



# RULE-MAKING ORDER PERMANENT RULE ONLY

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

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STATE OF WASHINGTON  
FILED

DATE: June 20, 2018

TIME: 2:58 PM

WSR 18-14-002

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

**Effective date of rule:**

**Permanent Rules**

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

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

- Yes  No If Yes, explain:

**Purpose:** The Developmental Disabilities Administration (DDA) amended chapter 388-832 WAC to remove references to the Individual and Family Services (IFS) request list and require prior approval from the Assistant Secretary or designee for a community service grant project and limit community service grant projects to available funding. Other amendments clarify program requirements, eliminate unnecessary section divisions, and combine section content.

**Citation of rules affected by this order:**

New: WAC 388-832-0186

Repealed: WAC 388-832-0007, WAC 388-832-0020, WAC 388-832-0022, WAC 388-832-0023, WAC 388-832-0024, WAC 388-832-0025, WAC 388-832-0045, WAC 388-832-0050, WAC 388-832-0055, WAC 388-832-0060, WAC 388-832-0070, WAC 388-832-0072, WAC 388-832-0075, WAC 388-832-0080, WAC 388-832-0082, WAC 388-832-0087, WAC 388-832-0090, WAC 388-832-0091, WAC 388-832-0095, WAC 388-832-0100, WAC 388-832-0110, WAC 388-832-0113, WAC 388-832-0114, WAC 388-832-0115, WAC 388-832-0123, WAC 388-832-0125, WAC 388-832-0127, WAC 388-832-0128, WAC 388-832-0132, WAC 388-832-0135, WAC 388-832-0137, WAC 388-832-0139, WAC 388-832-0145, WAC 388-832-0150, WAC 388-832-0155, WAC 388-832-0160, WAC 388-832-0166, WAC 388-832-0168, WAC 388-832-0175, WAC 388-832-0180, WAC 388-832-0190, WAC 388-832-0195, WAC 388-832-0205, WAC 388-832-0210, WAC 388-832-0220, WAC 388-832-0225, WAC 388-832-0240, WAC 388-832-0245, WAC 388-832-0255, WAC 388-832-0260, WAC 388-832-0270, WAC 388-832-0275, WAC 388-832-0285, WAC 388-832-0290, WAC 388-832-0305, WAC 388-832-0308, WAC 388-832-0310, WAC 388-832-0320, WAC 388-832-0325, WAC 388-832-0330, WAC 388-832-0331, WAC 388-832-0332, WAC 388-832-0460

Amended: WAC 388-832-0001, WAC 388-832-0005, WAC 388-832-0015, WAC 388-832-0065, WAC 388-832-0067, WAC 388-832-0130, WAC 388-832-0136, WAC 388-832-0140, WAC 388-832-0143, WAC 388-832-0165, WAC 388-832-0170, WAC 388-832-0185, WAC 388-832-0200, WAC 388-832-0215, WAC 388-832-0235, WAC 388-832-0250, WAC 388-832-0265, WAC 388-832-0280, WAC 388-832-0300, WAC 388-832-0315, WAC 388-832-0333, WAC 388-832-0335, WAC 388-832-0355, WAC 388-832-0370, WAC 388-832-0375, WAC 388-832-0470

Suspended:

**Statutory authority for adoption:** RCW 71A.12.030

**Other authority:** RCW 71A.12.161

**PERMANENT RULE (Including Expedited Rule Making)**

Adopted under notice filed as WSR 18-06-046 on March 1, 2018 (date).  
Describe any changes other than editing from proposed to adopted version:

In WAC 388-832-0065, DDA removed “before your next annual assessment,” which simplifies the subsection by removing an unnecessary reference for a point in time; this is clarification and not a substantive change. DDA also replaced “are placed” with “reside” to make the language more person-centered.

In WAC 388-832-0130, DDA removed subsection (2), which simplifies the rule and does not change the effect of the rule because the proposed chapter amendments already require a person to use other resources before they use state-funded IFS. Subsection (2) was unnecessary.

In WAC 388-832-0136 and WAC 388-832-0165, DDA clarified the language related to timeframe expectations, which does not differ from the proposed rule substantively.

In WAC 388-832-0143 DDA made a citation to a WAC chapter more specific by replacing it with a citation to a specific section in that chapter.

In WAC 388-832-0333(6), DDA clarified that a person must have a reimbursement contract to receive reimbursement from DDA; this is not substantively different from the proposed rule.

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

Name: Chantelle Diaz  
Address: P.O Box 45310, Olympia, WA 98504-5310  
Phone: 360-407-1589  
Fax: 360-407-0955  
TTY: 1-800-833-6388  
Email: Chantelle.Diaz@dshs.wa.gov  
Web site:  
Other:

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

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

**The number of sections adopted in order to comply with:**

Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	___	Amended	___	Repealed	___

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

New	___	Amended	___	Repealed	___
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**The number of sections adopted on the agency's own initiative:**

New	___	Amended	___	Repealed	___
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	<u>1</u>	Amended	<u>26</u>	Repealed	<u>63</u>
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**The number of sections adopted using:**

Negotiated rule making:	New	___	Amended	___	Repealed	___
Pilot rule making:	New	___	Amended	___	Repealed	___
Other alternative rule making:	New	<u>1</u>	Amended	<u>26</u>	Repealed	<u>63</u>

**Date Adopted:** June 19, 2018

**Name:** Cheryl Strange

**Title:** DSHS Secretary

**Signature:**



**WAC 388-832-0001 What definitions apply to this chapter?** The following definitions apply to this chapter:

**"Agency provider"** means a ~~((licensed and/or ADSA certified business that is contracted with ADSA or a county to provide DDD services (e.g., personal care, respite care, residential services, therapy, nursing, employment, etc.)))~~ long-term care worker who works for a home care agency.

