

**Chapter 388-832 WAC
INDIVIDUAL AND FAMILY SERVICES PROGRAM**

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388-832-0007	What is the purpose of the individual and family services (IFS) program? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0007, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0007, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.
388-832-0020	Will I be authorized to receive IFS services if I meet the eligibility criteria in WAC 388-832-0015? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0020, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0020, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.
388-832-0022	What determines the allocation of funds available to me to purchase IFS services? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0022, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0022, filed 8/5/08, effective

9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0090 If I currently receive funding from the traditional family support program, the family support opportunity program or the family support pilot program, will I qualify for the IFS program? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0090, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0090, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0091 If I currently receive funding from the traditional family support program, the family support opportunity program or the family support pilot program, will that funding continue until my next assessment? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0091, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0091, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0095 What happens if DDD finds me ineligible for the IFS program? [Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0095, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0100 What assessment will DDD use to assess my need? [Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0100, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0110 Will DDD ask about my family's income? [Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0110, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0113 Will my IFS allocation be impacted by my income? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0113, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0113, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0114 What is family income? [Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0114, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0115 How is an individual's access to DDD paid services affected if family income information is not provided? [Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0115, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0123 Will my IFS allocation be impacted if I am eligible for private duty nursing or the medically intensive children's program? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0123, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0123, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0125 Will my IFS allocation be impacted if I am eligible for the community options programs entry system (COPEs)? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0125, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0125, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0127 What if I have assessed needs that cannot be met by the IFS program? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0127, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0127, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0128 When is the individual support plan effective? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0128, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0128, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0132 May I request to exceed the level at which I was assessed? [Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0132, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0135 How may my family use its IFS program allocation? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0135, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0135, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

388-832-0137 May I use my allocation over a two-year period for large costly expenditures? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0137, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0137, filed 8/5/08, effective

- 388-832-0331 May I receive IFS program services out-of-state? [Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0331, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.
- 388-832-0332 May I choose my provider? [Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0332, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0332, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.
- 388-832-0460 How will DDD notify me of decisions? [Statutory Authority: RCW 71A.12.030, 71A.12.040, and 71A.12.161. WSR 10-07-124, § 388-832-0460, filed 3/23/10, effective 4/23/10. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0460, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0460, filed 8/5/08, effective 9/5/08.] Repealed by WSR 18-14-002, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030 and 71A.12.161.

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

"Agency provider" means a long-term care worker who works for a home care agency.

"Allocation" means needs-based funding available to a client and the client's family for a maximum of twelve months.

"Authorization" means developmental disabilities administration (DDA) funding approval for a service identified in a client's person-centered service plan.

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

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

"DDA" means the developmental disabilities administration within the department of social and health services (DSHS).

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

"Family" means a relative who lives with the client. A relative includes the client's spouse or registered domestic partner; natural, adoptive or step parent; grandparent; child; stepchild; sibling; step-sibling; uncle; aunt; first cousin; niece; or nephew.

"Family home" means the residence where the client and the client's family live.

"Individual and family services contract" means a contract between DDA and the family to reimburse the family for the purchase of goods and services.

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

"Person-centered service plan" or **"PCSP"** is a document that authorizes DDA-paid services that meet the client's needs identified in the client's DDA assessment.

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

"State-funded" means a service or program funded entirely with state dollars.

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

"You" means the client.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0001, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0001, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0001, filed 8/5/08, effective 9/5/08.]

DESCRIPTION

WAC 388-832-0005 What is the state-funded individual and family services program? The state-funded individual and family services (IFS) program is a program that purchases select goods and services to support eligible clients and their families.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0005, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0005, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0005, filed 8/5/08, effective 9/5/08.]

ELIGIBILITY

WAC 388-832-0015 Who is eligible for the state-funded IFS program? (1) The state-funded individual and family services (IFS) program and state supplementary payments (SSP) in lieu of IFS are closed to new enrollment.

