Chapter 388-825 WAC
DEVELOPMENTAL DISABILITIES ADMINISTRATION
SERVICE RULES
(Formerly chapter 275-27 WAC)

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388-825-088 Where can I find more information about DDD contracted residential services? [Statutory Authority: RCW 71A.12.030, 44.04.280, 2011 1st sp.s. c 30 and further amended state law, and chapter 71A.20 RCW. WSR 12-22-037, § 388-825-088, filed 11/1/12, effective 5/15/12. Statutory Authority: RCW 71A.12.030, 71A.12.120, 71A.14.040, and Title 71A RCW.


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What are required skills and abilities for this job? [Statutory Authority: RCW 71A.12.030 and 71A.12.040. WSR 99-23-021, filed 8/19/05, effective 12/10/05.] Repealed by WSR 05-17-135, filed 8/19/05, effective 9/19/05. Statutory Authority: RCW 71A.12.030, 71A.12.040.

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If I qualify for and receive an FSP award, will my name remain on the family support waitlist? [Statutory Authority: RCW 71A.12.030, 71A.12.040, Title 71A.

WAC 388-825-020 Definitions. "Authorization" means DDA approval of funding for a service as identified in the individual support plan or evidence of payment for a service.

"Assistant secretary" means the assistant secretary of the developmental disabilities administration.

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

"Community first choice" or "CFC" is a medicaid state plan program defined in chapter 388-106 WAC.

"Department" means the department of social and health services of the state of Washington.

"DDA" means the developmental disabilities administration, an administration within the department of social and health services.

"Enhanced respite services" means respite care for DDA enrolled children and youth, who meet specific criteria, in a DDA contracted and licensed staffed residential setting.

"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/IID" means a facility certified as an intermediate care facility for individuals with intellectual disabilities by title XIX to provide diagnosis, treatment and rehabilitation services to the individuals with intellectual disabilities or individuals with related conditions.

"ICF/IID eligible" for admission to an ICF/IID means a person is determined by DDA as needing active treatment as defined in C.F.R. 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" or "ISP" is a document that authorizes and identifies the DDA paid services to meet a client's assessed needs.

"Medicaid personal care" or "MPC" is a medicaid state plan program defined in chapter 388-106 WAC.

"Overnight planned respite services" means services intended to provide short-term intermittent relief for persons who live with the DDA client as the primary care provider and are either a family member who is paid or unpaid or a nonfamily member who is not paid. These services provide person-centered support, care and planned activities for the client in the community.

"Residential habilitation center" or "RHC" means a state-operated facility certified to provide ICF/IID 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 DDA 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 services, children's foster homes, group care and staffed residential homes. "Respite care" means short-term intermittent care for DDA clients in order to provide relief for persons who normally provide that care. "Secretary" means the secretary of the department of social and health services or the secretary's designee.

"State supplementary payment" or "SSP" is the state paid cash assistance program for certain DDA eligibleSSI clients.


WAC 388-825-056 What benefits do DDA paid services provide to me? DDA 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. WSR 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 DDA? You may be eligible to receive paid services from DDA if you are currently an eligible client of DDA 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;
(2) You are a recipient of Washington apple health under the categorically needy program (CNP) or the alternative benefits plan and meet the eligibility requirements under chapter 182-513 WAC that correspond to the program or service you have been determined eligible for;
(3) You are enrolled in a DDA home and community based services waiver and meet the eligibility requirements contained in chapter 388-845 WAC;
(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.

[WAC 388-825-0571 What services am I eligible to receive from DDA if I am under the age of eighteen, have been determined to meet DDA eligibility requirements, and I am in a dependency guardianship or foster care with children's administration? Your services from DDA are limited to CFC or medicaid personal care services and related case management if you meet the programmatic eligibility for CFC or medicaid personal care services as defined in chapters 388-106 and 388-71 WAC, and:
(1) You are under the age of eighteen;
(2) You have been determined to meet DDA eligibility requirements; and
(3) You are in a dependency guardianship or foster care with children's administration.


