

# APPENDIX K: Emergency Preparedness and Response

**Background:**

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.<sup>i</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

**General Information:**

- A. State: Washington
- B. Waiver Title: Children's Intensive In Home Behavior Support
- C. Control Number: WA.40669.R02.05

**D. Type of Emergency (The state may check more than one box):**

<input checked="" type="checkbox"/>	<b>Pandemic or Epidemic</b>
<input type="checkbox"/>	<b>Natural Disaster</b>
<input type="checkbox"/>	<b>National Security Emergency</b>
<input type="checkbox"/>	<b>Environmental</b>
<input type="checkbox"/>	<b>Other (specify):</b>

**E. Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

This application includes changes that are additive to the previously approved Appendix K. All changes from the originally approved document will be effective as of 3/1/2020. Additive changes are identified in underlined text.

On February 29th, 2020 Governor Jay Inslee declared a state of emergency in response to new cases of COVID-19, directing state agencies to use all resources necessary to prepare for and respond to the outbreak. The risk posed by a virus outbreak depends on factors including how well it spreads between people, the severity of the illness it causes, and the medical or other measures in place to control the impact of the virus (for example, vaccine or treatment medications). COVID-19 is spreading in several communities in Washington, the risk of exposure is increasing for people who live in our state. Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure. Those who have had close contact with persons with COVID-19 are at elevated risk of exposure. Travelers returning from affected international locations

where community spread is occurring are at elevated risk of exposure. Our knowledge of COVID-19 is still rapidly evolving. Individuals who are sick are advised to stay home.

As of March 3rd, 2020 there were 162 confirmed cases 22 total fatalities of COVID-19. This number is expected to grow. As of April 27<sup>th</sup>, 2020 there are 13,842 confirmed cases and 786 total fatalities of COVID-19.

DDA is in the process of developing emergency plans to assist communities affected by COVID-19. A number of requirements we have committed to in our state plan and waiver applications are dependent on staff and provider ability to perform tasks. Due to the evolving nature of this crisis we may reach a point where we must adjust service delivery methods, suspend home visits, and shift workload priorities due to staff shortages to in order to meet immediate health and safety needs.

**F. Proposed Effective Date: Start Date: 3.1.2020\_Anticipated End Date: 2.28.2021**

**G. Description of Transition Plan.**

CIIBS waiver participants will transition to emergency service status as soon as it becomes evident that they are impacted by the COVID-19 outbreak. This will be evidenced by contraction of COVID-19 by the waiver participant, their provider or their housemate, local quarantines, or other guidance of isolation or precautionary measures issued by local or federal health departments.

**H. Geographic Areas Affected:**

All

**I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:***

<https://www.doh.wa.gov/Emergencies/Coronavirus>  
<https://www.governor.wa.gov/news-media/inslee-issues-covid-19-emergency-proclamation>

**Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver**

**Temporary or Emergency-Specific Amendment to Approved Waiver:**

*These are changes that, while directly related to the state’s response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.*

**a. \_\_\_ Access and Eligibility:**

**i. \_\_\_ Temporarily increase the cost limits for entry into the waiver.**

[Provide explanation of changes and specify the temporary cost limit.]

N/A

**ii. \_\_\_ Temporarily modify additional targeting criteria.**

[Explanation of changes]

N/A

**b. \_\_\_ Services**

**i. \_\_\_ Temporarily modify service scope or coverage.**

[Complete Section A- Services to be Added/Modified During an Emergency.]

**ii. \_\_\_ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

DDA proposes to extend the monthly funding limits and respite hour limits on the CIIBS waiver. The amount of budget expansion would be determined on a case by case basis through prior approval for specific service requests. Respite provided out of state may be provided in excess of 30 days on a case by case basis. In lieu of adding a modified chore service, the following will be provided via respite providers through the respite service . To limit exposure of a DDA waiver client to non-household members, Respite care will include tasks typically the responsibility of the primary caregiver that are necessary to run a household while the primary caregiver provides care to the DDA waiver recipient during the COVID-19 outbreak. This household support will allow relief to the provider by allowing the provider to care for the client. Personal care hours may not be billed by the primary caregiver while respite is being provided. Staff/family consultation may be provided to more than one individual at a time with a rate reduction when providing service in a 2:1 or group setting. Waiver transportation service will expand to travel to non-waiver service such as transportation to another family members home, when that transportation is required to prevent illness or meet immediate health and safety needs. Expand limit and provider type in staff family consultation to include emergency preparedness consultation support from a provider trained in emergency management or similar. All waiver services and goods may be offered remotely by providers when travel to the waiver participant is not possible due to COVID-19 infection. Approval for remote support will require a prior approval by DDA.

Add Wellness Education to provide information on COVID-19 and health and welfare.

Assistive technology may be approved for the purposes of a waiver participant receiving remote waiver-funded supports when those supports cannot be received using any other formal or informal resources to obtain or use the required technology. Technology includes, tablets, switches, telephones, or other devices necessary for the client to receive remote supports from the waiver service provider.

**iii. \_\_\_ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).**

[Complete Section A-Services to be Added/Modified During an Emergency]

**iv. \_\_\_ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Direct care services Respite Care, and 1:1 services Positive Behavior Support, staff/family consultation, crisis diversion beds, behavioral health stabilization services- positive behavior support may be provided in a hotel, shelter, church, or alternative facility based setting or the home of a direct care worker when the waiver participant is displaced from their home because of quarantine or hospitalization or when providers are unavailable due to illness or business closure. Services will not be authorized if otherwise available from another resource.

Temporarily allow for Positive Behavior Support and Staff/Family Consult to be provided in a non-integrated setting (such as a hospital or other quarantine site) when DDA identifies that no other alternatives are available and a non-integrated setting is the only service setting that service may be offered to meet an individual’s health and safety needs. This may include other group settings such as a gymnasium or portable if provider networks become so depleted that there are no other options to provide direct care in the client’s home. The direct supports provided through these services (see service descriptions below) will not duplicate the supports already available in that setting.

**v. \_\_\_ Temporarily provide services in out of state settings (if not already permitted in the state’s approved waiver). [Explanation of changes]**

Respite provided out of state may be provided in excess of 30 days on a case by case basis with prior approval by DDA.

