are delivered in accordance with the type, scope, amount, duration, and frequency as specified in the PCSP. N = Number of participant files reviewed with services that are delivered in accordance with the type, scope, amount, duration, and frequency as specified in the PCSP. D = Number of waiver participant files reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:

Quality Compliance Coordinator (QCC) Team within DDA.		
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
D.d.3. The percentage of waiver PCSPs with service authorizations in place for waiver funded services that should have occurred in the last 3 months. Numerator = All waiver PCSPs reviewed with service authorizations for waiver funded services that should have occurred in the last 3 months. Denominator = All waiver PCSPs reviewed.

Data Source (Select one):
Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify: Quality Compliance Coordinator (QCC) Team within DDA.	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
D.d.5. The number and percent of waiver participant PCSPs where services were delivered in accordance with the type, scope, amount, duration & frequency specified in the PCSP. N = Number of waiver participants who report receiving services in accordance with the type, scope, amount, duration & frequency specified in the PCSP. D = Number of waiver participants surveyed.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Medicaid Service Verification survey

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and**	☐ **Other**

	Ongoing	Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

e. ***Sub-assurance: Participants are afforded choice: Between/among waiver services and providers.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

D.e.1. The % of waiver participant records that contain the annual assessment meeting wrap-up, which includes verification that the waiver participant had a choice between/among waiver services & providers. N = # waiver participant records reviewed containing the annual assessment meeting wrap-up. D = All waiver participant records reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify: Quality Compliance Coordinator(QCC) Team within DDA	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

D.a.4; D.a.5; D.d.2; D.d.3; D.d.4; D.d.5; D.e.1.:
State did not amend any data sources.
The QCC Team completes a review of randomly selected files annually using a sample drawn across all waivers. The list for the QCC Team review is generated to produce a random sample representative of the waiver program with a 95% confidence level and a confidence interval of +/-5%. The findings from these reviews are collected in a database. All findings are expected to be corrected within 90 days. Corrections are monitored by QCC Team members.

A valid sample is produced for the QCC review.

The review protocol includes (among others) the following questions with a target of 100% compliance.
"Have all identified waiver funded services been provided within 90 days of the annual PCSP effective date?"
"Is there a SSPS, ProviderOne or County authorization for all Waiver funded services identified in the current PCSP that should have occurred in the three (3) months prior to this review?"
"Are all the current services authorized in SSPS, ProviderOne or CARE/County Services Screen also identified in the PCSP?"
(Authorizations are reviewed as a proxy for claims data. The payment system electronically prevents a provider from claiming payment for an amount and rate higher that what is authorized.)
"Are the authorized service amounts equal or less than the amounts identified in the PCSP?"
"Is the effective date of this year's annual PCSP no later than the last day of the 12th month of the previous annual PCSP effective date?"
"Did the client/representative receive opportunity for input on the DDA Assessment Wrap Up form?
"Is there a signed Voluntary Participation statement in the client file?"

D.a.2. The DDA assessment allows for entry and addressing of personal goals. An annual report is generated at Central Office to identify assessments with one or more personal goals to verify personal goals are acknowledged and addressed.

Data are available in a computer-based system which provides 100% analysis of individual results.

D.a.3; D.a.7; D.d.1: DDA compares data on response rates to NCI questions and responses from waiver year to waiver year. DDA constructs pie charts for questions and analyzes the outcome of the survey with the Medicaid Agency Waiver Management Committee and stakeholders. DDA uses this information to assist with development of the waiver training curriculum and to develop needed policy changes.

D.a.6: An annual report is created to verify that emergency plans are documented in waiver participants' PCSPs.

D.c.1: Monthly reports are prepared for a review of the progress toward achieving 100% timely assessments. The data is analyzed by comparing the actual number of assessments completed on time to the regional monthly targets and to the assessments that were due. Regional Waiver Specialists review Assessment Activity Reports on a monthly basis and send information to case resource managers for follow-up to promote timeliness of assessments.

D.c.2. PCSP Meeting Survey:
A PCSP Meeting survey is mailed to waiver participants within one month of the PCSP planning meeting. This survey gives participants an opportunity to respond to a series of questions about the PCSP process. The survey is mailed from Central Office based on a random sample with a 95% confidence level and a confidence interval of +/-5%. Information collected is analyzed annually at the Medicaid Agency Waiver Management Committee.

Questions in the PCSP Meeting survey:
Did you get to choose who came to your meeting?
Did you get to choose the time and place of your meeting?
Were you given the opportunity to lead your meeting?
Were you given a choice of services?

Did you choose where and how the services will be provided?
Did your case resource manager review last year's plan and ask what supports you want to continue and what should change?
Were any concerns you may have had addressed in your new plan?
Did you receive information about resources and services available to meet your goals?
Were you given a choice of providers?
Were plans made to meet any health and safety concerns you may have had?
Did you receive information regarding planning for emergencies, such as an earthquake or other natural disaster?
Do you know who to contact if your needs change before your next assessment?

b. Methods for Remediation/Fixing Individual Problems

i. Describe the States method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

Waiver File Reviews (Annual QCC review):
D.a.4; D.a.5; D.d.2; D.d.3; D.d.4; D.d.5; D.e.1:
Findings from QCC Team and Supervisor file reviews are analyzed by DDA management, and based on the analysis necessary steps are taken to increase compliance. For example:
*Annual Waiver Training curriculum is developed and/or modified.
*DDA policy is clarified.
*Personnel issues are identified and addressed.
*Form format and instructions are modified.
*Waiver administrative code (WAC) is clarified.
*Regional processes are revised.

The National Core Indicators Survey:
D.a.3; D.1.7; D.d.1:
Washington State's Developmental Disabilities Administration (DDA) participates in a national study that assesses performance and outcome indicators for state developmental disabilities service systems. This study allows the Administration to compare its performance to service systems in other states and within our state from year to year.

There are currently 60 performance and outcome indicators to be assessed covering the following domains:
*Consumer Outcomes
*System Performance
*Health, Welfare, & Rights
*Service Delivery System Strength & Stability

In addition, DDA has added some waiver specific questions to assist with assuring PCSPs are implemented as written and that health and welfare needs are being addressed. Findings are analyzed by management and shared with stakeholders. The Washington State Developmental Disabilities Council (DDC) participates in the survey process by analyzing results.

PCSP Meeting Survey:
D.c.2:
DDA compares data on response rates to the PCSP Meeting Survey and responses from waiver year to waiver year. DDA constructs pie charts for questions and analyzes the outcome of the survey with the Waiver Management Committee and stakeholders. DDA uses this information to assist with the development of the Waiver training curriculum and to develop needed policy changes.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☒ **Weekly**

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☒ **Operating Agency**	☒ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix E: Participant Direction of Services

Applicability *(from Application Section 3, Components of the Waiver Request)*:

○ **Yes. This waiver provides participant direction opportunities.** Complete the remainder of the Appendix.

◉ **No. This waiver does not provide participant direction opportunities.** Do not complete the remainder of the Appendix.

CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.

Indicate whether Independence Plus designation is requested *(select one):*

○ **Yes. The state requests that this waiver be considered for Independence Plus designation.**

○ **No. Independence Plus designation is not requested.**

Appendix E: Participant Direction of Services

E-1: Overview (1 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (2 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (3 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (4 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (5 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (6 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (7 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (8 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (9 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (10 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (11 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (12 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (13 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant Direction (1 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (2 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (3 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (4 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (5 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (6 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix F: Participant Rights

Appendix F-1: Opportunity to Request a Fair Hearing

The state provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. The state provides notice of action as required in 42 CFR §431.210.

Procedures for Offering Opportunity to Request a Fair Hearing. Describe how the individual (or his/her legal representative) is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E. Specify the notice(s) that are used to offer individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.

Waiver clients have rights under Medicaid law, state law (RCW) and state rules (WAC) to appeal any decision of DDA affecting eligibility, service, or choice of provider.

During the waiver application process, an individual receives the DDA HCBS Waiver Brochure (DSHS #22-605), which explains their administrative hearing rights. The CRM/Social Service Specialist discusses administrative hearing rights at the time of the initial and annual PCSP meeting, and Planned Action Notices (PAN) are attached to the PCSP when it is sent to the individual and their designee (the individual who has been designated to assist the client with understanding and exercising their administrative hearing rights) for signature. The PANs describe the service decisions made by DDA and contain information on how to request an administrative hearing to appeal DDA's decision.

When DDA makes a decision affecting eligibility, level of service or denial or termination of provider, a Planned Action Notice (PAN) must be sent within 5 working days of the decision. The notice is sent to the waiver participant and her/his designee. The PAN provides the effective date of the action, the reason and applicable WAC, appeal rights, and time lines for filing appeals. Individuals have up to 90 days to appeal a department decision. If an individual wishes to maintain services during the appeal process, they must ask for an administrative hearing within the ten-day notice period.

A client or representative may request an administrative hearing orally or in writing. Client appeals are heard and decided by Administrative Law Judges (ALJs) through an administrative hearing. Attorney representation is not required but is allowed. The client or their representative may present the client's case or have an attorney present the case. DSHS employees may not represent the client at an administrative hearing.

PANs are contained electronically in the DDA Assessment on the CARE platform. If the PAN was modified then a copy of the modified PAN is maintained in the waiver participant's file. Service Episode Records (SERs) document when a PAN was sent. SERs are contained electronically in the DDA Assessment on the CARE platform.

Appendix F: Participant-Rights

Appendix F-2: Additional Dispute Resolution Process

a. Availability of Additional Dispute Resolution Process. Indicate whether the state operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair Hearing. *Select one:*

- (●) **No. This Appendix does not apply**
- ( ) **Yes. The state operates an additional dispute resolution process**

b. Description of Additional Dispute Resolution Process. Describe the additional dispute resolution process, including: (a) the state agency that operates the process; (b) the nature of the process (i.e., procedures and timeframes), including the types of disputes addressed through the process; and, (c) how the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.

Appendix F: Participant-Rights

Appendix F-3: State Grievance/Complaint System

a. Operation of Grievance/Complaint System. *Select one:*

- ( ) **No. This Appendix does not apply**
- (●) **Yes. The state operates a grievance/complaint system that affords participants the opportunity to register grievances or complaints concerning the provision of services under this waiver**

b. Operational Responsibility. Specify the state agency that is responsible for the operation of the grievance/complaint

system:

The Development Disabilities Administration (DDA) of the Department of Social and Health Services (DSHS) operates the grievance/complaint system.

c. **Description of System.** Describe the grievance/complaint system, including: (a) the types of grievances/complaints that participants may register; (b) the process and timelines for addressing grievances/complaints; and, (c) the mechanisms that are used to resolve grievances/complaints. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

DDA provides participants with administrative hearing rights and a complaints/grievance process. The Complaints/Grievance process is not a pre-requisite to an administrative hearing; rather this policy provides participants with an opportunity to address those issues that are not dealt with through the administrative hearing process. DDA policy 5.03 (Client Complaint/Grievances) clearly delineates those issues that may be addressed in this manner and those issues that should be addressed through processes such as the administrative hearing process. Participants are informed of both processes via brochures, DVDs, WAC, policy and their case resource manager.

DDA policy 5.03 provides waiver participants an opportunity to address problems outside the scope of the adminitrative hearing process. DDA has also collaborated with the Developmental Disabilities Council to produce a video to assist individuals and their representatives understand how to work with the department to resolve complaints/grievances.

POLICY

A. DDA staff will strive to address grievances/complaints at the lowest level possible. Complaints can be received and addressed at any level of the organization. However, the complaint will be referred back to the Case Resource Manager/Social Service Specialist (CRM/SSS) for action unless the complainant specifically requests it not be.

B. Legal authorization from the client or her/his personal representative is required to share information with persons outside of DSHS unless otherwise authorized by law. Authorization from the client is not required when responding to correspondence assignments or inquiries from the Governor's Office as part of administration of DSHS programs.

C. Communication to complainants will be made in their primary language if needed.

D. DDA maintains a complaint tracking database to log and track complaints as specified in the Procedures section of this policy. DDA also tracks complaints in service episode records (SERs) in the CARE system.

PROCEDURES

A. The following procedures describe the handling of waiver participant complaints at four levels:

1. Case Resource Manager/Social Service Specialist Level;
2. Supervisor Level;
3. Regional Administrator (RA) Level; and
4. Central Office Level

B. Complaints concerning services in the DDA Residential Habilitation Centers (RHCs) and State Operated Living Alternatives (SOLA) will be directed to the Regional Administrator in the respective region.

C. Case Resource Manager(CRM)/Social Service Specialist (SSS) Level

1. CRMs and SSSs solve problems and resolve complaints as a daily part of their regular case management activities. This activity is documented in the client record as appropriate in SER's. The Complaint SER's code is used to identify complaints and any resolution to the complaints.

2. If the complainant does not feel that the complaint or problem has been resolved, and s/he wants to have the complaint reviewed by a supervisor, the CRM/SSS will give her/his supervisor's name and telephone number to the complainant.

D. Supervisor Level

1. Upon receipt of an unresolved complaint at the CRM/SSS level, the supervisor has ten (10) working days to resolve the issue. If the response will take longer

than 10 working days, the supervisor makes an interim contact with the complainant and provides a reasonable estimated date of response.

2. If resolution is reached, the supervisor documents the outcome in the client record.

3. If the complainant still does not feel that the complaint/problem has been resolved, and s/he wants to have the complaint reviewed by the Regional Administrator (RA), the supervisor gives the RAs name and telephone number to the complainant. The supervisor also enters the complaint information in the automated DDA Complaint Tracking (CT) database.

E. Regional Administrator Level

1. Upon receipt of an unresolved complaint, the RA assigns a staff to investigate and resolve the issue within 10 working days. If the response will take longer than 10 working days, the RA or designee will make an interim contact with the complainant and give a reasonable estimated date of response.

2. If resolution is achieved, the assigned Regional staff:

a. Documents the outcome in the CT database and the client record; and

b. Notifies the complainant and all parties involved and document the notification in the client record.

3. If the matter is not resolved, and the complainant wants a review by DDA Central Office, the RA or designee documents the outcome in the CT database and gives the name and telephone number of the Chief, Office of Quality Assurance (OQA) to the complainant. The RA also notifies the OQA Chief by phone or email of the potential contact.

F. Central Office Level

1. Upon receipt of an unresolved complaint, the OQA Chief or designee ensures the complaint has been entered in the database and has ten (10) working days to investigate and resolve the issue. If the response will take longer than ten (10) days, the OQA Chief makes an interim contact with the complainant and give a reasonable estimated date of response.

2. The OQA Chief documents the outcome in the CT database and notifies the complainant and all parties involved. The OQA Chief sends a written summary to the Region for inclusion in the client record.

G. Complaint Tracking (CT) Database

1. Entries in the CT database must include:
a. Date the complaint was received;
b. Name and phone number of person receiving the complaint;
c. Complainant name, contact number, and relationship to client;
d. Client name and identification number;
e. The specific complaint;
f. Who the complaint was assigned to;
g. Due date; and
h. Outcome.

2. The OQA reviews complaints entered in the CT database during its monitoring review cycle. Regional Quality Assurance Managers conduct periodic regional reviews of complaints and their status.

The following types of complaints are outside the scope of this policy as they are addressed through separate processes:

1. Allegations of abuse, neglect, exploitation, abandonment, financial exploitation of a child or vulnerable adult. These are directed immediately to Adult Protective Services (APS), the Complaint Resolution Unit (CRU), or Child Protective Services (CPS), as appropriate.

2. Client disputes about services that have been denied, reduced, suspended, or terminated. These are resolved through the administrative hearing procedure.

3. Client disputes about services that have been requested or authorized through an exception to rule (ETR) that have been denied, reduced, or terminated.

4. Complaints received from DSHS Constituent Services. These are handled according to the requirements of DSHS Administrative Policy 8.11, Complaint Resolution and Response Standards.

Appendix G: Participant Safeguards

Appendix G-1: Response to Critical Events or Incidents

a. Critical Event or Incident Reporting and Management Process. Indicate whether the state operates Critical Event or Incident Reporting and Management Process that enables the state to collect information on sentinel events occurring in the waiver program.*Select one:*

- (●) **Yes. The state operates a Critical Event or Incident Reporting and Management Process** *(complete Items b through e)*
- ( ) **No. This Appendix does not apply** *(do not complete Items b through e)*
  If the state does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the state uses to elicit information on the health and welfare of individuals served through the program.

b. State Critical Event or Incident Reporting Requirements. Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the state requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Several state laws require Department of Social and Health Services (DSHS) employees, volunteers, and contractors to report suspected abandonment, abuse, neglect, exploitation, and financial exploitation of children and vulnerable adults:

• Chapter 26.44 RCW mandates the reporting of any suspected abuse or neglect of a child to either DSHS or law enforcement.

• Chapter 74.34 RCW mandates an immediate report to DSHS of suspected abuse, neglect, abandonment, or financial exploitation of a vulnerable adult. When there is suspected sexual or physical assault of a vulnerable adult, it must be reported to DSHS and to law enforcement.

• RCW 70.124.030 mandates the reporting of suspected abuse or neglect of state hospital patients.

Chapter 74.34 RCW divides reporters into two types: mandated and permissive. Per RCW 74.34.020, "Mandated reporter" is an employee of the department; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to chapter 18.130 RCW (Regulation of health professions-Uniform disciplinary act).

Under state law, volunteers at a facility or program providing services to vulnerable adults fall into the permissive category. However, in order for contractors, volunteers, interns, and work study students to work in regional Field Services offices, Residential Habilitation Centers (RHC), and State Operated Living Alternatives (SOLA), they must agree to follow mandatory reporting requirements

The Developmental Disabilities Administration (DDA) requires all contracted residential providers to report a broader scope of serious and emergent incidents to the Administration per DDA Policy 6.12 (Residential Reporting Requirements). Serious and emergent incidents are reported to DDA via fax, telephone and e-mail.

More detail is provided below and is broken out by incidents concerning children, incidents concerning adults, and the incidents that must be reported and entered into DDA’s Electronic Incident Reporting System.

Children

The State requires that “abuse” and “neglect” be reported for review and follow-up action by an appropriate authority.

Per RCW 26.44.020(1): "Abuse or neglect" means sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety, excluding conduct permitted under RCW 9A.16.100 (Use of force on children-Policy-Actions presumed unreasonable); or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. An abused child is a child who has been subjected to child abuse or neglect as defined in this section.

Who must report instances of suspected child abuse and neglect and the timelines associated with reporting are contained in RCW 26.44.030 (Reports-Duty and authority to make-Duty of receiving agency....).

(1)(a) When any practitioner, county coroner or medical examiner, law enforcement officer, professional school personnel, registered or licensed nurse, social service counselor, psychologist, pharmacist, employee of the department of early learning, licensed or certified child care providers or their employees, employee of the department, juvenile probation officer, placement and liaison specialist, responsible living skills program staff, HOPE center staff, or state family and children's ombuds or any volunteer in the ombuds's office has reasonable cause to believe that a child has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040 (Reports-Oral, written-Contents).

(b) When any person, in his or her official supervisory capacity with a nonprofit or for-profit organization, has reasonable cause to believe that a child has suffered abuse or neglect caused by a person over whom he or she regularly exercises supervisory authority, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency, provided that the person alleged to have caused the abuse or neglect is employed by, contracted by, or volunteers with the organization and coaches, trains, educates, or counsels a child or children or regularly has

unsupervised access to a child or children as part of the employment, contract, or voluntary service. No one shall be required to report under this section when he or she obtains the information solely as a result of a privileged communication as provided in RCW 5.60.060 (Witnesses-Competency-Who is disqualified-Privileged communications).

Nothing in this subsection (1)(b) shall limit a person's duty to report under (a) of this subsection.

(c) The reporting requirement also applies to department of corrections personnel who, in the course of their employment, observe offenders or the children with whom the offenders are in contact. If, as a result of observations or information received in the course of his or her employment, any department of corrections personnel has reasonable cause to believe that a child has suffered abuse or neglect, he or she shall report the incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040.

(d) The reporting requirement shall also apply to any adult who has reasonable cause to believe that a child who resides with them, has suffered severe abuse, and is able or capable of making a report. For the purposes of this subsection, "severe abuse" means any of the following: Any single act of abuse that causes physical trauma of sufficient severity that, if left untreated, could cause death; any single act of sexual abuse that causes significant bleeding, deep bruising, or significant external or internal swelling; or more than one act of physical abuse, each of which causes bleeding, deep bruising, significant external or internal swelling, bone fracture, or unconsciousness.

(e) The reporting requirement also applies to guardians ad litem, including court-appointed special advocates, appointed under Titles 11, 13, and 26 RCW, who in the course of their representation of children in these actions have reasonable cause to believe a child has been abused or neglected.

(f) The reporting requirement in (a) of this subsection also applies to administrative and academic or athletic department employees, including student employees, of institutions of higher education, as defined in RCW 28B.10.016 (Colleges and universities generally-Definitions), and of private institutions of higher education.

(g) The report must be made at the first opportunity, but in no case longer than forty-eight hours after there is reasonable cause to believe that the child has suffered abuse or neglect. The report must include the identity of the accused if known.

(2) The reporting requirement of subsection (1) of this section does not apply to the discovery of abuse or neglect that occurred during childhood if it is discovered after the child has become an adult. However, if there is reasonable cause to believe other children are or may be at risk of abuse or neglect by the accused, the reporting requirement of subsection (1) of this section does apply.

(3) Any other person who has reasonable cause to believe that a child has suffered abuse or neglect may report such incident to the proper law enforcement agency or to the department of social and health services as provided in RCW 26.44.040.

(4) The department, upon receiving a report of an incident of alleged abuse or neglect pursuant to this chapter, involving a child who has died or has had physical injury or injuries inflicted upon him or her other than by accidental means or who has been subjected to alleged sexual abuse, shall report such incident to the proper law enforcement agency. In emergency cases, where the child's welfare is endangered, the department shall notify the proper law enforcement agency within twenty-four hours after a report is received by the department. In all other cases, the department shall notify the law enforcement agency within seventy-two hours after a report is received by the department. If the department makes an oral report, a written report must also be made to the proper law enforcement agency within five days thereafter.

(5) Any law enforcement agency receiving a report of an incident of alleged abuse or neglect pursuant to this chapter, involving a child who has died or has had physical injury or injuries inflicted upon him or her other than by accidental means, or who has been subjected to alleged sexual abuse, shall report such incident in writing as provided in RCW 26.44.040 to the proper county prosecutor or city attorney for appropriate action whenever the law enforcement agency's investigation reveals that a crime may have been committed. The law enforcement agency shall also notify the department of all reports received and the law enforcement agency's disposition of them. In emergency cases, where the child's welfare is endangered, the law enforcement agency shall notify the department within twenty-four hours. In all other cases, the law enforcement agency shall notify the department within seventy-two hours after a report is received by

the law enforcement agency.

(6) Any county prosecutor or city attorney receiving a report under subsection (5) of this section shall notify the victim, any persons the victim requests, and the local office of the department, of the decision to charge or decline to charge a crime, within five days of making the decision.

Adults

The State requires the following types of critical events or incidents be immediately reported for review and follow-up action by an appropriate authority:

-Abandonment
-Abuse (including sexual, physical and mental)
-Exploitation
-Financial exploitation
-Neglect
-Self-neglect

Types of Abuse under RCW 74.34.020 (Abuse of vulnerable adults-Definitions)
1. Abandonment means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

2. Abuse means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and exploitation of a vulnerable adult which have the following meanings:

a. Sexual abuse means any form of nonconsensual sexual contact including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual contact between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under Chapter 71A.12 RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under Chapter 71A.12 RCW, whether or not it is consensual.

b. Physical abuse means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to: striking with or without an object, slapping, pinching, choking, kicking, shoving, prodding, or the use of chemical restraints or physical restraints unless the restraints are consistent with licensing requirements, and includes restraints that are otherwise being used inappropriately.

c. Mental abuse means any willful action or inaction of mental or verbal abuse. Mental abuse includes, but is not limited to: coercion, harassment, inappropriately isolating a vulnerable adult from family, friends, or regular activity, and verbal assault that includes ridiculing, intimidating, yelling, or swearing.

d. Exploitation means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.
(1) Financial exploitation means the illegal or improper use of the property, income, resources, or trust funds of the vulnerable adult by any person for any person's profit or advantage.

3. Neglect means a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100.

4. Self-neglect means the failure of a vulnerable adult, not living in a facility, to provide for himself or herself the goods and services necessary for the vulnerable adult's physical or mental health, and the absence of which impairs or threatens the vulnerable adult's well-being. This definition may include a vulnerable adult who is receiving services through home

health, hospice, or a home care agency, or an individual provider when the neglect is not a result of inaction by that agency or individual provider.