**"Allocation"** means ~~((an amount of))~~ needs-based funding available to ~~((the))~~ a client and the client's family for a maximum of twelve months ~~((, based upon assessed need)).~~

**"Authorization"** means ~~((DDD))~~ developmental disabilities administration (DDA) funding approval ~~((of funding))~~ for a service ~~((as))~~ identified in ~~((the individual support plan or evidence of payment of))~~ a client's person-centered service plan.

~~((("Back-up caregiver" is a person who has been identified as an informal caregiver and is available to provide assistance as an informal caregiver when other caregivers are unavailable.))~~

**"Caregiver"** means a person who provides formal (paid), informal (unpaid), or primary (paid or unpaid) support.

**"Client"** means a person who has a developmental disability as defined in RCW 71A.10.020(3) who also has been determined eligible to receive services ~~((by the division))~~ from DDA under chapter 71A.16 RCW.

~~((("DDD"))~~ **"DDA"** means the ~~((division of))~~ developmental disabilities ~~((, a division within the aging and disability services))~~ administration ~~((of ADSA,))~~ within the department of social and health services (DSHS).

**"Department"** means the department of social and health services (DSHS).

~~((("Emergency" means the client's health or safety is in jeopardy.))~~

**"Family"** means ~~((relatives))~~ a relative who ~~((live in the same home))~~ lives with the ~~((eligible))~~ client. ~~((Relatives include))~~ A relative includes the client's spouse or registered domestic partner; natural, adoptive or step parent; grandparent; child; stepchild; sibling; stepsibling; uncle; aunt; first cousin; niece; or nephew.

**"Family home"** means the residence where ~~((you))~~ the client and ~~((your relatives))~~ the client's family live.

~~((("Formal caregiver" is a person/agency who receives payment from DDD to provide a service.))~~

**"Individual and family services contract"** means a contract between ~~((DDD))~~ DDA and the family to reimburse the family for the purchase of goods and services.

**"Individual provider"** means an individual who is contracted with ~~((DDD))~~ DDA to provide state plan personal care or medicaid waiver personal care, respite care, or attendant care services.

~~((("ISP" support))~~ **"Person-centered service plan"** or ~~((("ISP"))~~ **"PCSP"** is a document that authorizes ~~((the DDD))~~ DDA-paid services ~~((to))~~ that meet ~~((a))~~ the client's needs identified in the ~~((DDD))~~ client's DDA assessment.

~~((("Informal caregiver" is a person who provides supports without payment from DDD for a service.))~~

~~"Legal guardian" means a person/agency, appointed by a court, which is authorized to make some or all decisions for a person determined by the court to be incapacitated. In the absence of court intervention, parents remain the legal guardian for their child until the child reaches the age of eighteen.~~

~~"Pass through contract" means a contract between DDD and a third party to reimburse the third party for the purchase of goods and services.~~

~~"Primary caregiver" is the formal or informal caregiver who provides the most support.~~

~~"Residential habilitation center" or "RHC" is a state operated facility certified to provide ICF/MR and/or nursing facility level of care for persons with developmental disabilities per chapter 71A.20 RCW.)~~

~~"Significant change" means ((changes)) a change in ((your)) a client's medical condition, caregiver status, behavior, living situation, or employment status.~~

~~"State-funded ((services))" means ((services that are)) a service or program funded entirely with state dollars.~~

~~"State supplementary payment" or "SSP" means a state paid cash assistance program for certain ((DDD)) DDA clients eligible for supplemental security income per chapter 388-827 WAC.~~

~~"You" means the client.~~

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0005 What is the state-funded individual and family services program?** The ((<sup>u</sup>)) state-funded individual and family services (IFS) program((<sup>u</sup>-(IFS program))) is a ((state-only funded)) program that((<sup>u</sup>:-

~~(1) Provides an array of)) purchases select goods and services to support eligible clients and their families ((to help maintain and stabilize the family unit; and~~

~~(2) Replaces:~~

~~(a) The family support opportunity program (WAC 388-825-200 through 388-825-242);~~

~~(b) The traditional family support program (WAC 388-825-252 through 388-825-256);~~

~~(c) The family support pilot program (WAC 388-825-500 through 388-825-595); and~~

~~(d) Other family support rules (WAC 388-825-244 through 388-825-250)).~~

AMENDATORY SECTION (Amending WSR 16-12-010, filed 5/19/16, effective 6/19/16)

**WAC 388-832-0015 ((Am-I)) Who is eligible for the state-funded IFS program?** (1) The ((IFS)) state-funded individual and family services (IFS) program and ((SSP)) state supplementary payments (SSP) in lieu of IFS ((is not open)) are closed to new enrollment.

(2) If you ~~((were))~~ have been continuously enrolled in the state-funded IFS program ((before June 1)) since May 31, 2015, you ~~((are eligible to))~~ may remain on the ((IFS)) program if you ((meet the following criteria)):

(a) ~~((You))~~ Are ((currently an eligible)) a developmental disabilities administration (DDA) client ((of DDA));

(b) ~~((You))~~ Live ((in your)) with family ((home));

(c) ~~((You))~~ Are ((not eligible to enroll in a)) ineligible for DDA's home and community based services waiver ((defined in)) program under chapter 388-845 WAC;

(d) ~~((You are currently enrolled in the IFS program;~~

~~(e) You))~~ Are age three or older;

~~((f) You have been assessed as having a))~~ (e) Need ((for)) IFS program services, as ((listed)) identified in ((WAC 388-832-0140)) your person-centered service plan; ((and

~~(g) You are not receiving a DDA adult or child residential))~~ (f) Use an IFS program service at least once per plan year;

(g) Complete a DDA reassessment under WAC 388-828-1500;

(h) Participate with DDA in your service planning; and

(i) Are not receiving DDA residential services or licensed foster care services.

