Chapter 388-825 WAC

DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES RULES

(Formerly chapter 275-27 WAC)

WAC

388-825-020 Definitions
388-825-056 What benefits do DDD paid services provide to me?
388-825-057 Am I eligible to receive paid services from DDD?
388-825-0571 What services am I eligible to receive from DDD if I am under the age of eighteen, have been determined to meet DDD eligibility requirements, and I am in a dependency guardianship or foster care with children's administration?
388-825-058 What services does DDD authorize?
388-825-059 How will I know which paid services I will receive?
388-825-061 What service am I eligible for if I am under the age of three?
388-825-062 What is infant toddler early intervention program (ITEIP)?
388-825-063 What services can infant toddler early intervention program (ITEIP) provide?
388-825-066 Where do I find the program eligibility rules and service definitions for infant toddler early intervention program (ITEIP)?
388-825-067 What are medicaid state plan services?
388-825-068 What medicaid state plan services can DDD authorize?
388-825-069 What services are provided under a home and community based services (HCBS) waiver?
388-825-071 What services can I have if I am enrolled in a DDD home and community based services (HCBS) waiver?
388-825-072 Where do I find information on DDD's home and community based services (HCBS) waiver services, eligibility rules and definitions?
388-825-073 What is a "state-only funded" service?
388-825-074 Am I eligible for state-only funded services?
388-825-079 If I am not on a DDD HCBS waiver, can I receive services that are available through the DDD HCBS waivers with state-only funding?
388-825-081 Can I receive state-only funded services that are not available in a DDD HCBS waiver?
388-825-082 What state-only funded services are authorized in DDD rules?
388-825-083 Is there a comprehensive list of waiver and state-only DDD services?
388-825-084 What are the limitations of state-only funded services or programs?
388-825-0871 Does DDD provide out-of-home residential services that address the special needs of persons with developmental disabilities?
388-825-088 Where can I find more information about DDD contracted residential services?
388-825-089 What is a residential habilitation center (RHC)?
388-825-091 Am I eligible for residential habilitation center (RHC) services?
388-825-093 Can I receive a short term stay at a residential habilitation center (RHC)?
388-825-094 Can I request to live in an RHC?
388-825-096 Will I have to pay for the services DDD authorizes for me?
388-825-097 Are any of my expenses deducted from the income available to pay for my care in a licensed facility?
388-825-098 Does DDD provide guardianship services?
388-825-100 How will I be notified of decisions made by DDD?
388-825-101 Why does DDD need to send my notices and correspondence to someone else?
388-825-102 What if I do not want my DDD notices and correspondence sent to anyone else?
388-825-103 When will I receive written notice of decisions made by DDD?
388-825-104 What information will the notice include?
388-825-105 Am I given any advance notice of termination or reduction or eligibility or services?
388-825-120 When can I appeal department decisions through an administrative hearing process?
388-825-125 How do I request an administrative hearing?
388-825-130 How long do I have to file a request for an administrative hearing?
388-825-135 What if I need help to request an administrative hearing?
388-825-140 Who else can help me appeal a department decision?
388-825-145 Will my benefits continue if I request an administrative hearing?
388-825-150 When can the department proceed to take action during my appeal?
388-825-155 What are my appeal rights if I am appealing a decision to transfer me from a state residential habilitation center to the community?
388-825-165 Where can I find additional information about the appeal process?

INDIVIDUAL PROVIDER AND AGENCY PROVIDER QUALIFICATIONS

388-825-300 What is the purpose of WAC 388-825-300 through 388-825-400?
388-825-305 What service providers are governed by the qualifications in these rules?
388-825-310 What are the qualifications for providers?
388-825-315 What is your responsibility when you hire an individual respite care, attendant care or personal care provider?
388-825-320 How does a person become an individual provider?
388-825-325 What are required skills and abilities for individuals and agencies contracted to provide respite care, personal care services through the medicaid personal care program or the DDD HCBS Basic, Basic Plus, CIIBS, or Core waivers, or attendant care services?
388-825-330 What is a background check required of a home care agency provider?
388-825-335 Is a background check required of a home care agency provider?
388-825-340 What is required for a provider to provide respite or residential service in their home?
388-825-345 What "related" providers are exempt from licensing?
388-825-355 Are there any educational requirements for individuals providing respite care, attendant care, or personal care services?
388-825-360 How does an individual terminate employment as a provider?
388-825-365 Are providers expected to report abuse, neglect, exploitation or financial exploitation?
388-825-370 What are the responsibilities of an individual or home care agency when employed to provide respite care, attendant care, or personal care services to a client?
388-825-375 When will the department deny payment for services of an individual or home care agency providing respite care, attendant care, or personal care services?
388-825-380 When can the department reject the client's choice of an individual respite care, attendant care or personal care provider?
388-825-385 When can the department terminate or summarily suspend an individual respite care, attendant care, or personal care provider's contract?
388-825-390 When can the department otherwise terminate an individual's contract to provide respite care, attendant care, or personal care?
388-825-395 What are the client's rights if the department denies, terminates, or summarily suspends an individual's contract to provide respite care, attendant care, or personal care?
388-825-396 Does the provider of respite care, attendant care, or personal care have a right to a fair hearing?

(1/21/10)

[Ch. 388-825 WAC—p. 1]
Chapter 388-825 Developmental Disabilities Services

388-825-055 Eligibility for services. [Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12-03, and Title 71A RCW.]

388-825-050 How often will I receive a direct payment check for my funds? [Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12-03, and Title 71A RCW.]


[Ch. 388-825 WAC—p. 2] (1/12/10)


[Ch. 388-825 WAC—p. 3]
Chapter 388-825 Developmental Disabilities Services

388-825-230 Specifically how can short-term intervention funds be used? [Statutory Authority: RCW 71A.12.030, 71A.12.040.]

388-825-231 How can my family qualify for serious need funds? [Statutory Authority: RCW 71A.12.030, 71A.12.040.]


388-825-234 What is a community service grant program? [Statutory Authority: RCW 71A.12.030, 71A.12.040.]

388-825-235 How can community service grants be used? [Statutory Authority: RCW 71A.12.030, 71A.12.040.]