Referrals are received in any format used by the referent including email, phone calls, or postal mail and the referrals are then routed to the appropriate investigative body. Referrals for abuse, neglect, exploitation, or abandonment can be made directly to APS or the CRU through the use of the Regional APS intake line or the RCS Complaint Resolution Unit (CRU) toll-free number. The State also provides an End Harm hotline where any type of referral can be made and the referral is routed to the appropriate investigative entity.

Intake reports are first screened for the need for emergency response and the appropriate emergency responder is notified if indicated. Reports are then evaluated for jurisdiction for either Adult Protective Services or Complaint Resolution Unit, whether the intake will result in a full investigation and if so the time frames for the investigation. Reports are then prioritized and assigned for investigation as described in G 1-d.

Required reporting of allegations involving waiver participants: What, when and to whom:

RCW 74.34.035 Reports (excerpt):

(1) When there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, mandated reporters shall immediately report to the department.

(2) When there is reason to suspect that sexual assault has occurred, mandated reporters shall immediately report to the appropriate law enforcement agency and to the department.

(3) When there is reason to suspect that physical assault has occurred or there is reasonable cause to believe that an act has caused fear of imminent harm:

(a) Mandated reporters shall immediately report to the department; and

(b) Mandated reporters shall immediately report to the appropriate law enforcement agency, except as provided in subsection (4) of this section.

(4) A mandated reporter is not required to report to a law enforcement agency, unless requested by the injured vulnerable adult or his or her legal representative or family member, an incident of physical assault between vulnerable adults that causes minor bodily injury and does not require more than basic first aid, unless:

(a) The injury appears on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal area;

(b) There is a fracture;

(c) There is a pattern of physical assault between the same vulnerable adults or involving the same vulnerable adults; or

(d) There is an attempt to choke a vulnerable adult.

DDA Electronic Incident Reporting System.

Per DDA Policy 12.01 (Incident Management and Reporting), DDA staff are required to input Serious and Emergent incidents into an Electronic Incident Reporting System. Policy 12.01 applies to all DDA employees, including State Operated Living Alternatives (SOLA) programs, Residential Habilitation Centers (RHC), and all DDA volunteers, interns, and work study students.

DDA Policy 12.01 describes the process the Developmental Disabilities Administration (DDA) will use to protect, to the extent possible, the health, safety, and well-being of division clients, and to ensure that client abandonment, abuse, exploitation, financial exploitation, neglect and self-neglect is reported, investigated, and resolved; and to ensure that procedures are in place to prevent abuse.

Incident types reported and tracked by DDA per Policy 12.01 include:

* Abuse
* Neglect
* Exploitation
* Abandonment
* Death
* Medication Errors
* Emergency Use of Restrictive Procedures
* Serious Injuries
* Criminal Activity
* Hospitalizations
* Missing clients
* Mental Health Crisis
* Serious Property Destruction

Timelines established by DDA Policy 12.01 are:

A. Phone call to Central Office within 1 Hour followed by Electronic IR within 1 working day.

1. Known media Interest or litigation must also be reported to Regional Administrator & HQ within 1 hour.
2. Death of a RHC or SOLA client.
3. Death of a client (suspicious or unusual).
4. Natural disaster or other conditions threatening the operations of the program or facility.
5. Alleged sexual abuse of a client by a DSHS employee, volunteer, licensee or contractor.
6. Clients missing from SOLA or RHC in cases where a missing person report is being filed with law enforcement.
7. Injuries resulting from abuse/neglect or of unknown origin requiring hospital admission.
8. Client arrested with charges or pending charges for a violent crime.

B. Electronic IR Database within 1 working day

1. Alleged or suspected abandonment, abuse, neglect, exploitation, or financial exploitation of a client by a DSHS employee, volunteer, licensee or contractor.
2. Client injury of unknown origin when the injury raises suspicions of possible abuse or neglect.
3. Known criminal activity perpetrated by a DSHS employee, volunteer, licensee or contractor that may impact the person's ability to perform the duties required of their position.
4. Criminal activity by clients resulting in a case number being assigned by law enforcement.
5. Sexual abuse of a client not subject to report within 1 hour.
6. Injuries resulting from alleged or suspected client to client abuse requiring medical treatment beyond First Aid.
7. Injuries of known cause (other than abuse/neglect) that result in hospital admission.
8. Missing person.
9. Death of client (not suspicious or unusual).
10. Inpatient admission to state or local psychiatric hospitals.
11. Alleged or suspected abuse, abandonment, neglect, exploitation, or financial exploitation by other non-client/non-staff screened in by APS or CPS for investigation.
12. Criminal activity against clients by others resulting in a case number being assigned by law enforcement
13. Restrictive procedures implemented under emergency guidelines

14. Medication error which causes or is likely to cause injury/ harm as assessed by a medical or nursing professional
15. Emergency medical hospitalizations
16. Awareness that a client and/or the client's legal representative are contemplating permanent sterilization procedures.

References:
-RCW 5.60.060: Witnesses-Competency-Who is disqualified-privileged communications
-RCW 9A.42.100: Endangerment with a controlled substance
-Chapter 26.44 RCW: Abuse of Children
-RCW 26.44.030: Reports-Duty and authority to make-Duty of receiving agency....
-RCW 26.44.040: Reports-Oral, written-Contents
-RCW 28B.10.016: Colleges and universities generally-Definitions
-DDA Policy 12.01: Incident Management and Reporting
-DDA Policy 5.13: Protection from Abuse: Mandatory Reporting
Chapter 71A.12 RCW: Developmental Disaiblities-State Services
-Chapter 74.34 RCW: Abuse of Vulnerable Adults statute
-RCW 74.34.020: Abuse of vulnerabvle adults-Definitions
-WAC 388-71-0100 through 01280: Adult Protective Services
-HCS Long-Term Care Manual, Chapter 6, policies and procedures of the Adult Protective Services Program

c. Participant Training and Education. Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

The Developmental Disabilities Administration (DDA) works with the Aging and Long-Term Support Administration (ALTSA), Children's Administration (CA), and the DSHS Communications Division on education efforts for clients, families and providers associated with DSHS. Washington State has designated November as Vulnerable Adult Awareness Month.

DDA will provide participant training and education during November vulnerable adult awareness month utilizing the vehicles such as:

- Assistant Secretary’s Corner of the DDA intranet site
- DDA internet site Public Service Announcement (PSA)
- DDC’s Informing Families/Building Trust newsletter/website
- Management Bulletin to case resource managers with the End Harm phone number and other content to share with participants during November.

DSHS started the End Harm campaign a number of years ago. DDA participates in this campaign which is aimed at shedding light on abuse and educating the general public as well as DSHS staff and consumers. A statewide number (1-866-EndHarm) was implemented several years ago. Anyone can call this number to report any type of abuse or neglect against a vulnerable person 24 hours per day and 7 days per week. The End Harm toll free number is promoted via news releases, the internet, DDA's Director's Corner and ALTSA publications. Participants receive information at least annually during their annual assessment about how to report any type of abuse or neglect of a vulnerable adult or child. The End Harm number is identified on the Meeting Wrap up form that is reviewed at the end of each annual assessment. In addition, the Wrap-Up form mandates a conversation to ensure the waiver participant’s representative knows about the end-harm number.

All providers receive mandatory reporter training prior to working alone (i.e., unsupervised) with waiver participants. In addition, residential programs post contact information to report abuse and neglect in the participant's home.

Every DDA CRM/Social Service Specialist receives mandatory reporter/incident management training as a component of DDA Core Training. This training occurs during the first week of employment (i.e., during orientation).

d. Responsibility for Review of and Response to Critical Events or Incidents. Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and

the processes and time-frames for responding to critical events or incidents, including conducting investigations.

Investigations of abuse, neglect, and exploitation of adults are conducted by two investigative bodies: Residential Care Services (RCS) and Adult Protective Services (APS). Investigations regarding children are conducted by Child Protective Services (CPS).

Residential Care Services: Under state authority, Residential Care Services (RCS) is the designated DSHS authority to investigate incidents of abuse (physical, mental, sexual and exploitation of person), abandonment, neglect, self-neglect and financial exploitation in residential programs.

RCS reviews provider systems to see if a failed practice contributed to any finding of abuse, neglect, abandonment, self-neglect, and financial exploitation. If failed provider practice is identified, RCS will issue a citation to the provider under the appropriate section of Certified Community Residential Services and Supports WAC 388-101, Adult Family Home WAC 388-76 and Assisted Living Facility Licensing Rules 388-78A. The provider must submit and implement a corrective action plan, which is subject to on-site verification by RCS.

See additional content at B.Optional

RCS documents their conclusion of their investigations in TIVA (Tracking Incidents for Vulnerable Adults). RCS sends the Statement of Deficiencies to providers within 10 days and will document their conclusion of their investigations in TIVA within 15 days of the last day of data collection. For each allegation, the RCS investigators complete data entry into the RCS complaint investigation tracking systems and are required to record a data-qualifier in relation to the decision of the substantiated or unsubstantiated finding.

Those qualifiers are as follows for substantiated investigations:
* Federal deficiencies related to the allegation are cited
* State deficiencies related to the allegation are cited
* No deficiencies related to the allegation are cited, or
* Referral to appropriate agency

For unsubstantiated investigations, the following qualifiers are used:
* Allegation did not occur
* Lack of sufficient evidence
* Referral to appropriate agency

When a provider practice investigation is completed, RCS determines whether:
* The allegations are substantiated or unsubstantiated;
* The facility or provider failed to meet any of the regulatory requirements; and,
* The provider practice or procedure that contributed to the complaint has been changed to achieve and/or maintain compliance.

RCS utilizes a centralized statewide intake unit for the purpose of receiving reports of alleged abuse, neglect and financial exploitation for all licensed and certified Long Term Care residential providers. Referrals from the DDA incident reporting system, reports from the public and reports from mandated reporters are received and processed through this unit. RCS Field investigators receive prioritized referrals from the centralized intake unit and respond by conducting on-site investigations

RCS is centrally located in Olympia. RCS investigates licensed or certified residential providers. RCS prioritizes reports for investigation based upon on the severity and immediacy of actual or potential harm. Complaint investigation response times are 2 days, 10 days, 20 days, 45 days, or 90 days and Quality Reviews. All of these categories require an on-site investigation, except for the Quality Review category. Any situation that involves imminent danger is reported to law enforcement immediately. Any report received from a public caller is assigned an on-site investigative response time.

Adult Protective Services: Under state authority, Adult Protective Services (APS) receives reports and conducts investigations of alleged abuse (physical, mental, sexual and exploitation of person), abandonment, neglect, self-neglect and financial exploitation in order to determine whether the alleged abuse, etc. occurred and if so who was/were the perpetrator(s).

APS is located in Olympia and APS investigators are located in regional offices throughout the state. Investigations are prioritized based on the severity and immediacy of actual or potential harm. Emergent issues are referred to 911. The APS investigator meets face to face with the alleged victim within 24 hours for all reports categorized as high; within five working days for a medium priority report; and within ten working days for a low priority report. A shorter response time may be assigned on a case by case basis.

APS investigations are completed within 90 days of assignment unless necessary investigation or protective services activity continues. If a case remains in "investigating" or "investigation pending" status 90 days after intake, APS supervisors review the case at least every 30 days thereafter for the duration of the case.

The participant or the participant's representative is informed of the results of the investigation. For unsubstantiated results the participant/representative receives verbal notification at the end of the investigation. For substantiated results, the participant receives verbal notification (written when requested) at two stages throughout the investigation; (1) when a determination by the investigator to recommend that the allegation be substantiated and (2) when this determination has been reviewed by the regional reviewing authority.

Child Protective Services: Under state authority, Child Protective Services (CPS) within the Children's Administration (CA) of the Department of Social and Health Services (DSHS) is responsible for receiving and investigating reports of suspected child abuse and neglect.

The primary purpose of the CPS program is to assess risk of child maltreatment rather than to substantiate specific allegations of child abuse and neglect. Any referral received from a commissioned law enforcement officer stating a parent has been arrested for Criminal Mistreatment in the fourth degree under RCW 9A.42 is screened in and assigned for investigation.

When someone reports that a child may be abused or neglected, CPS is required by law to investigate. A report of suspected child abuse or neglect could be made to CPS or the police. Even though CPS staff and the police work together, they make separate investigations. CPS conducts family assessments, and the police conduct criminal investigations.

Upon receipt of a report concerning the possible occurrence of abuse and/or neglect, CPS begins a risk assessment. The risk assessment begins with a review of the information with the reporter to determine if there is sufficient information to locate the child; identify the perpetrator as a parent or caretaker; and determine whether the allegation is a situation of child abuse or neglect or there is a risk of harm to the child. Referrals which are determined to contain sufficient information may be assigned for investigation or other community response.

CPS workers must complete the intake process with referral information recorded in the FamLink within:

a. 4 hours from the date and time CA receives the following referrals:
   1. Emergent CPS or DLR (Division of Licensed Resources)/CPS
   2. Family Reconciliation Services (FRS)
b. 4 business hours (business hours are 8:00 a.m. to 5:00 p.m., Monday through Friday) from the date and time CA receives Non-Emergent CPS or DLR/CPS referrals.
c. 2 business days from the date and time CA receives the following referrals:
   1. Information Only
   2. CPS - Alternate Intervention
   3. Third Party
   4. Child Welfare Services (CWS)
   5. Licensing Complaint
   6. Home Study

If additional victims identified during the course of an investigation are determined:

a. To be at risk of imminent harm, a social worker will have face to face contact within 24 hours from the date and time they are identified.

b. NOT to be at risk of imminent harm, a social worker will have face to face contact within 72 hours of the date and time they are identified.

The assigned social worker must:

a. Contact the referrer if the intake information is insufficient or unclear and may provide information about the outcome of the case to mandated referrers.
b. Conduct a face-to-face investigative interview with child victims within 10 calendar days from date of referral.

CPS is a continuum of protection consisting of different but complementary functions. Intervention designed to protect children from abuse and neglect must include permanency planning goals from the onset of the case and must be updated at 90-day intervals.

When it appears that a child is in danger of being harmed, or has already been seriously abused or neglected, a police officer can place the child in protective custody. Custody of the child is then transferred to CPS, which places the child with a relative or in foster care. By law, a child can be kept in protective custody for no more than 72 hours, excluding weekends and legal holidays. If the child is not returned to the parents or some other voluntary arrangement made within 72 hours, the matter must be reviewed by a court.

In very serious cases of abuse and neglect, a child can be removed permanently from the parents (i.e., termination of parental rights). When this happens the child becomes legally free through a court procedure. The parent no longer has any rights or responsibilities toward the child. If a parent voluntarily gives up a child for adoption, this is called relinquishing parental rights.

Child Welfare Services (CWS) within the CA provides services to children and families with long-standing abuse and neglect problems. Typically these children have been removed from the family home and are in the foster care system. The focus of CWS is to achieve a permanent plan and placement for these children as soon as possible.

CPS seeks to complete investigations within 45 days, but it may take up to 90 days if law enforcement is involved. Outcome notices are sent to relevant parties upon investigation completion.

CPS, RCS and APS are using the FamLink and TIVA systems to document investigation activites including intake of complaints and outcome reports. There is an electronic connection between FamLink/TIVA and the CARE system to notify case resource managers of a) complaints that are referred for investigations and b) investigation outcomes. This is an electronic notification that is identified in the client's CARE record.

The Aging and Long-Term Support Administration receives nightly data feeds from the TIVA (Tracking Incidents for Vulnerable Adults) system that are used in this ALTSA/DDA reporting system. TIVA information is reviewed to determine if client information matches DDA waiver clients who are identified in CARE. DDA uses this reporting system to address specific programmatic and provider issues from the outcomes of the waiver clients who were involved in investigations by Residential Care Services (RCS), Adult Protective Services (APS) and/or Child Protection Services (CPS) for whom a report of abuse, neglect, abandonment, or financial exploitation was substantiated. The data are broken out by type of incident and provider type.

e. Responsibility for Oversight of Critical Incidents and Events. Identify the state agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

Under state authority, Child Protective Services (CPS) within the Children's Administration (CA) of the Department of Social and Health Services (DSHS) is responsible for receiving and investigating reports of suspected child abuse and neglect.

When someone reports that a child may be abused or neglected, CPS is required by law to investigate. A report of suspected child abuse or neglect could be made to CPS or the police. Even though CPS staff and the police work together, they make separate investigations. CPS conducts family assessments, and the police conduct criminal investigations.

Residential Care Services is responsible for overseeing the certification of all certified residential programs. Mandatory reporting, and mandatory reporter training are among the standards they evaluate per Washington Administrative Code. Certification occur a minimum of every two years, but the certification length can be reduced depending on the regulatory concerns.

RCS Field Managers (supervisors) review prioritized complaints assigned from the centralized intake unit. As needed, supervisors work directly with investigative staff in developing investigative plans and may assist investigators with coordination activities.

The RCS Assistant Director and the Quality Assurance (QA) Administrator receive copies of serious and immediate complaint intakes at the same time that the initial referrals are sent from CRU to the field. Both of these individuals monitor the progress of investigative response to these incidents.

RCS Field Managers review the results of all investigated complaints; ensure that investigation activities were thorough and complete and that no follow-up activities are required. Field Managers also make recommendations to HQ and assist with coordination of enforcement activities.

RCS provider practice substantiation rates are monitored by DDA through data pulled from the TIVA (Tracking Incidents for Vulnerable Adults) system. Intakes and investigations can be reviewed by program, by type, and by facility. Trends and patterns are identified and analyzed to determine if substantiated areas of non-compliance negatively impacted waiver clients living in the licensed or certified setting. Analyses include a review of the general scope and severity of the non-compliance, and whether or not RCS enforcement processes resulted.

RCS and the Aging and Long-Term Support Administration are using the TIVA system to document investigation activities including intake of complaints and outcome reports. There is an electronic connection between the TIVA and the CARE system to notify case resource managers of a) complaints that are referred for investigations and b) investigation outcomes. This is an electronic notification that is identified in the client's CARE record. Data from the TIVA system is used to develop statewide training for case resource managers and the community on adult protective services and how to recognize and prevent instances or reoccurrences of abuse, neglect, and financial exploitation.

DDA requires serious and emergent incidents to be entered into a statewide electronic incident reporting system per DDA Policy. Incidents are entered into the system by DDA CRMs and Social Service Specialists with notification sent to appropriate staff.

Adult Protective Services (APS) is a state wide program within the operating agency. The intakes, investigations and protective services performed by APS are continuously monitored at both the state and the regional levels. For example:

-Regional supervisors and program managers conduct on-going quality assurance audits of APS case records.

-The APS program has implemented a statewide QA monitoring process that includes record reviews and a formal in-person skills evaluation conducted by a supervisor during an actual APS investigation.

-Several reports based on data pulled from the statewide APS data base are routinely generated and evaluated at least annually by program managers and upper management at the state office.

-The regions use a report system tool that enables them to create customized reports pulled from the statewide data base to track, monitor and evaluate implementation of APS in their region.

-Data is used to develop statewide training for case resource managers and the community on APS and how to recognize
and prevent instances or re-occurrences of abuse, neglect and exploitation.

DDA Regional Quality Assurance staff in all three regions provides ongoing monitoring of the Incident Reporting system. The Central Office Incident Management Program Manager is responsible for the monitoring and oversight of all significant incidents. A Central Office Incident Report team meets monthly to review aggregate data, trends and patterns and staff incidents of particular concern.

Aggregate data analyzed by DDA Central Office is also sent out to the regions for follow up. Regional analysis is tracked and discussed at the Regional Quarterly Quality Assurance Meeting. Best practices and significant issues are presented to the Full Management Team four times per year.

Information and findings are communicated to the Medicaid agency at least quarterly via the Medicaid Agency Waiver Management Committee.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 3)

a. Use of Restraints. *(Select one)*: *(For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

○ **The state does not permit or prohibits the use of restraints**

Specify the state agency (or agencies) responsible for detecting the unauthorized use of restraints and how this oversight is conducted and its frequency:

◉ **The use of restraints is permitted during the course of the delivery of waiver services**. Complete Items G-2-a-i and G-2-a-ii.

i. Safeguards Concerning the Use of Restraints. Specify the safeguards that the state has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

See B. Optional for additional information
Introduction:
The following information is applicable to paid providers and licensed/certified settings that are available to waiver participants for respite care and to in-home Positive Behavior Support and Consultation providers. DDA safeguards concerning the use of each type of restraint do not apply to family members (e.g., parents, siblings, relatives) unless they are paid providers of the Department of Social and Health Services.

Protections against the inappropriate use of restraints and restrictive procedures are contained in state law and rules concerning abuse and neglect (i.e., as described in Appendix G-1).

The Positive Behavior Support Plan:
The basic tool used by the DDA to address challenging behaviors is the Positive Behavior Support Plan (PBSP). PBSPs are in addition to the individualized person-centered service plan.

A PBSP consists of the following sections: a. Prevention Strategies; b. Teaching/Training Supports; c. Strategies for Responding to Challenging Behaviors; and d. Data Collection and Monitoring.

PBSPs are specifically required when:
1. The use of certain restrictive interventions is planned or used. DDA Policies 5.15, 5.19, and 5.20 provide more information regarding PBSPs.
2. A client is taking psychoactive medications to reduce challenging behavior or treat a mental illness. DDA Policy 5.16 provides more information.
3. Certain restrictive physical interventions are planned or used. DDA Policies 5.17 and 5.20 contain more information.
.
When challenging behaviors are identified, a written Functional Assessment and PBSP must be completed within ninety (90) days. All PBSPs must be agreed to by the individual or legally responsible individual.

Conditions under which a restraint may be applied:
Physical restraints, mechanical devices used as a restraint and chemical restraints may be used solely to treat a participant's behavior that poses a safety or health risk. Per DDA policy, restraints may not be used for the purposes of discipline or convenience.

The use of mechanical or physical restraints during medical and dental treatment is acceptable if under the direction of a physician or dentist and consistent with standard medical/dental practices. DDA Policies 5.15 and 5.17 provide additional detail.

It is expected that such restraints will only be used in the medical professional office/setting. It is expected that efforts are made to familiarize the client with the medical/dental procedure so the least restrictive procedure is needed. In addition, it must be determined that a) the restraint is necessary for safe, effective treatment, b) the restraint causes no physical trauma and minimal psychological trauma, c) consent for the use of the restraint by a medical or dental treatment provider has been obtained from the waiver participant or her/his legal representative, d) staff is trained in the safe use of the restraint; e) a written order for use of the restraint has been obtained from the physician or dentist, f) The restraint plan is clearly documented in the client's medical record, including reason for use, type of restraint, and expected duration; and g) the client is monitored while restrained to ensure the client is not experiencing adverse effects.

Identification of a specific and individualized assessed need:
If a restraint is to be used to treat challenging behavior, it must be supported by a functional assessment as described in DDA Policy 5.14, Attachment A. Based on the Functional Assessment, a written Positive Behavior Support Plan is implemented to reduce or eliminate the client's need to engage in the challenging behavior(s).

Informed Consent:
The use of restraints is voluntary and the participant or representative must give informed consent, which is documented in the individual's PCSP and PBSP. The participant or representative is made aware of the risks and the right to refuse the restraint. The participant or legal guardian has the right to refuse any service

(including the use of restraints) or medication at any time.

Positive interventions, supports and less intrusive methods must be employed prior to the use of restraints: Prior to the use of restraints, alternative strategies must be tried. The person centered service plan contains positive and less intrusive interventions that must be employed for any identified behavior. The plan addresses a participant's special needs and responses to a participant's refusal of care and the need to reduce tension, agitation or anxiety. The provider must document in the negotiated care plan other strategies or modifications used to avoid restraints.

When a waiver participant receives psychoactive medication, non-pharmaceutical supports used to assist in the treatment of the client's symptoms or behaviors must be documented in the client's Positive Behavior Support Plan.

Participants must have an assessed need proportionate to the use of restraints:
The need for a restraint must be assessed by a specialist in challenging behaviors. This information is incorporated into the participant's PCSP, the Functional Assessment that details the challenging behaviors and their precursors, and the PBSP. The conditions under which a restraint may be used are documented in the participant's PCSP and PBSP. Documentation must indicate the symptom related to behavior for which a restraint is being used, when a restraint may be used, and how the restraint should be used.

The use of chemical restraints is governed by DDA Policies 5.15 and 5.16. If the waiver participant is displaying symptoms of mental illness and/or persistent challenging behavior, any physical, medical, or dental conditions that may be causing or contributing to the behavior must first be considered.