(3) If you are ~~((a parent who is a client of DDA, you are))~~ eligible ((to remain on)) for the state-funded IFS program ((in order to promote the integrity of the family unit until your next assessment, provided:

~~(a) You meet the criteria in subsections (2)(a) through (f) of this section; and~~

~~(b) Your minor child who lives in your home is at risk of being placed up for adoption or into foster care)),~~ you are not guaranteed to receive state-funded IFS program services.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0065** What happens if I ((go into a temporary)) **am in an out-of-home placement((, will I be eligible for IFS upon my return home))?**

(1) If you are ~~((disenrolled))~~ in ~~((the IFS program due to))~~ an out-of-home placement for more than ninety consecutive days, the developmental disabilities administration (DDA) must disenroll you ((may request reinstatement in)) from the state-funded IFS program ((once you return to your)), unless you reside in a family member's home.

(2) ~~((You may make this request by contacting your DDD case manager.~~

~~(3) Your case manager will schedule an assessment with you and, if you meet all the eligibility criteria described in WAC 388-832-0015, have an assessed need, and funding is available, you may receive an IFS program allocation))~~ Unless you reside in a family member's home, you must not receive state-funded IFS program services while you are in an out-of-home placement.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0067** ~~Are my children eligible for the state-funded IFS program services(, if I am a client of DDD)?~~ If you are a ~~((parent with a developmental disability and a client of DDD))~~ client of the developmental disabilities administration (DDA), your ~~((children))~~ child may be eligible for state-funded IFS program services if ~~((funding is available and))~~ your ~~((children))~~ child:

- ~~(1) ((Are ages birth through seventeen years of))~~ Is under age eighteen;
- ~~(2) ((Are))~~ Lives with you; and
- ~~(3) Is at risk of out-of-home placement((; and~~  
~~(3) Live with you)).~~

AMENDATORY SECTION (Amending WSR 14-07-028, filed 3/10/14, effective 4/10/14)

**WAC 388-832-0130** ~~((What is))~~ How does DDA determine the amount of ((the)) my state-funded IFS program annual allocation ((my family is going to receive))? The ~~((DDD assessment, described in chapter 388-828 WAC, will))~~ developmental disabilities administration (DDA) determines ((your level of need.)) the amount of your state-funded individual and family services (IFS) program annual allocation((s are identified in)) under WAC 388-828-9140.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0136** ~~((If))~~ How do I ((have a family support reimbursement contract, may DDD ask me to verify my purchases through reviewing receipts)) receive reimbursement for a purchase under the state-funded IFS program? To receive reimbursement for a purchase under the state-funded individual and family services (IFS) program, you must:

- ~~(1) ((If you))~~ Have a family support reimbursement contract((; you must first need)) with the developmental disabilities administration (DDA);
- ~~(2) Obtain prior approval for the purchase from your ((DDD))~~ DDA regional administrator or designee;
- ~~(3) Submit the receipt to your case manager ((and then DDD will ask you to verify your purchases through reviewing receipts.))~~ on whichever date is earlier:
  - ~~((2) You must submit receipts to your case manager whenever you are asking for reimbursement.~~
  - ~~(3) Your request for reimbursement must be received within))~~ (a) No more than ninety days ((of)) after the date ((that the service was received)) of purchase; ((and no later than)) or
    - ~~(b) No more than thirty days after the end of your ((allocation))~~ plan year.

**WAC 388-832-0140 What services are available through the state-funded IFS program?** (~~The services available in the IFS program are limited to the following:~~

- ~~(1) Respite care (WAC 388-832-0143 through 388-832-0160);~~
- ~~(2) Therapies (WAC 388-832-0170 through 388-832-0180);~~
  - ~~(a) Physical therapy (PT);~~
  - ~~(b) Occupational therapy (OT); and~~
  - ~~(c) Speech, language and communication therapy.~~
- ~~(3)) You may receive any combination of the following services - up to your state-funded individual and family services (IFS) annual allocation - but only if the service addresses a need identified in your person-centered service plan:~~
  - ~~(1) Architectural ((and vehicular modifications ())) modification under WAC 388-832-0185 ((through 388-832-0189));~~
  - ~~((4) Specialized medical equipment and supplies (WAC 388-832-0200 through 388-832-0210)) (2) Copays for medical and therapeutic services under WAC 388-832-0235;~~
  - ~~((5) Specialized nutrition and clothing (WAC 388-832-0215 through 388-832-0225);~~
  - ~~(6)) (3) Excess medical costs not covered by another source ((+) under WAC 388-832-0165 ((through 388-832-0168));~~
  - ~~((7) Copays for medical and therapeutic services (WAC 388-832-0235 through 388-832-0245);~~
  - ~~(8) Transportation (WAC 388-832-0250 through 388-832-0260);~~
  - ~~(9) Training and counseling (WAC 388-832-0265 through 388-832-0275);~~
  - ~~(10) Behavior management (WAC 388-832-0280 through 388-832-0290)) (4) Occupational therapy under WAC 388-832-0170;~~
  - ~~((11)) (5) Parent((+) and sibling education ((+) under WAC 388-832-0300 ((through 388-832-0310));~~
  - ~~((12)) (6) Physical therapy under WAC 388-832-0170;~~
  - ~~(7) Positive behavior support and consultation under WAC 388-832-0280;~~
  - ~~(8) Recreational opportunities ((+) under WAC 388-832-0315 ((through 388-832-0325))); ((and~~
  - ~~(13) Community service grants (WAC 388-832-0370 through 388-832-0375)) (9) Respite care under WAC 388-832-0143;~~
  - ~~(10) Specialized medical equipment and supplies under WAC 388-832-0200;~~
  - ~~(11) Specialized nutrition and clothing under WAC 388-832-0215;~~
  - ~~(12) Speech, language, and communication therapy under WAC 388-832-0170;~~
  - ~~(13) Training and counseling under WAC 388-832-0265;~~
  - ~~(14) Transportation under WAC 388-832-0250; and~~
  - ~~(15) Vehicle modifications under WAC 388-832-0186.~~

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

**WAC 388-832-0143 What is respite care?** (1) Respite care is short-term, intermittent ((relief for persons normally providing)) care ((for individuals receiving IFS program services)) to relieve a family member who is your primary, paid care provider.