388-825-236 What is a family support service? [Statutory Authority: RCW 71A.12.030, 71A.12.040.]

388-825-237 What are family support services? [Statutory Authority: RCW 71A.12.030, 71A.12.040.]

388-825-238 What is a family support service? [Statutory Authority: RCW 71A.12.030, 71A.12.040.]

388-825-239 What can family support services do? [Statutory Authority: RCW 71A.12.030, 71A.12.040.]

388-825-240 Who determines what family support services my family can receive? [Statutory Authority: RCW 71A.12.030, 71A.12.040.]

388-825-241 Who is responsible for determining family support services? [Statutory Authority: RCW 71A.12.030, 71A.12.040.]

388-825-242 What department restrictions apply to family support payments? [Statutory Authority: RCW 71A.12.030, 71A.12.040.]


388-825-244 Service need levels. [Statutory Authority: RCW 71A.12.030, 71A.12.040.]

388-825-245 Service need levels. [Statutory Authority: RCW 71A.12.030, 71A.12.040.]


[Ch. 388-825 WAC—p. 4] (1/1/10)
What are the requirements for an individual supportive living service (also known as a companion home) contract? [Statutory Authority: RCW 71A.12.030 and 71A.12.040. Title 71A RCW and 2005 c 518 § 205 (1)(e). 06-06-040, § 388-825-280, filed 8/19/05, effective 9/19/05. Repealed by 07-23-062, filed 11/16/07, effective 12/17/07. Statutory Authority: RCW 71A.12.30 [71A.12.030] and Title 71A RCW.


What are the minimum qualifications to become an individual provider? [Statutory Authority: RCW 71A.12.030, 71A.12.040, Title 71A RCW and 2005 c 518 § 205 (1)(e). 06-06-040, § 388-825-280, filed 8/19/05, effective 9/19/05. Repealed by 07-23-062, filed 11/16/07, effective 12/17/07. Statutory Authority: RCW 71A.12.30 [71A.12.030] and Title 71A RCW.]
Developmental Disabilities Services


"Division or DDD" means the division of developmental disabilities within the aging and disability services administration of the department of social and health services.

"Family" means relatives who live in the same home with the eligible client. Relatives include spouse or registered domestic partner; natural, adoptive or step parent; grandparent; child; stepchild; sibling; stepsibling; uncle; aunt; first cousin; niece; or nephew.

"ICF/MR" means a facility certified as an intermediate care facility for the mentally retarded by Title XIX to provide diagnosis, treatment and rehabilitation services to the mentally retarded or persons with related conditions.

"ICF/MR eligible" for admission to an ICF/MR means a person is determined by DDD as needing active treatment as defined in CFR 483.440. Active treatment requires:

1. Twenty-four hour supervision; and
2. Continuous training and physical assistance in order to function on a daily basis due to deficits in the following areas: Toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication.

"Individual support plan (ISP)" is a document that authorizes and identifies the DDD paid services to meet a client's assessed needs.

"Medicaid personal care" is the provision of medically necessary personal care tasks as defined in chapter 388-106 WAC.

"Residential habilitation center" or "RHC" means a state-operated facility certified to provide ICF/MR and/or nursing facility level of care for persons with developmental disabilities.

"Residential programs" means provision of support for persons in community living situations. Residential programs include DDD certified community residential services and support, both facility-based such as licensed group homes, and nonfacility based, such as supported living and state-operated living alternatives (SOLA). Other residential programs include alternative living (as described in chapter 388-829A WAC, companion homes (as described in chapter 388-829C WAC), adult family homes, adult residential care facilities, children's foster homes, group care and staffed residential homes.

"Respite care" means short-term intermittent relief for persons normally providing care for the individuals.

"Secretary" means the secretary of the department of social and health services or the secretary's designee.

"State supplementary payment (SSP)" is the state paid cash assistance program for certain DDD eligible SSI clients.


**WAC 388-825-056 What benefits do DDD paid services provide to me?** DDD paid services provide one or more of the following benefits:

1. An opportunity to learn, improve or retain social and adaptive skills necessary for living in the community;
2. Health and safety;
3. Personal power and choice;
4. Competence and self reliance;
5. Positive recognition by self and others;
6. Positive relationships; and
7. Integration into the physical and social life of the community.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-056, filed 5/19/08, effective 6/19/08.]

**WAC 388-825-057 Am I eligible to receive paid services from DDD?** You may be eligible to receive paid services from DDD if you are currently an eligible client of DDD per chapter 388-823 WAC and:

1. You are under the age of three and meet the eligibility requirements contained in WAC 388-823-0800 through 388-823-0850; or
2. You are a recipient of Washington state medicaid under the categorically needy program (CNP) and meet the eligibility requirements contained in chapters 388-474, 388-475 and 388-513 WAC; or
3. You are enrolled in a DDD home and community based services waiver and meet the eligibility requirements contained in chapter 388-845 WAC; or
4. You have been enrolled in the individual and family services program and meet the eligibility requirements contained in chapter 388-832 WAC; or
5. You have been approved to receive a state-only funded service.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-057, filed 5/19/08, effective 6/19/08.]

**WAC 388-825-0571 What services am I eligible to receive from DDD if I am under the age of eighteen, have been determined to meet DDD eligibility requirements, and I am in a dependency guardianship or foster care with children's administration?** Your services from DDD are limited to medicaid personal care services and related case management if you meet the programmatic eligibility for medicaid personal care in chapter 388-106 and 388-71 WAC governing medicaid personal care (MPC) using the current department approved assessment form, comprehensive assessment reporting evaluation (CARE), and:

1. You are under the age of eighteen;
2. You have been determined to meet DDD eligibility requirements; and
3. You are in a dependency guardianship or foster care with children's administration.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-0571, filed 5/19/08, effective 6/19/08.]
WAC 388-825-058 What services does DDD authorize? DDD authorizes:
(1) Medicaid state plan services;
(2) Infant toddler early intervention program (ITEIP) services;
(3) Home and community based services (HCBS) waiver services; and
(4) State-only funded services.
[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-058, filed 5/19/08, effective 6/19/08.]