**c. \_\_\_ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

N/A

**d. \_\_\_ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

**i. \_\_\_ Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Temporarily allow provider enrollment or re-enrollment with modified risk screening elements such as onsite visits or fingerprint checks, or training requirements, when requested by the waiver participant to all service providers.

When needed, suspend provider licensing or certification for up to 1 year when COVID 19 pandemic impacts ability for providers to obtain license or certification due to state staff or service provider availability to all service providers.

**ii. \_\_\_ Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

Expand provider types for specialized equipment and supplies and assistive technology including the use of a purchase card and community choice guides in order to purchase items from nontraditional vendors who have necessary items in stock when supply or cost impacts occur due to COVID 19 on a case by case basis.

DDA contracted Positive Behavior Support providers may provide respite care.

**iii. \_\_\_ Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

When needed, suspend provider licensing or certification for up to 1 year when COVID 19 pandemic impacts ability for providers to obtain license or certification due to state staff or service provider availability to

Group Homes, LSRs, Adult Day Care, Group Care Facility, Licensed foster home, for respite

**e. \_\_\_ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]**

Reassessments of level of care may be postponed up to one year and services will continue on a case by case basis when conditions do not allow a waiver participant, their representative, or DDA staff to participate in a reassessment due to illness or quarantine to allow sufficient time for the case manager to complete the annual reassessment paperwork.

For service plans that are expiring and currently meeting an affected waiver participant's needs, but a new person centered service plan is unable to be developed due to ongoing COVID-19 impacts, the time limit to approve the plan may be extended on a case by case basis when monthly remote or telephonic monitoring is provided to ensure the plan continues to meet the participant's needs.

Telephonic assessments may occur in place of face-to-face assessments on a case by case basis until impacts of COVID-19 are resolved. Telephonic Initial Assessments will be conducted when needed to prevent exposure related to COVID-19.

For Initial CARE assessments, staff may complete the assessment and person-centered service plan via the telephone or other electronic means and then do a brief in-person visit before moving the assessment to current.

If the pre-visit questionnaire response indicates it is not safe to do an in-person visit services can be authorized prior to an in-person visit occurring.

All initial CARE assessments will ensure that mandatory fields are completed with the information necessary to complete a person centered service care plan.”

Annual assessment Inter-rater reliability monitoring will be postponed up to 1 year when workforce is limited due to COVID-19 or when the client's household is impacted by COVID-19.

**f. \_\_\_ Temporarily increase payment rates**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

To respond effectively to the COVID-19 outbreak, the state requires flexibility to adjust providers' rates to ensure that sufficient providers are available for clients.

Expenditures for the state to pay higher rates to 1915(c) HCBS providers for 1915(c) HCBS services provided in order to maintain capacity. The state will allow the rate to be up to 50 percent and in the case of extraordinary circumstances, the state may request approval from CMS for rate increases in excess of 50 percent. Factors used to determine rates will include increases in supply and staffing costs.

Flat rate increases will apply to service provider types identified during the COVID crisis to require rate adjustment due to impacts from COVID in order to stay in business, this includes but is not limited to Residential Habilitation providers (alternative living, licensed staffed residential, group home, companion home, and supported living) IP respite providers, and skilled nurses for waiver skilled nursing and nurse delegation.

**g. Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.**

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

Person centered service plans/revisions (to add a waiver service to the plan only) may be approved with a retroactive approval date for service needs identified to mitigate harm or risk directly related to COVID-19 impacts. Telephonic (or other Information Technology Medium) assessments may occur when the assessment cannot occur due to impacts of COVID-19. The changes to the service plan, including the amount, duration and scope of the service will be updated in the PCSP within 60 days from the date the service was initiated.

**h. Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances.** [Explanation of changes]

Allow for entry of incidents into the Incident Reporting System outside of typical timeframes in instances in which staff shortages due to COVID-19 occur. Response to incidents will not be impacted.



**i. Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**

[Specify the services.]

Allow payment for communication assistance and personal care through Positive Behavior Support, and staff/family consultation for purposes of supporting 1915(c) enrollees who are in an acute care hospital or receiving a short-term institutional stay on a case by case basis when prior approval by DDA is received. Services will not be authorized if otherwise available from another resource.

**j. Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

N/A

**k. Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

N/A

**l. Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

N/A

**m. Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]**

Allow beneficiaries to receive fewer than one service per month for a period of ninety (90) days without being subject to discharge

CIIBS Quarterly visits may be provided by a Case Manager telephonically or through another information technology medium

## Contact Person(s)

- A. The Medicaid agency representative with whom CMS should communicate regarding the request:

<b>First Name:</b>	MaryAnne
<b>Last Name</b>	Lindeblad
<b>Title:</b>	Medicaid Director
<b>Agency:</b>	Health Care Authority
<b>Address 1:</b>	626 8 <sup>th</sup> Ave SE
<b>Address 2:</b>	
<b>City</b>	Olympia
<b>State</b>	WA
<b>Zip Code</b>	98501
<b>Telephone:</b>	360-725-1863
<b>E-mail</b>	Maryanne.lindeblad@hca.wa.gov
<b>Fax Number</b>	

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

<b>First Name:</b>	Evelyn
<b>Last Name</b>	Perez
<b>Title:</b>	Assistant Secretary
<b>Agency:</b>	Developmental Disabilities Administration
<b>Address 1:</b>	1009 College St SE
<b>Address 2:</b>	MS 45310
<b>City</b>	Lacey
<b>State</b>	WA
<b>Zip Code</b>	98503
<b>Telephone:</b>	360-407-1564
<b>E-mail</b>	Evelyn.Perez@dshs.wa.gov
<b>Fax Number</b>	360-407-0954

**8. Authorizing Signature**

**Signature:** \_\_\_\_\_ /S/ \_\_\_\_\_  
 State Medicaid Director or Designee

<b>Date:</b>	5/7/2020
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<b>First Name:</b>	
<b>Last Name</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Telephone:</b>	
<b>E-mail</b>	
<b>Fax Number</b>	

## Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. 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 Specification					
Service Title:					
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Provider Specifications					
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:	
Specify whether the service may be provided by <i>(check each that applies):</i>		x	Legally Responsible Person	x	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>					
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>		
<b>Verification of Provider Qualifications</b>					
Provider Type:	Entity Responsible for Verification:			Frequency of Verification	
Service Delivery Method					
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed	