If no physical or other medical condition is identified, then a psychiatric assessment is conducted. After the assessment, if the treatment professional recommends psychoactive medication, the prescribing professional or agency staff documents this in a Psychoactive Medication Treatment Plan (PMTP). The plan must include: a) A description of the behaviors, symptoms or conditions for which the medication is prescribed; b) The name, dosage, and frequency of the medication; c) The length of time considered sufficient to determine if the medication is effective; d) The behavioral criteria to determine whether the medication is effective; and e) The anticipated schedule of visits with the prescribing professional.

Collection and review of data to measure the ongoing effectiveness of the restraint:
Per DDA Policy 5.14, the PBSP must:
• Define the goals of the PBSP in terms of specific, observable behaviors.
• Indicate what data is needed to evaluate success.
• Provide instructions to staff or caregivers on how to collect this data.
• List who will monitor outcomes, need for revisions, and evaluate success.
• Recommend displaying data in a graph over time for easy analysis.

Per DDA Policies 5.15 and 5.20, the program staff responsible for PBSPs must review the plan at least every thirty (30) days. If the data indicates progress is not occurring after a reasonable period, but no longer than six (6) months, the PBSP must be reviewed and revisions implemented as needed.

Per DDA Policy 5.16, with respect to psychoactive medication the prescribing professional should see the client at least every three (3) months. The continued need for the medication and possible reduction in medication is assessed at least annually by the prescribing professional.

Periodic review of restraint usage:
The PCSP and PBSP must be reviewed at least annually (and in the case of positive behavior support and consultation provided to children/youth in the family home, providers must submit quarterly progress reports) and updated at any time that the use of a restraint becomes ineffective, is no longer needed or becomes unsafe.

When challenging behaviors are identified, a written Functional Assessment and PBSP must be completed within ninety (90) days. If the data indicates progress is not occurring after a reasonable period, but no longer than six (6) months, the FA and the PBSP must be reviewed and revisions implemented as needed.

Restraints may not cause harm:
The use of restraints must be deemed safe and appropriate per DDA policies concerning the use of restraints and restrictive procedures. The waiver participant or representative is informed of any risks and may choose to decline the use of restraints at any time.

Education and training requirements for providers involved in the use of restraints:
Staff using physical interventions must have prior training in the use of such techniques. Staff must also receive training in crisis prevention techniques and positive behavior support. Staff receiving physical intervention techniques training must complete the course of instruction and demonstrate competency before being authorized to use the techniques with waiver participants. All residential service providers must have documentation of prior training in the use of physical intervention techniques.

A review of de-escalation techniques and physical intervention techniques with all service providers and members of a child/youth's support team must occur annually before continuing to be used with the child/youth.

When psychoactive medications are used, staff and family members are informed of the anticipated impact of the medication and its potential side effects. Staff and/or family members monitor the waiver participant to determine if the medication is effective and communicate when it is not effective to the prescribing professional.

Use of Emergency Restraints:
DDA Policies 5.15, 5.17 and 5.20 identify emergencies as situations in which an extreme hazard or an unanticipated, unpredicted action by the individual presents an immediate risk to the health and safety of the individual or others, or a threat to property. In those situations, procedures and interventions that are normally permitted only with an approved PBSP may be used for protective purposes.

Of the procedures for adults that require an exception to policy (ETP), the only ones that may be used in an emergency are a) restricted access; b) necessary supervision; and c) the use of a seated restraint.

Once the provider notifies DDA of this action, the DDA Regional Administrator or designee must subsequently approve or disapprove within three (3) working days. Approval must be written with a brief statement of the problem and reason for the restriction. A written PBSP, and ETP request if necessary, must be completed within 45 days.

In certain extreme emergency situations where an adult client or others cannot be kept safe from real harm except by interventions that are otherwise prohibited by policy, it is permissible to use such interventions if reasonably necessary to protect the client or others

The least restrictive procedures that will provide adequate protection must be used and terminated as soon as the need for protection is over.

An incident report must be submitted to the DDA case resource manager for each emergency use of restrictive measures, in accordance with procedures for reporting incidents.

If the same restrictive procedure is used on an emergency basis more than three (3) times in a six (6) month period, a functional assessment must be conducted and, if warranted, a PBSP developed.

References:
- DDA Policy 5.14: Positive Behavior Support
- DDA Policy 5.15: Use of Restrictive Procedures
- DDA Policy 5.16: Use of Psychoactive Medications
- DDA Policy 5.17: Physical Intervention Techniques
- DDA Policy 5.19: Positive Behavior Support for Children and Youth
- DDA Policy 5.20: Restrictive Procedures and Physical Interventions with Children and Youth

ii. State Oversight Responsibility. Specify the state agency (or agencies) responsible for overseeing the use of restraints and ensuring that state safeguards concerning their use are followed and how such oversight is conducted and its frequency:

Prior to the implementation of a physical restraint, the proposed Positive Behavior Support Plan (PBSP) and Exception to Policy (ETP*) (if applicable) must be reviewed and approved by a designated regional clinical team member.

Contracted providers who are using restraints are required to record specific data elements, such as antecedents to the behavior, type of intervention used, duration of the restraint, client's reaction, staff involved, and injuries sustained during the restraint. Program staff responsible for PBSPs must document review of the data at least every 30 days. An updated PBSP is required if client does not progress toward stabilization within a reasonable period of time (no longer than 6 months).

At least annually, State clinical team members re-approve restrictive procedures that require ETPs or involve physical or mechanical restraints after reviewing data provided by the contracted provider.

* ETPs require approval at the Deputy Assistant Secretary or Regional Administrator levels, depending on the type of intervention, as outlined in Policy 5.15, Restrictive Procedures.

Any emergency use of a restraint requires an incident report to DDA headquarters where it is reviewed by the Incident Management Program Manager. Information regarding the incident is also shared with regional residential quality assurance managers who are the designated personnel for any follow-up that is needed related to the incident.

• Emergency restraints are subject to the same safeguards as other restraints, including the use of alternative methods to avoid the use of restraints, practices that must be employed to ensure health and safety, and that personnel involved in the administration of these restraints must meet the appropriate education and training requirements as provided for in DDA Policy 5.15 Restrictive Procedures: Community.
• The State's methods for detecting the unauthorized use of all types for restraints, including unauthorized use of emergency restraints includes: 1) Case/Resource Manager monitoring of waiver participant's PCSP with direct contact with waiver participants and contracted providers; 2) unannounced on-site reviews of participants and their providers by DDA's Residential Quality Assurance staff; 3) Residential Care Services licensors/certifiers unannounced and regularly scheduled on-site reviews of licensed/certified providers which include participant interviews and observations; 4) incident reports to DDA from family members, guardians and provider staff concerning possible unauthorized use of restraints; and 5) reports to Adult Protective Services, Child Protective Services and Residential Care Service's Critical Report Unit from any source alleging unauthorized use of restraints.
• After a physical restraint is used on an emergency basis three times in 6 months, a function assessment (FA) and a positive behavior support plan (PBSP) for the waiver participant is required to be developed by the service provider as provided for in DDA Policy 5.21 Functional Assessments and Positive Behavior Support Plans. Within 45 days, in addition to completing the FA and PBSP, the provider must determine if an ETP request is required. The service provider must: 1) provide written direction and training to staff within 7 days on how to keep the client and others safe if the target behavior involves threats or acts of physical violence, property destruction, abuse, or self-harm; 2) begin data collection and the FA process no more than 45 calendar days after identifying the new target behavior; 3) update or complete the final FA no more than 45 calendar days after identifying the new target behavior; and 4) complete and train staff to implement the final PBSP no more than 60 calendar days after identifying the target behavior. Completed copies of FAs and PBSPs must be sent to client's case/resource manager for review and inclusion in the client's record.

Per Policy 5.15, Restrictive Procedures, if the same restraint is used on an emergency basis, more than three times in a six-month period, a functional assessment must be conducted and, if warranted, a Positive Behavior Support Plan developed. Once the provider notifies the state of this action, the regional administrator must subsequently approve or disapprove within three working days. If necessary, a written PBSP and ETP, if applicable, must be completed within 45 days.

Additionally, if there is an associated complaint made to Residential Care Services, a designated investigator will review details of the incident for compliance with WAC Chapter 388-101D.

The Department of Social and Health Services (DSHS) through the Aging and Long-Term Support Administration (ALTSA) and through Child Protective Services (CPS) is responsible for investigating the unauthorized use of restraints.

Under state authority RCW 74.34, the ALTSA receives reports and conducts investigations of abuse, neglect, exploitation and abandonment for clients enrolled with the Developmental Disabilities Administration. ALTSA Adult Protective Services (APS) investigates the perpetrators of abuse and neglect occurring in nursing homes, adult residential care facilities, adult family homes, supported living programs and adults residing in their own homes.

Under state authority contained in Chapter 26.44 RCW, CPS within the Children's Administration (CA) of DSHS is responsible for receiving and investigating reports of suspected child abuse and neglect.

DDA monitors the use of unauthorized restraints and takes corrective action through:
* Reports received in the DDA Incident Reporting system,
* Reports submitted to APS,
* Reports submitted to RCS,
* Reports submitted to CPS,
* The face to face DDA Assessment process conducted yearly and at times of significant change,
* The DDA grievance process, and
* DDA Quality Assurance activities that include face to face interviews of clients and review of complaints.

RCS and APS are using the TIVA system to document investigation activities including a) intake of complaints and b) outcome reports. There is an electronic connection between the FamLink and the CARE system to notify case resource managers of a) complaints concerning treatment of children that are referred for investigations and b) investigation outcomes. This is an electronic notification that is included in the client's CARE record.

DDA Policies 5.14, 5.15, 5.16, 5.17, 5.19 and 5.20 (see G-2.b.i) specify the requirements for the use and documentation of any type of restraint (mechanical or pharmacological). Only the least restrictive intervention needed to adequately protect the individual, others, or property may be used, and must be terminated as soon as the need for protection is over. Approved restraint use must be fully documented and reviewed at least monthly by the residential provider and at least quarterly by the waiver participant’s interdisciplinary team. Any emergency use of a restraint requires an incident report to DDA headquarters where it is reviewed by the Incident Management Program Manager.

RCS has contracted evaluators who evaluate the residential agencies/programs at least once every two years. Their review always includes any use of restraints, restrictive procedures, or use of psychoactive medications.

Quality Compliance Coordinator (QCC) staff yearly review the positive behavior support plans (PBSPs) of a sample of waiver participants. One focus is on instances in which the PBSP includes a restraint that requires approval through an exception to rule (ETR). When the QCC team identifies PBSPs requiring an ETR that did not have an ETR, the QCC team verifies that individual corrective action was completed within 90 days and reports to DDA management on any systems issues.

References:
-Chapter 26.44 RCW: Abuse of Children
-Chapter 74.34 RCW: Abuse of Vulnerable Adults
-DDA Policy 5.14: Positive Behavior Support
-DDA Policy 5.15: Use of Restrictive Procedures
-DDA Policy 5.16: Use of Psychoactive Medications
-DDA Policy 5.17: Physical Intervention Techniques
-DDA Policy 5.19: Positive Behavior Support for Children and Youth
-DDA Policy 5.20: Restrictive Procedures and Physical Interventions with Children and Youth

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 3)

b. Use of Restrictive Interventions. *(Select one)*:

○ **The state does not permit or prohibits the use of restrictive interventions**

Specify the state agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:

◉ **The use of restrictive interventions is permitted during the course of the delivery of waiver services** Complete Items G-2-b-i and G-2-b-ii.

i. Safeguards Concerning the Use of Restrictive Interventions. Specify the safeguards that the state has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

CRMs and SSSs document all recommended interventions and supports in accordance with State policy and rule in participants' PCSPs and Positive Behavior Support Plans (PBSPs). By policy and rule, any recommended intervention in a PCSP and PBSP must cause no harm to the participant.

Introduction:

The following information is applicable to paid providers and licensed/certified settings that are available to waiver participants for respite care, as well as to providers of in-home Positive Behavior Support and Consultation. DDA safeguards concerning the use of restrictive interventions do not apply to family members (e.g., parents, siblings, relatives) unless they are paid providers of the Department of Social and Health Services.

Protections against the inappropriate use of restraints and restrictive interventions are contained in state law and rules concerning abuse and neglect (i.e., as described in Appendix G-1).

The Positive Behavior Support Plan:

The basic tool used by the DDA to address challenging behaviors is the Positive Behavior Support Plan (PBSP). PBSP's are in addition to the individualized person-centered service plan.

A written PBSP must have the following sections:
a. Prevention Strategies;
b. Teaching/Training Supports;
c. Strategies for Responding to Challenging Behaviors; and
d. Data Collection and Monitoring.

PBSPs are specifically required when:

1. The use of certain restrictive interventions is planned or used. DDA Policy 5.15, Use of Restrictive Procedures, DDA Policy 5.19, Positive Behavior Support for Children & Youth, and DDA Policy 5.20, Restrictive Procedures and Physical Interventions with Children and Youth, provide more information and requirements regarding PBSPs.
3. Certain restrictive physical interventions are planned or used. DDA Policy 5.17, Physical Intervention Techniques, and DDA Policy 5.20, Restrictive Procedures and Physical Interventions with Children and Youth, contain more information and related requirements.
.
When challenging behaviors are identified, a written Functional Assessment and PBSP must be completed within ninety (90) days. If the data indicates progress is not occurring after a reasonable period, but no longer than six (6) months, the FA and the PBSP must be reviewed and revisions implemented as needed.

All PBSPs must be agreed to by the individual or legally responsible individual.

Conditions under which a restrictive intervention may be applied:

As listed in DDA Policy 5.15, Use of Restrictive Procedures, the following are not permitted under any circumstances:

a. Corporal/physical punishment;
b. The application of any electric shock or stimulus to a client's body;
c. Forced compliance, including exercise, when it is not for protection;
d. Locking a client alone in a room;
e. Overcorrection;
f. Physical or mechanical restraint in a prone position (i.e., the client is lying on their stomach);
g. Physical restraint in a supine position (i.e., the client is lying on their back);
h. Removing, withholding, or taking away money, tokens, points, or activities that a client has previously earned;
i. Requiring a client to re-earn money or items purchased previously; and

j. Withholding or modifying food as a consequence for behavior (e.g., withholding dessert because the client was aggressive).

Per DDA Policy 5.15, restrictive interventions may only be used for the purpose of protection, and may not be used for the purpose of changing behavior in situations where no need for protection is present. The participant or legal guardian has the right to refuse any service (including the use of restrictive interventions) at any time.

Identification of a specific and individualized assessed need:

If a restraint is to be used to treat challenging behavior, it must be supported by a functional assessment as described in DDA Policy 5.14 (Positive Behavior Support), Attachment A (Recommended Guidelines for Developing Functional Assessments and Positive Behavior Support Plans). All Functional Assessments must contain four major sections:

Description and Pertinent History;
Definition of Challenging Behavior(s);
Data Analysis/Assessment Procedures; and
Summary Statements.

The following types of restrictive interventions are permitted per Policy 5.17 with a written Positive Behavior Support Plan (PBSP) that specifically includes instructions for their use and takes into consideration a person's known physical or medical conditions: a) hand, arm, or leg holds; b) standing holds; c) physically holding and moving a person who is resisting; and d) physical control of the head is permitted only to interrupt biting or self-injury such as head banging. The following interventions are considered physical restraints and require an Exception to Policy (ETP) approved by the DDA Regional Administrator: a) Person seated on furniture being physically restrained by two people sitting on either side, including the transition to a seated position if needed; and b) person seated on floor being physically restrained by one or more people, including the transition to a seated position if needed. As part of the approval process, there must be a written agreement by a physician that the physical restraint to be used is not contraindicated for the person due to physical or other medical conditions.

All staff using physical interventions must have prior training in the use of such techniques according to the facility or service provider's policy and procedures, as well as training in crisis prevention techniques and positive behavior support.
The use of permitted physical interventions during medical or dental treatment is allowable if under the direction of a physician or dentist, consistent with standard medical and dental practices, and necessary to complete a medical or dental procedure. Efforts must be made to familiarize the client with medical or dental procedures so that the least restrictive physical intervention is needed.
Emergency use of physical interventions without an approved PBSP may be used for protective purposes when unanticipated, unpredicted action by a client puts the client or others at risk and jeopardizes the health and safety of the client. An incident report must be submitted to the Case/Resource Manager for each emergency use of a restrictive physical intervention, in accordance with procedures for reporting incidents.

Based on the Functional Assessment, a written Positive Behavior Support Plan is implemented to reduce or eliminate the client's need to engage in the challenging behavior(s).

Informed Consent:

The use of restrictive interventions is voluntary and the participant or representative must give informed consent, which is documented in the individual's PCSP and PBSP. The participant or representative is always included in the development of the person-centered service plan, as well as a PBSP. The participant or representative is made aware of the risks and the right to refuse the restrictive intervention. The participant or legal guardian has the right to refuse any service (including the use of restrictive interventions) or medication at any time.

Positive interventions, supports and less intrusive methods must be employed prior to the use of restrictive

interventions:

Prior to the use of restrict interventions, alternative strategies must be tried. The person-centered service plan contains positive and less intrusive interventions that must be employed for any identified behavior. The participant's negotiated care plan includes strategies, therapeutic interventions, and required staff behavior to address the symptoms for which the restrictive intervention is prescribed. The plan addresses a participant's special needs and responses to a participant's refusal of care and the need to reduce tension, agitation or anxiety. The provider must document in the negotiated care plan other strategies or modifications used to avoid restrictive interventions.

Participants must have an assessed need proportionate to the use of restrictive interventions:

The need for a restrictive intervention must be assessed by a specialist in challenging behaviors. This information must then be incorporated into the participant's PCSP, the Functional Assessment that details the challenging behaviors and their precursors, and the PBSP. The conditions under which a restrictive intervention may be used must be documented in the participant's PCSP and in the PBSP. Documentation must reflect the symptom related to behavior for which a restrictive intervention is being used, when a restrictive intervention may be used, and how the restrictive intervention should be used.

Restrictive interventions must be used only as provided for in DDA Policy 5.15., Use of Restrictive Procedures, DDA Policy 5.17, Physical Intervention Techniques, and DDA Policy 5.20, Restrictive Procedures and Physical Interventions with Children and Youth.
• Restrictive interventions must be used only when positive or less restrictive techniques or procedures have been tried and are determined to be insufficient to protect the client, others, or damage to the property of others.
• Restrictive interventions may only be used for the purpose of protection and may not be used for the purpose of changing behavior in situations where no need for protection is present.
• Only the least restrictive intervention needed to adequately protect the client, others, or property must be used, and terminated as soon as the need for protection is over.

Collection and review of data to measure the ongoing effectiveness of the restrictive intervention:

Per DDA Policy 5.14, Positive Behavior Support, the PBSP must address the following:

• Operationally define the goals of the PBSP in terms of specific, observable behaviors.
• Indicate what data is needed to evaluate success (e.g., frequency, intensity and duration of target behaviors).
• Provide instructions to staff or caregivers on how to collect this data (e.g., forms, procedures) i.e., frequency, intensity and duration.
• List who will monitor outcomes, need for revisions, and evaluate success and process for monitoring.
• Recommend displaying data in a graph over time for easy analysis.

Per DDA Policy 5.15, Use of Restrictive Procedures, and DDA Policy 5.20, Restrictive Procedures and Physical Interventions with Children and Youth, program staff responsible for PBSPs must review the plan at least every thirty (30) days. If the data indicates progress is not occurring after a reasonable period, but no longer than six (6) months, the PBSP must be reviewed and revisions implemented as needed.

Periodic review of restrictive intervention usage:

The PCSP and PBSP must be reviewed at least annually (and in the case of positive behavior support and consultation provider to children and youth in the family home, providers must submit quarterly progress reports) and updated at any time the use of a restrictive intervention becomes ineffective, is no longer needed or becomes unsafe.

A post-analysis (i.e., a debriefing to review the incident and assess what could have been done differently) must take place whenever restrictive interventions are implemented in emergencies or when the frequency of use of the intervention is increasing. The child/youth, service providers involved, supervisor (in residential

settings), parent/guardian, and other team members must participate, as appropriate. The DDA case resource manager must document the post-analysis in a service episode record (SER) in the client's record.

Restrictive interventions may not cause harm:

The use of restrictive interventions must be deemed safe and appropriate per DDA policies concerning the use of restrictive procedures. The waiver participant or representative is informed of any risks and may choose to decline the use of restrictive interventions at any time.

Education and training requirements for providers involved in the use of restrictive interventions:

All staff using restrictive interventions must have prior training in the use of such techniques according to the facility or agency's policy and procedures. With all training on the use of restrictive interventions, staff must also receive training in crisis prevention techniques and positive behavior support. Staff receiving restrictive intervention techniques training must complete the course of instruction and demonstrate competency before being authorized to use the techniques with waiver participants. All residential service providers must have documentation of prior training in the use of restrictive intervention techniques.

A review of de-escalation techniques and physical intervention techniques with all service providers and members of a child/youth's support team must occur annually before continuing to be used with the child/youth.

Restrictive intervention systems must include, at a minimum, the following training components:
1. Principles of positive behavior support, including respect and dignity;
2. Communication techniques to assist a child/youth to calm down and resolve problems in a constructive manner;
3. Techniques to prevent or avoid escalation of behavior;
4. Techniques for providers and parents/guardians to use in response to their own feelings or expressions of fear, anger, or aggression;
5. Techniques for providers and parents/guardians to use in response to the child/youth's feelings of fear or anger;
6. Instruction that restrictive intervention techniques may not be modified except as necessary in consideration of individual disabilities, medical, health, and safety issues. An appropriate medical/health professional and a certified trainer or behavioral specialist must approve all modifications;
7. Evaluation of the safety of the physical environment at the time of the intervention;
8. Use of the least restrictive interventions depending upon the situation;
9. Clear presentation and identification of prohibited and permitted restrictive intervention techniques as outlined in this policy;
10.Discussion of the need to release a child/youth from any physical restraint as soon as possible;
11.Instruction on how to support restrictive interventions as an observer and recognize signs of distress by the child/youth and fatigue by the staff; and
12.Discussion of the importance of complete and accurate documentation by service providers.

References:

-DDA Policy 5.14: Positive Behavior Support
-DDA Policy 5.15: Use of Restrictive Procedures
-DDA Policy 5.16: Use of Psychoactive Medications
-DDA Policy 5.17: Physical Intervention Techniques
-DDA Policy 5.19: Positive Behavior Support for Children and Youth
-DDA Policy 5.20: Restrictive Procedures and Physical Interventions with Children and Youth

ii. State Oversight Responsibility. Specify the state agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

The Department of Social and Health Services (DSHS) through the Aging and Long-Term Support Administration (ALTSA) and through Child Protective Services (CPS) is responsible for detecting the unauthorized use of restrictive interventions.

Under state authority RCW 74.34, the ALTSA receives reports and conducts investigations of abuse, neglect, exploitation and abandonment for clients enrolled with the Developmental Disabilities Administration. ALTSA Residential Care Services (RCS) investigates the role of provider systemic issues regarding abuse and neglect occurring in nursing homes, adult residential care facilities, adult family homes, & supported living programs. ALTSA Adult Protective Services (APS) investigates the perpetrators of abuse and neglect involving adults.

Under state authority contained in Chapter 26.44 RCW, Child Protective Services (CPS) within the Children's Administration (CA) of the Department of Social and Health Services (DSHS) is responsible for receiving and investigating reports of suspected child abuse and neglect.

DDA detects use of unauthorized restrictive intervention through:
* Reports submitted to APS,
* Reports submitted to RCS,
* Reports submitted to CPS,
* Reports received in the DDA Incident Reporting system,
* The face to face DDA Assessment process conducted yearly and at times of significant change,
* The DDA grievance process, and
* DDA Quality Assurance activities that include face to face interviews of clients and review of complaints.

Prior to the implementation of a restrictive intervention, the proposed Positive Behavior Support Plan (PBSP) and Exception to Policy (ETP*) (if applicable) must be reviewed and approved by a designated regional clinical team member.

Contracted providers who are using restrictive interventions are required to develop a plan for recording data on the use of the procedure and its effect. The plan must specify the type of intervention and frequency of data collection.

At least annually, state clinical team members re-approve restrictive procedures that require ETPs or involve physical or mechanical restraints after reviewing data provided by the contracted provider.

* ETPs require approval at the Deputy Assistant Secretary or Regional Administrator levels, depending on the type of intervention, as outlined in Policy 5.15, Restrictive Procedures.