WAC 388-825-059 How will I know which paid services will I receive? Your individual support plan (ISP) identifies the services and the amount of service you can receive.
[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-059, filed 5/19/08, effective 6/19/08.]

WAC 388-825-061 What service am I eligible for if I am under the age of three? (1) Children under age three are eligible for the infant toddler early intervention program (ITEIP) under the Individuals with Disabilities Education Act, (IDEA), Part C, and Washington's federally approved plan.
(2) Infants and toddlers eligible for DDD may receive DDD state-only funded child development services if funding is available.
[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-061, filed 5/19/08, effective 6/19/08.]

WAC 388-825-062 What is infant toddler early intervention program (ITEIP)? Infant toddler early intervention program (ITEIP) is a statewide, multi-agency program, administered by and located with DDD, to coordinate a system of early intervention services for children, birth to three, and their families under the Individuals with Disabilities Education Act (IDEA), Part C/ITEIP state rules and regulations.
[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-062, filed 5/19/08, effective 6/19/08.]

WAC 388-825-063 What services can infant toddler early intervention program (ITEIP) provide? Infant toddler early intervention program (ITEIP) provides family resources coordination (FRC) services. The FRC assists the family and child through the team evaluation/assessment process, eligibility determination. If eligible, the FRC coordinates the development of the individualized family service plan (IFSP) that documents outcomes, early intervention services, funding sources, supports and other information required for service delivery.
[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-063, filed 5/19/08, effective 6/19/08.]

WAC 388-825-066 Where do I find the program eligibility rules and service definitions for infant toddler early intervention program (ITEIP)? Eligibility for infant toddler early intervention program (ITEIP) is defined by the Individuals with Disabilities Education Act (IDEA), Part C, and Washington's federally approved plan. Additional ITEIP program and service information is on the ITEIP web site: http://www1.dshs.wa.gov/iteip. You can locate the name of the family resources coordinator (FRC) online at http://www1.dshs.wa.gov/iteip/CountyOrgLinks.html or call the family health hotline at 1-800-322-2588. Parents may self-refer and do not need a doctor's referral for entry into early intervention.
[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-066, filed 5/19/08, effective 6/19/08.]

WAC 388-825-067 What are medicaid state plan services? (1) Medicaid state plan services are those services available to all persons eligible for medicaid under the categorically needy program. See WAC 388-475-0100 for the categorically needy program requirements.
(2) To receive the service, you must be assessed by DSHS to have an unmet need for the service and meet the eligibility criteria for the program. See WAC 388-825-068 for services authorized by DDD.
[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-067, filed 5/19/08, effective 6/19/08.]

WAC 388-825-068 What medicaid state plan services can DDD authorize? DDD may authorize the following medicaid state plan services:
(1) Medicaid personal care, per chapter 388-106 WAC;
(2) Private duty nursing for adults age eighteen and older; per chapter 388-106 WAC;
(3) Private duty nursing for children under the age of eighteen, per WAC 388-551-3000;
(4) Adult day health for adults, per chapter 388-106 WAC; and
(5) ICF/MR services, per chapters 388-835 and 388-837 WAC.

WAC 388-825-069 What services are provided under a home and community based services (HCBS) waiver? (1) Home and community based services (HCBS) waivers provide specific services approved by the federal centers for medicare and medicaid services (CMS) under section 1915(c) of the Social Security Act as an alternative to placement in an intermediate care facility for the mentally retarded (ICF/MR).
(2) Certain federal regulations governing ICF/MRs are "waived" enabling the provision of services in the home and community to persons who would otherwise require the services provided in an ICF/MR as defined in chapters 388-835 and 388-837 WAC.
[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-069, filed 5/19/08, effective 6/19/08.]

WAC 388-825-071 What services am I eligible for if I am enrolled in a DDD home and community based services (HCBS) waiver? If you are enrolled in a DDD home and community based services waiver, you are eligible for the services identified in your assessment and authorized in your individual support plan.
(1) Your waiver services are limited to the services available in your specific waiver based on an assessment of your health and welfare needs.

(2) The services available through each of DDD's HCBS waivers are described in chapter 388-845 WAC.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-071, filed 5/19/08, effective 6/19/08.]

WAC 388-825-072 Where do I find information on DDD's home and community based services (HCBS) waiver services, eligibility rules and definitions? Home and community based services (HCBS) waiver eligibility, the scope of services provided by each waiver, the definitions of the services, the limitations of the service, and qualified providers for the service are contained in chapter 388-845 WAC.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-072, filed 5/19/08, effective 6/19/08.]

WAC 388-825-073 What is a "state-only funded" service? State-only funded services are those services paid entirely with state funds. These services are limited by available funding.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-073, filed 5/19/08, effective 6/19/08.]

WAC 388-825-074 Am I eligible for state-only funded services? You are eligible to receive available state-only funded services if you have been approved for funding for that service, and all of the following conditions apply:

(1) You have a current DDD assessment that identifies the need for the service;

(2) You meet the programmatic and financial eligibility requirements for the specific service or program;

(3) Your need cannot be met through medicaid state plan services;

(4) You are not enrolled in a DDD home and community based services (HCBS) waiver;

(5) You do not receive SSP as a replacement for the requested service;

(6) The program or service is funded by the legislature.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-074, filed 5/19/08, effective 6/19/08.]

WAC 388-825-079 If I am not on a DDD HCBS waiver, can I receive services that are available through the DDD HCBS waivers with state-only funding? (1) With the exception of personal care, you may be authorized to receive any of the services that are available through the DDD HCBS waivers with state-only funding.

(2) Services that are available through the DDD HCBS waivers and authorized with state-only funding:

(a) Are subject to the definitions, limitations and provider qualifications contained in chapter 388-845 WAC; and

(b) Require prior approval by the director of DDD or designee.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-079, filed 5/19/08, effective 6/19/08.]