**Service Specification**

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

**Service Definition (Scope):**

Specialized Medical Equipment and Supplies: Durable and nondurable medical equipment not available through Medicaid or the state plan which enables individuals to increase their abilities to perform activities of daily living or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support; ancillary supplies and equipment necessary to the proper functioning of such items **and personal protective equipment and disinfection supplies when not otherwise covered in the Medicaid state plan.**

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

The following limitations apply to the receipt of specialized medical equipment and supplies:

- \*Prior approval by the department is required for each authorization.
- \*The department reserves the right to require a second opinion by a department selected provider.
- \*Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the Medicaid state plan.
- \*Items must be of direct medical or remedial benefit to the individual and necessary as a result of the individual's disability.
- \*Medications, prescribed or non-prescribed, and vitamins are excluded.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Medical Equipment Supplier

Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Medical Equipment Supplier</b>	Chapter 19.02 RCW (State law concerning business licenses)		Contract Standards
<b>Purchase Card</b>			<b>Contract Standards</b>
<b>Community Choice Guide</b>			<b>Contract Standards</b>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Medical Equipment Supplier</b>	<b>State Operating Agency</b>	<b>Every 3 years</b>

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Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

## Service Specification

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

### Service Definition (Scope):

Assistive Technology: 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. During the COVID-19 crisis, : Add Assistive Technology service when a waiver participant requires a basic technology in order to receive waiver-funded remote supports during the COVID-19 pandemic when no other technology available to the participant through other resources is possible. Technology includes, tablets, switches, telephones, or other devices necessary for the client to receive remote supports from the waiver service provider.

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.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	☒☐	Individual. List types:	☒☐	Agency. List the types of agencies:
	Recreation Therapist Certified Music Therapist		Recreation Therapist Occupational Therapist	
	Occupational Therapist		Rehabilitation Counselor	
	Behavior Specialist Physical Therapist Rehabilitation Counselor Speech-Language Pathologist Audiologist <b>Community Choice Guide</b> <b>Purchase Card</b>		Certified Music Therapist Behavior Specialist Speech-Language Pathologist Physical Therapist Audiologist Assistive Technology Vendor	
Specify whether the service may be provided by <i>(check each that applies):</i>		Legally Responsible Person		Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	



<p><b>Recreation Therapist</b></p>		<p>National certification through the National Council for Therapeutic Recreation Certification. Washington State Registration</p>	<p>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.</p> <p>Contract language regarding provider qualifications.</p> <p>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.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Occupational therapist;</li> <li>(2) Physical therapist;</li> <li>(3) Speech and language pathologist;</li> <li>(4) Certified music therapist;</li> <li>(5) Certified recreation therapist;</li> <li>(6) Audiologist; or</li> <li>(7) Behavior specialist.</li> </ol>
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<p><b>Occupational Therapist</b></p>	<p>RCW 18.59.050 (State law concerning licensure requirements for occupational therapists)</p> <p>Chapter 246-847 WAC (Department of Health administrative code concerning requirements for occupational therapists)</p>		<p>RCW 18.598.060 (State law concerning examination requirements for occupational therapists)</p> <p>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.</p> <p>Contract language regarding provider qualifications.</p> <p>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.</p> <p>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.</p> <p>Washington Administrative Code (WAC) WAC 388-845-0420 Who is a qualified provider of assistive technology?</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Occupational therapist;</li> <li>(2) Physical therapist;</li> <li>(3) Speech and language pathologist;</li> <li>(4) Certified music therapist;</li> <li>(5) Certified recreation therapist;</li> <li>(6) Audiologist; or</li> </ol>
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			(7) Behavior specialist.
<b>Certified Music Therapist</b>		National certification through the Certification Board for Music Therapists	<p>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.</p> <p>Contract language regarding provider qualifications.</p> <p>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.</p> <p>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.</p> <p>Washington Administrative Code (WAC) WAC 388-845-0420 Who is a qualified provider of assistive technology?</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Occupational therapist;</li> <li>(2) Physical therapist;</li> <li>(3) Speech and language pathologist;</li> <li>(4) Certified music therapist;</li> <li>(5) Certified recreation therapist;</li> <li>(6) Audiologist; or</li> <li>(7) Behavior specialist.</li> </ol>

<p><b>Behavior Specialist</b></p>	<p>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)</p> <p>Chapter 18.71A RCW (Washington state law concerning physician assistant practice and licensure)</p>	<p>Chapter 18.19 RCW (Washington state law concerning counselors, including certification)</p> <p>Chapter 246-810 WAC (Department of Health administrative code concerning the practice of counseling)</p>	<p>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.</p> <p>Contract language regarding provider qualifications.</p> <p>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.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Occupational therapist;</li> <li>(2) Physical therapist;</li> <li>(3) Speech and language pathologist;</li> <li>(4) Certified music therapist;</li> <li>(5) Certified recreation therapist;</li> <li>(6) Audiologist; or</li> <li>(7) Behavior specialist.</li> </ol>
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<p><b>Speech-Language Pathologist</b></p>	<p>RCW 18.35.080 (State law concerning certificates and licensure for speech-language pathologists and audiologists)</p>	<p>WAC 246-828-105 (Department of Health administrative code concerning speech-language pathology-- minimum standards of practice)</p>	<p>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.</p> <p>Contract language regarding provider qualifications.</p> <p>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.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Occupational therapist;</li> <li>(2) Physical therapist;</li> <li>(3) Speech and language pathologist;</li> <li>(4) Certified music therapist;</li> <li>(5) Certified recreation therapist;</li> <li>(6) Audiologist; or</li> <li>(7) Behavior specialist.</li> </ol>
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<p><b>Physical Therapist</b></p>	<p>RCW 18.74.040 (State law concerning examination for a physical therapy license)</p> <p>RCW 18.74.040 (State law concerning licensure of physical therapists)</p> <p>Chapter 2146-915 WAC (Department of Health administrative code concerning requirements for physical therapists)</p>		<p>RCW 18.74.030 (State law concerning minimum qualifications to apply for licensure as a physical therapist)</p> <p>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.</p> <p>Contract language regarding provider qualifications.</p> <p>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.</p> <p>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.</p> <p>Washington Administrative Code (WAC) WAC 388-845-0420 Who is a qualified provider of assistive technology?</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Occupational therapist;</li> <li>(2) Physical therapist;</li> <li>(3) Speech and language pathologist;</li> <li>(4) Certified music therapist;</li> <li>(5) Certified recreation therapist;</li> <li>(6) Audiologist; or</li> </ol>
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			(7) Behavior specialist.
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<p><b>Audiologist</b></p>	<p>RCW 18.35.080 State law concerning certificates and licensure for speech-language pathologists and audiologists)</p>	<p>WAC 246-828-095 (Department of Health administrative code concerning audiology minimum standards of practice)</p>	<p>RCW 18.35.040 (State law concerning licensure and examination for speech-language pathologists and audiologists)</p> <p>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.</p> <p>Contract language regarding provider qualifications.</p> <p>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.</p> <p>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.</p> <p>Washington Administrative Code (WAC) WAC 388-845-0420 Who is a qualified provider of assistive technology?</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Occupational therapist;</li> <li>(2) Physical therapist;</li> <li>(3) Speech and language pathologist;</li> <li>(4) Certified music therapist;</li> <li>(5) Certified recreation therapist;</li> <li>(6) Audiologist; or</li> </ol>
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<p><b>Assistive Technology Vendor</b></p>	<p>Chapter 19.02 RCS (State law concerning business licenses)</p>		<p>(7) Behavior specialist.</p> <p>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.</p> <p>Contract language regarding provider qualifications.</p> <p>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.</p> <p>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.</p> <p>Washington Administrative Code (WAC) WAC 388-845-0420 Who is a qualified provider of assistive technology?</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) Occupational therapist;</li> <li>(2) Physical therapist;</li> <li>(3) Speech and language pathologist;</li> <li>(4) Certified music therapist;</li> <li>(5) Certified recreation therapist;</li> <li>(6) Audiologist; or</li> <li>(7) Behavior specialist.</li> </ol>
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<b>Purchase Card</b>			<b>Contract Standards</b>
<b>Community Choice Guide</b>			<b>Contract standards</b>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
<b>All</b>	<b>State Operating Agency</b>		<b>Every 3 years</b>
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