RCS and APS are using the TIVA system to document investigation activities including a) intake of complaints and b) outcome reports. There is an electronic connection between the FamLink and the CARE system to notify case resource managers of a) complaints concerning treatment of children that are referred for investigations and b) investigation outcomes. This is an electronic notification that is included in the individual's CARE record.

DDA Policies 5.14, 5.15, 5.16, 5.17, 5.19 and 5.20 (see G-2.b.i) specify the requirements for using and documenting use of any type of restrictive intervention. Only the least restrictive intervention needed to adequately protect the client, others, or property may be used, and terminated as soon as the need for protection is over. The use of approved restrictive interventions must be fully documented and reviewed at least monthly by the residential provider and at least quarterly by the waiver participant’s interdisciplinary team. Any emergency use of a restrictive interventions requires an incident report to DDA headquarters where it is reviewed by the Incident Management Program Manager.

Residential Care Services (RCS) Division has contracted evaluators who evaluate the residential agencies/programs at least once every two years. Their review always includes any use of restraints, restrictive interventions, or use of psychoactive medications.

Quality Compliance Coordinator (QCC) staff yearly review the positive behavior support plans (PBSPs) of a sample of waiver participants. One focus is on instances when the PBSP includes a restraint that requires approval through an exception to rule (ETR). When the QCC team identifies PBSPs requiring an ETR that did not have an ETR, the QCC team verifies that individual corrective action was completed within 90 days and reports to management on systems issues.

References:

-Chapter 26.44 RCW: Abuse of Children
-Chapter 74.34 RCW: Abuse of Vulnerable Adults
-DDA Policy 5.14: Positive Behavior Support
-DDA Policy 5.15: Use of Restrictive Procedures
-DDA Policy 5.16: Use of Psychoactive Medications
-DDA Policy 5.17: Physical Intervention Techniques
-DDA Policy 5.19: Positive Behavior Support for Children and Youth
-DDA Policy 5.20: Restrictive Procedures and Physical Interventions with Children and Youth

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (3 of 3)

c. Use of Seclusion. *(Select one)*: *(This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

◉ **The state does not permit or prohibits the use of seclusion**

Specify the state agency (or agencies) responsible for detecting the unauthorized use of seclusion and how this oversight is conducted and its frequency:

The Department of Social and Health Services:
*Developmental Disabilities Administration (DDA)
*Aging and Long-Term Support Administration/Residential Care Services (RCS)
*Aging and Long-Term Support Administration/Adult Protective Services (APS)
*Childrens' Administration/Child Protective Services (CPS)

Under state authority RCW 74.34, the Aging and Long-Term Support Administration (ALTA) receives reports and conducts investigations of abuse, neglect, exploitation and abandonment for clients enrolled with the Developmental Disabilities Administration. ALTA's Residential Care Services (RCS) investigates the role of provider systemic issues in abuse and neglect occurring in nursing homes, adult residential care facilities, adult family homes, & supported living programs. ALTA's Adult Protective Services (APS) investigates the perpetrators of abuse and neglect involving adults.

The DDA detects use of unauthorized restrictive intervention through:
*Reports submitted to APS,
*Reports submitted to RCS,
*Reports submitted to CPS,
*Reports received in the DDA Incident Reporting system,
*The face-to-face DDA Assessment process conducted yearly and at times of significant change,
*The DDA complaint/grievance process, and
*DDA Quality Assurance activities that include face-to-face interviews of clients and review of complaints.

Residential Care Services Division has contracted evaluators who evaluate the residential agencies/programs at least once every two years. Their review always includes any use of restraints, restrictive procedures, or use of psychoactive medications.

○ **The use of seclusion is permitted during the course of the delivery of waiver services**. Complete Items G-2-c-i and G-2-c-ii.

i. Safeguards Concerning the Use of Seclusion. Specify the safeguards that the state has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

ii. State Oversight Responsibility. Specify the state agency (or agencies) responsible for overseeing the use of seclusion and ensuring that state safeguards concerning their use are followed and how such oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (1 of 2)

This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.

a. Applicability. Select one:

- ○ **No. This Appendix is not applicable** *(do not complete the remaining items)*
- ◉ **Yes. This Appendix applies** *(complete the remaining items)*

b. Medication Management and Follow-Up

i. Responsibility. Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

When an individual is not receiving services from a DDA residential program the individual, her or his representatives, her or his healthcare provider and DDA work together to monitor medication management. Medication management is a component of the DDA assessment. The DDA assessment will trigger a referral requirement if medication risk factors are identified. Once this requirement is triggered the case resource manager must address the risk identified in the PCSP. How the risks are addressed depends on the concern identified. It could result in a medication evaluation referral, additional provider training, nurse oversight visits, consultation with the healthcare provider or other measures.

The DDA Assessment requires the Case/Resource Manager or Social Services Specialist to document all participant medications, their dosage, frequency, route and why taken on the CARE Medications screen. On the Medication Management CARE screen, the CRM or SSS documents self-administration, status (met, partial met, unmet), frequency, assistance available, participant strengths, participant limitations, participant preferences, caregiver instructions, equipment/supplies and comments. CRMs or SSSs monitor medication management according to the frequency necessary to maintain client health and safety. The DDA assessment will trigger a referral requirement if medication risk factors are identified. Once this requirement is triggered the CRM or SSS must address the risk identified in the PCSP. How the risks are addressed depends on the concern identified. It could result in a medication evaluation referral, additional provider training, nurse oversight visits, consultation with the healthcare provider or other measures. Results of all monitoring are documented by the CRM or SSS in the CARE tool on the monitoring screen or as service episode records (case notes). Periodic monitoring by the CRM or SSS on a semi-annual, quarterly or monthly basis determined by the complexity of the participant's needs combined with quality assurance oversight by the annual QCC team file review assures that potentially harmful practices are detected and remediated.

DDA policy 5.16 establishes guidelines for assisting a client with mental health issues or persistent challenging behavior to access accurate information about psychoactive medications and treatment, to make fully informed choices, and to be monitored for potential side effects of psychoactive medications.

Protections against the use of chemical restraints are included in DDA Policies 5.14 (Positive Behavior Support), Policy 5.15 (Use of Restrictive Procedures), Policy 5.16 (Use of Psychoactive Medications), Policy 5.19 (Positive Behavior Support for Children and Youth), and Policy 6.19 (Residential Medicaid Management) with respect to the use of psychoactive medications. If psychoactive medications are used, informed consent must be obtained, a functional assessment must be completed, a positive behavior support plan must be developed and implemented, and a Psychoactive Medication Treatment Plan must be in place. Psychoactive medications can only be used as prescribed.

Additionally, Policy 6.19 Residential Medication Management applies to individuals who receive services from a DDA certified residential program.

Policy 6.19 Residential Medication Management:

When providing instruction and support services to persons with developmental disabilities, the provider must ensure that individuals who use medications are supported in a manner that safeguards the person's health and safety.

For adult residential care facilities, medication management requirements as described in Chapter 388-78A WAC (Assisted living facility licensing rules) take precedence over this policy.

See B. Optional for additional information

PROCEDURES

A. Self-Administration of Medications

1. Residential service providers must have a written policy, approved by DDA, regarding supervision of self-medication.
2. The provider, unless he or she is a licensed health professional or has been authorized and trained to

perform a specifically delegated nursing task, may only assist the person to take medications.

3. The provider may administer the person's medication if he/she is a licensed health care professional. Medications may only be administered under the order of a physician or a health care professional with prescriptive authority.
4. If a person requires assistance with the use of medication beyond that described in A.2. above, the assistance must be provided either by a licensed health care professional or a registered nurse (RN) who delegates the administration of the medication according to Chapter 388-101 WAC (Certified community residential services and supports) and Chapter 246-840 WAC (Practical and registered nursing).

Per Chapter 246-840 WAC (Practical and registered nursing), before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: Assess, Plan, Implement, Evaluate. (Please see WAC 246-840-910 through 990 concerning delegation of nursing care tasks in community-based and in-home care settings for specific details.)

Per WAC 246-841-400 (Standards of practice and competencies for nursing assistants), competencies and standards of practice are statements of skills and knowledge, and are written as descriptions of observable, measurable behaviors. All competencies are performed under the direction and supervision of a licensed registered nurse or licensed practical nurse as required by RCW 18.88A.030 (Nursing Assistants: Scope of practice-Nursing home employment-Voluntary certification-Rules).

WAC 246-841-405 (Nursing assistant delegation) identifies the certification requirements as stated below.

DDA Policy 6.15 ("Nurse Delegation Services") details eligibility requirements for services (including a stable and predictable client condition), which tasks can and cannot be delegated, training and certification requirements for delegated providers, the referral process, case manager responsibilities and Registered Nurse Delegator responsibilities, and authorization of services.

Training Requirements for Providers Who Perform Delegated Nursing Tasks

Before performing a delegated task, the provider must have completed:
1. Registration or certification as a Nursing Assistant and renew annually;
2. The Nurse Delegation for Nursing Assistants class (nine hours), either the classroom or self-study version;
3. For Nursing Assistant-Registered (NAR) only:
   a. For providers working in Supported Living: DDA Core Training (32 hours).
   b. For providers working in all other settings: Fundamentals of Caregiving (28 hours).
   c. An NAR may not perform a delegated task before DDA Core Training or Fundamentals of Caregiving is completed.
   d. DDA Core Training or Fundamentals of Caregiving is not required for a Nursing Assistant-Certified (NAC) to perform a delegated task.

Responsibilities of the Registered Nurse Delegator (RND)
The RND must:
1. Verify that the caregiver:
   a. Has met training and registration requirements;
   b. The registration is current and without restriction; and
   c. The caregiver is competent to perform the delegated task.
2. Assess the nursing needs of the client, determine the appropriateness of delegation in the specific situation and, if

appropriate, teach the caregiver to perform the nursing task.
3. Monitor the caregivers performance and continued appropriateness of the delegated task.
4. Communicate the results of the nurse delegation assessment to the CRM.
5. Establish a communication plan with the CRM as follows:
   a. Specify in the plan how often and when the RND will communicate with the CRM; and
   b. Document the plan and all ongoing related communication in the clients nurse delegation file.
6. Document and perform all delegation activities as required by law, rule and policy.
7. Work with the CRM, providers, and interested parties when rescinding RND to develop an alternative plan that ensures continuity for the provision of the delegated task.

Nurse delegation is an intermittent service. The nurse is required to visit at least once every ninety days, and may not need to see a client more frequently. However, the delegating nurse may determine that some clients need to be seen more often. The ALTSA/DDA Central Office Nurse Delegation Program Manager will monitor the nurse's performance, including frequency of visits and payments.

In residential settings, providers are required to document all medication administration and client refusals.

WAC 388-101D-0340 ("Medications--Documentation") indicates the service provider must maintain a written record of all medications administered to, assisted with, monitored, or refused by the client.

WAC 388-101D-0325 ("Medication Refusal") indicates
(1) When a client who is receiving medication support from the service provider chooses to not take his or her medications, the service provider must:

(a) Respect the client's right to choose not to take the medication(s) including psychoactive medication(s); and

(b) Document the time, date and medication the client did not take.

(2) The service provider must take the appropriate action, including notifying the prescriber or primary care practitioner, when the client chooses to not take his or her medications and the client refusal could cause harm to the client or others.

Any person may call the Nurse Delegation Hotline at (800)422-3263 to file a complaint.

References:

-DDA Policy 5.14: Positive Behavior Support
-DDA Policy 5.15: Use of Restrictive Procedures
-DDA Policy 5.16: Use of Psychoactive Medications
-DDA Policy 5.19: Positive Behavior Support for Children and Youth
-DDA Policy 6.15 Nurse Delegation Services
-DDA Policy 6.19 Residential Medication Management
-RCW 18.88A.030 Nursing Assistants: Scope of practice-Nursing home employment-Voluntary certification-Rules
-Chapter 246-840 WAC Practical and registered nursing

-WAC 246-841-400 Standards of practice and competencies for nursing assistants -WAC 246-841-405 Nursing assistant delegation -WAC 388-101D-0340 Medication refusal -WAC 388-101D-0325 Medications-documentation

ii. Methods of State Oversight and Follow-Up. Describe: (a) the method(s) that the state uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the state agency (or agencies) that is responsible for follow-up and oversight.

The DDA Assessment/re-assessment requires the Case/Resource Manager or Social Services Specialist to annually or more frequently if participant needs change document all participant medications, their dosage, frequency, route and why taken on the CARE Medications screen. On the Medication Management CARE screen, the CRM or SSS documents self-administration, status (met, partial met, unmet), frequency, assistance available, participant strengths, participant limitations, participant preferences, caregiver instructions, equipment/supplies and comments. CRMs or SSSs monitor medication management to the frequency necessary to maintain client health and safety. The DDA assessment will trigger a referral requirement if medication risk factors are identified. Once this requirement is triggered the CRM or SSS must address the risk identified in the PCSP. How the risks are addressed depends on the concern identified. It could result in a medication evaluation referral, additional provider training, nurse oversight visits, consultation with the healthcare provider or other measures. Results of all monitoring are documented by the CRM or SSS in the CARE tool on the monitoring screen or as service episode records (case notes). Periodic monitoring by the CRM or SSS on a semi-annual, quarterly or monthly basis determined by the complexity of the participant's needs combined with quality assurance oversight by the annual QCC team file review assures that potentially harmful practices are detected and remediated.

The state monitoring program captures information concerning potentially harmful practices/issues with medication management that haven't risen to the level of abuse, neglect, or exploitation by employing multiple strategies to collect and analyze this data. Observations and assessments/re-assessments by CRMs or SSSs, incident reports (IRs), statements of deficiencies (SODs) by Residential Care Services, DDA residential quality assurance reviews of SODs, DDA incident report committee reviews of IRs, mortality committee review of participant deaths and nursing care consultants' reviews of participant medication management all contribute to state's ability to collect and analyze data and improve quality.

The Department of Social and Health Services:

*Developmental Disabilities Administration (DDA)
*Aging and Long-Term Support Administration/Residential Care Services (RCS)Division
*Aging and Long-Term Support Administration/Adult Protective Services (APS)
*Childrens' Administration/Child Protective Services (CPS)

DSHS/CA/DLR (Division of Licensed Resources within Children's Administration) is responsible for monitoring medication administration as a part of overall performance monitoring in licensed residential settings for children. The Children's Administration Management Information System (CAMIS) database containing the record of licensing inspections and required provider training is maintained and monitored by Children's Administration/Division of Licensed Resources (DLR). As part of the ongoing performance monitoring, a schedule of unannounced visits is established for all Foster Home and Staffed Residential providers. The licensed providers are reviewed at least every 36 months to assess performance against ongoing licensing requirements. The schedule is continually monitored and updated by DLR for compliance. Outcomes of the licensing process, such as statements of deficiency and corrective actions, are documented in the database and are used to determine whether or not licensure will continue or establish the frequency of unannounced visits. Communication regarding the licensing process occurs at the regional level.

DDA Policy 6.19 (see G-3-b-i) specifies the requirements for residential medication management. Residential Care Services Division has contracted evaluators who evaluate the residential agencies/programs at least once every two years.

Issues with medication management are also identified if errors result in allegations of abuse, neglect, exploitation. Under authority provided via RCW 74.34 (public assistance Washington state law concerning abuse of vulnerable adults), the Aging and Long-Term Support Administration (ALTSA) receives reports and conducts investigations of abuse, neglect, and exploitation for clients enrolled with the Developmental Disabilities Administration. ALTSA's Residential Care Services (RCS) investigates provider systemic issues regarding abuse and neglect occurring in nursing homes, adult residential care facilities, adult family homes, & supported living programs. ALTSA's Adult Protective Services (APS) investigates the perpetrators of abuse and neglect involving adults.

Under authority provided via RCW 26.44 (Washington state law concerning abuse of children), Child Protective Services (CPS) investigates all allegations of abuse, neglect, and exploitation of children living in their parents home and/or licensed facility or foster care. Substantiations are forwarded to the BCCU.

CPS, RCS and APS are using TIVA and FamLink to document investigation activites including intake of complaints and outcome reports. There is an electronic connection between TIVA/FamLink and the CARE system to notify case resource managers of a) complaints that are referred for investigations and b) investigation outcomes. This is an electronic notification that will be included in the individual's CARE record.

ALTSA receives nightly data feeds from FamLink that are used in this ALTSA reporting system. FamLink information is reviewed to determine if client information matches DDA waiver clients who are identified in CARE. DDA uses the ALTSA reporting system to address specific programmatic and provider issues from the outcomes of the waiver clients who were involved in investigations by Residential Care Services (RCS) and/or Children's Protection Services (CPS) for whom a report of abuse, neglect, abandonment, or financial exploitation was substantiated. The data are broken out by type of incident and provider type.

Information and findings are communicated to the Medicaid agency at least quarterly via the Medicaid Agency Waiver Management Committee.

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (2 of 2)

c. Medication Administration by Waiver Providers

i. Provider Administration of Medications. *Select one:*

○ **Not applicable.** *(do not complete the remaining items)*

◉ **Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications.** *(complete the remaining items)*

ii. State Policy. Summarize the state policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

DDA Administration Policy 6.19 (Residential Medication Management, please see G-3-b-i) specifies the requirements for residential medication management. Residential Care Services (RCS) has contracted staff who evaluate the residential agencies/programs at least once every two years to ensure they are in compliance with these requirements.

iii. Medication Error Reporting. *Select one of the following:*

◉ **Providers that are responsible for medication administration are required to both record and report medication errors to a state agency (or agencies).**
Complete the following three items:

(a) Specify state agency (or agencies) to which errors are reported:

The Developmental Disabilities Administration (DDA) within the Department of Social and Health Services (DSHS)

(b) Specify the types of medication errors that providers are required to *record:*

Providers are required to record all medication errors.

WAC 388-101D-0340 ("Medications--Documentation") indicates the service provider must maintain a written record of all medications administered to, assisted with, monitored, or refused by the client.

WAC 388-101D-0325 ("Medication Refusal") indicates
(1) When a individual who is receiving medication support from the service provider chooses to not take his or her medications, the service provider must:

(a) Respect the individual's right to choose not to take the medication(s) including psychoactive medication(s); and

(b) Document the time, date and medication the individual did not take.

(2) The service provider must take the appropriate action, including notifying the prescriber or primary care practitioner, when the client chooses to not take his or her medications and the individual's refusal could cause harm to herself/himself or others.

(c) Specify the types of medication errors that providers must *report* to the state:

Providers are required to report medication errors causing injury/harm, or a pattern of errors.

○ **Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the state.**

Specify the types of medication errors that providers are required to record:

iv. State Oversight Responsibility. Specify the state agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

The Department of Social and Health Services:
* Developmental Disabilities Administration (DDA)
* Aging and Long-Term Support Administration/Residential Care Services (RCS)
* Children's Administration/Child Protective Services (CPS)

DDA Policy 6.19 (Residential Medication Management, please see G-3-b-i) specifies the requirements for residential medication management. RCS has contracted staff who evaluate the residential agencies/programs at least once every two years.

State will add the following information to the application: When medication errors are reported to DDA through the Incident Reporting Application:
• DDA reports the incident to RCS
• DDA may offer support through training and technical assistance.

When provider performance issues are identified by RCS, the following remediation actions and quality improvement activities may occur:
• Provider must submit a Plan of Correction which describes how they have corrected the error, addressed any systems issues to prevent future errors from occurring, and a date by which this will be completed (for 100% of Statements of Deficiency)
• RCS completes a follow-up inspection to ensure corrections have been completed as outlined (for 95%-100% of Statements of Deficiency)
• DDA reviews the Plan of Correction and will provide additional feedback, training, support, and request additional actions from the provider when they believe it is warranted (for approximately 10% of Statements of Deficiency)
• Repeat citation trends for agencies are identified by RCS when they issue Statements of Deficiency. One or more of the following occurs with repeat citations:
• Provider is subject to civil fines and enforcement remedies imposed by RCS. Remedies may include required training or stop-placement until issue is corrected.
• DDA Residential Quality Assurance Program Specialists will work with the agency to assist them to identify and make appropriate corrections
• DDA Residential Quality Assurance Program Specialists will follow up with agency to ensure their system is effectively addressing the identified problem
• DDA Residential Quality Assurance Program Specialists and regional staff will conduct home visits to review medication documentation and monitoring

When trends are identified across multiple agencies, DDA:
• Creates and distributes Care Provider Bulletins on specific issues Identified
• Revises or develops trainings for providers on medication monitoring and management

Providers falling under the scope of DDA policy 6.12 must report medication errors that are likely to cause harm as assessed by a medical, nursing, or pharmacy professional within one business day. Incidents are tracked in DDA’s Incident Reporting Application and the licensing or certification agency.

Appendix G: Participant Safeguards

Quality Improvement: Health and Welfare

As a distinct component of the States quality improvement strategy, provide information in the following fields to detail the States methods for discovery and remediation.

a. Methods for Discovery: Health and Welfare

The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. *(For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")*

i. Sub-Assurances:

a. ***Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instancesof abuse, neglect, exploitation and unexplained death.*** *(Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
G.a.4. The percentage of respondents to the NCI Survey who report that they have received information on how to identify and report abuse, neglect, exploitation and unexplained deaths. N = # of respondents to the NCI Survey who report they have received information on how to identify and report abuse, neglect, exploitation and unexplained deaths. D = The number of respondents to the NCI Survey.

Data Source (Select one):
Analyzed collected data (including surveys, focus group, interviews, etc)
If 'Other' is selected, specify:
NCI Survey

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
G.a.2: The % of incidents of alleged abuse, neglect, exploitation or abandonment in which wvr partic. and/or legal rep. was contacted within 30 days to *ensure safety plans were developed/appropriately implemented. N = # of incidents in which the wvr partic. and/or legal rep. was contacted within 30 days to *(add text after *). D = # of incidents of alleged abuse, neglect,exploit. or abandonment.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DDA's Incident Reporting Application

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*

☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Other** Specify:

Performance Measure:
G.a.3. The percentage of waiver participants whose death was subject to review that were reviewed by the DDA Mortality Review Team (MRT). Numerator= The number of waiver participants whose death was reviewed. Denominator= The number of waiver participants whose death was subject to review.

Data Source (Select one):
Mortality reviews
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☒ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☒ **Other** Specify: DDA Mortality Review Team (MRT)	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other**	

	Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
G.a.1. The percentage of incidents alleging abuse, neglect, abandonment and/or exploitation of waiver participants that were reported by DDA, per policy, to APS, CPS or RCS. N = Number of incidents where DDA reported allegations to APS, CPS, or RCS. D = Total number of incidents requiring notification by DDA to APS, CPS or RCS.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DDA's Incident Reporting Application

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100%**

		Review
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*

b. ***Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
G.b.1. The percent of critical incident trends where systematic interventions were implemented. N= The number critical incident trends where systematic interventions were implemented. D= Number of critical incident trends.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DDA's Incident Reporting Application

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:

	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
G.b.2. The percentage of waiver participants with a critical incident report for whom appropriate action was taken. N = The number of waiver participants with a critical incident report for whom appropriate action was taken. D = The total number of waiver participants with a critical incident.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DDA's Incident Reporting Application

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
G.c.1. % of incidents involving waiver participants involving improper use of restraint or restrictive procedure. N = The number of incidents involving waiver participants involving improper use of restraint or restrictive procedure that received appropriate follow-up. D = The total number of incidents involving waiver participants involving improper use of restraint or restrictive procedure.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DDA's Incident Reporting Application

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample**

		Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:

G.c.3. % of waiver files with Functional Assessments (FAs) and PBSPs documenting the use of restrictive procedures in compliance with DDA policies. N = # of waiver files reviewed with FAs and PBSPs documenting use of restrictive procedures in compliance with DDA policies. D = # of waiver files reviewed that documented restrictive procedures.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify: Quality Compliance Coordinator (QCC) Team within DDA	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
G.c.2 The percent of statements of deficiency that don't involve restrictive procedure by residential providers. Numerator = The number of statements of deficiency that don't involve restrictive procedure by residential providers. Denominator = All statements of deficiency for residential providers.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other**	☒ **Annually**	☐ **Stratified**

Specify: Residential Care Services/ALTSA/DSHS		Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
G.c.4: The number of statements of deficiency that don't involve repeat citations of restrictive procedure by residential providers. Numerator = The number of statements of deficiency that don't involve repeat citations of restrictive procedure by residential providers. Denominator = All statements of deficiency for residential providers.