WAC 388-825-081 Can I receive state-only funded services that are not available in a DDD HCBS waiver? You may be authorized to receive state-only funded services that are available in other DSWS rules as defined below:

(1) Adult day care (WAC 388-106-0800);

(2) Attendant care (WAC 388-825-082);

(3) Childcare for foster children (chapter 388-826 WAC);

(4) Chore services (chapter 388-106 WAC);

(5) Individual and family assistance by the county (WAC 388-825-082);

(6) Information and education by the county (WAC 388-825-082);

(7) Medical and dental services (WAC 388-825-082);

(8) Psychological counseling (WAC 388-825-082);

(9) Reimbursement through the individual and family support program to families for the purchase of approved items or service (chapter 388-832 WAC);

(10) State supplementary payments (chapter 388-827 WAC);

(11) Transportation reimbursement for an escort (WAC 388-825-082).


WAC 388-825-082 What state-only funded services are authorized in DDD rules? The following state-only funded services defined below are authorized only by DDD and are not contained in other rules governing DDD.

(1) "Adult day care" not covered by medicaid is a DDD county service providing a structured social program for adults and is limited to persons receiving the service prior to June 2005.

(2) "Attendant care" provides respite care or personal care and is limited to persons who:

(a) Are not eligible for other DDD services to meet their need; and

(b) Were receiving attendant care in March 2004.

(3) "Individual and family assistance" is a time limited county service available to individuals and families.

(a) Supports are provided to additional families and persons with developmental disabilities in need of services within existing resources;

(b) Individuals and families receiving services have more control and flexibility with the use of the resources; and

(c) The individual and family are assisted in connecting to and using natural and informal community supports.

(4) "Information and education" is a county service that provides a variety of activities and strategies to assure that individuals with developmental disabilities and families have full access to current information about services and support that will assist them in becoming full participants in their communities.

(5) "Medical and dental services" means those services which are necessary for the health of the client and are not covered by medicaid or private insurance.

(6) "Psychological counseling" may provide specialized cognitive counseling, strategies for effectively relating to people or coping with situations and problems.
WAC 388-825-083 Is there a comprehensive list of waiver and state-only DDD services? For Medicaid state plan services authorized by DDD, see WAC 388-825-068. The following is a list of waiver and state-only services that DDD can authorize and those services that can be either a waiver or a state-only service:

1. Waiver personal care services that are not available with state-only funds include:
   (a) In-home services;
   (b) Adult family home; and
   (c) Adult residential care.

2. Waiver services that can be funded as state-only services:
   (a) Behavior management and consultation;
   (b) Community transition;
   (c) Environmental accessibility adaptations;
   (d) Medical equipment and supplies;
   (e) Occupational therapy;
   (f) Physical therapy;
   (g) Respite care;
   (h) Sexual deviancy evaluation;
   (i) Skilled nursing;
   (j) Specialized medical equipment or supplies;
   (k) Specialized psychiatric services;
   (l) Speech, hearing and language therapy;
   (m) Staff/family consultation and training;
   (n) Transportation/mileage;
   (o) Residential habilitation services (RHS), including:
      (i) Alternative living;
      (ii) Companion homes;
      (iii) Supported living;
      (iv) Group home;
      (v) Child foster care;
      (vi) Child group care;
      (vii) Staffed residential; and
      (viii) State operated living alternative (SOLA);
   (p) Employment/day programs, including:
      (i) Community access;
      (ii) Community guide;
      (iii) Person-to-person;
      (iv) Prevocational services; and
      (v) Supported employment;
   (q) ITEIP/County programs, including child development services;
   (r) Mental health stabilization services, including:
      (i) Behavior management and consultation;
      (ii) Mental health crisis; and
      (iii) Skilled nursing; and
   (s) Specialized psychiatric services.

3. State-only services that are not available as a waiver service:
   (a) Adult day care;
   (b) Architectural and vehicle modification;
   (c) Attendant care;
   (d) Child care for foster children;
   (e) Chore services;
   (f) Community services grant;
   (g) Individual and family assistance;
   (h) Information/education;
   (i) Medical and dental services;
   (j) Medical insurance copays and costs exceeding other coverage;
   (k) Parent and sibling education;
   (l) Parent training and counseling;
   (m) Psychological counseling;
   (n) Recreational opportunities;
   (o) State supplementary payments;
   (p) Specialized clothing;
   (q) Specialized nutrition;
   (r) Training of the client;
   (s) Transportation - cost of escort service or travel time; and
   (t) Reimbursement to families for the purchase of approved items or services.

WAC 388-825-084 What are the limitations of state-only funded services or programs? In addition to any limitations for state-only funded services or programs that are contained in the program specific rules, the following limitations apply to state-only funded services and programs:

1. All state-only funded services are limited by available funding.

2. The following programs are closed to new admissions:
   (a) Adult day care; and
   (b) Attendant care.

3. Chore services are limited to persons who were receiving the service in 1998 and who have continued to receive this service monthly.

WAC 388-825-0871 Does DDD provide out-of-home residential services that address the special needs of persons with developmental disabilities? DDD provides the following out-of-home residential services that address the special needs of adults and children with developmental disabilities:

1. Contracted and DDD-certified community based residential services for adults;

2. Contracted community based services for children; and

3. Residential habilitation centers (RHC) for a person of any age who requires ICF/MR or nursing facility care.

WAC 388-825-088 Where can I find more information about DDD contracted residential services? The
information about DDD contracted residential services is in the following rules:

1. Certified community residential services and supports are contained in chapter 388-101 WAC and include information regarding:
   a. Group homes (GH);
   b. Group training home;
   c. Supported living (SL); and
   d. State operated living alternative (SOLA).
2. Alternative living services are contained in chapter 388-829A WAC;
3. Companion home services are contained in chapter 388-829C WAC;
4. Voluntary placement program services for children are contained in chapter 388-826 WAC and include information regarding:
   a. Foster homes;
   b. Group homes;
   c. Group training homes;
   d. Child placing agencies; and
   e. Staffed residential homes.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-088, filed 5/19/08, effective 6/19/08.]

WAC 388-825-089 What is a residential habilitation center (RHC)? A residential habilitation center or RHC is a state-operated facility certified to provide ICF/MR services (see chapter 388-837 WAC) and/or nursing facility services (chapter 388-97 WAC) for persons who are eligible clients of DDD. RHCs include:

1. Rainier School in Buckley, Washington;
2. Francis Hadden Morgan Center in Bremerton, Washington;
3. Fircrest School in Shoreline, Washington;
4. Yakima Valley School in Selah, Washington; and
5. Lakeland Village in Medical Lake, Washington.