(2) Respite care may be provided in the settings described in WAC 388-845-1610.

(3) Qualified providers of respite care are described in WAC 388-845-1615.

(4) Respite care is limited to:

(a) Limits under WAC 388-845-1620 apply; and

(b) The amount of your state-funded individual and family services annual allocation.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0165 What are ((considered)) excess medical costs ((not covered by another source))?** (1) Excess medical costs are medical expenses ((incurred by)) for which you are responsible after ((medicaid or)) your private insurance and medicaid benefits have been ((accessed or when you do not have)) exhausted.

(2) The developmental disabilities administration (DDA) may pay excess medical ((insurance. This may include the following)) costs for a:

((+1)) (a) Dental insurance premium;

(b) Dental service;

(c) Health insurance premium;

(d) Medical service;

(e) Prescription medication;

(f) Psychiatric service; and

(g) Skilled nursing service((s (e.g., ventilation, catheterization, and insulin shots);

(+2) Psychiatric services;)).

(3) ((Medical and dental services)) DDA may pay for excess medical costs directly to:

(a) A DDA-contracted provider;

(b) Your family member who has an individual and family services contract with DDA; or

(c) The department-contracted nurse who has provided skilled nursing services.

(4) The following limits apply to excess medical costs:

(a) The service must be of direct medical or remedial benefit to you and deemed medically necessary by your health care professional ((and an allowable medicaid covered expense));

((+4) Prescriptions for medications; and/or

+5)) (b) Therapies included under WAC 388-832-0170 must not be paid under excess medical costs.

(c) Medical and dental premiums are excluded for family members other than the DDA-eligible client.

(d) Prior approval by your regional administrator or designee is required.

(e) Reimbursement will not occur unless DDA receives receipts as required under WAC 388-832-0136.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0170 What therapies may I receive?** (1) The therapies you may receive ((are)) include:

((+1)) (a) Physical therapy;

((+2)) (b) Occupational therapy; and((/or

+3)) (c) Speech, hearing, and language therapy.

(2) To be a qualified provider of therapies, the provider must be:

(a) A certified, registered, or licensed therapist as required by law; and

(b) Contracted with the developmental disabilities administration (DDA) for the service they provide.

(3) The following limits apply to the therapies you may receive:

(a) DDA determines the amount of therapy services you will receive based on your assessed needs, annual allocation, and information received from your therapist and DDA may require a second opinion from a DDA-selected therapist;

(b) DDA does not pay for treatment that is experimental or investigational under WAC 182-531-0050; and

(c) Additional therapy may be authorized as a service only after you have exhausted resources available to you under medicaid, private health insurance, or school.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0185 What are architectural ((and vehicular)) modifications?** (1) Architectural ((and vehicular)) modifications are physical adaptations to ((the)) your home ((and vehicle of the individual)) to:

(a) Ensure the health, welfare, and safety of ((the client and or)) you, your caregiver, or both; or

(b) Enable ((a client)) you, who ((would)) may otherwise require a more restrictive environment, to function with greater independence in ((the home or in the)) your home and community.

(2) Examples of architectural modifications include ((the following)):

(a) ((Installation of)) Installing ramps and grab bars;

(b) Widening of doorways;

(c) ((Modification of)) Bathroom ((facilities)) modifications;

(d) Installing ((specialized)) electrical ((and/or)) or plumbing systems necessary to accommodate the specialized medical equipment and supplies that are necessary for ((the welfare of the individual)) your welfare;

~~(e) ((Repairs for)) Repairing damage((s)) to ((the client's)) your residence as a result ((of the client's)) your disability up to the balance of ((the client's)) your allocation; ((or)) and~~

~~(f) ((Repairs to)) Repairing architectural modifications if necessary for ((client)) your safety.~~

~~(3) ((Vehicular modifications include the following:~~

~~(a) Wheel chair lifts;~~

~~(b) Strap downs;~~

~~(c) Other access modifications; or~~

~~(d) Repairs and maintenance to vehicular modifications if necessary for client safety)) The provider making architectural modifications must be contracted with the developmental disabilities administration (DDA) and be a registered contractor under chapter 18.27 RCW.~~

~~(4) The following limits apply to architectural modifications:~~

~~(a) Prior approval by the regional administrator or designee is required.~~

~~(b) Architectural modifications are excluded if they are of general utility without direct medical or remedial benefit to you, such as carpeting, linoleum, tile, hardwood flooring, decking, roof repair, air conditioning, and fencing for the yard.~~

~~(c) Architectural modifications must not add to the square footage of the home.~~

~~(d) DDA requires evidence that you have exhausted your private insurance, medicaid benefits, and benefits from the division of vocational rehabilitation (DVR) before authorizing architectural modifications.~~

~~(e) Architectural modifications must be the most cost-effective modification based on a comparison of contractor bids as determined by DDA.~~

~~(f) DDA may require an occupational therapist, physical therapist, or construction consultant to review and recommend an appropriate architectural modification statement of work before you solicit bids or purchase architectural modifications.~~

~~(g) Deteriorated condition of the dwelling or other remodeling projects in progress in the dwelling may prevent or limit some or all architectural modifications at the discretion of DDA.~~

~~(h) Location of the dwelling in a flood plain, landslide zone, or other hazardous area may limit or prevent any architectural modifications at the discretion of DDA.~~

~~(i) Written consent from your landlord is required before starting any architectural adaptations for rental property. The landlord must not require removal of the architectural modification at the end of your tenancy as a condition of the landlord approving the architectural modification.~~

~~(j) Damage repairs are limited to the cost of restoration to original function. If the damage resulted from your behavior, the behavior must be addressed before the damages are repaired;~~

~~(k) The following are excluded from architectural modifications:~~

~~(i) Repairs to personal property, such as furniture and appliances;~~

~~(ii) Fence construction or repairs; and~~

~~(iii) Carpet installation or replacement.~~

NEW SECTION

**WAC 388-832-0186 What are vehicle modifications?** What are vehicle modifications?

(1) Vehicle modifications are physical adaptations to your vehicle to:

(a) Ensure the health, welfare, and safety of you, your caregiver, or both; or

(b) Enable you, who may otherwise require a more restrictive environment, to function with greater independence in your home and community.