WAC 388-825-058 What services does DDA authorize? The department authorizes services through programs that are designed to help you remain in the community. DDA may authorize the following services if you meet programmatic eligibility and funding is available:
(1) Medicaid state plan services;
(2) Home and community based services (HCBS) waiver services;
(3) Roads to community living services; and
(4) State-only funded services.

Participation in all DDA paid services is voluntary. Clients or their legal representatives have the right to decline or terminate services at any time.

WAC 388-825-059 How will I know which paid services I will receive? Your person-centered service plan/individual support plan (ISP) identifies the services and the amount of service you can receive.


WHAT SERVICES MAY BE AVAILABLE

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.


WAC 388-825-068 What medicaid state plan services can DDA authorize? If eligible, DDA may authorize one or more of the following medicaid state plan services:

(1) Community first choice, per chapter 388-106 WAC;

(2) Medicaid personal care, per chapter 388-106 WAC;

(3) Private duty nursing for adults age eighteen and older; per chapter 388-106 WAC;

(4) Private duty nursing for children under the age of eighteen, per WAC 182-551-3000;

(5) ICF/IID services, per chapters 388-835 and 388-837 WAC;

(6) Nursing facility services at residential habilitation centers (RHC) per chapter 388-97 WAC.


WAC 388-825-072 Where do I find information on DDA’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.


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. WSR 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 DDA 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 DDA 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.


WAC 388-825-079 If I am not on a DDA HCBS waiver, can I receive services that are available through the DDA 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 DDA HCBS waivers with state-only funding.

(2) Services that are available through the DDA 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. WSR 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 DDA HCBS waiver? You may be authorized to receive state-only funded services that are described in other DSHS rules as defined below:

(1) Adult day care (WAC 388-825-082);

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

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

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

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

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

(7) State supplementary payments (chapter 388-827 WAC); and

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


(8/4/16)
Developmental Disabilities Services

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.

(7) "Transportation reimbursement for an escort" is the payment for someone other than the driver to provide one-on-one attention to the client being transported.

WAC 388-825-083 Is there a comprehensive list of waiver and state-only DDA services? For medicaid state plan services authorized by DDA, see WAC 388-825-068. The following is a list of waiver and state-only services that DDA 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) Assistive technology;
   (b) Behavior management and consultation;
   (c) Community engagement;
   (d) Community guide;
   (e) Community transition;
   (f) Environmental accessibility adaptations;
   (g) Medical equipment and supplies;
   (h) Occupational therapy;
   (i) Peer mentoring;
   (j) Person-centered planning facilitation;
   (k) Physical therapy;
   (l) Respite care;
   (m) Sexual deviancy evaluation;
   (n) Skilled nursing;
   (o) Specialized clothing;
   (p) Specialized nutrition;
   (q) Specialized medical equipment or supplies;
   (r) Specialized psychiatric services;
   (s) Speech, hearing and language therapy;
   (t) Staff/family consultation and training;
   (u) Supported parenting services;
   (v) Therapeutic equipment and supplies;
   (w) Transportation/mileage;
   (x) Vehicle modification;
   (y) 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);
   (z) Employment/day programs, including:
      (i) Community access;
      (ii) Community services grant;
      (iii) Supported employment;
      (aa) County programs, including child development services;
      (bb) Behavioral health stabilization services, including:
         (i) Behavior support and consultation;
         (ii) Behavioral health crisis diversion bed services; and
         (iii) Specialized psychiatric services.

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

WAC 388-825-0871 What out-of-home residential services does DDA provide? DDA provides the following out-of-home services that address the special needs of adult and children with developmental disabilities:

1. Contracted and DDA-certified community-based residential services for adults;
2. Contracted community based services for children; and
3. Residential habilitation centers (RHC) for a person who requires ICF/ID or nursing facility care.
   - (a) On a short-term basis for those ages sixteen through twenty; or
   - (b) On a short or long-term basis if age twenty-one or older.