### Service Specification

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

**Service Definition (Scope):**

Transportation: Reimbursement for transporting a participant to and from waiver funded services specified in the participant's Person-Centered Service Plan. Waiver transportation services cannot duplicate other types of transportation available through the Medicaid State Plan, EPSDT, or included in a provider's contract. Waiver transportation is provided in order for the waiver participant to access a waiver service, such as summer camp (respite service), when without the transportation they would not be able to participate.

Waiver transportation is different from Personal Care transportation in that it does not provide transportation to and from shopping or medical appointments.

Whenever possible, the person will 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:**

The following limitations apply to transportation services:

- \*Transportation to/from medical or medically related appointments is a Medicaid State Plan transportation service and is to be considered and used first.
- \*Transportation is offered in addition to medical transportation but cannot replace Medicaid State Plan transportation services.
- \*Transportation is limited to travel to and from a waiver service.**
- \*Transportation does not include the purchase of a bus pass.
- \*Reimbursement for provider mileage is paid according to contract.
- \*This service does not cover the purchase or lease of vehicles.
- \*Reimbursement for provider travel time is not included in this service.
- \*Reimbursement to the provider is limited to transportation that occurs when the individual is with the provider.
- \*The individual is not eligible for transportation services if the cost and responsibility for transportation is already included in the waiver provider's contract and payment.

### Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Transportation		Transportation
Specify whether the service may be provided by <i>(check each that applies):</i>		<input type="checkbox"/> Legally Responsible Person	<input checked="" type="checkbox"/>	<input type="checkbox"/> Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<b>Transportation</b>	Chapter 308-104 WAC (State administrative code concerning Drivers Licenses)		Chapter 308-106 WAC (State administrative code concerning mandatory Insurance to operate a vehicle)
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
<b>Transportation</b>	<b>State Operating Agency</b>		<b>Every 3 years</b>
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

**Service Specification**

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

**Service Definition (Scope):**

**Staff/Family Consultation and Training:** Staff/family consultation and training is professional assistance to families or direct service providers to help them better meet the needs of the waiver person.

Consultation and training is provided to families, direct staff, or personal care providers to meet the specific needs of the waiver participant as outlined in the individual's person-centered service plan, including:

- (a) Health and medication monitoring,
- (b) Positioning and transfer,
- (c) Basic and advanced instructional techniques,
- (d) Positive behavior support; and
- (e) Augmentative communication systems.
- (f) Individual and Family Counseling

**(g) Emergency Preparedness**

**Supports may be provided telephonically or through another information technology medium.**

**Supports may be provided out of home such as a hotel, shelter, church, or alternative facility based setting or the home of a direct care worker when the waiver participant is displaced from their home because of quarantine or hospitalization or when providers are unavailable due to illness or business closure.**

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

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.

Individual and Family Counseling is available when the waiver participant has documentation in the person centered service plan that he/she engages in assaults toward family members and is receiving positive behavior support to address those assaultive behaviors.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Occupational Therapist		Staff/Family Consultation Agency Provider
		Mental Health Counselor		

	Social Worker Nutritionist Audiologist Registered or Certified Counselor Sex Offender Treatment Provider Certified American Sign Language Instructor Registered Nurse Physical Therapist Certified Recreational Therapist Psychologist Licensed Practical Nurse Speech/Language Pathologist Certified Dietician Marriage and Family Therapist <b>Emergency Management</b>	
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Specify whether the service may be provided by ( <i>check each that applies</i> ):		Legally Responsible Person	X	Relative/Legal Guardian
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**Provider Qualifications** (*provide the following information for each type of provider*):

Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
<b>Staff/Family Consultation Agency Provider</b>			An agency could employ any of the provider types listed above and the employees must meet the qualifications listed.
<b>Occupational Therapist</b>	Chapter 246-847 WAC (DOH administrative code concerning requirements for Occupational Therapists)		Contract Standards.
<b>Mental Health Counselor</b>	Chapter 246-809 WAC (DOH administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)		Contract Standards

<b>Social Worker</b>	Chapter 246-809 WAC (DOH administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)		Contract Standards
<b>Nutritionist</b>	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)		Contract Standards
<b>Audiologist</b>		WAC 246-828-095 (Department of Health-DOH-administrative code concerning audiology minimum standards of practice)	Contract Standards
<b>Registered or Certified Counselor</b>		Chapter 246-810 WAC (DOH administrative code concerning requirements for counselors)	Contract Standards
<b>Sex Offender Treatment Provider</b>		Chapter 246-930 WAC (concerning requirements for Sex Offender Treatment Provider)	Contract Standards
<b>Certified American Sign Language Instructor</b>			Contract Standards

