

Waiver Eligibility

Recipients must meet all of the following criteria:

- Be an eligible DDA client per RCW 71A.10.020(5).
- Have a disability according to criteria established in the Social Security Act.
- Apply for long-term care services/Medicaid and have verified income that does not exceed 300% of the SSI federal benefit standard.
 - If a child, parents' income and resources are not considered.
 - If an adult living with a spouse, the spouse's income and resources are not considered.
- Have resources less than \$2,000 or be in the Apple Health for Workers with Disabilities (HWD) program.
- Meets the level of care provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities as determined by the DDA Assessment.
- Person-centered service plan shows how health, safety, and habilitation needs can be met in the community with a monthly waiver service and/or monthly monitoring.
- Agree to accept home and community-based services rather than an ICF/IID.

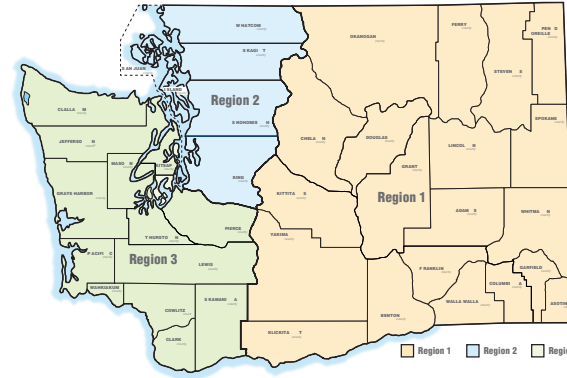
Access to a Waiver

A request for enrollment or switch to an alternate waiver can be done at any time. Ask a case resource manager. If a CRM is not available, leave a message on the local No-Paid Service line listed under Regional Offices or submit the request online at www.dshs.wa.gov/dda/service-and-information-request. Meeting service criteria for the waiver does not guarantee access to waiver services. Each waiver is limited on the number of people served. DDA has the authority to limit enrollment based on the availability of funding for new waiver participants.

Administrative Hearing Rights

Everyone has the right to an administrative hearing with the following decisions regardless of program or service:

- DDA eligibility is denied, terminated or DDA has unreasonably delayed acting on application; or
- Type or amount of service authorized to receive; or
- Denial, reduction, or termination of services; or
- Denial of choice of service provider; or
- If moved to a different residential setting, not of one's choice; or
- DDA refusal to abide by request not to send notices to any other person; or
- Disenrollment from a waiver program; or
- Denial of request to receive ICF/IID services instead of waiver services; or
- DDA decides the services available on current waiver can meet health and welfare needs and a person disagrees; or
- A person is assessed to not need ICF/IID level of care; or
- One has been assessed to not meet CIIBS eligibility.



Visit us online at:
dshs.wa.gov/dda/service-and-information-request

Find an office at:
dshs.wa.gov/DDA/office-locations

Call us:

Counties	Phone and Email
Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens	(800) 319-7116 R1ServiceRequestA@dshs.wa.gov
Adams, Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Walla Walla, Whitman, Yakima	(866) 715-3646 R1ServiceRequestB@dshs.wa.gov
Island, San Juan, Skagit, Snohomish, Whatcom	(800) 567-5582 R2ServiceRequestA@dshs.wa.gov
King	(800) 974-4428 R2ServiceRequestB@dshs.wa.gov
Kitsap, Pierce	(800) 735-6740 R3ServiceRequestA@dshs.wa.gov
Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum	(888) 707-1202 R3ServiceRequestB@dshs.wa.gov

People needing support with hearing or communication can call the Washington Telecommunication Relay Service by dialing 7-1-1 or 1-800-833-6388 (TTY).



Transforming lives

DSHS 22-1756 (Rev. 11/20)

Core Waiver

From the
Developmental
Disabilities
Administration



Waiver Overview

Department of Social and Health Services' Developmental Disabilities Administration has five Home and Community-Based Service Medicaid Waiver programs. Each waiver offers specific services to meet health and safety needs in the community. The Core waiver offers a variety of services when not available through other resources (private insurance, Medicaid, school, etc.)

Core waiver offers residential options to individuals at immediate risk of institutional placement or have an identified health and welfare need for services that cannot be met by the Basic Plus Waiver. *Age 0+*

If the assessed need for services exceeds the scope of service provided under the Core waiver, DDA will make one or more of the following efforts to meet health and welfare needs:

- Identify more available natural supports;
- Initiate an exception to rule to access available non-waiver services not included in the Core waiver other than natural supports;
- Offer an application for an alternative waiver that has services needed;
- Offer placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities.

If none of the above options meet the health and welfare needs, DDA may terminate waiver eligibility. If terminated from a waiver, an individual may still be eligible for other non-waiver DDA services.

Waiver Services

Use this brochure to plan annual assessments. A case resource manager will explain services and requirements, and document services selected in the person-centered service plan. Some services require prior review and approval. Services in four categories with *age limits* include:

- **Community services** – promote client participation and integration in the community
- **Professional services** – support services provided by contracted professionals
- **Caregiving services** – supports for participants and their caregivers
- **Goods and services** – equipment, supplies and specialized services for participants



Community Services

- Community engagement** – supports to increase connections and engagement in community resources.
- Community inclusion** – individualized support services that connect people in the local community to build relationships with others who share similar interests.
- Residential habilitation** – assistance for learning, improving, or retaining skills necessary for living in the community.
- Supported employment** – intensive, ongoing individual and group support to obtain and sustain employment. *21+*
- Transportation** – reimbursement to a provider for non-medical transportation required to access waiver services specified in a PCSP.

Professional Services

- Stabilization services** – activities that assist one during a behavioral health crisis. Includes specialized habilitation, staff/family consultation and crisis-diversion bed services.
- Specialized habilitation** – individualized support to learn or maintain a range of life skills.
- Positive behavior support and consultation** – supports that assess and address behavioral health needs. These include interventions to promote behaviors that improve quality of life and inclusion in the community. *0-20*

- Risk assessment** – evaluations of violent, stalking, sexually violent, or predatory behavior to determine the need for psychological, medical or therapeutic services.
- Staff/family consultation** – professional consultation for family and direct service providers to better meet needs of individual.
- Therapies** – occupational, physical and speech, language and hearing services beyond those provided by Medicaid (Apple Health). *21+*

Caregiving Services

- Respite** – short-term relief to individuals who live with and care for persons with disabilities.
- Skilled nursing** – chronic, long-term, nursing services to address needs not met through Medicaid (Apple Care). *21+*

Goods and Services

- Bed bug extermination** – Treatment for bed bugs in the home.
- Environmental adaptations** – physical modification to a home necessary for one to continue living in the community.
- Specialized equipment and supplies** – necessary equipment and supplies not available under Medicaid (Apple Care) including items needed to implement therapeutic or positive behavioral support plan.
- Wellness education** – monthly, individualized, printed, educational letter designed to assist in managing health-related issues and achieving wellness goals.