WAC 388-825-091 Am I eligible for residential habilitation center (RHC) services? (1) If you are twenty-one years of age or over, you are eligible to receive residential habilitation center (RHC) services if:
   - (a) You have been determined to meet DDA eligibility criteria;
   - (b) You choose to receive services in the RHC;
   - (c) You need the level of care provided at the RHC; and
   - (d) DDA has determined that you can be supported safely in an RHC environment and will not pose a danger to other residents of the RHC; or

2. If you are sixteen through twenty years of age, and meet (1)(a) through (d) above you may not be admitted to receive services at a residential habilitation center unless there are no service options available in the community to appropriately meet your needs. Such admission is limited to the provision of short-term respite or crisis stabilization services.

3. If you are under age sixteen you are not eligible to receive services at a residential habilitation center.

4. Admission to a nursing facility at a RHC also requires completion of preadmission screening and resident review (PASRR) requirements as described in chapter 388-97 WAC.

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;
3. Short term stays in excess of thirty days in a calendar year require approval by the assistant secretary of the developmental disabilities administration or designee; and
4. You are sixteen years of age or older.

If you are sixteen through twenty years of age your stay will only be for short-term respite or crisis stabilization purposes.

WAC 388-825-094 What is the process to receive services in an RHC? You may request to receive services in an RHC at any time. RHC admissions are not considered permanent.
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 182-500-0005 for the definition of a medical institution.

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 182-512-0800(5).

(2) If you are enrolled in a DDA HCBS waiver refer to WAC 182-512-1510 for rules used to determine allowable deductions.

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

WAC 388-825-098 Does DDA provide guardianship services? DDA does not provide or pay for the cost of guardianship services. If it appears that you require a guardian to make legal, medical, and/or services decisions and to exercise your appeal rights to department decisions, and there is no other individual able and willing to seek guardianship on your behalf, the administration’s field services may request that an assistant attorney general initiate and/or assist in guardianship proceedings.

WAC 388-825-100 How will I be notified of decisions made by DDA? (1) Whenever possible, DDA will notify you or your legal representative by phone or in person of the decision;

(2) If you are under the age of eighteen, written notifications will be mailed to:

(a) Your parent;

(b) Your legal representative.

(3) If you are age eighteen or older, written notifications will be mailed to you and:

(a) Your legal representative; or

(b) A person identified by you to receive notices if you do not have a legal representative. Unless the person identified by you is a relative of yours, he or she cannot be an employee of DDA, a contractor with DDA or an employee of a contractor with DDA.

NOTIFICATION OF DECISIONS

WAC 388-825-101 Why does DDA send my notices and correspondence to someone else? DDA 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 DDA 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 DDA notices and correspondence be given only to you. (2) DDA will review your request and comply with your request unless it determines that you are at risk of losing legal rights. (3) You have the right to appeal a denial of this request. [Statutory Authority: RCW 71A.10.015, 71A.18.020, 71A.12.030, and Title 71A RCW. WSR 15-17-094, § 388-825-102, filed 9/18/15, effective 9/18/15. Statutory Authority: RCW 71A.10.015, 71A.18.020, 71A.12.030, and Title 71A RCW. WSR 06-10-055, § 388-825-105, filed 5/1/06, effective 6/1/06. Statutory Authority: RCW 71A.12.030, 71A.10.020, and 71A.16.040. WSR 04-15-093, § 388-825-105, filed 7/16/04, effective 8/16/04.]

WAC 388-825-103 When will I receive written notice of decisions made by DDA? You will receive written notice from DDA when the following decisions are made: (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 DDA; (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 DDA home and community based services waiver under WAC 388-845-0060, including a disenrollment from a waiver and enrollment in a different waiver. [Statutory Authority: RCW 71A.10.015, 71A.18.020, 71A.12.030, and Title 71A RCW. WSR 15-17-094, § 388-825-103, filed 8/18/15, effective 9/18/15. Statutory Authority: RCW 71A.12.030 and 71A.12.040. WSR 10-02-101, § 388-825-103, filed 1/6/10, effective 2/6/10. Statutory Authority: RCW 71A.12.030 and Title 71A RCW. WSR 08-04-072, § 388-825-103, filed 2/4/08, effective 3/6/08. Statutory Authority: RCW 71A.12.030, 71A.12.120, 71A.14.040, and Title 71A RCW. WSR 05-11-015, § 388-825-103, filed 5/9/05, effective 6/9/05. Statutory Authority: RCW 71A.12.030, 71A.10.020, and 71A.16.040. WSR 04-15-093, § 388-825-103, filed 7/16/04, effective 8/16/04.]