WAC 388-825-091 Am I eligible for residential habilitation center (RHC) services? You are eligible to receive residential habilitation center (RHC) services if:

1. You are currently DDD eligible;
2. You choose to receive services in the RHC;
3. You need the level of care provided at the RHC; and
4. DDD has determined that you can be supported safely in an RHC environment and will not pose a danger to other residents of the RHC.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-091, filed 5/19/08, effective 6/19/08.]

WAC 388-825-093 Can I receive a short term stay at a residential habilitation center (RHC)? If there is capacity at a residential habilitation center (RHC), the vacancies may be available for short term stays.

1. Short term stays are limited by available vacancies;
2. Short term stays must be included in your individual support plan; and
3. Short term stays in excess of thirty days in a calendar year require approval by the director of the division of developmental disabilities.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-093, filed 5/19/08, effective 6/19/08.]

WAC 388-825-094 Can I request to live in an RHC? You may request admission to an RHC at any time.

1. Your case/resource manager will update your DDD assessment and gather other information.
2. Admission to an RHC requires approval by the director of the division of developmental disabilities or designee.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-094, filed 5/19/08, effective 6/19/08.]

WAC 388-825-096 Will I have to pay for the services DDD authorizes for me? (1) If you live in your own home, you do not pay toward the cost of your services except chore services. You must pay toward the cost of chore services as described in WAC 388-106-0625.

2. If DDD authorizes you to live in a licensed community residential facility you must pay your room and board costs from your earned and unearned income. You may also be responsible for a portion of the cost of your care.

(a) If you are eligible for and receiving SSI or have SSI related eligibility per WAC 388-475-0100 (2)(a) or (b), you are not required to pay toward the cost of your care if you are living at home or in a community setting.

(b) If you are enrolled in a DDD HCBS waiver you must pay toward the cost of your services as described in WAC 388-515-1510.

(c) If you are not enrolled in a DDD HCBS waiver you must pay toward the cost of your services as described in WAC 388-106-0225.

3. If you live in a medical institution you must pay toward the cost of your care as described in WAC 388-513-1380. See WAC 388-500-0005 for the definition of a medical institution.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-096, filed 5/19/08, effective 6/19/08.]

WAC 388-825-097 Are any of my expenses deducted from the income available to pay for my care in a licensed facility? After you pay for your room and board costs, some expenses may be deducted from the income available to pay for the cost of your care.

1. If you have SSI related eligibility the cost of your payee or guardianship service may be deducted as described in chapter 388-79 WAC and WAC 388-475-0800(5).

2. If you are enrolled in a DDD HCBS waiver refer to WAC 388-515-1510 for rules used to determine allowable deductions.

3. If you are not enrolled in a DDD HCBS waiver refer to WAC 388-106-0225 for rules used to determine allowable deductions.

[Statutory Authority: RCW 71A.10.015, 71A.12.020, 71A.12.030, and Title 71A RCW. 08-11-072, § 388-825-097, filed 5/19/08, effective 6/19/08.]

WAC 388-825-098 Does DDD provide guardianship services? If it appears that you require a guardian to make (1/21/10)
WAC 388-825-100 How will I be notified of decisions made by DDD? (1) Whenever possible, DDD will notify all parties affected by the decision by phone or in person.
(2) If you are under the age of eighteen, written notifications will be mailed to:
(a) Your parent; or
(b) Your guardian or other legal representative.
(3) If you are age eighteen or older, written notifications will be mailed to you and:
(a) Your guardian or other legal representative; or
(b) A person identified by you to receive these notices in addition to yourself if you do not have a guardian or legal representative. Unless the person identified by you is a relative of yours, he or she cannot be an employee of DDD, a contractor with DDD or an employee of a contractor with DDD.

WAC 388-825-101 Why does DDD need to send my notices and correspondence to someone else? DDD sends your notices and correspondence to someone else to assist you to understand the information and your appeal rights to department decisions.

WAC 388-825-102 What if I do not want my DDD notices and correspondence sent to anyone else? (1) If you are age eighteen or older and do not have a legal guardian, you may request in writing that your DDD notices and correspondence be given only to you.
(2) DDD will review your request and comply with your request unless it determines there to be a risk of your losing rights.
(3) You have the right to appeal a denial of this request.

WAC 388-825-103 When will I receive written notice of decisions made by DDD? You will receive written notice from DDD of the following decisions:
(1) The denial or termination of eligibility for services under WAC 388-825-057;
(2) Denial or termination of the provider of your choice for any reason listed in WAC 388-825-375 through 388-825-390;
(3) The authorization, denial, reduction, or termination of services or the payment of SSP set forth in chapter 388-827 WAC that are authorized by DDD;
(4) The admission or readmission to, or discharge from a residential habilitation center set forth in WAC 388-825-155; or
(5) Disenrollment from a DDD home and community based services waiver under WAC 388-845-0060, including a disenrollment from a waiver and enrollment in a different waiver.

WAC 388-825-104 What information will the notice include? The notice from DDD will include:
(1) The decision;
(2) The reason for the decision;
(3) The effective date of the action;
(4) Appeal rights to the decision; and
(5) The name and phone number of a department person you can contact for further information.

WAC 388-825-105 Am I given any advance notice of termination or reduction or eligibility or services? (1) DDD will provide you at least ten-days advance notice, as described in WAC 388-458-0040 (1), (2) and (3), of any action to terminate your eligibility, or terminate or reduce your services.
(2) DDD will provide you at least thirty-days advance notice prior to transferring you from a residential habilitation center to the community under RCW 71A.20.080.

WAC 388-825-120 When can I appeal department decisions through an administrative hearing process? (1) Administrative hearings are governed by the Administrative Procedure Act (chapter 34.05 RCW), RCW 71A.10.050, the rules in this chapter and by chapter 388-02 WAC. If any provision in this chapter conflicts with chapter 388-02 WAC or WAC 388-440-0001(3), the provision in this chapter shall prevail.
(2) A client, former client, or applicant acting on the applicant's own behalf or through an authorized representative has the right to an administrative hearing.
WAC 388-825-125 How do I request an administrative hearing? (1) Your notice of the department decision will include instructions on how to file an administrative hearing, where to send it, and the length of time you have to file for a hearing.