<b>Registered Nurse</b>	Chapter 246-840 WAC (DOH administrative code concerning requirements for Practical and Registered Nursing)		Contract Standards
<b>Physical Therapist</b>	Chapter 246-915 WAC (DOH administrative code concerning requirements for Physical Therapists)		Contract Standards.
<b>Certified Recreation Therapist</b>			Contract Standards
<b>Licensed Practical Nurse</b>	Chapter 246-840 WAC (DOH administrative code concerning requirements for Practical and Registered Nursing)		Contract Standards
<b>Psychologist</b>	Chapter 246-924 WAC (DOH administrative code concerning requirements for psychologists)		Contract Standards
<b>Speech/Language Pathologist</b>		WAC 246-828-105 (DOH administrative code concerning speech-language pathology- minimum standards of practice.)	Contract Standards



<b>Certified Dietician</b>		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)	Contract Standards
<b>Marriage and Family Therapist</b>	Chapter 246-809 WAC (DOH administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)		Contract Standards
<b>Emergency Management</b>			<b>BA or higher in emergency management or similar OR minimum 1 year professional experience working in emergency management or preparedness</b>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
<b>All</b>	<b>State Operating Agency</b>		<b>Every 3 years</b>
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

## Service Specification

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

### Service Definition (Scope):

Respite: Short-term intermittent relief for persons who normally provide care for and live with the waiver participant. It is also short-term intermittent relief for waiver participants from persons who normally provide care for and live with the waiver participant.

In lieu of adding a modified chore service, the following will be provided via respite providers through the respite service . To limit exposure of a DDA waiver client to non-household members, Respite care will include tasks typically the responsibility of the primary caregiver that are necessary to run a household while the primary caregiver provides care to the DDA waiver recipient during the COVID-19 outbreak. This household support will allow relief to the provider by allowing the provider to care for the client. Personal care hours may not be billed by the primary caregiver while respite is being provided.

The following 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 paid 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 provider 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.
- (j) hotel, shelter, church, alternative facility, or provider's home when client is displaced due to COVID-19**

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

Respite Service will not duplicate the services available under the State Plan.

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

- 1) Clinical and support needs for respite care are identified and documented in the waiver participant's DDA person-centered service plan (PCSP). The DDA assessment will determine how much respite you can receive per chapter 388-828 WAC, **additional hours require prior approval by DDA.**
- 2) Respite cannot replace:
- (a) Daycare while her/his parent or guardian is at work.
  - (b) Personal Care Hours available under the state plan.
- 3) 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.
- (4) The individual respite provider may not provide:
- (a) Other DDA services for the waiver participant during the respite care hours; or
  - (b) DDA paid services to other persons during the respite care hours.
- (5) The primary caregiver may not provide other DDA services for the waiver participant during the respite care hours.
- (6) 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.
- (7) 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 are limited to the assessed respite care hours identified in the PCSP. Respite provided by a LPN or RN requires a prior approval by the Regional Administrator or designee.

**Provider Specifications**

Provider Category(s)	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Certified Nursing Assistant		Child Foster Home
		Individual Provider		Home Care Agency

<i>(check one or both):</i>	LPN Respite RN Respite	Child Foster Group Care State Operated Living Alternatives (SOLA) Adult Residential Care (ARC) Summer Programs Parks and Recreation Departments Child Placing Agency Home Health Agency Child Care Center Group Care Home Community Centers Contracted Supported Living Staffed Residential Home Senior Centers Adult Family Home LPN Respite RN Respite Adult Day Care Center Child Day Care Center
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Specify whether the service may be provided by <i>(check each that applies)</i> :		Legally Responsible Person	X	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Certified Nursing Assistant</b>		Chapter 246-841 WAC (Department of Health administrative code concerning nursing assistants)	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 <input type="checkbox"/> related <input type="checkbox"/> 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

<b>Individual Provider</b>			<p>WAC 388-825-320 (DSHS administrative code concerning how someone becomes an individual provider)</p> <p>WAC 388-825-340 (concerning what is required for a provider to provide respite or residential service in their home)</p> <p>WAC 388-825-345 (concerning what related providers are exempt from licensing)</p> <p>WAC 388-825-355 (concerning educational requirements for individuals providing respite services)</p> <p>WAC 388-825-325 (concerning required skills and abilities for individuals and agencies contracted to provide respite care)</p> <p>WAC 388-825-365 (concerning reporting abuse, neglect, exploitation or financial exploitation)</p> <p>Contract Standards</p>
<b>LPN Respite</b>	Chapter 246-840 WAC (Department of Health - DOH-		Contract standards
<b>RN Respite</b>	Chapter 246-840 WAC - DOH		Contract standards
<b>Child Foster Home</b>	Chapter 388-148 WAC (DSHS administrative code concerning licensing requirements for child foster homes)		Contract Standards

<p><b>Home Care Agency</b></p>	<p>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)</p>		<p>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)</p> <p>Contract Standards</p> <p>A home care agency provides nonmedical services and assistance (e.g., respite care) to ill</p>
<p><b>Child Foster Group Care</b></p>	<p>Chapter 388-148 WAC (DSHS administrative code concerning licensing requirements for child foster homes, staffed residential homes, group residential facilities, and child-placing agencies)</p>		<p>Contract Standards</p>
<p><b>State Operated Living Alternatives (SOLA)</b></p>		<p>Chapter 388-101D WAC (WA administrative code concerning Community residential services and support)</p>	<p>Contract Standards</p>

<b>Adult Residential Care (ARC)</b>	Chapter 388-78A WAC (DSHS administrative code concerning facilities licensed as Assisted Living Facilities)		Contract Standards
<b>Summer Programs</b>		Summer Camps	Contract Standards
<b>Parks and Recreation Departments</b>			Contract Standards
<b>Child Placing Agency</b>	Chapter 388-148 WAC (DSHS administrative code concerning licensing requirements for child foster homes, staffed residential homes, group care programs/facilities and agencies)		<p>WAC 388-148-1060 (DSHS administrative code concerning the services a child placing agency may provide)</p> <p>The department licenses child-placing agencies to provide:</p> <p>.☐..(3) Specialized (treatment) foster care;☐...</p>