(2) Examples of vehicle modifications include:

(a) Wheel chair lifts;

(b) Strap downs;

(c) Other access modifications; and

(d) Repairs and maintenance to vehicle modifications if necessary for your safety.

(3) The provider making vehicle modifications must be a vehicle adaptive equipment vendor contracted with the developmental disabilities administration (DDA) to provide this service.

(4) The following limits apply to vehicle modifications:

(a) Prior approval by the regional administrator or designee is required.

(b) DDA requires evidence that you have exhausted your private insurance, medicaid benefits, and benefits from the division of vocational rehabilitation (DVR) before authorizing this service.

(c) Vehicle modifications must be the most cost-effective modification based on a comparison of contractor bids as determined by DDA.

(d) Clinical and support needs for vehicle modifications are limited to those identified in your DDA assessment and documented in your person-centered service plan.

(e) Modifications will only be approved for a vehicle that serves as your primary means of transportation and is owned by you, your family, or both.

(f) DDA requires your treating professional's written recommendation regarding your need for vehicle modifications. This recommendation must take into account that the treating professional has recently examined you, reviewed your medical records, and conducted a functional evaluation.

(g) DDA may require a second opinion from a DDA-selected provider.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0200 What are specialized medical equipment and supplies?** (1) Specialized medical equipment and supplies are ~~((designed to assist clients to))~~ items that help you:

(a) Increase or maintain ~~((their abilities))~~ ability to perform ~~((their))~~ activities of daily living; or

(b) Perceive, control, or communicate with the environment in which ~~((they))~~ you live.

(2) Specialized medical equipment and supplies may include durable and nondurable equipment that are specialized or adapted, and generally are not useful to a person in the absence of illness, injury, or disability.

(3) ~~((Also included are))~~ The developmental disabilities administration (DDA) may cover items and services necessary to maintain the proper functioning of the equipment and supplies.

(4) The provider of equipment and supplies must be an equipment supplier contracted with DDA or a parent who has a DDA contract.

(5) The following limits apply to specialized medical equipment and supplies:

(a) Specialized medical equipment and supplies - except for incontinence supplies such as diapers, disposable pads, and wipes - require prior approval by the DDA regional administrator or designee.

(b) DDA may require a second opinion by a DDA-selected provider.

(c) Items reimbursed with state funds must be in addition to any specialized medical equipment and supplies furnished under medicaid or private insurance.

(d) DDA does not cover medications or vitamins.

(e) DDA only covers specialized medical equipment and supplies that are:

(i) Of direct medical or remedial benefit to you; and

(ii) Necessary as a result of your disability.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0215 What are specialized nutrition and specialized clothing?**

(1) Specialized nutrition is ~~((specialized formulas or specially))~~ prepared ~~((foods for which a written recommendation has been provided by a qualified and appropriate professional and when it))~~ food that constitutes fifty percent or more of ~~((the))~~ a person's caloric intake ~~((e.g.,))~~. Specialized nutrition must be recommended by a qualified professional, such as a licensed physician or registered dietician(+).

(2) Specialized clothing is nonrestrictive clothing adapted for a physical disability~~((, excessive wear))~~. Specialized clothing~~((, or specialized footwear for which a written recommendation has been provided))~~ must be recommended by a qualified ~~((and appropriate))~~ professional ~~((e.g.,))~~, such as a podiatrist, physical therapist, or behavior specialist(+).

(3) Prior approval by regional administrator or designee is required.

(4) DDA does not cover vitamins or supplements.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0235 What are copays for medical and therapeutic services?**

(1) Copays are fixed fees that subscribers to a medical plan must pay to use specific medical or therapeutic services covered

by the plan. These services must have been deemed medically necessary by your health care professional.

(2) Medical and therapeutic copays may be a reimbursable expense through a developmental disabilities administration (DDA) services contract.

(3) The copays must be for your medical or therapeutic needs.

(4) DDA does not cover vitamins or supplements.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

**WAC 388-832-0250 What are transportation services?** (1) Transportation services ((are)) is per diem or mileage reimbursement((s)) to a provider ((when the)) for your transportation((-is required and specified in the individual support plan. This service is available for all IFS program services if the cost and responsibility for transportation is not already included in your provider's contract and payment)).

((1) Transportation provides you access to IFS program services specified by your individual support plan)) (2) The developmental disabilities administration (DDA) may reimburse a provider for transportation services if:

(a) The transportation is to or from a state-funded individual and family services (IFS) program service;

(b) The transportation need is identified in your person-centered service plan (PCSP);

(c) The provider is not contracted to receive transportation reimbursement; and

(d) All other transportation options have been exhausted.

((2) Whenever possible you must use family, neighbors, friends, or community agencies that can provide this service without charge))

(3) The provider of transportation services must be an individual or agency contracted with DDA to provide transportation services.

(4) Transportation services may be a reimbursable expense through a DDA contract.

(5) The following limits apply to transportation services:

(a) Transportation services does not cover the purchase or lease of a vehicle; and

(b) Reimbursement to the provider is limited to transportation that occurs when you are with the provider.

(6) Per diem costs may be reimbursed utilizing the state rate to access medical services if you and one family member must travel over one hundred fifty miles one way.