(2) Your request may be made orally or in writing.

(3) You may request assistance in requesting an administrative hearing by calling DDD staff as stated in WAC 388-825-125.

WAC 388-825-130 How long do I have to file a request for an administrative hearing? (1) The following rules apply to all situations except a decision to transfer you from a state residential habilitation center (RHC) to the community under RCW 71A.20.080. The rules for administrative hearings regarding the department's decision to transfer you from an RHC to the community are contained in WAC 388-825-155.

(2) You have to request an administrative hearing within ninety days of receipt of the notification of the decision you are disputing.

(3) You must request an administrative hearing within the ten-day notice period, as described in WAC 388-458-0040 (1), (2) and (3), if you wish to maintain current services during the appeal process.

(4) The notification sent to you will include the date that the ten-day notice period ends.

WAC 388-825-135 What if I need help to request an administrative hearing? (1) You may call the department staff person listed in your notification letter and tell them you want to appeal the decision. The department staff person will notify the office of administrative hearings on your behalf.

(2) An oral request for an administrative hearing is complete if it contains enough information to identify the person making the request, the DDD action, and the case involved in the hearing request.

(3) The effective date of an oral request for an administrative hearing is the date that someone makes a complete oral request for hearing to any DDD representative in person or by leaving a message on the automated voice mail system of any DDD field office.

WAC 388-825-140 Who else can help me appeal a department decision? Department staff may assist you in requesting an administrative hearing. You may authorize anyone except an employee of the department to represent you at an administrative hearing.

WAC 388-825-145 Will my benefits continue if I request an administrative hearing? (1) If you request an administrative hearing regarding the department's decision to transfer you from a residential habilitation center to the community under RCW 71A.20.080, the rules in WAC 388-825-155 apply.

(2) If you request an administrative hearing within the ten-day notice period, as described in chapter 388-458 WAC, unless one or more of the conditions in WAC 388-825-150 applies, the department will take no action until there is a final decision on your appeal of the department's decision to:

(a) Terminate your eligibility for services;
(b) Reduce or terminate your services;
(c) Reduce or terminate the payment of SSP set forth in chapter 388-827 WAC; or
(d) Disenroll you from a DDD home and community based services waiver under WAC 388-845-0060, including a disenrollment from a waiver and enrollment in a different waiver.

(3) The department will take no action until there is a final decision on your appeal of the department's decision to remove or transfer you to another residential service unless one or more of the conditions in WAC 388-825-150 applies.

(4) The department will take no action to terminate your provider of choice unless one or more of the circumstances described in WAC 388-825-150 applies.

(5) After the administrative hearing, you may have to pay back continued benefits you get, as described in chapter 388-410 WAC, if the administrative hearing decision is in favor of the department.

WAC 388-825-150 When can the department proceed to take action during my appeal? The department will proceed to take action during your appeal if:

(1) It is an eligibility denial and you are not currently an eligible client.

(2) Your DDD eligibility has expired, per WAC 388-823-0010 and 388-823-1040.

(3) There is no longer funding for state-only funded service.

(4) Your current services are terminated or transferred in order to meet the legislative intent of and comply with sections 205 and 207, chapter 371, Laws of 2002.

(5) The state-only funded service no longer exists, the medicaid state plan has been amended, or the HCBS waiver agreement with the federal Centers for Medicare and Medicaid has been amended.

(6) The administrative law judge or review judge rules that you have caused unreasonable delay in the proceedings.

(7) You are in imminent jeopardy.

(8) Your provider is no longer qualified to provide services due to:
   (a) A lack of a contract;
   (b) Decertification;
   (c) Revocation or suspension of a license; or
   (d) Lack of required registration, certification, or licensure.

(9) The parent of a person under the age of eighteen or the legal guardian approves the department's decision.

(10) You did not file your request for an administrative hearing within the ten-day notice period, as described in chapter 388-458 WAC.

(11) You:
   (a) Tell us in writing that you do not want continued benefits;
   (b) Withdraw your administrative hearing request in writing; or
   (c) Do not follow through with the administrative hearing process.

WAC 388-825-155 What are my appeal rights if I am appealing a decision to transfer me from a state residential habilitation center to the community? (1) The procedures in RCW 71A.10.050(2) and 71A.20.080 govern the proceeding.

(2) You have thirty days from date that you receive notice to request an administrative hearing appealing the department's decision to transfer you from a residential habilitation center to the community under RCW 71A.20.080.

(3) The department will take no action to transfer you from a state residential habilitation center to the community under RCW 71A.20.080 during the period that an appeal can be requested or while an appeal is pending and undecided unless you or your legal representative consent, or a court order authorizes the transfer, or an administrative law judge or review judge rules that you are not diligently pursuing your appeal.

(4) The burden of proof is on the department.

(5) The burden of proof is whether the proposed placement is in your best interest.

WAC 388-825-165 Where can I find additional information about the appeal process? You may find additional information governing the appeal process in chapter 388-02 WAC.

INDIVIDUAL PROVIDER AND AGENCY PROVIDER QUALIFICATIONS

WAC 388-825-300 What is the purpose of WAC 388-825-300 through 388-825-400? A client/legal representative may choose a qualified individual, agency, or licensed provider. The intent of WAC 388-825-300 through 388-825-400 is to describe:

(1) Qualification for individuals and agencies providing DDD services in the client's residence or the provider's residence or other setting; and

(2) Conditions under which the department will pay for the services of an individual provider or a home care agency provider or other provider.

WAC 388-825-305 What service providers are governed by the qualifications in these rules? These rules govern individuals and agencies contracted with to provide:

(1) Respite care services;
Developmental Disabilities Services 388-825-330

(2) Personal care services through the medicaid personal care program or DDD HCBS Basic, Basic Plus, or CORE waivers; or
(3) Attendant care services.

[Statutory Authority: RCW 71A.12.30 [71A.12.030] and Title 71A RCW. 07-23-062, § 388-825-305, filed 11/16/07, effective 12/17/07. Statutory Authority: RCW 71A.12.030, 71A.12.120. 05-17-135, § 388-825-305, filed 8/19/05, effective 9/19/05.]