<b>Home Health Agency</b>	<p>Chapter 70.127 RCW (State law concerning licensing of home health, hospice, and home care agencies)</p> <p>WAC 246-335 Part 1 (REQUIREMENTS FOR IN-HOME SERVICES AGENCIES LICENSED TO PROVIDE HOME HEALTH, HOME CARE, HOSPICE, AND HOSPICE CARE CENTER SERVICES)</p> <p>WAC 246-335-020 (Department of Health licensing requirements for agencies that provide home health, home care, hospice, and hospice care center services)</p>		<p>WAC 388-106-0010 (AL TSA administrative code concerning definitions of long-term care services)</p> <p>WAC 388-71-0515 (AL TSA administrative code concerning the responsibilities of an individual provider or home care agency provider when employed to provide care to a client)</p> <p>Contract Standards</p> <p>Home health agency provides medical and nonmedical services to ill, disabled or vulnerable individuals residing in temporary or permanent residences.</p>
<b>Child Care Center</b>	<p>Chapter 170-297 WAC (Department of Early Learning administrative code concerning School-age child care center minimum licensing requirements)</p>		<p>Contract Standards</p>
<b>Group Care Home</b>	<p>Chapter 388-145 WAC (DSHS administrative code concerning group care homes)</p>	<p>Chapter 388-101 WAC (AL TSA administrative code concerning Community residential services and support)</p>	<p>Contract Standards</p>
<b>Community Centers</b>			<p>Contract Standards</p>



<b>Contracted Supported Living</b>		Chapter 388-101 WAC and 388-101D WAC (WA administrative code concerning Community residential services and support)	Contract Standards
<b>Staffed Residential Home</b>	Chapter 388-145 WAC (DSHS administrative code concerning licensing requirements for staffed residential homes and group care facilities)		Contract Standards
<b>Senior Centers</b>			Contract Standards
<b>Adult Family Home</b>	Chapter 388-76 WAC (DSHS administrative code concerning Adult family homes minimum licensing requirements)		Contract Standards
<b>Adult Day Care Center</b>			Contract Standards

<b>Child Day Care Center</b>	<p>Chapter 170-295 WAC (Department of Early Learning administrative code concerning minimum licensing requirements for child day care centers)</p> <p>Chapter 170-296A WAC (Department of Early Learning administrative code concerning minimum licensing requirements for family child day care homes)</p> <p>Chapter 170-297 WAC (Department of Early Learning administrative code concerning licensing requirements for school age child care)</p>		Contract Standards
<b>Positive Behavior Support Provider</b>			Contract Standards
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
All	State Operating Agency	Every 3 years	
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

## Service Specification

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

### Service Definition (Scope):

Positive Behavior Support and Consultation: Positive behavior support and consultation services provide individualized strategies and supports to promote positive behavior interactions between the individual and their family, friends, community and employer. Individualized behavioral strategies and supports are provided to family and/or providers to promote a consistent and effective ways of interacting and engaging the individual in their environment. Techniques, strategies and supports are implemented to promote effective communication skills and appropriate behaviors of the individual in order to get their needs met.

State regulations stipulate that:

(1) Positive behavior support and consultation may be provided to persons on any of the DDA HCBS waivers and include 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, functional assessment and positive behavioral supports).

(2) Positive behavior support and consultation may also be provided as a behavior health stabilization service.

**supports may be provided telephonically or through another information technology medium  
Supports may be provided out of home such as a hotel, shelter, church, or alternative facility based setting or the home of a direct care worker when the waiver participant is displaced from their home because of quarantine or hospitalization or when providers are unavailable due to illness or business closure.**

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

State regulations stipulate that:

- (1) DDA and the treating professional will determine the need and amount of service an individual will receive, subject to the limitations in subsection (2) below.
- (2) DDA reserves the right to require a second opinion from a department selected provider.
- (3) Prior approval by DDA is required.

These services under the Basic Plus waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization. DDA is collaborating closely with the Health Care Authority to assure that all waiver participants under 21 years of age are accessing Applied Behavior Analysis (ABA) services through the State Plan prior to receiving Positive Behavior Support and Consultation and Behavioral Health Stabilization Services through the waivers. Health Care Authority acknowledges that it may take several years to generate sufficient Applied Behavioral Analysis provider capacity within the Managed Care Organizations (MCOs) to meet the demand for ABA services on the State Plan. During this transition period, waiver participants under the age of 21 will continue to first seek ABA services through their MCOs, document their status when waiver participants are placed on ABA service provider waitlists and access Positive Behavior Support and Consultation through the waiver. To ensure no disruption in services, DDA anticipates a 5 year transition period to align processes with HCA.

These services are only covered under the 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 Organization (BHO)). 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 program.

**Provider Specifications**

Provider Category(s)	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Social Worker		Positive Behavior Support Agency Provider
		Polygrapher		

<i>(check one or both):</i>	Registered or certified Counselor Positive Behavior Support Provider with 5 years experience serving individuals with developmental disabilities Mental Health Counselor Psychiatrist Marriage and Family Therapist Registered Nurse (RN) or Licensed Practical Nurse (LPN) Psychiatric advanced registered nurse practitioner (ARNP) Sex Offender treatment provider (SOTP) Psychiatric assistant working under the supervision of a psychiatrist Psychologist	
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Specify whether the service may be provided by <i>(check each that applies)</i> :		Legally Responsible Person	X	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Positive Behavior Support Agency Provider</b>			An agency could employ of the provider types listed above and the employees must meet the qualifications listed. Contract Standards
<b>Social Worker</b>	Chapter 246-809 WAC (DOH administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)		Contract Standards
<b>Polygrapher</b>			Contract Standards

<b>Registered or Certified Counselor</b>		Chapter 246-810 WAC (DOH administrative code concerning requirements for counselors)	Contract Standards
<b>Positive Behavior Support Provider with 5 years experience serving individuals with developmental disabilities</b>			Five years experience serving individuals with Developmental Disabilities.  Contract Standards
<b>Mental Health Counselor</b>	Chapter 246-809 WAC (DOH administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)		Contract Standards
<b>Psychiatrist</b>	Chapter 18.71 RCW (State law concerning requirements for Physicians)		Contract Standards
<b>Marriage and Family Therapist</b>	Chapter 246-809 WAC (Department of Health-DOH-administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)		Contract Standards