WAC 388-825-104 What information will the notice include? The notice from DDA will include: (1) The decision; (2) The reason and authority 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. [Statutory Authority: RCW 71A.10.015, 71A.18.020, 71A.12.030, and Title 71A RCW. WSR 15-17-094, § 388-825-104, filed 8/18/15, effective 9/18/15. Statutory Authority: RCW 71A.12.030, 71A.10.020, and 71A.16.040. WSR 04-15-093, § 388-825-104, filed 7/16/04, effective 8/16/04.]

WAC 388-825-105 Am I given any advance notice of termination, reduction, or eligibility for services? (1) DDA 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) DDA 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. [Statutory Authority: RCW 71A.10.015, 71A.18.020, 71A.12.030, and Title 71A RCW. WSR 15-17-094, § 388-825-105, filed 8/18/15, effective 9/18/15. Statutory Authority: RCW 71A.12.030, 71A.20.080, and Title 71A RCW. WSR 06-10-055, § 388-825-105, filed 5/1/06, effective 6/1/06. Statutory Authority: RCW 71A.12.030, 71A.10.020, and 71A.16.040. WSR 04-15-093, § 388-825-105, filed 7/16/04, effective 8/16/04.]

ADMINISTRATIVE HEARINGS

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 chapters 388-02 and 182-526 WAC. If any provision in this chapter conflicts with chapters 388-02 or 182-526 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. (3) You have the right to an administrative hearing to dispute the following department actions: (a) Authorization, denial, reduction, or termination of services; (b) Reduction or termination of a service that was initially approved through an exception to rule; (c) Authorization, denial, or termination of eligibility; (d) Authorization, denial, reduction, or termination of payment of SSP authorized by DDA set forth in chapter 388-827 WAC; (e) Admission or readmission to, or discharge from, a residential habilitation center set forth in WAC 388-825-155; (f) Refusal to abide by your request that we not send notices to any other person; (g) Refusal to comply with your request to consult only with you; (h) A decision to move you to a different type of residential service; (i) Denial or termination of the provider of your choice or the denial of payment for any reason listed in WAC 388-825-375 through 388-825-395; (j) An unreasonable delay to act on an application for eligibility or service; (k) A claim the client, former client, or applicant owes an overpayment debt. (4) If you are not enrolled in a waiver and your request to be enrolled in a waiver is denied, your appeal rights are limited to those identified in WAC 388-845-4005. (5) If you are enrolled in a waiver and your request to be enrolled in a different waiver is denied, your appeal rights are limited to those identified in WAC 388-845-4005. [Statutory Authority: RCW 71A.10.015, 71A.18.020, 71A.12.030, and Title 71A RCW. WSR 15-17-094, § 388-825-120, filed 9/18/15. Statutory Authority: RCW 71A.12.030, 44.04.280, 2011 1st sp.s. c 30 and further amended state law, and chapter 71A.20 RCW. WSR 12-22-037, § 388-825-120, filed 11/1/12, effective 12/2/12. Statutory Authority: RCW 71A.12.030 and 71A.12.040. WSR 10-02-101, § 388-825-120, filed 1/6/10, effective 2/6/10. Statutory Authority: RCW 71A.12.030. WSR 06-10-055, § 388-825-105, filed 5/1/06, effective 6/1/06.]

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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 a request for an administrative hearing, where to send the request, 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 DDA staff as stated in WAC 388-825-135.

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 per WAC 388-825-145.

(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 or someone on your behalf 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 DDA decision, and the name of the individual affected by the decision.