(2) If you have been continuously enrolled in the state-funded IFS program since May 31, 2015, you may remain on the program if you:

- (a) Are a developmental disabilities administration (DDA) client;
- (b) Live with family;
- (c) Are ineligible for DDA's home and community based services waiver program under chapter 388-845 WAC;
- (d) Are age three or older;
- (e) Need IFS program services, as identified in your person-centered service plan;
- (f) Use an IFS program service at least once per plan year;
- (g) Complete a DDA reassessment under WAC 388-828-1500;
- (h) Participate with DDA in your service planning; and
- (i) Are not receiving DDA residential services or licensed foster care services.

(3) If you are eligible for the state-funded IFS program, you are not guaranteed to receive state-funded IFS program services.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0015, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030, 71A.12.120, 2014 c 221, and 2014 c 139. WSR 16-12-010, § 388-832-0015, filed 5/19/16, effective 6/19/16. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0015, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0015, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0065 What happens if I am in an out-of-home placement? (1) If you are in an out-of-home placement for more than ninety consecutive days, the developmental disabilities administration (DDA) must disenroll you from the state-funded IFS program, unless you reside in a family member's home.

(2) Unless you reside in a family member's home, you must not receive state-funded IFS program services while you are in an out-of-home placement.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0065, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0065, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0065, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0067 Are my children eligible for the state-funded IFS program services? If you are a client of the developmental disabilities administration (DDA), your child may be eligible for state-funded IFS program services if your child:

- (1) Is under age eighteen;
- (2) Lives with you; and
- (3) Is at risk of out-of-home placement.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0067, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0067, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0067, filed 8/5/08, effective 9/5/08.]

ASSESSMENT

WAC 388-832-0120 Will my IFS allocation be impacted if I am eligible for medicaid personal care services? Financial and functional eligibility for medicaid personal care services will not impact your IFS allocation.

[Statutory Authority: RCW 71A.12.030 and 71A.12.140. WSR 15-22-039, § 388-832-0120, filed 10/28/15, effective 11/28/15. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0120, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0120, filed 8/5/08, effective 9/5/08.]

ALLOCATION

WAC 388-832-0130 How does DDA determine the amount of my state-funded IFS program annual allocation? The developmental disabilities administration (DDA) determines the amount of your state-funded individual and family services (IFS) program annual allocation under WAC 388-828-9140.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0130, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 74.08.090. WSR 14-07-028, § 388-832-0130, filed 3/10/14, effective 4/10/14. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0130, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0136 How do I receive reimbursement for a purchase under the state-funded IFS program? To receive reimbursement for a purchase under the state-funded individual and family services (IFS) program, you must:

- (1) Have a family support reimbursement contract with the developmental disabilities administration (DDA);
- (2) Obtain prior approval for the purchase from your DDA regional administrator or designee;
- (3) Submit the receipt to your case manager on whichever date is earlier:
 - (a) No more than ninety days after the date of purchase; or
 - (b) No more than thirty days after the end of your plan year.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0136, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0136, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0136, filed 8/5/08, effective 9/5/08.]

SERVICES

WAC 388-832-0140 What services are available through the state-funded IFS program? You may receive any combination of the following services - up to your state-funded individual and family services (IFS) annual allocation - but only if the service addresses a need identified in your person-centered service plan:

- (1) Architectural modification under WAC 388-832-0185;
- (2) Copays for medical and therapeutic services under WAC 388-832-0235;
- (3) Excess medical costs not covered by another source under WAC 388-832-0165;
- (4) Occupational therapy under WAC 388-832-0170;
- (5) Parent and sibling education under WAC 388-832-0300;
- (6) Physical therapy under WAC 388-832-0170;
- (7) Positive behavior support and consultation under WAC 388-832-0280;
- (8) Recreational opportunities under WAC 388-832-0315;
- (9) Respite care under WAC 388-832-0143;
- (10) Specialized medical equipment and supplies under WAC 388-832-0200;
- (11) Specialized nutrition and clothing under WAC 388-832-0215;
- (12) Speech, language, and communication therapy under WAC 388-832-0170;
- (13) Training and counseling under WAC 388-832-0265;
- (14) Transportation under WAC 388-832-0250; and

(15) Vehicle modifications under WAC 388-832-0186.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0140, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0140, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0143 What is respite care? (1) Respite care is short-term, intermittent care to relieve a family member who is your primary, paid care provider.