<b>Registered Nurse (RN) or Licensed Practical Nurse (LPN)</b>	Chapter 246-840 WAC (DOH administrative code concerning requirements for Practical and Registered Nursing)		Contract Standards
<b>Psychiatric advanced registered nurse practitioner (ARNP)</b>	RCW 18.79.050 (State law concerning "Advanced registered nursing practice" and exceptions)		Contract Standards
<b>Sex Offender Treatment Provider (SOTP)</b>		Chapter 246-930 WAC (DOH administrative code concerning requirements for Sex Offender Treatment Providers)	Contract Standards
<b>Psychiatric assistant working under the supervision of a psychiatrist</b>	Chapter 18.71A RCW (State law concerning requirements for Physician Assistants)		Contract Standards
<b>Psychologist</b>	Chapter 246-924 WAC (DOH administrative code concerning requirements for psychologists)		Contract Standards

**Verification of Provider Qualifications**

<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>	<b>Frequency of Verification</b>
<b>All</b>	<b>State Operating Agency</b>	<b>Every 3 years</b>

<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> <b>Provider managed</b>

**Service Specification**

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

**Service Definition (Scope):**

Risk Assessment: 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.

Risk Assessment was previously labeled Sexual Deviancy Evaluation. The service name was updated to reflect the broader range of behaviors subject to evaluation.

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.

**supports may be provided telephonically or through another information technology medium**

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



State regulations stipulate that:

(1) General considerations in evaluating clients. Providers shall: (a) Be knowledgeable of assessment procedures used;(b) Be aware of the strengths and limitations of self-report and make reasonable efforts to verify information provided by the offender;(c) Be knowledgeable of the client's legal status including any court orders applicable. Have a full understanding of the SSOSA and SSODA process and be knowledgeable of relevant criminal and legal considerations;(d)Be impartial; provide an objective and accurate base of data; and(e) Avoid addressing or responding to referral questions which exceed the present level of knowledge in the field or the expertise of the evaluator.

(2) Scope of assessment data.

Comprehensive evaluations under Special Sex Offender Sentencing Alternative and Special Sex Offender Detention Alternative shall include a compilation of data from as many sources as reasonable, appropriate, and available. These sources may include but are not limited to:(a) Collateral information (i.e., police reports, child protective services information, criminal correctional history and victim statements);(b) Interviews with the offender;(c)Interviews with significant others;(d) Previous assessments of the offender conducted (i.e., medical, substance abuse, psychological and sexual deviancy);(e) Psychological/physiological tests;(f) If a report fails to include information specified in (a) through (e) of this subsection, the evaluation should indicate the information not included and cite the reason the information is not included; and(g) Second evaluations shall state whether other evaluations were considered. The decision regarding use of other evaluations prior to conducting the second evaluation is within the professional discretion of the provider. The second evaluation need not repeat all assessment or data compilation measures if it reasonably relies on existing current information. The second evaluation must address all issues outlined in subsection (3) of this section, and include conclusions, recommendations and a treatment plan if one is recommended.

(3) Evaluation reports:(a) Written reports shall be accurate, comprehensive and address all of the issues required for court disposition as provided in the statutes governing Special Sex Offender Sentencing Alternative and Special Sex Offender Detention Alternative;(b) Written reports shall present all knowledge relevant to the matters at hand in a clear and organized manner;(c) Written reports shall include the referral sources, the conditions surrounding the referral and the referral questions addressed; and(d) Written reports shall state the sources of information utilized in the evaluation. The evaluation and written report shall address, at a minimum, the following issues:

(i) A description of the current offense(s) including, but not limited to, the evaluator's conclusion about the reasons for any discrepancy between the official and offender's versions of the offenses;(ii) A sexual history, sexual offense history and patterns of sexual arousal/preference/interest;(iii) Prior attempts to remediate and control offense behavior including prior treatment;(iv) Perceptions of significant others, when appropriate, including their ability and/or willingness to support treatment efforts;(v) Potentiators of offending behavior to include alcohol and drug abuse, stress, mood, sexual patterns, use of pornography, and social and environmental influences;(vi) A personal history to include medical, marital/relationships, employment, education and military;(vii) A family history;(viii) History of violence and/or criminal behavior;(ix) Mental health functioning to include coping abilities, adaptational styles, intellectual functioning and personality attributes; and(x) The overall findings of psychological/physiological/medical assessment when such assessments have been conducted.

(e) Conclusions and recommendations shall be supported by the data presented in the body of the report and include:

(i) The evaluator's conclusions regarding the appropriateness of community treatment;

(ii) A summary of the clinician's diagnostic impressions;

(iii) A specific assessment of relative risk factors, including the extent of the offender's dangerousness in the community at large;

(iv) The client's amenability to outpatient treatment and conditions of treatment necessary to maintain a safe treatment environment.

(f) Proposed treatment plan shall be described in detail and clarity and include:

(i) Anticipated length of treatment, frequency and type of contact with providers, and supplemental or adjunctive treatment;

(ii) The specific issues to be addressed in treatment and a description of planned treatment interventions including involvement of significant others in treatment and ancillary treatment activities;

(iii) Recommendations for specific behavioral prohibitions, requirements and restrictions on living conditions, lifestyle requirements, and monitoring by family members and others that are necessary to the treatment process and community safety;

(iv) Proposed methods for monitoring and verifying compliance with the conditions and prohibitions of the treatment program; and

(v) If the evaluator will not be providing treatment, a specific certified provider should be identified to the court. The provider shall adopt the proposed treatment plan or submit an alternative treatment plan for approval by the court, including each of the elements in WAC 246-930-330 (5)(a) through (d)(DOH admin.code concerning standards and documentation of treatment).

(4) The provider shall submit to the court and the parties a statement that the provider is either adopting the proposed treatment plan or submitting an alternate plan. The plan and the statement shall be provided to the court before sentencing.