Data Source (Select one):
Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify: Residential Care Services/ALTSA/DSHS	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
G.c.5 % of waiver participants whose PCSPs documented restraints or restrictions that were utilized in compliance with DDA policies and waiver requirements. N= # of waiver participants whose PCSPs documented restraints or restrictions that were utilized in compliance with DDA policies and waiver requirements. D = # of waiver participants whose PCSP documented restraints or restrictions.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Comprehensive Assessment Reporting and Evaluation (CARE) system

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and**	☐ **Other**

	Ongoing	Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

d. ***Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
G.d.1. % of waiver participants who visited the dentist during the year or whose CRM documented a discussion concerning the importance of annual dental care. N = # of waiver participant files documenting a visit to a dentist during the waiver year or a discussion with the CRM concerning annual dental care. D = The total number of waiver participant files.

Data Source (Select one):
Other
If 'Other' is selected, specify:
DDA's Comprehensive Assessment Reporting and Evaluation (CARE) system

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
G.d.2. Of the waiver participants who rate their health as "poor," the percent who visited a doctor within the past 12 months. N = Of those waiver participants who rate their health as "poor," the number who visited a doctor within the past 12 months. D = The total number of waiver participants who rate their health as "poor."

Data Source (Select one):
Other
If 'Other' is selected, specify:
Comprehensive Assessment Reporting and Evaluation (CARE) system

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☒ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☐ **Other** Specify:	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
G.d.3: The percent of statements of deficiency that don't involve client healthcare standards by residential providers. Numerator= The number of statements of deficiency that don't involve client healthcare standards by residential providers. Denominator = All statements of deficiency for residential providers.

Data Source (Select one):

Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify: Residential Care Services/ALTSA/DSHS	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other**	☒ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
Specify:	
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
G.d.4: The percentage of statements of deficiency that don't involve repeat citations of client healthcare standards by residential providers. Numerator = The number of statements of deficiency that don't involve repeat citations of client healthcare standards by residential providers. Denominator = All statements of deficiency for residential providers.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☒ **Operating Agency**	☐ **Monthly**	☒ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☒ **Representative Sample** Confidence Interval = 95%
☒ **Other** Specify: Residential Care Services/ALTSA/DSHS	☒ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and**	☐ **Other**

	Ongoing	Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

G.a.1: Alleged incidents of abuse, neglect, abandonment and exploitation are recorded in the DDA Incident Reporting (IR) Database. The database also documents contacts and follow-up referrals. A report is compiled based on incident type and other agencies contacted to document whether or not APS, CPS, or RCS was notified.

G.a.1, G.a.4.,and G.c.1: The QCC Team completes a review of randomly selected files across all waivers annually. The list for the QCC Team review is based on a random sample representative of of the waiver program with a 95% confidence level and a confidence interval of +/-5%. The findings from these reviews are collected in a database. All findings are expected to be corrected within 90 days. Corrections are monitored by QCC Team members. The review protocol addresses (among other things) the following areas with a target of 100% compliance:
1. If there has been an Incident Report of alleged/suspected abuse, neglect, exploitation, or abandonment submitted within the last 12 months, did DDA notifty appropriate Department (APS,CPS,RCS) and Law Enforcement agencies?
2. If there has been an Incident Report of alleged/suspected abuse, englect, expoitation, or abandonment submitted within the last 12 months, is there evidence the case resource manager contacted the client/legal representative within 30 days of the Incident Report date to ensure safety plans were developed/appropriately implemented?
3. If the Positive Behavior Support Plan includes restrictions requiring an Exception to Policy (ETP), was there an approved ETP?

G.a.5: The Mortality Review Team (MRT) reviews waiver recipients whose death occurred while receiving residential services, medically intensive children's program services or whose death was unusual or unexplained to identify factors that may have contributed to the deaths and to recommend measures to improve client supports and services.

G.b.2: Each of the three DDA Regions has a designated Quality Assurance (QA) Manager. Every four months those individuals review individuals with three or more reports in the DDA Incident Reporting database. A report is provided by each regional QA Manager to Executive Management listing all waiver recipients with three or more incident reports that were reviewed during that four-month period.

G.b.3: Every month members of the Central Office Incident Review Team (IRT) review a sample of individuals for which a critical incident was reported during the waiver year. Each member reviews the information contained in CARE to verify that the response to the incident was appropriate, including whether there should have been (and was or was not) an amendment to the PCSP.

G.d.1: CARE assessment data indicates whether or not this question was asked.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the States method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

G.a.1: If the review determines specific allegations of abuse, neglect, abandonment and exploitation were not referred to APS, CPS, or RCS, an immediate referral to the appropriate entity is made.

G.a.4: If following notification of an incident the waiver participant/legal representative was not contacted within 30 days, the supervisor and case resource manager are reminded that this is required. If no contact was made at all, follow-up with the waiver participant/legal representative is required.

G.a.5: Changes implemented as a result of information gained from MRT reviews include caregiver alerts, curriculum for providers and case resource managers, and changes in DSHS administrative rules (WAC). For example, topics of caregiver alerts include "How hot is your water?", "Aspiration", "Seizures and Bathing", and "Type 2 Diabetes".

G.b.2: QA Managers review any client with three or more incidents in each four-month period and report findings to central office. The Incident Review Team (Central Office) reviews QA reports and makes recommendations for corrective actions if needed.

G.b.3: In the review of the IR information, if amendments to the PCSP or PBSP are determined necessary but were not made or were insufficient, the case resource manager and/or regional management are notified to ensure that the participant's needs are being addressed and that necessary changes are included in the PCSP or PBSP.

G.c.1:
When the QCC team identifies Positive Behavior Support Plans requiring an ETP that did not have an ETP, the QCC team verifies each individual corrective action was completed within 90 days and reports to management on systems issues.

G.d.1:
If this question is not reliably asked at the time of the annual assessment, case resource manager staff training will emphasize the importance of verifying whether or not the individual received flu vaccine every year and the importance to waiver particiant health of getting the flu vaccine annually.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☒ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☒ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.

- (●) **No**
- ( ) **Yes**

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix H: Quality Improvement Strategy (1 of 3)

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the state has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the state specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the state is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I) , a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances; and
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances.

In Appendix H of the application, a state describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the OIS* and revise it as necessary and appropriate.

If the state's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the state plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid state plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QIS spans more than one waiver, the state must be able to stratify information that is related to each approved waiver program. Unless the state has requested and received approval from

CMS for the consolidation of multiple waivers for the purpose of reporting, then the state must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

Appendix H: Quality Improvement Strategy (2 of 3)

H-1: Systems Improvement

a. System Improvements

i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

The Developmental Disabilities Administration (DDA) has managed at least one HCBS waiver since 1983. In 2003 a statewide effort was launched to coordinate the implementation of Quality Improvement in all agencies. We have developed multiple processes for trending, prioritizing, and implementing system improvements that have been prompted as a result of data analysis.

Internal DDA Systems
DDA uses several data systems that are vital to the implementation of the Waiver.

DDA Assessment:
- o The DDA Assessment is designed to discover the individual support needs of each individual who is assessed. It is a tool to help case resource managers plan for services and supports to meet the needs of individuals with developmental disabilities.
- o All Waiver participants will be assessed using this tool, which includes an assessment of caregiver stress, behavior issues, critical medical issues, and protective supervision needs.
  - * Data is pulled as needed by program managers, waiver services unit manager, quality assurance staff and management.
  - * Data is analyzed by the appropriate entity who is using the information for system improvement activities.

Comprehensive Assessment Reporting and Evaluation (CARE):
- o Assists case resource managers to provide effective monitoring of case status and service plans.
- o Provides a system of ticklers or alerts to cue case resource manager action at specific intervals based upon client need.
- o Provides an automated process for Exception to Rule (ETR), Prior Approvals and Waiver Requests.
- o Delivers a consistent, reliable and automated process.
- o Provides client demographic and waiver status in real time.
- o Provides management reports to look for trends and patterns in the Waiver caseload.
  - * Data is pulled as needed by program managers, regional staff, quality assurance staff and management.
  - * Data is analyzed by the appropriate entity who is using the information for system improvement activities.

Quality Compliance Coordinator (QCC) Review database:
- o Is used to collect review data to insure that the processes and procedures required in delivering waiver services are according to requirements.
- o Is used to develop regional and statewide corrective action plans.
  - * Data is developed by the Office of Compliance, Monitoring and Training.
  - * Reports are created at least annually.
  - * Data is analyzed by DDA staff at a minimum annually.

DDA Incident Reporting system (IR):
- o The IR system provides management information concerning significant incidents occurring in our clients lives.
- o Individual incidents come first to the CRM for input into the IR system.
- o DDA has developed protocols and procedures to respond to incidents that have been reported.

o Analysis processes are in place to review and monitor the health and welfare of DDA clients.
* Data is pulled by the Incident Management Program Manager.
* Data is pulled three times a year.
* Data is analyzed by the Incident Reporting Team and as requested by DDA management.

Person-Centered Service Plan Meeting Survey:
o A PCSP Meeting survey is mailed to waiver participants within one month of the PCSP planning meeting. This survey gives participants an opportunity to respond to a series of questions about the PCSP process. The survey is mailed from Central Office based on a random sample across all waivers with a 95% confidence level and a confidence interval of +/-5%. Information collected is analyzed annually by DDA staff.
o Information regarding trends or patterns that is gathered from that data is acted upon, through additional training for case resource managers, clarification of information for participants, etc.
* Data is pulled by the Research and Analysis Program Manager.
* Data is pulled at least annually.
* Data is analyzed by DDA staff at a minimum annually.

Complaint Data Base:
o DDA maintains a Complaint data base that is the repository for complaints that rise above the standard issues that case resource managers or supervisors handle each day as a normal business practice.
* Data is pulled by the Research and Analysis Program Manager.
* Data is pulled at least annually.
* Data is analyzed by DDA staff at a minimum annually.

DSHS systems external to DDA:

ProviderOne and Individual ProviderOne:
o DDA audits information from this system to verify services identified in the Person-Centered Service Plan as necessary to meet health and welfare needs have been authorized.
o DDA also audits information from this system to ensure that services are only authorized after first being identified in the Person-Centered Service Plan.
* Data is pulled by the ProviderOne Program Manager.
* Data is pulled at least annually.
* Data is analyzed by DDA staff at a minimum annually.

Child Protective Services (CPS):
o CPS is responsible for investigating and making official findings on any accusations of abuse or neglect of a minor child.
o DDA refers all such incidents to CPS for investigation and works cooperatively with them to provide information about the incident and to protect the child during the investigation.
* Data is pulled by the Research and Analysis Program Manager.
* Data is pulled at the request of the Program Manager.
* Data is analyzed by DDA staff at a minimum annually.

Adult Protective Services (APS):

o APS is responsible for investigating and making official findings on any accusations of abuse, neglect or exploitation of a vulnerable adult, who does not live in either a licensed setting or is served by a certified residential service.
o DDA refers all such incidents to them for investigation and works cooperatively with them to provide information about the incident and to protect the adult during the investigation.
* Data is pulled by the Research and Analysis Program Manager.
* Data is pulled at least annually.
* Data is analyzed by the Regional Quality Assurance Managers and as requested by DDA management.

Division of Licensing Resources (DLR):
o Monitors and licenses Childrens Foster Homes, Group Homes and Staffed Residential Homes, which are utilized as respite resources in the waiver program.
o DDA works cooperatively with DLR to ensure homes are licensed and appropriate care is provided.
* Data is pulled by DLR.
* Data is pulled at the request of the Program Manager.
* Data is analyzed by the Program Manager and as requested by management.

Residential Care Services (RCS):
o RCS is responsible for investigating provider practices in instances of abuse, neglect or exploitation of a vulnerable adult who receives services from either a licensed setting or is served by a certified residential agency.
o DDA refers incidents to them for investigation and works cooperatively with them to provide information about the incident.
* Data is pulled by the DDA Incident Management Program Manager.
* Data is pulled at least annually.
* Data is analyzed by DDA staff at a minimum annually.

FamLink/TIVA are electronic systems that maintains notifications, investigative and outcome information for CPS, APS and RCS. Data from FAMLINK/TIVA is used to track and trend information related to allegations of abuse, neglect, abandonment and financial exploitation.

Administrative Hearing Data Base:
o The Administrative Hearings data base tracks requests for administrative hearings requested by waiver clients who disagree with decisions made by DDA.
o DDA uses data from this data base to review the concerns of persons on the waivers and determine if there are system issues that need to be addressed.
* Data is pulled by the Research and Analysis Program Manager.
* Data is pulled at least annually.
* Data is analyzed by DDA staff and as requested by DDA management.

Agency Contracts Database (ACD):
o The ACD is an important tool in assuring that waiver service providers have contracts in place that meet requirements.
o The tool is used by DSHS to monitor all state contracts.

o The system monitors compliance with background check requirements, training requirements, evidence of any required licensure, and timeliness of contracts.
* Data is pulled at least annually by the Contracts Program Manager.
* Data is analyzed by DDA staff and as requested by DDA management.

External Non Governmental Systems:

National Core Indicators (NCI) Survey:
o DDA has been participating in the NCI Survey since 2000.
o DDA has adapted the survey to do a face-to-face survey in the home that addresses satisfaction with DDA services, providers and other key life indicators.
o Additional questions have been added about waiver services.
o This data is reviewed with stakeholders and state staff.
* Data is pulled at least annually by the Research and Analysis Program Manager.
* Data is analyzed by DDA staff and as requested by DDA management.
o Recommendations for needed changes are developed from this process and necessary action is taken.

Developmental Disabilities Council (DDC):
o The DDC partners with the state to conduct focus groups that look at the NCI data and make recommendations to the state.
o Reports are developed by the DDC and submitted to the state for action.
* Reports are delivered to DDA upon completion.
* DDA responds with appropriate action.

Information from the above data systems is gathered and analyzed in order to continually monitor and make changes to our delivery system when the need is demonstrated. DDA utilizes a variety of methods to analyze data. Some examples include identifying trigger points that require more in-depth analysis using control charts and other types of analysis; or in-depth work focused on the occurrence of a serious incident.

Once the need for change has been determined through the analysis of data, DDA prioritizes quality improvement steps based on a risk management strategy that considers health and safety, best practices, legislative requirements, and CMS recommendations.

DDA then implements needed system improvements through a variety of methods, such as training and re-training; resource allocation; studies; policy or rule changes; and funding requests. DDA identifies who is responsible for implementation of the needed change, how that will be accomplished and timelines for accomplishing the needed change.

Strategies for improvement are specific to the type of improvement that is indicated by the data that has been reviewed. However the process is generally the same:
1. We review and analyze data;
2. We strategize to find solutions to any problems identified from the data;
3. Action plans are developed; and
4. Progress is reviewed until goals are accomplished.

ii. System Improvement Activities

Responsible Party*(check each that applies):*	**Frequency of Monitoring and Analysis***(check each that applies):*
☐ **State Medicaid Agency**	☒ **Weekly**
☒ **Operating Agency**	☒ **Monthly**
☐ **Sub-State Entity**	☒ **Quarterly**
☐ **Quality Improvement Committee**	☒ **Annually**
☐ **Other** Specify:	☒ **Other** Specify: 2 times per year. 3 times per year. 6 times per year during the first year of the biennium.

b. System Design Changes

i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the state's targeted standards for systems improvement.

The Developmental Disabilities Administration (DDA) uses a discovery and monitoring process to analyze the effectiveness of our current systems. All collected data is identified by waiver type in order to evaluate and monitor each individualized waiver program. Performance is measured in terms of outcomes. DDA uses both internal and external groups to analyze this data. DDA reviews data from multiple data sources to discover whether trends and patterns meet expected outcomes. DDA begins an improvement process if they do not. DDA's Quality Improvement (QI) process has been part of the Administration's activities for decades.

The goal of Quality Improvement in DDA is to promote, encourage, empower and support continuous quality improvement. Major areas of focus:

Surveys
*PCSP surveys give individuals/guardians an opportunity to provide anonymous feedback on the planning process. Information collected from these surveys is used to analyze the effectiveness of the planning process.

Reviews
*Reviews ensure that processes and procedures required in delivering waiver services are according to requirements.
*Waiver review findings are analyzed and shared with regional and statewide management teams for corrective action and system improvement.

Quarterly evaluations of performance measures
*Quarterly DDA Regional management reports on waiver performance.
*The report contains data such as the number of waiver assessments due with respect to the number that were completed, the regional progress on correction related to QCC audit findings, and many other key indicators of operational performance.

Training
*Training is a significant focus to ensure that administration employees are equipped with the skills and knowledge to carry out their waiver responsibilities.
*Annual Waiver training is provided for ongoing improvement.

There are many entities that play a critical role and are essential to DDA's Quality Management Strategy:

Internal (within DSHS)

Incident Review Team (IRT):
*This team meets monthly to review aggregate data from the Electronic Incident Reporting System and make recommendations to prevent incidents.
*Team members include:
o Waiver Program Managers (PM), Waiver Requirements PM, RHC PM, Incident Management PM, Mental Health PM, County Services Unit Manager, Quality Assurance PM, Compliance, Monitoring and Training Office Chief, Medicaid and Eligibility Office Chief, Statewide Investigation Unit Manager and Data Analyst for RHC investigation unit.

Mortality Review Team (MRT):
*Meets monthly to review deaths of participants and

monitor and make recommendations on trends and patterns.
*Team members are:
o RHC PM, Mental Health PM, Residential PMs, Compliance Monitoring and Training Office Chief, Medicaid and Eligibility Office Chief, Waiver Services Unit Manager, Statewide Investigation Unit Manager, Nursing Services Unit Manager and PASRR and RHC Quality Management Systems Unit Manager.

Nursing Care Consultants (NCC):
*Assigned to Regions to review and monitor health and safety concerns.
*Nurses consult with case resource managers on health and welfare concerns.

Waiver Services Unit Manager and Regional Waiver Specialists:
*The primary responsibility for the implementation of this waiver resides with the Waiver Services Unit Manager and the IFS Program Manager
*Regional Waiver Specialists work collaboratively with the Waiver Service Unit Manager and IFS Program Manager to ensure proper implementation at the regional level.
*The Waiver Services Unit Manager and Waiver Specialists meet every other month to monitor waiver implementation and recommend necessary waiver changes.

Regional Quality Assurance (QA) staff:
*Provide quarterly reports which contain quality assurance information on incidents and other QA activities in the region.

Children's Administration:
*Division of Licensing Resources(DLR) monitors and licenses Children's Foster Homes, Group Homes and Staffed Residential Homes.
*Child Protective Services (CPS) provides investigation of incidents of abuse, neglect, abandonment and exploitation involving children.

External

Medicaid Agency Waiver Management Committee:
*This committee meets four times per year and is comprised of representatives from the Health Care Authority (the single State Medicaid Agency), Home and Community Services. the Behavioral Health Administration, and the Developmental Disabilities Administration.
*The Committee presents information to the single State Medicaid Agency in the following areas:
o Annual reports from the three administrations
o QCC reviews
o National Core Indicators
o Fiscal reports

The HCA provides recommendations and feedback based on the information provided.

Stakeholder input and review of waiver programs:
*A web site offers stakeholders an opportunity to:
o Review annual reports.
o Review quality assurance activities.
o Provide suggestions for ways to better serve waiver clients.

Developmental Disabilities Council (DDC):
*The DDC is comprised of self-advocates, family members and department representatives.
o The DDC analyzes and provides recommendations for improvement using the National Core Indicators Survey as its' tool.

The HCBS (DDA) Waivers Quality Assurance Committee:
*Sponsored by the DDC and comprised of self-advocates, family members, providers and Department representatives.
o Meets four times a year, with provision for more frequent sub-committee meetings on select topics as needed.
o Provides a forum for active, open and continuous dialogue between stakeholders and the DDA for implementing, monitoring and improving the delivery of waiver services to best meet the needs of people with intellectual and developmental disabilities.

The Medicaid Agency Waiver Management Committee:
*Includes representatives from the Health Care Authority (the single State Medicaid Agency) and Administrations/Divisions within the operating agency: DDA, HCS, RCS, and BHA. The committee meets quarterly to review all functions delegated to the operating agency, current quality assurance activity, pending waiver activity (e.g., amendments, renewals), potential waiver policy and rule changes and quality improvement activities.

Various reports are disseminated to both external and internal groups. These groups are involved in evaluating the performance and progress of the Waiver program. Through this review process these groups also provide feedback on opportunities for improvement.

Included in the distribution cycle are:

Internal:

*DDA Assistant Secretary, HQ Management Team and Regional Management Team reviews:
o Quarterly Regional management reports on the waiver performance.
o The report contains data such as the number of waiver assessments due against the number that were completed, the regional progress on correction related to QCC review findings, and many other key indicators of operational performance.

*DDA Assistant Secretary, HQ Management Team and all Regional Management Teams reviews:
o The Quarterly Regional Quality Assurance Managers reports are compiled into one final report.
o Each regional QA report, also in a PowerPoint format contains 8 control charts from the key incident types, a detailed analysis of any client with 3 or more incidents, analysis of deaths, and information/ data on many other QA activities in the region.
o When the final report is compiled best practices and concerns are reviewed and necessary action is taken.

QCC reviews:
*Statewide analysis of review findings. The report includes data and recommendations from the annual review cycle. This report is then shared with the Medicaid Agency Waiver Management Committee and the Statewide Management Team.
*Regional review findings. The regional reports are specific to the regional review. Each report provides an analysis of the data from the most current review and compares historical data (when available).

DDA Assistant Secretary Reviews:
Monthly fiscal reports provided by Management Services Division (MSD).
o These reports provide detailed analysis of the waiver expenditures and clients served.

External

A web site offers stakeholders an opportunity to review:
*Annual waiver progress/performance reports.
The reports are often PowerPoint presentations with control charts or Pareto charts constructed from data related to performance measures.

Washington State Developmental Disabilities Council (DDC):
*Annual NCI Core Indicator reports are provided to the DDC for their recommendation and feedback.
*The NCI reports focus on participant satisfaction or areas of concern.
*The DDC invites families and self-advocates to review the data from the National Core Indicator survey report. Their feedback and recommendations are then shared with DDA management after every evaluation.

The Medicaid Agency Waiver Management Committee:
*Includes representatives from the Health Care Authority (the Single State Medicaid Agency) and Administrations/Divisions within the operating agency: DDA, HCS, RCS, and BHA.
*Meets at least quarterly to review:
o All functions delegated to the operating agency
o Current quality assurance activity
o Pending waiver activity (e.g., amendments, renewals)
o Potential waiver policy and rule changes
o Quality improvement activities

ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

The Developmental Disabilities Administration (DDA) believes that the quality of programs and services delivered to people with developmental disabilities in Washington State is everyones business. The evaluation and improvement of processes and systems are ongoing. All collected data is identified by each waiver type in order to evaluate and monitor individualized waiver program effectiveness.

Each year DDA improves services to waiver clients by using the numerous data collection points, appropriate analysis and prioritization techniques, evaluation and feedback from differing groups.

DDA also seeks the assistance of CMS and other entities through grants, conferences, or Best Practices information, to continue to refine benchmarks for improvement and evaluate the system against those benchmarks.

The Quality Improvement Strategy will be re-evaluated at least once during the five year approval period. The following process will be followed in reviewing and updating the Quality Improvement Strategy:

- o DDA will maintain a waiver management strategy.
- o All processes and strategies will be continuously improved through the various methods of evaluation, monitoring, analysis and actions taken.
- o DDA will work with participants, families, advocates, and providers to identify opportunities for performance improvement and report the progress being made back to stakeholders.
- o State staff, providers and stakeholders will provide ongoing monitoring of the system. Changes may be recommended by any of the above entities.

Explanation and Examples of Types of Data Analysis Used:

Charting Data: Using charts and graphs, often provides greater insight and interpretation of data. Data charts provide a powerful tool to help observe and analyze the behavior of processes and the effects of trial solutions. They are the best way to present data to others helping them to quickly grasp the information.

Chart Selection Guide: The information below summarizes several chart types that are useful in Quality Improvement and suggests possible applications:

A pie chart presents data as a percentage of a total. Examples of application include sources of errors and make up of a budget.

A bar chart presents comparisons of data categories. These can be categories at a point in time or changes in categories over a period of time. Examples of application include the number of errors over time, process output by month or by department, and comparison of results using different methods.

Pareto charts present data relative to the size of categories in order. Examples of application include customer quality characteristics in order of importance, and types of customer complaints.

Histo-grams present a distribution of a set of data (how frequently the given values occur) and shows the stability of a process. One example of application is variation of complaint resolution times.

Line charts represent behavior over time, same data collection frequency, and X charts. Examples of application include time to complete inspections over time, and the number of customer complaints over time.

Control charts present the common cause and special cause variation based on 3 sigma of the average, X bar and R, X and mr charts. Examples of application include time to fulfill customer requests, and the number of IRs per month.