WAC 388-825-310 What are the qualifications for providers? (1) Individuals and agencies providing medicaid personal care (chapters 388-71 and 388-106 WAC) and DDD HCBS waiver personal care (chapter 388-845 WAC) must meet the qualifications and training requirements in WAC 388-71-0500 through 388-71-05909.
(2) Individuals and agencies providing nonwaiver DDD home and community based services (HCBS) in the client's residence or the provider's residence or other setting must meet the requirements in WAC 388-825-300 through 388-825-400.
(3) Individuals and agencies providing HCBS waiver services must meet the provider qualifications in chapter 388-845 WAC for the specific service.

[Statutory Authority: RCW 71A.12.030, 71A.12.120. 05-17-135, § 388-825-310, filed 8/19/05, effective 9/19/05.]

WAC 388-825-315 What is your responsibility when you hire an individual respite care, attendant care or personal care provider? You or your legal representative:
(1) Have the primary responsibility for locating, screening, hiring, supervising, and terminating an individual respite care, attendant care or personal care provider;
(2) Establish an employer/employee relationship with the individual provider; and
(3) May receive assistance from the social worker/case manager or other resources in this process.

[Statutory Authority: RCW 71A.12.030, 71A.12.120. 05-17-135, § 388-825-315, filed 8/19/05, effective 9/19/05.]

WAC 388-825-320 How does a person become an individual provider? In order to become an individual provider, a person must:
(1) Be eighteen years of age or older.
(2) Provide the social worker/case manager/designee with:
(a) Picture identification; and
(b) A Social Security card.
(3) Complete and submit to the social worker/case manager/designee the department's criminal conviction background inquiry application, unless the provider is also the parent of the adult DDD client and exempted, per chapter 74.15 RCW.
(a) Preliminary results may require a thumbprint for identification purposes.
(b) An FBI fingerprint-based background check is required if the person has lived in the state of Washington less than three years.
(4) Provide references as requested.
(5) Complete orientation, if contracting as an individual provider.

(1/21/10)

WAC 388-825-325 What are required skills and abilities for individuals and agencies contracted to provide respite care, personal care services through the medicaid personal care program or the DDD HCBS Basic, Basic Plus, CIIBS, or Core waivers, or attendant care services? (1) As a provider of respite care, personal care services through the medicaid personal care program or the DDD HCBS Basic, Basic Plus, CIIBS, or Core waivers, or attendant care services, you must be able to:
(a) Adequately maintain records of services performed and payments received;
(b) Read and understand the person's service plan.
Translation services may be used if needed;
(c) Be kind and caring to the DSHS client for whom services are authorized;
(d) Identify problem situations and take the necessary action;
(e) Respond to emergencies without direct supervision;
(f) Understand the way your employer wants you to do things and carry out instructions;
(g) Work independently;
(h) Be dependable and responsible;
(i) Know when and how to contact the client's representative and the client's case resource manager;
(j) Participate in any quality assurance reviews required by DSHS;
(2) If you are working with an adult client of DSHS as a provider of attendant care, you must also:
(a) Be knowledgeable about the person's preferences regarding the care provided;
(b) Know the resources in the community the person prefers to use and enable the person to use them;
(c) Know who the person's friends are and enable the person to see those friends; and
(d) Enable the person to keep in touch with his/her family as preferred by the person.


WAC 388-825-330 What is required for agencies wanting to provide care in the home of a person with developmental disabilities? (1) Agencies providing personal care or respite services must be licensed as a home care agency or a home health agency through the department of health per chapter 246-335 WAC.
(2) If a residential agency certified per chapter 388-101 WAC wishes to provide medicaid personal care or respite care in the client's home, the agency must have home care agency certification or a home health license.

WAC 388-825-335 Is a background check required of a home care agency provider? In order to be a home care agency provider, a person must complete the department's criminal conviction background inquiry application, which is submitted by the agency to the department. This includes an FBI fingerprint-based background check if the home care agency provider has lived in the state of Washington less than three years.

WAC 388-825-340 What is required for a provider to provide respite or residential service in their home? Unless you are related to the client, respite or residential services must take place in a home licensed by DSHS. Services are limited to those age-specific services contained in your license.

WAC 388-825-345 What "related" providers are exempt from licensing? (1) Relatives of a specified degree are exempt from the licensing requirement and may provide out-of-home respite in their home.

(2) Relatives of specified degree include parents, grandparents, brother, sister, stepparent, stepbrother, stepsister, uncle, aunt, first cousin, niece or nephew.

WAC 388-825-350 What requirements for individuals providing respite care, attendant care, or personal care services? (1) If you are an individual providing personal care services for adults, you must meet the training requirements in WAC 388-71-05665 through 388-71-05909.

(2) If you provide personal care for children, or provide respite care, there is no required training but DDD retains the authority to require training of any provider.

WAC 388-825-355 Are there any educational requirements for individuals providing respite care, attendant care, or personal care services? (1) If you are an individual providing personal care services for adults, you must meet the training requirements in WAC 388-71-05665 through 388-71-05909.

(2) If you provide personal care for children, or provide respite care, there is no required training but DDD retains the authority to require training of any provider.

WAC 388-825-360 How does an individual terminate employment as a provider? State law makes it a crime to abandon a vulnerable adult. "Abandon" means leaving a person without the means or ability to obtain any of the basic necessities of life.

(1) If an individual wishes to "quit" or terminate employment as a provider, the individual must give at least two weeks written notice to his/her employer, their representative (if applicable) and the DDD case manager.

(2) The individual will be expected to continue working until the termination date unless otherwise determined by DSHS.

WAC 388-825-365 Are providers expected to report abuse, neglect, exploitation or financial exploitation? Providers must report any abuse or suspected abuse immediately to child protective services, adult protective services or local law enforcement and make a follow-up call to the person's case manager.