(7) DDA may reimburse you for air ambulance costs due to an emergency - up to your state-funded IFS annual allocation - if you have exhausted all other resources such as your private insurance and Medicaid.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

**WAC 388-832-0265 What is training and counseling?** (1) Training and counseling is professional assistance provided to families to ~~((better))~~ help meet ~~((the))~~ your specific needs ~~((of the individual))~~ as outlined in ~~((their ISP))~~ your person-centered service plan (PCSP) including:

- ~~((1))~~ (a) Health and medication monitoring;
- ~~((2))~~ (b) Positioning and transfer;
- ~~((3))~~ (c) Augmentative communication systems; and
- ~~((4))~~ (d) Family counseling.

(2) To provide training and counseling, a provider must be:

(a) Contracted with the developmental disabilities administration (DDA) for the service specified in the client's PCSP; and  
(b) One of the following licensed, registered, or certified professionals:

- (i) Audiologist;
- (ii) Certified American Sign Language instructor;
- (iii) Certified dietician;
- (iv) Licensed practical nurse;
- (v) Marriage and family therapist;
- (vi) Mental health counselor;
- (vii) Nutritionist;
- (viii) Occupational therapist;
- (ix) Physical therapist;
- (x) Psychologist;
- (xi) Registered counselor;
- (xii) Registered nurse;
- (xiii) Sex offender treatment provider;
- (xiv) Social worker; or
- (xv) Speech and language pathologist.

(3) The following limits apply to training and counseling:

- (a) DDA does not pay for attendance or room and board; and
- (b) DDA does not pay for conference registration.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

**WAC 388-832-0280 What is positive behavior ~~((management))~~ support and consultation?** (1) Positive behavior ~~((management))~~ support and consultation is the development and implementation of programs designed to support ~~((the client))~~ you using ~~((positive behavioral techniques. Behavior management programs help the client decrease aggressive, destructive, sexually inappropriate or other behaviors that compromises the client's ability to remain in the family home, and develop strategies for effectively relating to caregivers and other people in the client's life))~~:

- (a) Individualized strategies for effectively relating to caregivers and other people in your life; and
- (b) Direct interventions with you to decrease aggressive, destructive, sexually inappropriate, or other behaviors that compromise your ability to remain in the community.

(2) The provider of positive behavior support and consultation must be one of the following professionals contracted with the developmental disabilities administration (DDA) and be duly licensed, registered or certified as a:

- (a) Counselor under chapter 18.19 RCW;
- (b) Marriage and family therapist;
- (c) Mental health counselor;
- (d) Physician assistant working under the supervision of a psychiatrist;
- (e) Polygrapher;
- (f) Psychiatric advanced registered nurse practitioner;
- (g) Psychiatrist;
- (h) Psychologist;
- (i) Registered nurse (RN) or licensed practical nurse (LPN);
- (j) Sex offender treatment provider; or
- (k) Social worker.

(3) The following limits apply to positive behavior support and consultation:

- (a) DDA and your treating professional will determine the need and amount of service you may receive, which is limited to the amount of your annual allocation.
- (b) DDA may require a second opinion from a DDA-selected provider.
- (c) DDA does not pay for services that are experimental or investigational under WAC 182-531-0050.
- (d) Providers must not use methods that are threatening, painful, isolating, or that occur in a locked setting.
- (e) Psychological testing is not allowed.
- (f) Positive behavior support and consultation requires prior approval by the regional administrator or designee.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

**WAC 388-832-0300 What is parent(=/) and sibling education?** (1) Parent(=/) and sibling education is ((class)) training for parents and siblings who have a family member with a developmental disability offering relevant topics. ((Examples of topics could be)) Training may include coping with family stress, addressing ((your)) a child's behavior, managing the family's daily schedule, or advocating for ((your)) a child with a developmental disability.

(2) The provider of parent and sibling education must be providing a service in your person-centered service plan (PCSP), contracted with DDA, and licensed, registered, or certified as:

- (a) An audiologist;
- (b) An American Sign Language instructor;
- (c) A certified dietician;
- (d) A licensed practical nurse;
- (e) A marriage and family therapist;
- (f) A mental health counselor;
- (g) A nutritionist;
- (h) An occupational therapist;
- (i) A physical therapist;
- (j) A psychologist;

- (k) A registered counselor;
- (l) A registered nurse;
- (m) A sex offender treatment provider;
- (n) A social worker; or
- (o) A speech and language pathologist.

(3) Parent and sibling education may also be provided by an advocacy organization.

(4) Parent and sibling education may be a reimbursable expense through a DDA contract, or paid directly to the contracted provider.

(5) The following limits apply to parent and sibling education:

(a) Parent and sibling education does not include conference fees or lodging.

(b) Viewing videos at home by your parent or sibling does not meet the definition of parent or sibling education.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0315 What are recreational opportunities?** (1) Recreational opportunities are ~~((leisure))~~ activities ~~((that may be available to children and adults with a developmental disability)),~~ such as summer camps, ~~((YMCA activities,))~~ day trips, or typical activities available in your community.

(2) Recreational opportunities may include memberships in civic groups, clubs, crafting classes, or classes outside of K-12 school curriculum or sports activities.

(3) Recreational opportunities may be a reimbursable expense through a developmental disabilities administration (DDA) contract.

(4) The following limits apply to recreational opportunities:

(a) Recreational opportunities must occur in your community or an out-of-state bordering city under WAC 388-832-0333.

(b) DDA does not pay for recreational opportunities that may pose a risk to you or the community at large.

(c) DDA does not pay for supplies or materials related to recreational opportunities.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0333 What ~~((restrictions))~~ limits apply to ~~((the))~~ state-funded IFS program services?** The following ~~((restrictions))~~ limits apply to the state-funded individual and family services (IFS) program ~~((services))~~:

(1) State-funded IFS program services are limited to available funding.