See additional information at Main.B. Optional

Appendix H: Quality Improvement Strategy (3 of 3)

H-2: Use of a Patient Experience of Care/Quality of Life Survey

a. Specify whether the state has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months *(Select one):*

- ○ **No**
- ◉ **Yes** *(Complete item H.2b)*

b. Specify the type of survey tool the state uses:

- ○ **HCBS CAHPS Survey :**
- ◉ **NCI Survey :**
- ○ **NCI AD Survey :**
- ○ **Other** *(Please provide a description of the survey tool used):*

Appendix I: Financial Accountability

I-1: Financial Integrity and Accountability

Financial Integrity. *Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).*

a) Providers are not required to have an independent financial audit of their financial statements. Agency providers are required to submit a cost report. If the department has reason to be concerned, the department will request an audit by Operations Review and Consultation or the State Auditors Office. Operations Review and Consultation is within DSHS. The State Auditors Office is a state agency outside the Department of Social and Health Services.

b) The Office of Rates Management annually conducts desk audits on all annual cost reports submitted by providers. The revenues reported by providers are reconciled to the payments made through ProviderOne and Individual ProviderOne for services and the provider's contract(s) in place during the period. The Offce of Rates Management may require additional information from the provider (payroll records, other financial records, etc.) if there are concerns about the integrity of the cost report information. The Office of Rates Management may also conduct on-site reviews of provider financial records to ensure that the cost report is accurate and completed in accordance with contract requirements.

The Office of Rates Management audits cost reports submitted by residential providers in accordance with the processes and procedures outlined in DDA Policy 6.04 Cost Reports for Supported Living, Group Training Homes, and Group Homes and DDA Policy 6.02 Rates, Billing, and Payment for Supported Living, Group Training Homes and Group Homes to ensure provider costs do not include unallowable expenses, such as the cost for room and board. State utilizes a tiered rate methodology where the rate varies by identified characteristics of the individual client, county of residence and composition of the household. Nine tiers are formed by matching individuals, stratified by the DDA assessment, with associated payment brackets, which are based on average cost of service. Cost reports are submitted by residential providers to the State on a State-designed form and include the following rate components: instruction and support services (ISS), administrative, transportation, residential professional services and other non-ISS supports. Additional allowable costs may include cost of care adjustments, staff add-on for client-specific need, client transition and summer program for supported living clients. Detail in the cost reports and supporting documents provided by residential providers help rates management auditors ensure accurate cost reports by verifying: all sections of the cost report are complete; all information matches the ProviderOne payment report; the report conforms with generally accepted accounting principles; and the reports meet the requirements of the providers contract.

On-site reviews conducted by the Office of Rates Management are at their sole discretion and may occur if the Office of Rates Management deems it necessary to validate the information contained in the cost report by reviewing provider financial records.

The Office of Rates Management sends a letter to the provider describing the results for both the desk and on-site audits. If the state requires correction action plans from providers, the Office of Rates Management will follow-up with the providers to verify that the corrective action plans have been completed evidenced by corrected cost reports and audited financial records.

c) The State Auditor's Office conducts the periodic independent audit of the waiver program as required by the single audit act.d)Federal rules are followed for agencies that have non-profit status per the Single Audit Act and OMB Circular A-133. A single or program specific audit is required for the AAA and other subcontractors who expend more than $750,000 in federal assistance in a year.

Appendix I: Financial Accountability

Quality Improvement: Financial Accountability

As a distinct component of the States quality improvement strategy, provide information in the following fields to detail the States methods for discovery and remediation.

a. Methods for Discovery: Financial Accountability Assurance:

The State must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program. *(For waiver actions submitted before June 1, 2014, this assurance read "State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.")*

i. Sub-Assurances:

a. Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.

(Performance measures in this sub-assurance include all Appendix I performance measures for waiver actions submitted before June 1, 2014.)

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
I.a.1. The percentage of all claims coded and paid in accordance with reimbursement methodology in approved waiver for waiver services rendered per participant's PCSP. N = # of waiver files reviewed with all claims coded and paid in accordance with reimbursement methodology in approved waiver for waiver services rendered per participant's PCSP. D = # of waiver files reviewed.

Data Source *(Select one):*
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	***Frequency of data collection/generation*** *(check each that applies):*	***Sampling Approach****(check each that applies):*
☐ ***State Medicaid Agency***	☐ ***Weekly***	☐ ***100% Review***
☒ ***Operating Agency***	☐ ***Monthly***	☒ ***Less than 100% Review***
☐ ***Sub-State Entity***	☐ ***Quarterly***	☒ ***Representative Sample*** *Confidence Interval =* *95%*
☒ ***Other*** *Specify:* *Quality Compliance Coordinator (QCC) Team within DDA.*	☒ ***Annually***	☐ ***Stratified*** *Describe Group:*
	☐ ***Continuously and Ongoing***	☐ ***Other*** *Specify:*

	☐ ***Other*** *Specify:*	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	***Frequency of data aggregation and analysis****(check each that applies):*
☐ ***State Medicaid Agency***	☐ ***Weekly***
☒ ***Operating Agency***	☐ ***Monthly***
☐ ***Sub-State Entity***	☐ ***Quarterly***
☐ ***Other*** *Specify:*	☒ ***Annually***
	☐ ***Continuously and Ongoing***
	☐ ***Other*** *Specify:*

b. Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
I.b.1. The percentage of waiver provider rate methodologies utilized by contract specialists that are consistent with rate methodologies in approved waiver. N = Number of waiver provider rate methodologies utilized by contract specialists that are consistent with rate methodology in approved waiver. D = Number of waiver provider rate methodologies utilized by contract specialists.

Data Source *(Select one):*
Financial records (including expenditures)
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	***Frequency of data collection/generation*** *(check each that applies):*	***Sampling Approach****(check each that applies):*
☐ ***State Medicaid Agency***	☐ ***Weekly***	☒ ***100% Review***
☒ ***Operating Agency***	☐ ***Monthly***	☐ ***Less than 100% Review***
☐ ***Sub-State Entity***	☐ ***Quarterly***	☐ ***Representative Sample*** *Confidence Interval =*
☐ ***Other*** *Specify:*	☒ ***Annually***	☐ ***Stratified*** *Describe Group:*
	☐ ***Continuously and Ongoing***	☐ ***Other*** *Specify:*
	☐ ***Other*** *Specify:*	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	***Frequency of data aggregation and analysis****(check each that applies):*
☐ ***State Medicaid Agency***	☐ ***Weekly***
☒ ***Operating Agency***	☐ ***Monthly***
☐ ***Sub-State Entity***	☐ ***Quarterly***
☐ ***Other*** *Specify:*	☒ ***Annually***

Responsible Party for data aggregation and analysis *(check each that applies):*	***Frequency of data aggregation and analysis****(check each that applies):*
	☐ ***Continuously and Ongoing***
	☐ ***Other*** *Specify:*

ii. *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

I.a.1; I.a.2:
The QCC Team completes a review of randomly selected files across all waivers annually. The list for the QCC Team review is generated to produce a random sample representative of the waiver program with a 95% confidence level and a confidence interval of +/-5%. The findings from these reviews are collected in a database. All findings are expected to be corrected within 90 days. Corrections are monitored by QCC Team members.

A valid sample is produced for the QCC review. The review protocol includes (among others) the following questions with a target of 100% compliance.
Are all the current authorized services identified in the PCSP?
Are the authorized service amounts equal or less than the amounts identified in the PCSP?

I.a.3:
A claims data report is run annually to verify that all claims made for FFP are for waiver participants.

I.b.1:
Expenditure data will be used to verify that rates are consistent with the approved rate methodology.

b. Methods for Remediation/Fixing Individual Problems

i. *Describe the States method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.*

I.a.1., I.a.2. Annual QCC waiver file review:
Findings from QCC Team and Supervisor file reviews are analyzed by DDA staff and reviewed by DDA management. Based on the analysis necessary steps are taken to increase compliance. For example:
Annual Waiver Training curriculum is developed in part to address review findings.
Personnel issues are identified.
Form format and instructions are modified.
Waiver WAC is revised to clarify waiver rules.
Regional processes are revised.

Providers whose service authorization included a rate higher than the contracted rate are reviewed to determine the appropriate course of action. Overpayments are processed as necessary.

I.a.3: Claims that are made for nonwaiver participants are removed from the claim for FFP.

I.b.1.: Adjustments will be made to payment for services for which the rates were not consistent with the approved rate methodology.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	***Frequency of data aggregation and analysis*** *(check each that applies):*
☐ ***State Medicaid Agency***	☐ ***Weekly***
☒ ***Operating Agency***	☐ ***Monthly***
☐ ***Sub-State Entity***	☐ ***Quarterly***
☐ ***Other*** *Specify:*	☒ ***Annually***
	☐ ***Continuously and Ongoing***
	☐ ***Other*** *Specify:*

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

◉ ***No***

○ ***Yes***

Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (1 of 3)

a. Rate Determination Methods. *In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).*

All negotiated rates comply with Federal and Washington State minimum wage requirements.
The DDA and the Health Care Authority follow the federal guidelines found in 42 U.S.C. § 1396a(a)(30)(A) when establishing rates so that payments are consistent with efficiency, economy and quality of care and are sufficient to enlist providers for services to ensure adequate access to care for Medicaid recipients. Steps taken to ensure rates comply with federal requirements include: workgroups, stakeholder meetings, consultation with program managers, consultation with professional organizations, analysis of market rates, rates paid by other states for comparable services, and the budget impacts of rates. For example, for nursing services, comparable services in the private sector and in other states include private duty nursing/in-home nursing as provided by LPNs or RNs.
Payment cannot exceed 1) the prevailing charges in the locality for comparable services under comparable circumstances, or 2) the rates charged for comparable services funded by other sources. Methods for determining reasonable rates include periodic market surveys, cost analysis and price comparison. HCA conducts these activities every two to four years, per requests by the Legislature and/or indications that access to services is being impacted by current rates. For DDA rates, this information has been added below under each set of services.
Waiver service definitions and provider qualifications are standardized. This helps ensure that rates are comparable (not necessarily identical) across the state for those services that are negotiated on a regional basis by DDA staff, as rates are for identical services with providers meeting the same qualifications.
HCA rates are updated every January with any possible new codes, and rates are changed every July to align with the new relative value units (RVUs), State geographic price cost index (GPCI), and State specific conversion factor. For codes that do not have RVUs, rates are usually set at a flat rate. If analysis shows they need to be updated, that happens every July with the other codes. The most recent update was in July 2018, and are reviewed every July.
With respect to rates established by DDA, the most recent rate comparison was conducted in the January of 2019. If a rate change is not budget neutral, it would be made only if funding was provided by the Legislature or the Legislature required service coverage changes to save the funding needed for the rate change.
For HCA-based rates, an amendment to the rates is triggered by directive and/or funding by the Legislature, and/or a change to RVUs, and the Legislature is responsible for funding rate changes. The HCA identifies the need for a rate change using indicators listed below. Without additional funding, rate changes must be budget neutral. If a rate change is not budget neutral, it would be made only if funding was provided by the Legislature or the Legislature required service coverage changes to save the funding needed for the rate change.
For DDA, specifics regarding when rates are adjusted & the criteria used to evaluate the need for rate adjustments are at the end of the discussion of each set of services. When funding is available, the Legislature mandates rate increases for specific types of vendors (e.g., individual providers, residential providers, adult family homes) and/or services.
Regarding criteria for HCA to adjust rates, RVU driven rates are updated yearly per new RVUs. For flat rates, a significant (e.g., 25%) drop in the use of services by Medicaid participants, a significant (e.g., 25%) drop in the number of enrolled providers, an indication that payment rates are substantially (e.g., 40%) below third-party insurer rates, and/or a request by the Legislature for an analysis of rate adequacy are indicators of the need for rate adjustments. Rates are adjusted with approval from the Legislature.
Rates negotiated with employee unions are static during the life of the contract & are the rates identified within the contract. These rates are only adjusted as written within the contract.
Regarding the cost allocation plan, DSHS does not establish indirect rates for Title XIX administration. A Public Assistance Cost allocation plan allocates administrative costs through various allocation methodologies (see attachment for the most current submission). The Public Assistance Cost Allocation plans for DDA & ALSTA describe the cost allocation methodologies to the CFDA (Medicaid) grant level & does not list specific waivers.
While the Public Assistance Cost Allocation plan for the DDA (submitted as a PDF attachment) does not list specific waivers, the cost accounting system allocates the Medicaid portion to the specific funding of the clients served. A portion of the cost of all DDA staff (e.g., regional staff associated with community-based services, Central Office staff including the waiver unit staff & administrative & management staff) who provide administrative and/or technical support to the waiver program is charged as Title XIX administration & allocated by the funding source of the clients served (both state plan & waiver).
There will be no administrative charges for the IFS waiver until client services under the approved waiver are provided & paid, since the portion of staff costs charged to Title XIX administration is based on either caseload or expenditures for Title XIX services.

Rate models for the following services are:
Rates do not vary by geographical location.
Community Engagement: Flat Fee
Peer Mentoring: Flat Fee
Person-Centered Plan Facilitation: Flat Fee

Nurse Delegation: Flat Fee set by legislature
Skilled Nursing: Flat Fee set by legislature
Supported Parenting: Flat Fee aligned with staff/family consult and training

Assistive Technology, Specialized Clothing, Specialized Medical Equipment & Supplies, Therapeutic Equipment & Supplies, and community-based settings for respite services: Rates are based on usual & customary charges for the products/services as paid by the general public. Charges are adjusted by the supplier based on overhead, staff wages & the local demand for the products/services. To maintain availability of these products/services for waiver participants, DDA adjusts rates annually if rate comparisons indicate prevailing market rates have increased significantly (e.g., 20%+).
Community Engagement, Peer Mentoring, Person Centered Plan Facilitation: Rates are standardized & state-wide based on the skills required. Rates will be adjusted as necessary based on the demand for the services, availability of providers, & adjustments in rates made to providers of services that require similar skill levels. Rate changes may be initiated by providers or by DDA. DDA will review the adequacy of the rates annually using rate comparisons. Rates will be changed if current rates will result in providers terminating their contracts & rate comparisons indicate IFs Waiver payment rates are at least 20% less than those for individuals with comparable skills.

Extended State Plan Services (therapies): These services are paid via ProviderOne, Washington State's approved MMIS. These rates are established by the HCA & are updated every January with any possible new codes, & rates are changed every July to align with new RVUs, State GPCI, and State specific conversion factor. The most recent update was in July 2018, and are reviewed every July.

Respite, Transportation: Room and board for respite is but one component of respite rates that are based on usual & customary charges for the products/services as paid by the general public. Room and board are not separately calculated or broken out of respite rates. The cost of room and board is included in the total respite reimbursement rate when respite is provided in a contracted overnight setting. Charges are adjusted by the supplier based on overhead, staff wages & the local demand for the products/services. To maintain availability of these products/services for waiver participants, DDA adjusts rates annually if rate comparisons indicate prevailing market rates have increased significantly (e.g., 20%+). Individual provider & agency hourly rates & the mileage rate for transportation are based upon the rates provided to personal care providers. Those provider rates are standardized based on negotiations with the Service Employees International Union (SEIU) & funding provided by the Legislature. Changes in rates may be proposed by either party during the negotiations for contract terms, held every two years. Rates for respite provided in allowable settings outside the individual's home include the cost of room and board. DDA will adjust the rates whenever the negotiated rates change, which is expected to be every two years. The rate for transportation is changed based on significant (e.g., 20%) increases in the cost of vehicle maintenance & repair costs & the cost of fuel.

Environmental Adaptations, Vehicle Modifications: Rates are based upon bids received by potential contractors. Variations in rates are due to differences among providers related to overhead, staff wages, and the local demand for services. Rates are adjusted as the bids change over time, which in turn are based on the local cost of goods & labor & the demand for the service. Providers initiate the change in payment by the bids they submit. DDA will review the rates being paid annually using rate comparisons. Rates will be increased if current rates are significantly (e.g., 20%) less than prevailing market rates.

Nurse Delegation, Skilled Nursing: Nurse Delegation: market value, including Medicaid reimbursement rates, are reviewed and final rate is set by legislature
Skilled Nursing: market value, including Medicaid reimbursement rates, are reviewed and final rate is set by legislature. Rates are based on Medicaid unit rates with no vacation or overtime. Changes to flat rates such as these are initiated, mandated and funded by the Legislature during legislative sessions, which are held annually. Adjustments to the rates will be made by the HCA. HCA rates are updated every January with any possible new codes, & rates are changed every July to align with new RVUs, State GPCI, & State specific conversion factor. For codes that do not have RVUs, analysis is completed and rates are usually set at a flat rate. If analysis shows they need to be updated, that will occur every July with the other codes.

The State Medicaid Agency is required to follow the Administrative Procedure Act, Chapter 34.05 RCW when soliciting public comments on rate determination methods. Changes to rates that are made by the legislature in the biennial and supplemental budget process are part of public hearings on budget and policy legislation. Rates are posted on public web sites.

Continued at Main. B-Optional

b. Flow of Billings. *Describe the flow of billings for waiver services, specifying whether provider billings flow directly from providers to the state's claims payment system or whether billings are routed through other intermediary entities. If billings flow through other intermediary entities, specify the entities:*

The Department of Social and Health Services (DSHS), which is the State Operating Agency, receives funding appropriated by the Legislature in the biennial budget. Funding (both state dollars and federal dollars) is provided to DSHS and allotted to the Developmental Disabilities Administration (DDA). DDA receives the appropriation and allots funds to its operating regions via Regional Budgets for most service (e.g., residential, personal care, professional) categories.

Direct Service Payments (Current)

DSHS/DDA contracts directly with providers of service for all services except state-staffed services, which are state-operated living alternatives (SOLA) services and state-staffed positive behavior support and consultation services as a component of behavioral health stabilization services. For direct payment, DDA authorizes services via the social services authorization system, and providers bill the agency directly for services using service vouchers. Payments are made directly from DSHS/DDA via SSPS/ProviderOne to the providers of service.

Direct Service Payments (Janaury, 2015)

Washington State's Health Care Authority (the single state Medicaid Agency) has a MMIS titled "ProviderOne". Payments for Medicaid State Plan services (except personal care and state-operated ICFs/IID and NFs) are made via ProviderOne.

Effective January, 2015, payment to service providers categorized as "1099 providers" are made via ProviderOne directly to service providers. Included will be social service providers such as community residential providers, home care agencies, and medical providers that did not transition to the ProviderOne system in the first phase of the project.

1099 Providers

- *Adult Family Homes*
- *Adult Residential Care Facilities*
- *Counseling*
- *Durable Medical Equipment*
- *Group Homes/Group Training Homes*
- *Home Care Agencies*
- *Licensed Staff Residential*
- *Mental and Physical Incapacity Evaluations*
- *Nurse Delegation*
- *Physical, Occupational, Speech Therapy*
- *Private Duty Nursing*
- *Skilled Nursing*
- *Supported Living*

Funding for Medicaid services covered under the IFS waiver will continue to be appropriated to the State Operating Agency, and the cost of payments for IFS Waiver services will be charged directly to the State Operating Agency.

W-2 Providers

Starting in January 2016, providers of waiver services that report earnings using a W-2 Wage and Tax Statement form (e.g., individual respite providers who are represented by Service Employees International Union Healthcare 775NW) were paid by Individual ProviderOne, a system developed by a private contractor: Public Partnerships Limited-PPL. The individuals that are paid via this system provide personal care services and/or respite care. Again, the cost of these payments will be charged directly to the State Operating Agency.

Payments to State Employees

The State-Operated Living Alternatives (SOLA) programs are supported living program staffed with state employees. Employee salaries are included in the appropriation provided to the Administration by the Legislature. Salaries for State-staffed positive behavior support and consultation services as a component of behavioral health stabilization services are also included in the appropriation provided to the Administration by the Legislature. State employees that

provide these services are paid twice a month like other state employee, with the payment amount determined by their job classification and experience.

Claim for FFP for Services Provided by State Employees

A prospective (daily) rate for SOLA services is established each year for each location (region) based on the projected costs and number of resident days for the ensuing fiscal year. The established rates are transmitted to the Office of Financial Recovery (OFR). OFR uses the daily reimbursement rates and the number of Medicaid eligible days at each location to calculate the federal share of cost for each facility. The OFR calculation report goes to the Office of Accounting Services and to the Management Services Division (MSD). MSD fiscal staff prepare a journal voucher to record the federal share under the federal funds appropriation in the Financial Reporting System (FRS). Reported resident days and FFP claims are reconciled with OFR each month. The DSHS includes the daily cost multiplied by the number of days in the HCFA-64 Report to collect FFP for SOLA services provided to waiver clients. At the close of each year, a settlement calculation is prepared to recover additional federal funds, or to pay back funds previously received.

The same processes as described for SOLA services directly above are applied to determine the claim amount for state-staffed positive behavior support and consultation services as a component of behavioral health stabilization services.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (2 of 3)

c. Certifying Public Expenditures *(select one):*

- (●) ***No. state or local government agencies do not certify expenditures for waiver services.***
- ( ) ***Yes. state or local government agencies directly expend funds for part or all of the cost of waiver services and certify their state government expenditures (CPE) in lieu of billing that amount to Medicaid.***

Select at least one:

☐ ***Certified Public Expenditures (CPE) of State Public Agencies.***

Specify: (a) the state government agency or agencies that certify public expenditures for waiver services; (b) how it is assured that the CPE is based on the total computable costs for waiver services; and, (c) how the state verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b).(Indicate source of revenue for CPEs in Item I-4-a.)

☐ ***Certified Public Expenditures (CPE) of Local Government Agencies.***

Specify: (a) the local government agencies that incur certified public expenditures for waiver services; (b) how it is assured that the CPE is based on total computable costs for waiver services; and, (c) how the state verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b). (Indicate source of revenue for CPEs in Item I-4-b.)

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (3 of 3)

d. Billing Validation Process. *Describe the process for validating provider billings to produce the claim for federal financial*

participation, including the mechanism(s) to assure that all claims for payment are made only: (a) when the individual was eligible for Medicaid waiver payment on the date of service; (b) when the service was included in the participant's approved service plan; and, (c) the services were provided:

a.) Individual was eligible for Medicaid waiver payment on the date of service.
1) ProviderOne has a waiver identifier based on waiver status that indicates an individual is on a home and community-based services waiver.
2) Waiver Status in CARE Waiver Screen
The Developmental Disabilities Administration's CARE includes a Waiver Screen that contains the type of waiver an individual is on, the waiver begin date, and waiver end date (if any). A waiver effective date for the individual is entered into the Waiver Screen by CARE once the necessary waiver eligibility confirmation steps have been completed. These include verification of the need for ICF/IID Level of Care (LOC) and financial eligibility (as established by financial workers in the Long Term Care Specialty Unit within Home and Community Services), documentation of Voluntary Participation statement (Form #10-424), verification of disability per criteria established in the SSA, and completion of an Person-Centered Service Plan (PCSP). CARE enters a waiver effective date based on the effective date of the person-centered service plan (PCSP), which is the last step in the waiver eligibility verification process. The waiver effective date serves as the beginning date for claiming of federal financial participation for waiver services. Case Resource Managers may only assign a waiver Recipient Aid Category (RAC) once the steps outlined above are complete. Should a waiver RAC be assigned but a participant has a lost of financial eligibility during the coverage period, ProviderOne will post edits.

The usual MMIS edits will be applied to billings under the IFS Waiver. I.e., the following will be verified: the individual is on the IFS Waiver, the service is covered under the IFS Waiver, the provider is a valid provider of the service, tne provider is a qualified provider with a current contract, and the specifics of the claim are consistent with the service authorization completed by the DDA case resource manager.

b.) Service was included in the participant's approved person-centered service plan to assure the pre-payment process for validating provider billings. PCSPs are updated as needed and at least annually (please see Appendix H-1.b.3 for a description of the steps taken to ensure PCSPs are updated).

DDA Quality Compliance Coordinators (QCCs) annually review a statewide sample of clients. Their review includes a comparison of service payments with the services contained in approved PCSPs to ensure that services claimed against the IFS Waiver are contained in the approved PCSP.

c.) The services were provided.
Monitoring of the provision of services is outlined in Appendix H-1-b-4. Steps taken include:
**QCC file reviews verify the authorization matches the PCSP including the type, scope, amount, duration and frequency of the service. When findings occur, regions have 30 days to correct problems. QCCs monitor the corrective action plans.*
**CRMs or Social Service Specialists complete a review of last year's plan with the waiver recipient prior to beginning the planning process for the upcoming year. A portion of the review is to confirm that services were received in accordance with the PCSP.*
**The State participates in the National Core Indicators Survey, which includes waiver related questions. This annual face-to-face sampling of waiver participants enables DDA management to evaluate PCSP outcomes from the recipient's perspective.*

Services provided in state operated settings are not billed through the MMIS. These State-operated services have the same assurances of validation as
State-contracted services paid through the MMIS:
- *The person is enrolled and meets eligibility requirements for the waiver program on the date of service.*
- *The service type, scope, amount, duration and frequency are identified in the approved service plan.*
- *There is documentation of the service and the state operated setting meets certification, licensing, training and other*

requirements.
• Individuals receiving waiver services in state operated settings receive case management visits at least annually or when there is a significant change.