WAC 388-825-370 What are the responsibilities of an individual or home care agency when employed to provide respite care, attendant care, or personal care services to a client? An individual or home care agency employed to provide respite care, attendant care, or personal care services must:

(1) Understand the client's individual service plan or plan of care that is signed by the client or legal representative and social worker/case manager, and translated or interpreted, as necessary, for the client and the provider;

(2) Provide the services as outlined on the client's service plan, within the scope of practice in WAC 388-71-0215 and 388-71-0230;

(3) Accommodate client's individual preferences and differences in providing care, within the scope of the service plan;

(4) Contact the client's representative and case manager when there are changes which affect the personal care and other tasks listed on the service plan;

(5) Observe the client for change(s) in health, take appropriate action, and respond to emergencies;

(6) Notify the case manager immediately if the client enters a hospital, or moves to another setting;

(7) Notify the case manager immediately if the client dies;

(8) Notify the department immediately when unable to staff/serve the client; and

(9) Notify the department when the individual or home care agency will no longer provide services. Notification to the client/legal guardian must:

(a) Give at least two weeks' notice, and

(b) Be in writing.

(10) Complete and keep accurate time sheets that are accessible to the social worker/case manager; and

(11) Comply with all applicable laws, regulations and contract requirements.

WAC 388-825-375 When will the department deny payment for services of an individual or home care agency providing respite care, attendant care, or personal care services? (1) The department will deny payment for the services of an individual or home care agency providing respite care, attendant care, or personal care who:
(a) Is the client's spouse, per 42 C.F.R. 441.360(g), except in the case of an individual provider for a chore services client. Note: For chorespousal providers, the department pays a rate not to exceed the amount of a one-person standard for a continuing general assistance grant, per WAC 388-478-0030;

(b) Is providing services under this chapter to their natural/step/adoptive minor client aged seventeen or younger;

(c) Has been convicted of a disqualifying crime, under RCW 43.43.830 and 43.43.842 or of a crime relating to drugs as defined in RCW 43.43.830;

(d) Has abused, neglected, abandoned, or exploited a minor or vulnerable adult, as defined in chapter 74.34 RCW;

(e) Has had a license, certification, or a contract for the care of children or vulnerable adults denied, suspended, revoked, or terminated for noncompliance with state and/or federal regulations;

(f) Does not successfully complete the training requirements within the time limits required in WAC 388-71-05665 through 388-71-05909; or

(g) Is terminated by the client (in the case of an individual provider) or by the home care agency (in the case of an agency provider).

(2) In addition, the department may deny payment to or terminate the contract of an individual provider as provided under WAC 388-825-380, 388-825-385 and 388-825-390.

WAC 388-825-380 When can the department reject the client's choice of an individual respite care, attendant care or personal care provider? The department may reject a client's request to have a family member or other person serve as his or her individual respite care, attendant care or personal care provider if the case manager has a reasonable, good faith belief that the person will be unable to appropriately meet the client's needs. Examples of circumstances indicating an inability to meet the client's needs could include, without limitation:

(1) Evidence of alcohol or drug abuse;

(2) A reported history of domestic violence, no-contact orders, or criminal conduct (whether or not the conduct is disqualifying under RCW 43.43.830 and 43.43.842);

(3) A report from the client's health care provider or other knowledgeable person that the requested provider lacks the ability or willingness to provide adequate care;

(4) Other employment or responsibilities that prevent or interfere with the provision of required services;

(5) Excessive commuting distance that would make it impractical to provide services as they are needed and outlined in the client's service plan.

WAC 388-825-385 When can the department terminate or summarily suspend an individual respite care, attendant care, or personal care provider's contract? The department may take action to terminate an individual respite care, attendant care, or personal care provider's contract if the provider's inadequate performance or inability to deliver quality care is jeopardizing the client's health, safety, or well-being. The department may summarily or immediately suspend the contract pending a hearing based on a reasonable, good faith belief that the client's health, safety, or well-being is in imminent jeopardy. Examples of circumstances indicating jeopardy to the client could include, without limitation:

(1) Domestic violence or abuse, neglect, abandonment, or exploitation of a minor or vulnerable adult;

(2) Using or being under the influence of alcohol or illegal drugs during working hours;

(3) Other behavior directed toward the client or other persons involved in the client's life that places the client at risk of harm;

(4) A report from the client's health care provider that the client's health is negatively affected by inadequate care;

(5) A complaint from the client or client's representative that the client is not receiving adequate care;

(6) The absence of essential interventions identified in the service plan, such as medications or medical supplies; and/or

(7) Failure to respond appropriately to emergencies.

WAC 388-825-390 When can the department otherwise terminate an individual's contract to provide respite care, attendant care, or personal care? The department may otherwise terminate the individual's contract to provide respite care, attendant care, or personal care for default or convenience in accordance with the terms of the contract and to the extent that those terms are not inconsistent with these rules.

WAC 388-825-395 What are the client's rights if the department denies, terminates, or summarily suspends an individual's contract to provide respite care, attendant care, or personal care? If the department denies, terminates, or summarily (immediately) suspends the individual's contract to provide respite care, attendant care, or personal care, the client has the right to:

(1) A fair hearing to appeal the decision, per chapter 388-02 WAC and WAC 388-825-120; and

(2) Receive services from another currently contracted individual or home care agency, or other options the client is eligible for, if a contract is summarily suspended.

(3) The hearing rights afforded under this section are those of the client, not the individual provider.
WAC 388-825-396  Does the provider of respite care, attendant care, or personal care have a right to a fair hearing? (1) The hearing rights afforded under WAC 388-825-395(1) are those of the client.

(2) The provider of respite care, attendant care, or personal care services does not have a right to a fair hearing.

Statutory Authority:  RCW 71A.12.30 [71A.12.030] and Title 71A RCW. 07-23-062, § 388-825-396, filed 11/16/07, effective 12/17/07. Statutory Authority:  RCW 71A.12.030, 71A.12.120. 05-17-135, § 388-825-396, filed 8/19/05, effective 9/19/05.

WAC 388-825-400  Self-directed care—Who must direct self-directed care? Self-directed care under chapter 74.39 RCW must be directed by an adult client for whom the health-related tasks are provided. The adult client is responsible to train the individual provider in the health-related tasks which the client self-directs.

Statutory Authority:  RCW 71A.12.030, 71A.12.120. 05-17-135, § 388-825-400, filed 8/19/05, effective 9/19/05.