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

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

(4) Respite care is limited to:

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

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

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0143, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0143, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0165 What are excess medical costs? (1) Excess medical costs are medical expenses for which you are responsible after your private insurance and medicaid benefits have been exhausted.

(2) The developmental disabilities administration (DDA) may pay excess medical costs for a:

(a) Dental insurance premium;

(b) Dental service;

(c) Health insurance premium;

(d) Medical service;

(e) Prescription medication;

(f) Psychiatric service; and

(g) Skilled nursing service.

(3) DDA may pay for excess medical costs directly to:

(a) A DDA-contracted provider;

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

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

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

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

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

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

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

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

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0165, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0165, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0165, filed 8/5/08, effective 9/5/08.]

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

- (a) Physical therapy;
- (b) Occupational therapy; and
- (c) Speech, hearing, and language therapy.

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

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

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

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

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

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

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

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0170, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0170, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0170, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0185 What are architectural modifications? (1) Architectural modifications are physical adaptations to your home to:

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

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

(2) Examples of architectural modifications include:

(a) Installing ramps and grab bars;

(b) Widening of doorways;

(c) Bathroom modifications;

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

(e) Repairing damage to your residence as a result [of] your disability up to the balance of your allocation; and

(f) Repairing architectural modifications if necessary for your safety.

(3) The provider making architectural modifications must be contracted with the developmental disabilities administration (DDA) and be a registered contractor under chapter 18.27 RCW.

(4) The following limits apply to architectural modifications:

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

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

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

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

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

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

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

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

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

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

(k) The following are excluded from architectural modifications:

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

(ii) Fence construction or repairs; and

(iii) Carpet installation or replacement.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0185, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0185, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0185, filed 8/5/08, effective 9/5/08.]

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

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

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

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

(2) Examples of vehicle modifications include:

(a) Wheel chair lifts;

(b) Strap downs;

(c) Other access modifications; and

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

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

(4) The following limits apply to vehicle modifications:

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

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

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

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

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

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

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

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0186, filed 6/20/18, effective 7/21/18.]

WAC 388-832-0200 What are specialized medical equipment and supplies? (1) Specialized medical equipment and supplies are items that help you:

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

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

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

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

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

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

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

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

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

(d) DDA does not cover medications or vitamins.

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

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

(ii) Necessary as a result of your disability.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0200, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0200, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0200, filed 8/5/08, effective 9/5/08.]

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

(1) Specialized nutrition is prepared food that constitutes fifty percent or more of a person's caloric intake. Specialized nutrition must be recommended by a qualified professional, such as a licensed physician or registered dietician.

(2) Specialized clothing is nonrestrictive clothing adapted for a physical disability. Specialized clothing must be recommended by a qualified professional, such as a podiatrist, physical therapist, or behavior specialist.

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

(4) DDA does not cover vitamins or supplements.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0215, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0215, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0215, filed 8/5/08, effective 9/5/08.]

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

(1) Copays are fixed fees that subscribers to a medical plan must pay to use specific medical or therapeutic services covered by the plan. These services must have been deemed medically necessary by your health care professional.

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

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

(4) DDA does not cover vitamins or supplements.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0235, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0235, filed 5/13/09, effective 6/13/09. Statutory

Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0235, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0250 What are transportation services? (1) Transportation services is per diem or mileage reimbursement to a provider for your transportation.

(2) The developmental disabilities administration (DDA) may reimburse a provider for transportation services if:

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

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

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

(d) All other transportation options have been exhausted.

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

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

(5) The following limits apply to transportation services:

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

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

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

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

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0250, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0250, filed 8/5/08, effective 9/5/08.]

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

(a) Health and medication monitoring;

(b) Positioning and transfer;

(c) Augmentative communication systems; and

(d) Family counseling.