(3) The effective date of an oral request for an administrative hearing is the date that you or someone on your behalf makes a complete oral request for hearing to any DDA representative in person or by leaving a message on the automated voice mail system of any DDA 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 regarding the department's decision to reduce or terminate your services, and you request the hearing before the date specified on the notice of the action, and none of the conditions in WAC 388-825-150 applies, the department will not reduce or terminate those services unless and until an administrative law judge issues an initial order or a review judge issues a final order that reduces or terminates those services. This subsection also applies to the department's decision to disenroll you from a DDA home and community based services waiver under WAC 388-845-030.

(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 until there is a final decision on your appeal 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 up to sixty days of the continued benefits you get if the administrative hearing decision determines your benefits should be less than the continued benefits you have received.

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 DDA eligibility has expired, per WAC 388-823-0010 and 388-823-1040.

(3) There is no longer funding for the state-only funded service you have been receiving.

(4) Your current services are terminated or transferred in order to comply with state law.

(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) Failure to complete training or certification requirements;
   (d) Revocation or suspension of a license; or
   (e) Lack of required registration, certification, or licensure.

(9) If you are under the age of eighteen and your parent or legal representative 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 or your legal representative:
   (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.

(12) The order authorizes the transfer, or an administrative law judge or review judge rules that you have caused unreasonable delay in the proceedings.

(13) You are under the age of eighteen and your parent or legal representative approves the department's decision.

(14) You have a complaint about any DDA services or treatment other than actions listed in WAC 388-825-120(3), or you do not want to appeal a DDA action through an administrative hearing but you still wish to express your concerns, follow these steps in this order:
   (1) First, contact your case resource manager or social worker by phone, in writing, email, or in person and explain your problem.
   (2) If you are not happy with the results from speaking with your case resource manager or social worker, you may ask to speak with their supervisor.
   (3) If steps in subsections (1) and (2) of this section do not solve your problem, you should submit your complaint in writing to the regional office.
   (4) If you do not reach a solution with the regional office, you can request that your complaint be forwarded to the DDA headquarters in Olympia.

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.

[Statutory Authority: RCW 71A.12.030, 71A.20.080, and Title 71A RCW. WSR 06-10-055, § 388-825-155, filed 5/1/06, effective 6/1/06. Statutory Authority: RCW 71A.12.030, 71A.12.120. WSR 05-17-135, § 388-825-155, filed 8/19/05, effective 9/19/05.]

WAC 388-825-165 Where can I find additional information about the appeal process? You may find additional information governing the appeal process in chapters 388-02 and 182-526 WAC.

[Statutory Authority: RCW 71A.10.015, 71A.18.020, 71A.12.030, and Title 71A RCW. WSR 12-22-037, § 388-825-165, filed 11/1/12, effective 12/2/12.]

WAC 388-825-168 How do I complain to DDA about my services or treatment? If you have a complaint about any DDA services or treatment other than actions listed in WAC 388-825-120(3), or you do not want to appeal a DDA action through an administrative hearing but you still wish to express your concerns, follow these steps in this order:

(1) First, contact your case resource manager or social worker by phone, in writing, email, or in person and explain your problem.

(2) If you are not happy with the results from speaking with your case resource manager or social worker, you may ask to speak with their supervisor.

(3) If steps in subsections (1) and (2) of this section do not solve your problem, you should submit your complaint in writing to the regional office.

(4) If you do not reach a solution with the regional office, you can request that your complaint be forwarded to the DDA headquarters in Olympia.


WAC 388-825-201 What are enhanced respite services? Enhanced respite services are services designed to enable DDA enrolled children and youth, who meet specific criteria, access to short term respite in a DDA contracted and licensed staffed residential setting.


WAC 388-825-206 Who is eligible to receive enhanced respite services? (1) To be eligible for enhanced respite services, the following conditions must be met at a minimum:

   (a) The child has been determined eligible for DDA services per RCW 71A.10.020(3);
   (b) The child is at least eight years of age and under age eighteen;
   (c) The child is at high risk of institutionalization and/or out-of-home placement; and
(d) The parents/caregivers have demonstrated they have accessed alternative appropriate and available services to meet the unmet need.