The state's CARE system compiles the information for the essential tests along with residence leave to settings such as hospitals or nursing facilities to identify dates of service that are eligible to claim match and are reconciled monthly prior to claim of match.

The state adjusts FFP whenever an incorrect billing is identified. This is done by adjusting the claim in MMIS.The state adjusts billings when reconciliations reveal a change in status or eligibility of a client. The state also adjusts billings when reconciliations reveal inappropriate billings (duplicate billings, billings for non-waiver services, etc.) and removes them from claims for FFP.

e. Billing and Claims Record Maintenance Requirement. *Records documenting the audit trail of adjudicated claims (including supporting documentation) are maintained by the Medicaid agency, the operating agency (if applicable), and providers of waiver services for a minimum period of 3 years as required in 45 CFR §92.42.*

Appendix I: Financial Accountability

I-3: Payment (1 of 7)

a. Method of payments -- MMIS *(select one):*

○ ***Payments for all waiver services are made through an approved Medicaid Management Information System (MMIS).***

◉ ***Payments for some, but not all, waiver services are made through an approved MMIS.***

Specify: (a) the waiver services that are not paid through an approved MMIS; (b) the process for making such payments and the entity that processes payments; (c) and how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

Washington utilizes ProviderOne, the State's Medicaid Management Information System (MMIS) to process claims pertaining to most services provided to waiver recipients. ProviderOne maintains data on waiver participants including name, birth date, social security number and case number. The participant data is associated with the provider name, provider payment identification number, waiver service begin and end dates, unit rate, authorized service
code, amount paid, date paid, etc.Case/Resource Managers authorize waiver service payments for participants meeting financial and service eligibility factors by completing the authorization electronically through CARE. Information on the electronic authorization is sent to the payment system. The service provider receives a notice regarding the payment authorization which includes the authorized dates of service, the type of service and the amount of service.
All providers claim electronically through the MMIS system for the services/goods they provided. Payments are made directly to the provider and historical records of all payments are maintained for seven years in the ProviderOne data warehouse. Providers may directly bill the state. Payments are made outside of the MMIS system as the need arises using an A-19 Invoice Voucher. These types of payments occur rarely and are event driven. Instructions are provided on an individual basis as the need arises.

State operated services, including respite provided by State Operated Living Alternatives and state operated positive support and consultation agency limited to behavioral health stabilization services have prospective rates established each year for each facility (or sub-facility) based on the projected costs and number of resident days for the ensuing fiscal year. The established rates and the number of Medicaid eligible days are used to calculate the federal share of cost for each client and the department uses this calculation to bill for Medicaid services. At the close of each year, a settlement calculation is prepared to recover additional federal funds, or to pay back funds previously received.

On rare occasions, emergency A19 payments are made to providers in extreme financial distress due to system billing complications. These requests are escalated for review and assessed on a case by case basis by program and fiscal staff. Client health and safety as well as the length of time estimated for the system issue to be resolved are factored into the evaluation of these exceptional circumstances. Providers are still required to submit claims in the MMIS system once the issue is resolved. The A19 amount is recouped via gross adjustment take back against the Providers claims processed in the MMIS system.

No emergency payments for IFS were made in SFY 2019.

○ ***Payments for waiver services are not made through an approved MMIS.***

Specify: (a) the process by which payments are made and the entity that processes payments; (b) how and through which system(s) the payments are processed; (c) how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

○ ***Payments for waiver services are made by a managed care entity or entities. The managed care entity is paid a monthly capitated payment per eligible enrollee through an approved MMIS.***

Describe how payments are made to the managed care entity or entities:

Appendix I: Financial Accountability

I-3: Payment (2 of 7)

b. Direct payment. *In addition to providing that the Medicaid agency makes payments directly to providers of waiver services, payments for waiver services are made utilizing one or more of the following arrangements (select at least one):*

☒ ***The Medicaid agency makes payments directly and does not use a fiscal agent (comprehensive or limited) or a managed care entity or entities.***

☐ ***The Medicaid agency pays providers through the same fiscal agent used for the rest of the Medicaid program.***

☐ ***The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent.***

Specify the limited fiscal agent, the waiver services for which the limited fiscal agent makes payment, the functions that the limited fiscal agent performs in paying waiver claims, and the methods by which the Medicaid agency oversees the operations of the limited fiscal agent:

☐ ***Providers are paid by a managed care entity or entities for services that are included in the state's contract with the entity.***

Specify how providers are paid for the services (if any) not included in the state's contract with managed care entities.

Appendix I: Financial Accountability

I-3: Payment (3 of 7)

c. Supplemental or Enhanced Payments. *Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to states for expenditures for services under an approved state plan/waiver. Specify whether supplemental or enhanced payments are made. Select one:*

◉ ***No. The state does not make supplemental or enhanced payments for waiver services.***

○ ***Yes. The state makes supplemental or enhanced payments for waiver services.***

Describe: (a) the nature of the supplemental or enhanced payments that are made and the waiver services for which these payments are made; (b) the types of providers to which such payments are made; (c) the source of the non-Federal share of the supplemental or enhanced payment; and, (d) whether providers eligible to receive the supplemental or enhanced payment retain 100% of the total computable expenditure claimed by the state to CMS. Upon request, the state will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the waiver.

Appendix I: Financial Accountability

I-3: Payment (4 of 7)

d. Payments to state or Local Government Providers. *Specify whether state or local government providers receive payment for the provision of waiver services.*

◉ ***No. State or local government providers do not receive payment for waiver services.*** *Do not complete Item I-3-e.*

○ ***Yes. State or local government providers receive payment for waiver services.*** *Complete Item I-3-e.*

Specify the types of state or local government providers that receive payment for waiver services and the services that the state or local government providers furnish:

Appendix I: Financial Accountability

I-3: Payment (5 of 7)

e. Amount of Payment to State or Local Government Providers.

Specify whether any state or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed its reasonable costs of providing waiver services and, if so, whether and how the state recoups the excess and returns the Federal share of the excess to CMS on the quarterly expenditure report. Select one:

Answers provided in Appendix I-3-d indicate that you do not need to complete this section.

- ○ ***The amount paid to state or local government providers is the same as the amount paid to private providers of the same service.***
- ○ ***The amount paid to state or local government providers differs from the amount paid to private providers of the same service. No public provider receives payments that in the aggregate exceed its reasonable costs of providing waiver services.***
- ○ ***The amount paid to state or local government providers differs from the amount paid to private providers of the same service. When a state or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed the cost of waiver services, the state recoups the excess and returns the federal share of the excess to CMS on the quarterly expenditure report.***

Describe the recoupment process:

Appendix I: Financial Accountability

I-3: Payment (6 of 7)

f. Provider Retention of Payments. *Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by states for services under the approved waiver. Select one:*

- ◉ ***Providers receive and retain 100 percent of the amount claimed to CMS for waiver services.***
- ○ ***Providers are paid by a managed care entity (or entities) that is paid a monthly capitated payment.***

Specify whether the monthly capitated payment to managed care entities is reduced or returned in part to the state.

Appendix I: Financial Accountability

I-3: Payment (7 of 7)

g. Additional Payment Arrangements

i. Voluntary Reassignment of Payments to a Governmental Agency. *Select one:*

- (●) ***No. The state does not provide that providers may voluntarily reassign their right to direct payments to a governmental agency.***
- ( ) ***Yes. Providers may voluntarily reassign their right to direct payments to a governmental agency as provided in 42 CFR §447.10(e).***

Specify the governmental agency (or agencies) to which reassignment may be made.

ii. Organized Health Care Delivery System. *Select one:*

- (●) ***No. The state does not employ Organized Health Care Delivery System (OHCDS) arrangements under the provisions of 42 CFR §447.10.***
- ( ) ***Yes. The waiver provides for the use of Organized Health Care Delivery System arrangements under the provisions of 42 CFR §447.10.***

Specify the following: (a) the entities that are designated as an OHCDS and how these entities qualify for designation as an OHCDS; (b) the procedures for direct provider enrollment when a provider does not voluntarily agree to contract with a designated OHCDS; (c) the method(s) for assuring that participants have free choice of qualified providers when an OHCDS arrangement is employed, including the selection of providers not affiliated with the OHCDS; (d) the method(s) for assuring that providers that furnish services under contract with an OHCDS meet applicable provider qualifications under the waiver; (e) how it is assured that OHCDS contracts with providers meet applicable requirements; and, (f) how financial accountability is assured when an OHCDS arrangement is used:

iii. Contracts with MCOs, PIHPs or PAHPs.

- (●) ***The state does not contract with MCOs, PIHPs or PAHPs for the provision of waiver services.***
- ( ) ***The state contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of waiver and other services. Participants may voluntarily elect to receive waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the state Medicaid agency.***

  Describe: (a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1); (b) the geographic areas served by these plans; (c) the waiver and other services furnished by these plans; and, (d) how payments are made to the health plans.

- ( ) ***This waiver is a part of a concurrent §1915(b)/§1915(c) waiver. Participants are required to obtain waiver and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The §1915(b) waiver specifies the types of health plans that are used and how payments to these plans are made.***
- ( ) ***This waiver is a part of a concurrent ?1115/?1915(c) waiver. Participants are required to obtain waiver and***

other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The ?1115 waiver specifies the types of health plans that are used and how payments to these plans are made.

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (1 of 3)

a. State Level Source(s) of the Non-Federal Share of Computable Waiver Costs. *Specify the state source or sources of the non-federal share of computable waiver costs. Select at least one:*

☐ ***Appropriation of State Tax Revenues to the State Medicaid agency***

☒ ***Appropriation of State Tax Revenues to a State Agency other than the Medicaid Agency.***

If the source of the non-federal share is appropriations to another state agency (or agencies), specify: (a) the state entity or agency receiving appropriated funds and (b) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if the funds are directly expended by state agencies as CPEs, as indicated in Item I-2-c:

The Department of Social and Health Services/Developmental Disabilities Administration (the State Operating Agency), receives funding for all waiver services. Payment for most waiver services will be made directly to service providers via ProviderOne or Individual ProviderOne, approved MMIS which is operated by the Health Care Authority, the Single State Agency.

No funds to cover the portion of the rates that are non-match are transferred to the Medicaid agency. All non-match funding is appropriated to the State Medicaid Agency or the State Operating Agency by the Legislature.

☐ ***Other State Level Source(s) of Funds.***

Specify: (a) the source and nature of funds; (b) the entity or agency that receives the funds; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by state agencies as CPEs, as indicated in Item I-2-c:

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (2 of 3)

b. Local Government or Other Source(s) of the Non-Federal Share of Computable Waiver Costs. *Specify the source or sources of the non-federal share of computable waiver costs that are not from state sources. Select One:*

◉ ***Not Applicable****. There are no local government level sources of funds utilized as the non-federal share.*

○ ***Applicable***

Check each that applies:

☐ ***Appropriation of Local Government Revenues.***

Specify: (a) the local government entity or entities that have the authority to levy taxes or other revenues; (b) the source(s) of revenue; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement (indicate any intervening entities in the transfer process), and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

☐ ***Other Local Government Level Source(s) of Funds.***

Specify: (a) the source of funds; (b) the local government entity or agency receiving funds; and, (c) the mechanism that is used to transfer the funds to the state Medicaid agency or fiscal agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (3 of 3)

c. Information Concerning Certain Sources of Funds. *Indicate whether any of the funds listed in Items I-4-a or I-4-b that make up the non-federal share of computable waiver costs come from the following sources: (a) health care-related taxes or fees; (b) provider-related donations; and/or, (c) federal funds. Select one:*

◉ ***None of the specified sources of funds contribute to the non-federal share of computable waiver costs***

○ ***The following source(s) are used***

Check each that applies:

☐ ***Health care-related taxes or fees***

☐ ***Provider-related donations***

☐ ***Federal funds***

For each source of funds indicated above, describe the source of the funds in detail:

Appendix I: Financial Accountability

I-5: Exclusion of Medicaid Payment for Room and Board

a. Services Furnished in Residential Settings. *Select one:*

○ ***No services under this waiver are furnished in residential settings other than the private residence of the individual.***

◉ ***As specified in Appendix C, the state furnishes waiver services in residential settings other than the personal home of the individual.***

b. Method for Excluding the Cost of Room and Board Furnished in Residential Settings. *The following describes the methodology that the state uses to exclude Medicaid payment for room and board in residential settings:*

Group Care Home/Group Training Home
The claim for Federal Financial Participation (FFP) for respite care in group homes and group training homes is based on the cost of respite services only. The rate for respite does not include the cost of room and board.

Child Foster Care
Payment for respite care in a foster home is only made for the cost of respite services. The rate for respite does not include the cost of room and board.

Staffed Residential Home
Payment for respite care in a staffed residential home resident is made only for the cost of respite services. The rate for respite does not include the cost of room and board.

Child Foster Group Care
Payment for respite care in a foster group care facility is made only for the cost of respite services. The rate for respite does not include the cost of room and board.

Adult Family Home
The basic rate for an adult family home covers the cost of room and board and is made under a separate payment code. That payment is off-set by client income/SSI payments. State payments for room and board are account-coded to all state dollars (i.e., are not account-coded against DDA's home and community-based services IFS Waiver).

Adult Residential Care Facility
The basic rate for adult residential care covers the cost of room and board and is made under a separate payment code. That payment is off-set by client income/SSI payments. State payments for room and board are account-coded to all state dollars (i.e., are not account-coded against DDA's home and community-based services IFS Waiver).

Appendix I: Financial Accountability

I-6: Payment for Rent and Food Expenses of an Unrelated Live-In Caregiver

Reimbursement for the Rent and Food Expenses of an Unrelated Live-In Personal Caregiver. *Select one:*

- ◉ ***No. The state does not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who resides in the same household as the participant.***
- ○ ***Yes. Per 42 CFR §441.310(a)(2)(ii), the state will claim FFP for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the waiver participant. The state describes its coverage of live-in caregiver in Appendix C-3 and the costs attributable to rent and food for the live-in caregiver are reflected separately in the computation of factor D (cost of waiver services) in Appendix J. FFP for rent and food for a live-in caregiver will not be claimed when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.***

The following is an explanation of: (a) the method used to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver and (b) the method used to reimburse these costs:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing *(1 of 5)*

a. Co-Payment Requirements. *Specify whether the state imposes a co-payment or similar charge upon waiver participants for waiver services. These charges are calculated per service and have the effect of reducing the total computable claim for federal financial participation. Select one:*

◉ ***No. The state does not impose a co-payment or similar charge upon participants for waiver services.***

○ ***Yes. The state imposes a co-payment or similar charge upon participants for one or more waiver services.***

i. Co-Pay Arrangement.

Specify the types of co-pay arrangements that are imposed on waiver participants (check each that applies):

Charges Associated with the Provision of Waiver Services *(if any are checked, complete Items I-7-a-ii through I-7-a-iv):*

☐ ***Nominal deductible***

☐ ***Coinsurance***

☐ ***Co-Payment***

☐ ***Other charge***

Specify:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (2 of 5)

a. Co-Payment Requirements.

ii. Participants Subject to Co-pay Charges for Waiver Services.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (3 of 5)

a. Co-Payment Requirements.

iii. Amount of Co-Pay Charges for Waiver Services.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (4 of 5)

a. Co-Payment Requirements.

iv. Cumulative Maximum Charges.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (5 of 5)

b. Other State Requirement for Cost Sharing. *Specify whether the state imposes a premium, enrollment fee or similar cost sharing on waiver participants. Select one:*

◉ ***No. The state does not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.***

○ ***Yes. The state imposes a premium, enrollment fee or similar cost-sharing arrangement.***

Describe in detail the cost sharing arrangement, including: (a) the type of cost sharing (e.g., premium, enrollment fee); (b) the amount of charge and how the amount of the charge is related to total gross family income; (c) the groups of participants subject to cost-sharing and the groups who are excluded; and, (d) the mechanisms for the collection of cost-sharing and reporting the amount collected on the CMS 64:

Appendix J: Cost Neutrality Demonstration

J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. *Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.*

Level(s) of Care: ICF/IID

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	624.05	17253.40	17877.45	213521.00	2586.00	216107.00	198229.55
2	706.79	18685.44	19392.23	231243.24	2800.64	234043.88	214651.65
3	800.86	20236.33	21037.19	250436.43	3033.09	253469.52	232432.33
4	907.27	21915.94	22823.21	271222.66	3284.84	274507.50	251684.29
5	1029.49	23734.97	24764.46	293734.14	3557.48	297291.62	272527.16

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (1 of 9)

a. Number Of Unduplicated Participants Served. *Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:*

Table: J-2-a: Unduplicated Participants

Waiver Year	Total Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)
		Level of Care:
		ICF/IID
Year 1	8100	8100
Year 2	8100	8100
Year 3	8100	8100
Year 4	8100	8100
Year 5	8100	8100

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (2 of 9)

b. Average Length of Stay. *Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.*

Average length of stay for Renewal Waiver Years 1 through 5 of 327 days was calculated from two accepted CMS 372 reports
(Waiver Year 1 -2015-2016 and Waiver Year 2 - 2016-2017) and a draft CMS 372 report (Waiver Year 3 - 2017-2018 - 241 days) by projecting the average length of stay increase over the first three waiver years. State saw a diminishing percentage increase in ALOS from 2015-2016 (84.4 days) to 2016-2017 (154.8 days - 45.5% increase over previous year) and 2016-2017 to 2017-2018 (240.9 - 35.7% increase over previous year) and projected waiver year 1-5 ALOS as 327 days (35.7% increase over 2017-2018 ALOS). State validated this estimate by comparing IFS projected ALOS to four other DDA waiver ALOSs.

This projected value was validated by comparing the IFS projected length of stay of 327 days with the four-year average length of stay for DDA's other four waivers below:

Waiver	*IFS*	*Basic Plus*	*Core*	*Community Protection*	*Children's Intensive In-Home Behavioral Support*
Average Length of Stay	*327*	*318*	*340*	*338*	*304*

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (3 of 9)

c. Derivation of Estimates for Each Factor. *Provide a narrative description for the derivation of the estimates of the following factors.*

i. Factor D Derivation. *The estimates of Factor D for each waiver year are located in Item J-2-d. The basis and methodology for these estimates is as follows:*

Factor D derivation is based on two accepted CMS 372 reports (Waiver Year 1 -2015-2016 and Waiver Year 2 - 2016-2017) and a draft CMS 372 report (Waiver Year 3 - 2017-2018) to establish a baseline set of counts for participants and units of service for Renewal Waiver Year 1. Existing provider rates in effect for Waiver Year 4 – (2018-2019) establish the baseline set of rates for Renewal Waiver Year 1. Waiver participants counts for each service are increased five percent (5%) per waiver renewal year and most provider rates are increased by the CPI-M of 8.3% per waiver year.
State examined three years of CMS 372 report data to discover utilization trends, participant counts and units of service and applied professional judgement to these trends to establish WY1 participant counts, projected rate of participant count increase and units of service. Professional judgement combined analytical insights, review of past CMS 372 report data trends, knowledge of the State's service delivery system, review of provider capacities and provider development work in process, review of waiver request, enrollment and turn-over data and experience gained in preparing 43 waiver new applications, renewals and waiver amendments guided the development of participant counts, projected rate of participant count increase and utilization of services. Current service rates were used for Waiver Year (WY)1 and most rates were inflated by CPI-M for WY2-5.

The estimated number of unduplicated participants is expected to remain the same for all five years of the waiver because the point-in-time number of participants is expected to remain constant at 6,500 participants even as utilization per service is projected to increase by 5% annually. During the past 12 months an average of 63 IFS clients per month have exited the IFS waiver. Waiver turnover on the IFS waiver appears to be stable at approximately 63 IFS waiver participants per month leaving the IFS waiver and State believes this trend will continue at this rate of attrition during the five-year waiver renewal cycle.

(CPI-M is based on the February 2018 – February 2019 percentage increase of 8.3% - Source: U.S. Bureau of Labor Statistics, Consumer Price Index for All Urban Consumers: Medical Care, retrieved from FRED, Federal Reserve Bank of St. Louis; http://fred.stlouisfed.org/series/CPIMEDSL, March 11, 2019). Provider rates without increases are subject to Legislative funding.

ii. Factor D' Derivation. *The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:*

Factor D' derivation is based on two accepted CMS 372 reports (Waiver Year 1 -2015-2016 and Waiver Year 2 - 2016-2017) and a draft CMS 372 report (Waiver Year 3 - 2017-2018) to establish a baseline Factor D' for Renewal Waiver Year 1 of $17,253.40. Factor D' components include managed care organization premiums, behavioral health organization expenditures, medical fee-for-services expenditures and Community First Choice expenditures. Renewal Waiver Years 2-5 are estimated to increase at the CPI-M rate of increase of 8.3% per year.
State reviewed actual CMS 372 Factor D' data for 2015-2016 ($2,098) and 2016-2017 ($14,861), which included managed care organization premiums, behavioral health organization expenditures, medical fee-for-services expenditures and Community First Choice expenditures. State estimated CMS 372 Factor D' for 2017-2018 to be $15,931 based on a 7.2% CPI-M increase over actual CMS 372 Factor D' for 2016-2017. State inflated estimated CMS 372 Factor D' for 2017-2018 by 8.3% CPI-M to estimate baseline Factor D' for Renewal Waiver Year 1 of $17,253.

(CPI-M is based on the February 2018 – February 2019 percentage increase of 8.3% - Source: U.S. Bureau of Labor Statistics, Consumer Price Index for All Urban Consumers: Medical Care, retrieved from FRED, Federal Reserve Bank of St. Louis; http://fred.stlouisfed.org/series/CPIMEDSL, March 11, 2019).

iii. Factor G Derivation. *The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:*

Factor G derivation is based on Washington State MMIS expenditure data for Waiver Years 1 - 2015-2016 and 2 – 2016-2017 for clients served in State's Residential Habilitation Centers (ICF/IIDs) to establish a baseline Factor G for Renewal Waiver Year 1 of $213,521.00. Renewal Waiver Years 2-5 are estimated to increase at the CPI-M rate of increase of 8.3% per year. (CPI-M is based on the February 2018 – February 2019 percentage increase of 8.3% -
State reviewed actual MMIS expenditure data for institutional care services provided to clients in State's residential habilitation centers for 2015-2016 (Factor G: $155,313) and 2016-2017 (Factor G: $213,521). State is revising the baseline Factor G for Waiver Year 1 based on an estimated Factor G for 2017-2018 ($228,895 – a 7.2% CPI-M increase over 2016-2017 actual) to be $247,893 (a 8.3% CPI-M increase over 2017-2018 estimated Factor G). State will revise WY2-5 Factor G values using this revised WY1 baseline Factor G with a 8.3% CPI-M annual increase. WY2 Factor G = $268,470; WY3 Factor G = $290,753; WY4 Factor G = $314,885; & WY5 Factor G = $341,020.

Source: U.S. Bureau of Labor Statistics, Consumer Price Index for All Urban Consumers: Medical Care, retrieved from FRED, Federal Reserve Bank of St. Louis; http://fred.stlouisfed.org/series/CPIMEDSL, March 11, 2019).

iv. ***Factor G' Derivation.*** *The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:*

Factor G' derivation is based on Washington State MMIS expenditure data for Waiver Year 1 - 2015-2016 and Waiver Year 2 – 2016-2017 for clients served in State's Residential Habilitation Centers (ICF/IIDs) to establish a baseline Factor G' for Renewal Waiver Year 1 of $2,586.00. Renewal Waiver Years 2-5 are estimated to increase at the CPI-M rate of increase of 8.3% per year.
State reviewed actual MMIS expenditure data for all Medicaid state plan services and services required under EPSDT provided to clients in State's residential habilitation centers for 2015-2016 (Factor G': $1,952) and 2016-2017 (Factor G': $2,586). State is revising the baseline Factor G' for Waiver Year 1 based on an estimated Factor G' for 2017-2018 ($2,772 – a 7.2% CPI-M increase over 2016-2017 actual) to be $3,002 (a 8.3% CPI-M increase over estimated 2017-2018 Factor G'). State will revise WY2-5 Factor G' values using this revised baseline Factor G' with a 8.3% CPI-M annual increase. WY2 Factor G' = $3,251; WY3 Factor G' = $3,521; WY4 Factor G' = $3,813; & WY5 Factor G' = $4,129.
State chose to use state MMIS expenditure data instead of CMS 372 reports to develop both Factor G and G' estimated because the CMS 372 reports used Factor G and G' figures in the approved waiver rather than actual costs from the State's MMIS.