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

(a) Contracted with the developmental disabilities administration (DDA) for the service specified in the client's PCSP; and

(b) One of the following licensed, registered, or certified professionals:

(i) Audiologist;

(ii) Certified American Sign Language instructor;

(iii) Certified dietician;

(iv) Licensed practical nurse;

(v) Marriage and family therapist;

- (vi) Mental health counselor;
 - (vii) Nutritionist;
 - (viii) Occupational therapist;
 - (ix) Physical therapist;
 - (x) Psychologist;
 - (xi) Registered counselor;
 - (xii) Registered nurse;
 - (xiii) Sex offender treatment provider;
 - (xiv) Social worker; or
 - (xv) Speech and language pathologist.
- (3) The following limits apply to training and counseling:
- (a) DDA does not pay for attendance or room and board; and
 - (b) DDA does not pay for conference registration.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0265, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0265, filed 8/5/08, effective 9/5/08.]

- WAC 388-832-0280 What is positive behavior support and consultation?**
- (1) Positive behavior support and consultation is the development and implementation of programs designed to support you using:
- (a) Individualized strategies for effectively relating to caregivers and other people in your life; and
 - (b) Direct interventions with you to decrease aggressive, destructive, sexually inappropriate, or other behaviors that compromise your ability to remain in the community.
- (2) The provider of positive behavior support and consultation must be one of the following professionals contracted with the developmental disabilities administration (DDA) and be duly licensed, registered or certified as a:
- (a) Counselor under chapter 18.19 RCW;
 - (b) Marriage and family therapist;
 - (c) Mental health counselor;
 - (d) Physician assistant working under the supervision of a psychiatrist;
 - (e) Polygrapher;
 - (f) Psychiatric advanced registered nurse practitioner;
 - (g) Psychiatrist;
 - (h) Psychologist;
 - (i) Registered nurse (RN) or licensed practical nurse (LPN);
 - (j) Sex offender treatment provider; or
 - (k) Social worker.
- (3) The following limits apply to positive behavior support and consultation:
- (a) DDA and your treating professional will determine the need and amount of service you may receive, which is limited to the amount of your annual allocation.
 - (b) DDA may require a second opinion from a DDA-selected provider.
 - (c) DDA does not pay for services that are experimental or investigational under WAC 182-531-0050.
 - (d) Providers must not use methods that are threatening, painful, isolating, or that occur in a locked setting.
 - (e) Psychological testing is not allowed.

(f) Positive behavior support and consultation requires prior approval by the regional administrator or designee.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0280, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0280, filed 8/5/08, effective 9/5/08.]

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

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

- (a) An audiologist;
- (b) An American Sign Language instructor;
- (c) A certified dietician;
- (d) A licensed practical nurse;
- (e) A marriage and family therapist;
- (f) A mental health counselor;
- (g) A nutritionist;
- (h) An occupational therapist;
- (i) A physical therapist;
- (j) A psychologist;
- (k) A registered counselor;
- (l) A registered nurse;
- (m) A sex offender treatment provider;
- (n) A social worker; or
- (o) A speech and language pathologist.

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

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

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

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

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

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0300, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0300, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0315 What are recreational opportunities? (1) Recreational opportunities are activities, such as summer camps, day trips, or typical activities available in your community.

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

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

(4) The following limits apply to recreational opportunities:

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

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

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

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0315, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0315, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0315, filed 8/5/08, effective 9/5/08.]

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

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

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

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

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

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

(6) To receive reimbursement for goods or services purchased for a DDA client, the purchaser must have a reimbursement contract with DDA.

(7) DDA does not pay for treatment that is experimental or investigational under WAC 182-531-0550.

(8) DDA does not cover vitamins or supplements.

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

(10) Services must not be provided after a client's death.

(11) DDA's authorization period begins when you have agreed to be in the state-funded IFS program and your PCSP is effective.

(12) If you have not accessed a state-funded IFS program service at least once per plan year, DDA will disenroll you from the state-funded IFS program.