**Provider Specifications**

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Sex Offender Treatment Provider		Sex Offender Treatment Provider
		Psychologist		Psychologist

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
<b>Sex Offender Treatment Provider</b>		Chapter 246-930 WAC (DOH administrative code concerning requirements for sex offender treatment provider)	Contract Standards

<b>Psychologist</b>	Chapter 246-924 WAC (DOH administrative code concerning requirements for Psychologists)		Contract Standards
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
<b>All</b>	<b>State Operating Agency</b>	<b>Every 3 years</b>	
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> <b>Provider managed</b>

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**Service Specification**

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

**Service Definition (Scope):**

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Behavioral Health Stabilization Service-Behavioral Health Crisis Diversion Bed Services: 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 Basic Plus 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.

**Mobile Diversion may be provided telephonically or through another information technology medium.**

**Supports may be provided out of home such as a hotel, shelter, church, or alternative facility based setting or the home of a direct care worker when the waiver participant is displaced from their home because of quarantine or hospitalization or when providers are unavailable due to illness or business closure.**

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.

### Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Behavioral Health Stabilization-Behavioral Health Crisis Diversion Bed Services (Other department-licensed or certified agencies)
				Behavioral Health Stabilization-Behavioral Health Crisis Diversion Bed Services (Supported Living Agency)

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
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### Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
<b>Behavioral Health Stabilization-Behavioral Health Crisis Diversion Bed Services (Other department-licensed or certified agencies)</b>		Chapter 388-101 WAC (ALTA administrative code concerning requirements for Certified Community residential services and support)	Contract Standards

<b>Behavioral Health Stabilization-Behavioral Health Crisis Diversion Bed Services (Supported Living Agency)</b>		Chapter 388-101 WAC (ADSA administrative code concerning requirements for Certified Community residential services and Support)	DDA Policy 15.04 (concerning standards for community protection residential services, applicable only if they serve CP clients)  Contract Standards
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
All	State Operating Agency	Every 3 years

**Service Delivery Method**

<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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**Service Specification**

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

Service Definition (Scope):

Behavioral Health Stabilization Services-Positive Behavior Support and Consultation: The purpose of Behavioral Health Stabilization Services - Positive Behavior Support and Consultation is to reduce maladaptive behaviors and support the service recipient's need to remain in the community and prevent institutionalization.

Behavioral Health Stabilization Services - Positive Behavior Support and Consultation is limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

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

Positive behavior Support and Consultation:

(1)Includes the development and implementation of programs designed to support waiver participants using:

- a) 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).

These services are provided to individuals who are experiencing a behavioral health crisis that overwhelms their family and current providers, placing them at risk of psychiatric hospitalization. Once the crisis situation is resolved and the individual is stabilized, positive behavior support and consultation as a component of behavioral health crisis stabilization services is terminated. Any need for ongoing positive behavior support and consultation is met under the stand-alone positive behavior support and consultation service category.

A positive behavior support and consultation agency is privately-contracted.

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 intellectual disabilities; 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.

**Mobile Diversion may be provided telephonically or through another information technology medium.**

**Supports may be provided out of home such as a hotel, shelter, church, or alternative facility based setting or the home of a direct care worker when the waiver participant is displaced from their**



**home because of quarantine or hospitalization or when providers are unavailable due to illness or business closure.**

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

\*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.

These services are only covered under the Basic Plus 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 Organization (BHO)). It is anticipated some Basic Plus 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 Basic Plus 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 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.

#### Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:	
			Polygrapher		Positive Behavior Support Agency Provider (State-Operated)
			Registered Nurse (RN) or Licensed Practical Nurse (LPN)		Positive Behavior Support Agency Provider (Privately Contracted)

		Social Worker Psychologist Physician Assistant working under the supervision of a psychiatrist Mental Health Counselor Psychiatric Advance Registered Nurse Practitioner (ARNP) Positive Behavior Support Provider with 5 years of experience serving individuals with developmental disabilities Sex Offender Treatment Provider (SOTP) Marriage and Family Therapist Psychiatrist Registered or Certified Counselor		
Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> ( <i>provide the following information for each type of provider</i> ):				
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )	
<b>Positive Behavior Support Agency (State-Operated)</b>			A state-operated agency (i.e., with state employees as staff) could employ any of the provider types listed and the employees must meet the qualifications listed.	
<b>Positive Behavior Support Agency (Privately Contracted)</b>			A contracted agency could employ any of the provider types listed above and the employees must meet the qualifications listed. Contract Standards	
<b>Polygrapher</b>			Contract Standards	

<b>Registered Nurse (RN) or Licensed Practical Nurse (LPN)</b>	Chapter 246-840 WAC (DOH administrative code concerning requirements for Practical and Registered Nursing)		Contract Standards
<b>Social Worker</b>	Chapter 246-809 WAC (DOH administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)		Contract Standards
<b>Psychologist</b>	Chapter 246-924 WAC (DOH administrative code concerning requirements for psychologists)		Contract Standards
<b>Physician Assistant working under the supervision of a psychiatrist</b>	Chapter 18.71A RCW (State law concerning requirements for Physician Assistants)		Contract Standards
<b>Mental Health Counselor</b>	Chapter 246-809 WAC (DOH administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)		Contract Standards

<b>Psychiatric Advance Registered Nurse Practitioner (ARNP)</b>	RCW 18.79.050 (State law concerning "Advanced registered nursing practice" and exceptions)		Contract Standards
<b>Positive Behavior Support Provider with 5 years of experience serving individuals with developmental disabilities</b>			Five years experience serving individuals with Developmental Disabilities.  Contract Standards
<b>Sex Offender Treatment Provider (SOTP)</b>		Chapter 246-930 WAC (DOH administrative code concerning requirements for Sex Offender Treatment Providers)	Contract Standards
<b>Marriage and Family Therapist</b>	Chapter 246-809 WAC (Department of Health-DOH-administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)		Contract Standards
<b>Psychiatrist</b>	Chapter 18.71 RCW (State law concerning requirements for Physicians)		Contract Standards

<b>Registered or Certified Counselor</b>	Chapter 246-810 WAC (DOH administrative code concerning requirements for counselors)		Contract Standards
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
All	State Operating Agency	Every 3 years	
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

**Service Specification**

Service Title: **Wellness Education**

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

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 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 and 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:

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Wellness Education

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Wellness Education Provider</b>			<b>Contract Standards</b>

<b>Verification of Provider Qualifications</b>				
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>	
<b>Wellness Education</b>	<b>State Operating Agency</b>		<b>Every Three Years</b>	
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

<sup>i</sup> Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.