(2) The enhanced respite services committee will also consider the following factors when reviewing requests for services:

(a) The child is experiencing school placement disruption and/or a shortened school day due to his/her behavior;

(b) There is a current family emergency;

(c) The child has had behavioral incident(s), which resulted in injury to self or others that required more than first aid;

(d) The child is awake at night, resulting in the child and/or the caregivers receiving less than five hours of uninterrupted sleep per night;

(e) The child is exhibiting behaviors such as aggression with significant injury, elopement, and challenging repetitive behaviors;

(f) The child's behavior acuity level is high per WAC 388-828-5640, the ICF-ID score is eligible per WAC 388-828-4400, and the caregiver's risk score is medium, high, or immediate per WAC 388-828-5300; and/or

(g) The child has assessed needs that exceed the scope of current services and/or is currently not eligible to receive any paid services.

[Statutory Authority: RCW 71A.10.015, 71A.12.030, and Title 71A RCW. WSR 15-17-094, § 388-825-211, filed 8/18/15, effective 9/18/15. Statutory Authority: RCW 71A.12.030, 44.04.280, 2011 1st sp.s. c 30 and further amended state law, and chapter 71A.20 RCW. WSR 12-22-037, § 388-825-206, filed 11/1/12, effective 12/2/12.]

**WAC 388-825-211 How long am I eligible to receive enhanced respite services?** You may receive enhanced respite services for up to thirty days total in a calendar year.


**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) Qualifications for individuals and agencies providing DDA 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.

[Statutory Authority: RCW 71A.10.015, 71A.18.020, 71A.12.030, and Title 71A RCW. WSR 15-17-094, § 388-825-300, filed 8/18/15, effective 9/18/15. Statutory Authority: RCW 71A.12.030, 71A.12.120. WSR 05-17-135, § 388-825-300, filed 8/19/05, effective 9/19/05.]

**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 one or more of the following:

(1) Respite care services;

(2) Personal care services through the basic plus waiver;

(3) Community first choice services;

(4) Medicaid personal care; or

(5) Attendant care services.


**WAC 388-825-310 What are the qualifications for respite care, community first choice, Medicaid personal care, and attendant care service providers?**

(1) The providers of services in WAC 388-825-305 must meet the qualifications and training requirements in chapter 388-71 WAC.

(2) Individuals and agencies providing state only individual and family services must meet the provider qualifications in chapter 388-832 WAC for the specific service.

(3) Individuals and agencies providing HCBS waiver services must meet the provider qualifications in chapter 388-845 WAC for the specific service. In addition to meeting the provider qualifications in chapter 388-845 WAC, respite care providers must meet requirements in subsection (1) of this section.

[Statutory Authority: 2014 c 139, 2014 c 166, 2015 3rd sp.s. c 4, RCW 71A.12.030, and 71A.12.120. WSR 16-17-099, § 388-825-310, filed 8/4/16, effective 9/4/16. Statutory Authority: RCW 71A.12.030, 71A.12.120. WSR 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. WSR 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.

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(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.

(6) Sign a service provider contract to provide services to a DDD client.

(7) Meet additional requirements in WAC 388-825-355.

**WAC 388-825-325 What are required skills and abilities for individuals and agencies contracted to provide community first choice services, Medicaid personal care, respite care, or attendant care services?**

(1) As a provider of community first choice services, Medicaid personal care, respite care, 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.

[Statutory Authority: 2014 c 139, 2014 c 166, 2015 3rd sp.s. c 4, RCW 71A.12.030, and 71A.12.120. WSR 15-02-091, § 388-825-335, filed 12/7/14, effective 1/7/15.]

**WAC 388-825-330 What is required for an agency to provide care in the home of a person with developmental disabilities?**

(1) Agencies providing community first choice services, Medicaid 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 wants to provide Medicaid personal care or respite care in the client's home the agency must have a home care agency or home health license.

(3) If a residential agency certified per chapter 388-101 WAC only wants to provide skills acquisition under the community first choice program the agency must be contracted with the department to provide the service.