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

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

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

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

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0333, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0333, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0333, filed 8/5/08, effective 9/5/08.]

ONE-TIME AWARDS

WAC 388-832-0335 What is a one-time award? (1) A one-time award is a payment that must be used for architectural or vehicle modifications, or specialized medical equipment and supplies.

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

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

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

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

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

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

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

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

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

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

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0335, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0335, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0335, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0340 Who is eligible for a one-time award? You are eligible to be considered for a one-time award if:

(1) You are not currently authorized for IFS program services in your ISP;

(2) You meet the eligibility for the IFS program;

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

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

[Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0340, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0340, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0345 Are there limitations to one-time awards? (1)

One-time awards are limited to individuals and families on the IFS request list.

(2) One-time awards are limited to architectural/vehicular modifications or specialized equipment.

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

(4) One-time awards must be approved by the DDD regional administrator or designee.

(5) Eligibility for a one-time award does not guarantee approval and authorization of the service by DDD. Services are based on availability of funding.

(6) One-time awards will be prorated by the number of other members in the household who use these modifications or specialized equipment.

[Statutory Authority: RCW 71A.12.030, 71A.12.040, and 71A.12.161. WSR 10-07-124, § 388-832-0345, filed 3/23/10, effective 4/23/10. Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0345, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0345, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0350 How do I request a one-time award? If you have

a need for a one-time award, you may make the request to your case manager.

[Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0350, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0350, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0353 Do I need to have a DDD assessment before I receive a one-time award? You need to have a DDD assessment before receiving a one-time award.

[Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0353, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0353, filed 8/5/08, effective 9/5/08.]

EMERGENCY

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

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

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

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

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

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

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

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

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

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

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

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

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

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0355, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0355, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0360 What situations qualify for emergency services?

The following situations qualify as an emergency:

(1) You lose your family caregiver due to caregiver hospitalization, or death;

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

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

[Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0360, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0365 Who is a qualified provider of emergency services? The provider of the service you need to meet your emergency must meet the provider qualifications required to contract for that specific service per the following:

(1) Respite per WAC 388-832-0155.

(2) Behavior management per WAC 388-832-0285.

(3) Nursing per WAC 388-845-1705.

[Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0365, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0366 What limitations apply to emergency services?

(1) Emergency services may be granted to individuals and families who are on the IFS wait list and have an emergent need.

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

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

[Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0366, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0366, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0367 What if the client or family situation requires more than ninety days of emergency service? If the client or family situation requires more than ninety days of emergency services, DDD will conduct an administrative review of DDD services to determine if the need can be met through other services.

[Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0367, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0367, filed 8/5/08, effective 9/5/08.]

WAC 388-832-0369 Do I need to have a DDD assessment before I receive an emergency service? You do not need to have a DDD assessment before receiving an emergency service; however the regional manager/designee may request a DDD assessment for a client at any time.

[Statutory Authority: RCW 71A.12.30 [71A.12.030], 71A.12.040, and Title 71A RCW. WSR 09-11-054, § 388-832-0369, filed 5/13/09, effective 6/13/09. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0369, filed 8/5/08, effective 9/5/08.]

GRANTS

WAC 388-832-0370 What are community service grants? Community service grants are grants to agencies or individuals to promote community-oriented projects that benefit families. Community service grants may fund long-term or short-term projects that benefit children, adults, or both.

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0370, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0370, filed 8/5/08, effective 9/5/08.]

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

(1) Address one or more of the following topics:

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

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0375, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0375, filed 8/5/08, effective 9/5/08.]

HEARINGS AND APPEALS

WAC 388-832-0470 What are my appeal rights under the state-funded individual and family services program? (1) You have the right to an administrative hearing under chapter 388-825 WAC.

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

[Statutory Authority: RCW 71A.12.030 and 71A.12.161. WSR 18-14-002, § 388-832-0470, filed 6/20/18, effective 7/21/18. Statutory Authority: RCW 71A.12.030, 71A.12.040, and 2007 c 283. WSR 08-16-121, § 388-832-0470, filed 8/5/08, effective 9/5/08.]