(2) A state-funded IFS program service must address an unmet need identified in your person-centered service plan (PCSP).

(3) Any item reimbursed with state funds under the IFS program must not duplicate or replace items provided to you under private insurance or medicaid.

~~((4))~~ (4) State-funded IFS program services are authorized only after you have ((accessed what is available to you under medicaid, including medicaid personal care, and any other private health insurance plan, school, division of vocational rehabilitation or child development services)) requested and have been denied other resources available to you through private insurance, school, the division of vocational rehabilitation, child development services, medicaid, including personal care and community first choice, and other supports.

~~((2))~~ (5) All state-funded IFS program service payments must be agreed to by ((DDD)) you and ((you)) the developmental disabilities administration (DDA) in your ((ISP)) PCSP.

~~((3))~~ (6) To receive reimbursement ((of)) for goods or services purchased ((by the family member)) for a DDA client, the purchaser must have a reimbursement contract with DDA.

~~((4))~~ (7) DDA does not pay for treatment ((determined by DSHS/MAA or private insurance to be)) that is experimental or investigational under WAC 182-531-0550.

(8) DDA does not cover vitamins or supplements.

~~((5))~~ (9) Your choice of qualified providers and services may be limited to the most cost-effective option that meets your assessed need.

~~((6))~~ (10) Services must not be provided after ((the)) a client's death((of the eligible client. Payment may occur after the date of death, but not the service)).

~~((7))~~ (11) DDA's authorization period begins when you ((agree)) have agreed to be in the state-funded IFS program and ((have given written or verbal approval for)) your ((ISP. The period will last up to one year and may be renewed if you continue to need and utilize services)) PCSP is effective.

(12) If you have not ((utilized the services within one year period you will be terminated from this)) accessed a state-funded IFS program service at least once per plan year, DDA will disenroll you from the state-funded IFS program.

~~((8))~~ (13) The state-funded IFS program must not pay for psychological evaluations or testing, or DNA testing.

~~((9))~~ (14) You may receive state-funded IFS program services in a recognized out-of-state bordering city on the same basis as in-state services. Recognized bordering cities include:

(a) Coeur d'Alene, Moscow, Sandpoint, Priest River, and Lewiston, Idaho, and

(b) Portland, The Dalles, Hermiston, Hood River, Rainier, Milton-Freewater, and Astoria, Oregon.

AMENDATORY SECTION (Amending WSR 09-11-054, filed 5/13/09, effective 6/13/09)

**WAC 388-832-0335 What is a one-time award?** (1) A one-time ((awards are payments to individuals and families who meet the IFS program eligibility requirements and have a one time unmet need not covered by any other sources for which they are eligible.

~~(2) One-time awards can only)) award is a payment that must be used for architectural(~~/vehicular~~) or vehicle modifications, or specialized medical equipment and supplies.~~

(2) You may be eligible for a one-time award if:

(a) You have a one-time, unmet need;

(b) You are not currently authorized for the state-funded individual and family services (IFS) program or home and community based services waiver in your person-centered service plan (PCSP);

(c) You are at least three years old and live with family;

(d) The need is critical to the health or safety of you or your caregiver; and

(e) You and your family have no other resource to meet the need or your resources do not cover all of the expense.

(3) One-time awards must not exceed six thousand dollars in a twenty-four month period.

(4) One-time awards must be approved by the developmental disabilities administration's (DDA's) regional administrator or designee.

(5) Eligibility for a one-time award does not guarantee approval and authorization of the service by DDA because services are limited to available funding.

(6) You must have a DDA assessment before receiving a one-time award.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

**WAC 388-832-0355 What is an emergency service?** (1) Emergency services are respite care, (~~behavior management or~~) nursing services, or positive behavior support and consultation in response to a single incident, situation, or short-term crisis.

(2) You may be eligible for emergency services if you are age three or older, live with your family, and:

(a) You lose your caregiver due to caregiver hospitalization or death;

(b) There are changes in your caregiver's mental or physical status resulting in your caregiver's inability to perform effectively for you; or

(c) There are significant changes in your emotional or physical condition that require emergency services.

(3) The provider of the service you require to meet your emergent need must meet the provider qualifications required to contract for that specific service under:

(a) WAC 388-832-0155 for respite;

(b) WAC 388-832-0285 for positive behavior support and consultation; and

(c) WAC 388-845-1705 for nursing.

(4) Funds are provided for a limited period not to exceed ninety days.

(5) All requests are reviewed and approved or denied by the regional administrator or designee.

(6) If you or a family situation requires more than ninety days of emergency services, the developmental disabilities administration (DDA) will review DDA services to determine if your need can be met through other services.

(7) You may receive an emergency service before completing a DDA assessment, however the regional administrator or designee may request a DDA assessment for you at any time.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

**WAC 388-832-0370 What are ((the IFS)) community service grants?** Community service grants are grants to agencies or individuals ((funded by the IFS program)) to promote community-oriented projects that benefit families. Community service grants may fund long-term or short-term projects that benefit children ((and/or)), adults, or both.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

**WAC 388-832-0375 How does a ((proposed)) proposal for a community service grant project qualify for funding?** Community service grants are limited to available funding. To qualify for funding, a proposed project must be approved by the assistant secretary or designee and:

- (1) Address one or more of the following topics:
  - (a) Provider support and development;
  - (b) Parent helping parent; or
  - (c) Community resource development for inclusion of all.
- (2) Meet most of the following goals:
  - (a) Enable families to use generic resources which are integrated activities and/or resources community members typically have access to;
  - (b) Reflect geographic, cultural and other local differences;
  - (c) Support families in a variety of noncrisis-oriented ways;
  - (d) Prioritize support for unserved families;
  - (e) Address the diverse needs of Native Americans, communities of color and limited or non-English speaking groups;
  - (f) Be family focused;
  - (g) Increase inclusion of persons with developmental disabilities;
  - (h) Benefit families who have children or adults eligible for services from DDD and who do not receive other DDD paid services; and
  - (i) Promote community collaboration, joint funding, planning and decision making.