(CPI-M is based on the February 2018 – February 2019 percentage increase of 8.3% - Source: U.S. Bureau of Labor Statistics, Consumer Price Index for All Urban Consumers: Medical Care, retrieved from FRED, Federal Reserve Bank of St. Louis; http://fred.stlouisfed.org/series/CPIMEDSL, March 11, 2019).

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (4 of 9)

Component management for waiver services. *If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select "manage components" to add these components.*

Waiver Services	
Respite	
Behavioral Health Stabilization Services - Specialized Psychiatric Services	
Specialized Psychiatric Services	
Assistive Technology	
Behavioral Health Stabilization Services - Crisis Diversion Bed Services	
Behavioral Health Stabilization Services - Positive Behavior Support and Consultation	
Community Engagement	
Environmental Adaptations	

Waiver Services	
Nurse Delegation	
Occupational Therapy	
Peer Mentoring	
Person-Centered Plan Facilitation	
Physical Therapy	
Positive Behavior Support and Consultation	
Risk Assessment	
Skilled Nursing	
Specialized Clothing	
Specialized Medical Equipment and Supplies	
Speech, Hearing and Language Services	
Staff/Family Consultation Services	
Supported Parenting Services	
Transportation Services	
Vehicle Modifications	
Wellness Education	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (5 of 9)

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other authorities utilizing capitated arrangements (i.e., 1915(a), 1932(a), Section 1937). *Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.*

Waiver Year: Year 1

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							4275000.00
Respite	☐	Hour	3800	45.00	25.00	4275000.00	
Behavioral Health Stabilization Services - Specialized Psychiatric Services Total:							480.00
Behavioral Health Stabilization Services - Specialized	☐	Hour	1	3.00	160.00	480.00	

GRAND TOTAL:	5054794.58
Total: Services included in capitation:	
Total: Services not included in capitation:	5054794.58
Total Estimated Unduplicated Participants:	8100
Factor D (Divide total by number of participants):	624.05
Services included in capitation:	
Services not included in capitation:	624.05
Average Length of Stay on the Waiver:	327

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Psychiatric Services							
Specialized Psychiatric Services Total:							**480.00**
Specialized Psychiatric Services	☐	Hour	1	3.00	160.00	**480.00**	
Assistive Technology Total:							**115000.00**
Assistive Technology	☐	Each	160	1.00	718.75	**115000.00**	
Behavioral Health Stabilization Services - Crisis Diversion Bed Services Total:							**26399.70**
Behavioral Health Stabilization Services - Crisis Diversion Bed Services	☐	Day	3	30.00	293.33	**26399.70**	
Behavioral Health Stabilization Services - Positive Behavior Support and Consultation Total:							**25245.00**
Behavioral Health Stabilization Services - Positive Behavior Support and Consultation	☐	Hour	27	11.00	85.00	**25245.00**	
Community Engagement Total:							**117000.00**
Community Engagement	☐	Hour	130	36.00	25.00	**117000.00**	
Environmental Adaptations Total:							**85000.00**
Environmental Adaptations	☐	Each	25	1.00	3400.00	**85000.00**	
Nurse Delegation Total:							**181.28**
Nurse Delegation	☐	Hour	1	4.00	45.32	**181.28**	

GRAND TOTAL:	**5054794.58**
Total: Services included in capitation:	
Total: Services not included in capitation:	5054794.58
Total Estimated Unduplicated Participants:	**8100**
Factor D (Divide total by number of participants):	**624.05**
Services included in capitation:	
Services not included in capitation:	624.05
Average Length of Stay on the Waiver:	327

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Occupational Therapy Total:							**100.00**
Occupational Therapy	☐	Hour	1	1.00	100.00	**100.00**	
Peer Mentoring Total:							**200.00**
Peer Mentoring	☐	Hour	5	2.00	20.00	**200.00**	
Person-Centered Plan Facilitation Total:							**7956.00**
Person-Centered Plan Facilitation	☐	Hour	13	9.00	68.00	**7956.00**	
Physical Therapy Total:							**100.00**
Physical Therapy	☐	Hour	1	1.00	100.00	**100.00**	
Positive Behavior Support and Consultation Total:							**48875.00**
Positive Behavior Support and Consultation	☐	Hour	50	11.50	85.00	**48875.00**	
Risk Assessment Total:							**1500.00**
Risk Assessment	☐	Each	1	1.00	1500.00	**1500.00**	
Skilled Nursing Total:							**2839.00**
Skilled Nursing	☐	Hour	2	42.50	33.40	**2839.00**	
Specialized Clothing Total:							**3534.00**
Specialized Clothing	☐	Each	19	1.00	186.00	**3534.00**	
Specialized Medical Equipment and Supplies Total:							**109899.00**
Specialized Medical Equipment and Supplies	☐	Each	225	1.00	488.44	**109899.00**	
Speech, Hearing and Language Services Total:							**100.00**
Speech, Hearing and Language	☐	Hour	1	1.00	100.00	**100.00**	

GRAND TOTAL:	**5054794.58**
Total: Services included in capitation:	
Total: Services not included in capitation:	5054794.58
Total Estimated Unduplicated Participants:	**8100**
Factor D (Divide total by number of participants):	**624.05**
Services included in capitation:	
Services not included in capitation:	624.05
Average Length of Stay on the Waiver:	327

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Services							
Staff/Family Consultation Services Total:							**35700.00**
Staff/Family Consultation Services	☐	Each	20	21.00	85.00	**35700.00**	
Supported Parenting Services Total:							**1120.00**
Supported Parenting Services	☐	Hour	2	7.00	80.00	**1120.00**	
Transportation Services Total:							**8755.60**
Transportation Services	☐	Mile	70	212.00	0.59	**8755.60**	
Vehicle Modifications Total:							**7350.00**
Vehicle Modifications	☐	Each	5	1.00	1470.00	**7350.00**	
Wellness Education Total:							**181980.00**
Wellness Education	☐	Each	4500	12.00	3.37	**181980.00**	

GRAND TOTAL:	**5054794.58**
Total: Services included in capitation:	
Total: Services not included in capitation:	5054794.58
Total Estimated Unduplicated Participants:	**8100**
Factor D (Divide total by number of participants):	**624.05**
Services included in capitation:	
Services not included in capitation:	624.05
Average Length of Stay on the Waiver:	327

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (6 of 9)

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. *Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.*

Waiver Year: Year 2

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							**4862214.00**
Respite	☐	Hour	3990	45.00	27.08	**4862214.00**	
Behavioral Health Stabilization Services - Specialized Psychiatric Services Total:							**480.00**
Behavioral Health Stabilization Services - Specialized Psychiatric Services	☐	Hour	1	3.00	160.00	**480.00**	
Specialized Psychiatric Services Total:							**480.00**
Specialized Psychiatric Services	☐	Hour	1	3.00	160.00	**480.00**	
Assistive Technology Total:							**130772.88**
Assistive Technology	☐	Each	168	1.00	778.41	**130772.88**	
Behavioral Health Stabilization Services - Crisis Diversion Bed Services Total:							**28591.20**
Behavioral Health Stabilization Services - Crisis Diversion Bed Services	☐	Day	3	30.00	317.68	**28591.20**	
Behavioral Health Stabilization Services - Positive Behavior Support and Consultation Total:							**26180.00**
Behavioral Health Stabilization Services - Positive Behavior Support and Consultation	☐	Hour	28	11.00	85.00	**26180.00**	

GRAND TOTAL:	**5725019.99**
Total: Services included in capitation:	
Total: Services not included in capitation:	5725019.99
Total Estimated Unduplicated Participants:	**8100**
Factor D (Divide total by number of participants):	**706.79**
Services included in capitation:	
Services not included in capitation:	706.79
Average Length of Stay on the Waiver:	327

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Community Engagement Total:							**123300.00**
Community Engagement	☐	Hour	137	36.00	25.00	**123300.00**	
Environmental Adaptations Total:							**95737.20**
Environmental Adaptations	☐	Each	26	1.00	3682.20	**95737.20**	
Nurse Delegation Total:							**181.28**
Nurse Delegation	☐	Hour	1	4.00	45.32	**181.28**	
Occupational Therapy Total:							**108.30**
Occupational Therapy	☐	Hour	1	1.00	108.30	**108.30**	
Peer Mentoring Total:							**216.60**
Peer Mentoring	☐	Hour	5	2.00	21.66	**216.60**	
Person-Centered Plan Facilitation Total:							**8568.00**
Person-Centered Plan Facilitation	☐	Hour	14	9.00	68.00	**8568.00**	
Physical Therapy Total:							**108.30**
Physical Therapy	☐	Hour	1	1.00	108.30	**108.30**	
Positive Behavior Support and Consultation Total:							**51807.50**
Positive Behavior Support and Consultation	☐	Hour	53	11.50	85.00	**51807.50**	
Risk Assessment Total:							**1500.00**
Risk Assessment	☐	Each	1	1.00	1500.00	**1500.00**	
Skilled Nursing Total:							**2924.00**
Skilled Nursing	☐	Hour	2	42.50	34.40	**2924.00**	
Specialized Clothing Total:							**4028.80**

GRAND TOTAL:	**5725019.99**
Total: Services included in capitation:	
Total: Services not included in capitation:	5725019.99
Total Estimated Unduplicated Participants:	**8100**
Factor D (Divide total by number of participants):	**706.79**
Services included in capitation:	
Services not included in capitation:	706.79
Average Length of Stay on the Waiver:	327

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Specialized Clothing	☐	Each	20	1.00	201.44	4028.80	
Specialized Medical Equipment and Supplies Total:							124839.28
Specialized Medical Equipment and Supplies	☐	Each	236	1.00	528.98	124839.28	
Speech, Hearing and Language Services Total:							113.72
Speech, Hearing and Language Services	☐	Hour	1	1.00	113.72	113.72	
Staff/Family Consultation Services Total:							37485.00
Staff/Family Consultation Services	☐	Each	21	21.00	85.00	37485.00	
Supported Parenting Services Total:							1212.96
Supported Parenting Services	☐	Hour	2	7.00	86.64	1212.96	
Transportation Services Total:							9255.92
Transportation Services	☐	Mile	74	212.00	0.59	9255.92	
Vehicle Modifications Total:							7960.05
Vehicle Modifications	☐	Each	5	1.00	1592.01	7960.05	
Wellness Education Total:							206955.00
Wellness Education	☐	Each	4725	12.00	3.65	206955.00	

GRAND TOTAL:	5725019.99
Total: Services included in capitation:	
Total: Services not included in capitation:	5725019.99
Total Estimated Unduplicated Participants:	8100
Factor D (Divide total by number of participants):	706.79
Services included in capitation:	
Services not included in capitation:	706.79
Average Length of Stay on the Waiver:	327

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (7 of 9)

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. *Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that*

service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 3

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							**5528286.00**
Respite	☐	Hour	4190	45.00	29.32	**5528286.00**	
Behavioral Health Stabilization Services - Specialized Psychiatric Services Total:							**480.00**
Behavioral Health Stabilization Services - Specialized Psychiatric Services	☐	Hour	1	3.00	160.00	**480.00**	
Specialized Psychiatric Services Total:							**480.00**
Specialized Psychiatric Services	☐	Hour	1	3.00	160.00	**480.00**	
Assistive Technology Total:							**148369.76**
Assistive Technology	☐	Each	176	1.00	843.01	**148369.76**	
Behavioral Health Stabilization Services - Crisis Diversion Bed Services Total:							**30963.60**
Behavioral Health Stabilization Services - Crisis Diversion Bed Services	☐	Day	3	30.00	344.04	**30963.60**	
Behavioral Health Stabilization Services - Positive Behavior Support and Consultation Total:							**28050.00**
Behavioral Health Stabilization	☐	Hour	30	11.00	85.00	**28050.00**	

GRAND TOTAL:	**6486989.15**
Total: Services included in capitation:	
Total: Services not included in capitation:	6486989.15
Total Estimated Unduplicated Participants:	**8100**
Factor D (Divide total by number of participants):	**800.86**
Services included in capitation:	
Services not included in capitation:	800.86
Average Length of Stay on the Waiver:	327

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Services - Positive Behavior Support and Consultation							
Community Engagement Total:							**128700.00**
Community Engagement	☐	Hour	143	36.00	25.00	**128700.00**	
Environmental Adaptations Total:							**111658.96**
Environmental Adaptations	☐	Each	28	1.00	3987.82	**111658.96**	
Nurse Delegation Total:							**181.28**
Nurse Delegation	☐	Hour	1	4.00	45.32	**181.28**	
Occupational Therapy Total:							**117.29**
Occupational Therapy	☐	Hour	1	1.00	117.29	**117.29**	
Peer Mentoring Total:							**259.92**
Peer Mentoring	☐	Hour	6	2.00	21.66	**259.92**	
Person-Centered Plan Facilitation Total:							**8568.00**
Person-Centered Plan Facilitation	☐	Hour	14	9.00	68.00	**8568.00**	
Physical Therapy Total:							**117.29**
Physical Therapy	☐	Hour	1	1.00	117.29	**117.29**	
Positive Behavior Support and Consultation Total:							**53762.50**
Positive Behavior Support and Consultation	☐	Hour	55	11.50	85.00	**53762.50**	
Risk Assessment Total:							**1500.00**
Risk Assessment	☐	Each	1	1.00	1500.00	**1500.00**	
Skilled Nursing Total:							**2839.00**

GRAND TOTAL:	**6486989.15**
Total: Services included in capitation:	
Total: Services not included in capitation:	6486989.15
Total Estimated Unduplicated Participants:	**8100**
Factor D (Divide total by number of participants):	**800.86**
Services included in capitation:	
Services not included in capitation:	800.86
Average Length of Stay on the Waiver:	327

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Skilled Nursing	☐	Hour	2	42.50	33.40	2839.00	
Specialized Clothing Total:							4581.36
Specialized Clothing	☐	Each	21	1.00	218.16	4581.36	
Specialized Medical Equipment and Supplies Total:							142076.72
Specialized Medical Equipment and Supplies	☐	Each	248	1.00	572.89	142076.72	
Speech, Hearing and Language Services Total:							123.15
Speech, Hearing and Language Services	☐	Hour	1	1.00	123.15	123.15	
Staff/Family Consultation Services Total:							39270.00
Staff/Family Consultation Services	☐	Each	22	21.00	85.00	39270.00	
Supported Parenting Services Total:							1313.62
Supported Parenting Services	☐	Hour	2	7.00	93.83	1313.62	
Transportation Services Total:							9794.40
Transportation Services	☐	Mile	77	212.00	0.60	9794.40	
Vehicle Modifications Total:							10344.90
Vehicle Modifications	☐	Each	6	1.00	1724.15	10344.90	
Wellness Education Total:							235151.40
Wellness Education	☐	Each	4961	12.00	3.95	235151.40	

GRAND TOTAL:	6486989.15
Total: Services included in capitation:	
Total: Services not included in capitation:	6486989.15
Total Estimated Unduplicated Participants:	8100
Factor D (Divide total by number of participants):	800.86
Services included in capitation:	
Services not included in capitation:	800.86
Average Length of Stay on the Waiver:	327

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (8 of 9)

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. *Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.*

Waiver Year: Year 4

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							**6287050.80**
Respite	☐	Hour	4399	45.00	31.76	**6287050.80**	
Behavioral Health Stabilization Services - Specialized Psychiatric Services Total:							**480.00**
Behavioral Health Stabilization Services - Specialized Psychiatric Services	☐	Hour	1	3.00	160.00	**480.00**	
Specialized Psychiatric Services Total:							**480.00**
Specialized Psychiatric Services	☐	Hour	1	3.00	160.00	**480.00**	
Assistive Technology Total:							**168901.30**
Assistive Technology	☐	Each	185	1.00	912.98	**168901.30**	
Behavioral Health Stabilization Services - Crisis Diversion Bed Services Total:							**33534.00**
Behavioral Health Stabilization Services - Crisis Diversion Bed Services	☐	Day	3	30.00	372.60	**33534.00**	
Behavioral Health Stabilization Services - Positive Behavior Support and Consultation							**28985.00**

GRAND TOTAL:	**7348915.31**
Total: Services included in capitation:	
Total: Services not included in capitation:	7348915.31
Total Estimated Unduplicated Participants:	**8100**
Factor D (Divide total by number of participants):	**907.27**
Services included in capitation:	
Services not included in capitation:	907.27
Average Length of Stay on the Waiver:	327

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Total:							
Behavioral Health Stabilization Services - Positive Behavior Support and Consultation	☐	Hour	31	11.00	85.00	28985.00	
Community Engagement Total:							135000.00
Community Engagement	☐	Hour	150	36.00	25.00	135000.00	
Environmental Adaptations Total:							125245.49
Environmental Adaptations	☐	Each	29	1.00	4318.81	125245.49	
Nurse Delegation Total:							181.28
Nurse Delegation	☐	Hour	1	4.00	45.32	181.28	
Occupational Therapy Total:							127.02
Occupational Therapy	☐	Hour	1	1.00	127.02	127.02	
Peer Mentoring Total:							259.92
Peer Mentoring	☐	Hour	6	2.00	21.66	259.92	
Person-Centered Plan Facilitation Total:							9180.00
Person-Centered Plan Facilitation	☐	Hour	15	9.00	68.00	9180.00	
Physical Therapy Total:							127.02
Physical Therapy	☐	Hour	1	1.00	127.02	127.02	
Positive Behavior Support and Consultation Total:							56695.00
Positive Behavior Support and Consultation	☐	Hour	58	11.50	85.00	56695.00	
Risk Assessment Total:							1500.00

GRAND TOTAL:	7348915.31
Total: Services included in capitation:	
Total: Services not included in capitation:	7348915.31
Total Estimated Unduplicated Participants:	8100
Factor D (Divide total by number of participants):	907.27
Services included in capitation:	
Services not included in capitation:	907.27
Average Length of Stay on the Waiver:	327

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Risk Assessment	☐	Each	1	1.00	1500.00	1500.00	
Skilled Nursing Total:							2839.00
Skilled Nursing	☐	Hour	2	42.50	33.40	2839.00	
Specialized Clothing Total:							5197.72
Specialized Clothing	☐	Each	22	1.00	236.26	5197.72	
Specialized Medical Equipment and Supplies Total:							161314.40
Specialized Medical Equipment and Supplies	☐	Each	260	1.00	620.44	161314.40	
Speech, Hearing and Language Services Total:							127.02
Speech, Hearing and Language Services	☐	Hour	1	1.00	127.02	127.02	
Staff/Family Consultation Services Total:							41055.00
Staff/Family Consultation Services	☐	Each	23	21.00	85.00	41055.00	
Supported Parenting Services Total:							1422.68
Supported Parenting Services	☐	Hour	2	7.00	101.62	1422.68	
Transportation Services Total:							10474.92
Transportation Services	☐	Mile	81	212.00	0.61	10474.92	
Vehicle Modifications Total:							11203.50
Vehicle Modifications	☐	Each	6	1.00	1867.25	11203.50	
Wellness Education Total:							267534.24
Wellness Education	☐	Each	5209	12.00	4.28	267534.24	

GRAND TOTAL:	7348915.31
Total: Services included in capitation:	
Total: Services not included in capitation:	7348915.31
Total Estimated Unduplicated Participants:	8100
Factor D (Divide total by number of participants):	907.27
Services included in capitation:	
Services not included in capitation:	907.27
Average Length of Stay on the Waiver:	327

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (9 of 9)

d. Estimate of Factor D.

ii. Concurrent §1915(b)/§1915(c) Waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. *Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.*

Waiver Year: Year 5

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							**7148133.45**
Respite	☐	Hour	4619	45.00	34.39	**7148133.45**	
Behavioral Health Stabilization Services - Specialized Psychiatric Services Total:							**480.00**
Behavioral Health Stabilization Services - Specialized Psychiatric Services	☐	Hour	1	3.00	160.00	**480.00**	
Specialized Psychiatric Services Total:							**480.00**
Specialized Psychiatric Services	☐	Hour	1	3.00	160.00	**480.00**	
Assistive Technology Total:							**191819.44**
Assistive Technology	☐	Each	194	1.00	988.76	**191819.44**	
Behavioral Health Stabilization Services - Crisis Diversion Bed Services Total:							**48422.40**
Behavioral Health Stabilization Services - Crisis Diversion Bed	☐	Day	4	30.00	403.52	**48422.40**	

GRAND TOTAL:	**8338898.78**
Total: Services included in capitation:	
Total: Services not included in capitation:	8338898.78
Total Estimated Unduplicated Participants:	**8100**
Factor D (Divide total by number of participants):	**1029.49**
Services included in capitation:	
Services not included in capitation:	1029.49
Average Length of Stay on the Waiver:	327

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Services							
Behavioral Health Stabilization Services - Positive Behavior Support and Consultation Total:							**30855.00**
Behavioral Health Stabilization Services - Positive Behavior Support and Consultation	☐	Hour	33	11.00	85.00	**30855.00**	
Community Engagement Total:							**142200.00**
Community Engagement	☐	Hour	158	36.00	25.00	**142200.00**	
Environmental Adaptations Total:							**140318.10**
Environmental Adaptations	☐	Each	30	1.00	4677.27	**140318.10**	
Nurse Delegation Total:							**181.28**
Nurse Delegation	☐	Hour	1	4.00	45.32	**181.28**	
Occupational Therapy Total:							**137.57**
Occupational Therapy	☐	Hour	1	1.00	137.57	**137.57**	
Peer Mentoring Total:							**259.92**
Peer Mentoring	☐	Hour	6	2.00	21.66	**259.92**	
Person-Centered Plan Facilitation Total:							**9792.00**
Person-Centered Plan Facilitation	☐	Hour	16	9.00	68.00	**9792.00**	
Physical Therapy Total:							**137.57**
Physical Therapy	☐	Hour	1	1.00	137.57	**137.57**	
Positive Behavior Support and Consultation Total:							**59627.50**

GRAND TOTAL:	**8338898.78**
Total: Services included in capitation:	
Total: Services not included in capitation:	8338898.78
Total Estimated Unduplicated Participants:	**8100**
Factor D (Divide total by number of participants):	**1029.49**
Services included in capitation:	
Services not included in capitation:	1029.49
Average Length of Stay on the Waiver:	327

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Positive Behavior Support and Consultation	☐	Hour	61	11.50	85.00	59627.50	
Risk Assessment Total:							1500.00
Risk Assessment	☐	Each	1	1.00	1500.00	1500.00	
Skilled Nursing Total:							2839.00
Skilled Nursing	☐	Hour	2	42.50	33.40	2839.00	
Specialized Clothing Total:							5885.01
Specialized Clothing	☐	Each	23	1.00	255.87	5885.01	
Specialized Medical Equipment and Supplies Total:							183436.89
Specialized Medical Equipment and Supplies	☐	Each	273	1.00	671.93	183436.89	
Speech, Hearing and Language Services Total:							137.57
Speech, Hearing and Language Services	☐	Hour	1	1.00	137.57	137.57	
Staff/Family Consultation Services Total:							42840.00
Staff/Family Consultation Services	☐	Each	24	21.00	85.00	42840.00	
Supported Parenting Services Total:							1540.70
Supported Parenting Services	☐	Hour	2	7.00	110.05	1540.70	
Transportation Services Total:							11172.40
Transportation Services	☐	Mile	85	212.00	0.62	11172.40	
Vehicle Modifications Total:							12133.38
Vehicle Modifications	☐	Each	6	1.00	2022.23	12133.38	

GRAND TOTAL:	8338898.78
Total: Services included in capitation:	
Total: Services not included in capitation:	8338898.78
Total Estimated Unduplicated Participants:	8100
Factor D (Divide total by number of participants):	1029.49
Services included in capitation:	
Services not included in capitation:	1029.49
Average Length of Stay on the Waiver:	327

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Wellness Education Total:							**304569.60**
Wellness Education	☐	Each	5470	12.00	4.64	**304569.60**	

GRAND TOTAL:	**8338898.78**
Total: Services included in capitation:	
Total: Services not included in capitation:	8338898.78
Total Estimated Unduplicated Participants:	**8100**
Factor D (Divide total by number of participants):	**1029.49**
Services included in capitation:	
Services not included in capitation:	1029.49
Average Length of Stay on the Waiver:	327