AMENDATORY SECTION (Amending WSR 08-16-121, filed 8/5/08, effective 9/5/08)

**WAC 388-832-0470 What are my appeal rights under the state-funded individual and family services program?** (1) You have the ((appeal

rights described in WAC 388-825-100 through 388-825-165)) right to an administrative hearing under chapter 388-825 WAC.

(2) If the developmental disabilities administration (DDA) ends your state-funded individual and family services (IFS) program services, you will receive written notice of the decision explaining your administrative hearing rights.

#### REPEALER

The following sections of the Washington Administrative Code are repealed:

- |                  |   |
|------------------|---|
| WAC 388-832-0007 | What is the purpose of the individual and family services (IFS) program?  |
| WAC 388-832-0020 | Will I be authorized to receive IFS services if I meet the eligibility criteria in WAC 388-832-0015?                                  |
| WAC 388-832-0022 | What determines the allocation of funds available to me to purchase IFS services?   |
| WAC 388-832-0023 | If I qualify for another DDD service, will my IFS program be reduced or terminated?   |
| WAC 388-832-0024 | If I participate in the IFS program, will I be eligible for services through the DDD home and community based services (HCBS) waiver? |
| WAC 388-832-0025 | Am I eligible for the IFS program if I currently receive other DDD paid services?   |
| WAC 388-832-0045 | What if there are two or more family members who are eligible for the IFS program?  |
| WAC 388-832-0050 | How do I request IFS program services?  |
| WAC 388-832-0055 | How long do I remain eligible for the IFS program?  |
| WAC 388-832-0060 | May DDD terminate my eligibility for the IFS program?   |
| WAC 388-832-0070 | What is the IFS program request list?   |
| WAC 388-832-0072 | Who is eligible to be on the IFS program request list?  |
| WAC 388-832-0075 | Do I have to have a DDD assessment before I can be added to the IFS request list?   |
| WAC 388-832-0080 | How or when am I taken off the IFS request list?  |
| WAC 388-832-0082 | If the DDD assessment determines I am not eligible for the IFS program, may I remain on the IFS request list?                         |

WAC 388-832-0087 What happens next if I am selected from the IFS program request list?

WAC 388-832-0090 If I currently receive funding from the traditional family support program, the family support opportunity program or the family support pilot program, will I qualify for the IFS program?

WAC 388-832-0091 If I currently receive funding from the traditional family support program, the family support opportunity program or the family support pilot program, will that funding continue until my next assessment?

WAC 388-832-0095 What happens if DDD finds me ineligible for the IFS program?

WAC 388-832-0100 What assessment will DDD use to assess my need?

WAC 388-832-0110 Will DDD ask about my family's income?

WAC 388-832-0113 Will my IFS allocation be impacted by my income?

WAC 388-832-0114 What is family income?

WAC 388-832-0115 How is an individual's access to DDD paid services affected if family income information is not provided?

WAC 388-832-0123 Will my IFS allocation be impacted if I am eligible for private duty nursing or the medically intensive children's program?

WAC 388-832-0125 Will my IFS allocation be impacted if I am eligible for the community options programs entry system (COPES)?

WAC 388-832-0127 What if I have assessed needs that cannot be met by the IFS program?

WAC 388-832-0128 When is the individual support plan effective?

WAC 388-832-0132 May I request to exceed the level at which I was assessed?

WAC 388-832-0135 How may my family use its IFS program allocation?

WAC 388-832-0137 May I use my allocation over a two-year period for large costly expenditures?

WAC 388-832-0139 If I have a significant change assessment, what happens to my allocation?

WAC 388-832-0145 Who is eligible to receive respite care?

WAC 388-832-0150 Where can respite care be provided?

WAC 388-832-0155 Who are qualified providers of respite care?

WAC 388-832-0160 Are there limits to the respite care I receive?

WAC 388-832-0166 How are excess medical costs paid?

WAC 388-832-0168 Are there limits to excess medical costs?

WAC 388-832-0175 Who is a qualified therapist?

WAC 388-832-0180 Are there limits to the therapy I may receive?

WAC 388-832-0190 Who is a qualified provider for architectural and vehicular modifications?

WAC 388-832-0195 What limits apply to architectural and vehicular modifications?

WAC 388-832-0205 Who are qualified providers of equipment and supplies?

WAC 388-832-0210 Are there limitations to my receipt of equipment and supplies?

WAC 388-832-0220 How do I pay for specialized nutrition and specialized clothing?

WAC 388-832-0225 Are there limits for specialized nutrition and specialized clothing?

WAC 388-832-0240 How do I pay for medical and therapeutic copays?

WAC 388-832-0245 Are there limits to medical and therapeutic copays?

WAC 388-832-0255 Who is a qualified provider for transportation services?

WAC 388-832-0260 Are there limitations to the transportation services I can receive?

WAC 388-832-0270 Who is a qualified provider for training and counseling?

WAC 388-832-0275 Are there limitations to the training and counseling?

WAC 388-832-0285 Who is a qualified provider of behavior management?

WAC 388-832-0290 Are there limits to behavior management?

WAC 388-832-0305 Who are qualified providers for parent/sibling education?

WAC 388-832-0308 How is parent/sibling education paid?

WAC 388-832-0310 Are there limitations to parent/sibling education?

WAC 388-832-0320 How are recreational opportunities paid for?

WAC 388-832-0325 Are there limitations to recreation opportunities?

WAC 388-832-0330 Do I have a choice of IFS program services?

WAC 388-832-0331 May I receive IFS program services out-  
of-state?  
WAC 388-832-0332 May I choose my provider?  
WAC 388-832-0460 How will DDD notify me of decisions?