**WAC 388-825-335 Is a background check required of a long-term care worker employed by a home care agency licensed by the department of health?**

(1) In order to be a long-term care worker employed by a home care agency, a person must:

(a) Complete the required DSHS form authorizing a background check.

(b) Disclose any disqualifying criminal convictions and pending charges as listed in chapter 388-113 WAC, and also disclose civil adjudication proceedings and negative actions as those terms are defined in WAC 388-71-0512.

(c) Effective January 8, 2012, be screened through Washington state's name and date of birth background check, (Preliminary results may require a thumbprint for identification purposes); and

(d) Effective January 8, 2012, be screened through the Washington state and national fingerprint-based background check, as required by RCW 74.39A.056.

(2) Results of background checks are provided to the department and the employer or potential employer for the purpose of determining whether the person:

(a) Is disqualified based on a disqualifying criminal conviction or a pending charge for a disqualifying crime as listed in WAC 388-113-0020, civil adjudication proceeding, or negative action as defined in WAC 388-71-0512 and listed in WAC 388-71-0540; or

(b) Should or should not be employed based on his or her character, competence, and/or suitability.

(3) For those providers listed in RCW 43.43.837(1), a second national fingerprint-based background check is required if they have lived out of the state of Washington since the first national fingerprint-based background check was completed.

(4) The department may require a long-term care worker to have a Washington state name and date of birth background check or a Washington state and national fingerprint-based background check, or both, at any time.

[Statutory Authority: RCW 71A.12.030, 71A.12.120, 43.43.842, 74.39A-056, 43.20A.710. WSR 14-14-029, § 388-825-335, filed 6/24/14, effective 7/25/14. Statutory Authority: RCW 71A.12.030, 71A.12.120. WSR 05-17-135, § 388-825-335, filed 8/19/05, effective 9/19/05.]

**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 ser-
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 388-825-355 What are the training requirements for individuals providing respite care, attendant care, community first choice, or personal care services? The training and certification requirements for individuals who provide personal care or community first choice services are listed in chapter 388-71 WAC.

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:
   (a) Give at least two weeks' notice;
   (b) Notify the client or the client's representative in writing; and
   (c) Notify the client's 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 when 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 chore spousal providers, the department pays a rate not to exceed the amount of a one-person standard for a continuing general assistance grant;

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

(c) Has been convicted of, or has a pending charge that is a disqualifying crime, under chapter 388-113 WAC;

(d) Has been subject to a negative action described in WAC 388-825-0640;
(e) Does not successfully complete the training requirements within the time limits required in chapter 388-71 WAC, or

(f) 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 and 388-825-385.


WAC 388-825-380 When may 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) Evidence of a conviction, pending charge, or negative action described in WAC 388-825-0640.

(3) A reported history of domestic violence, no-contact orders, or criminal conduct (whether or not the conduct is automatically disqualifying under RCW 43.43.830, 43.43.842 or chapter 388-113 WAC);

(4) 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;

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

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

[Statutory Authority: RCW 71A.12.030, 71A.12.120, 43.43.842 or chapter 388-113 WAC; or

WAC 388-825-385 When may the department terminate 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. Examples of circumstances indicating jeopardy to the client could include, without limitation:

(1) Evidence of a conviction, pending charges, or negative actions described in WAC 388-825-0640;

(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.

(8) The department, AAA or department designee may also terminate an individual provider's contract for reasons described under WAC 388-71-0551.

[Statutory Authority: RCW 71A.12.030, 71A.12.120, 43.43.842, 74.39A.-056, 43.20A.710. WSR 14-14-029, § 388-825-385, filed 6/24/14, effective 7/25/14. Statutory Authority: RCW 71A.12.30 [71A.12.030] and Title 71A RCW. WSR 07-23-062, § 388-825-385, filed 11/16/07, effective 12/17/07. Statutory Authority: RCW 71A.12.030, 71A.12.120. WSR 05-17-135, § 388-825-385, filed 8/19/05, effective 9/19/05.]

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.

[Statutory Authority: RCW 71A.12.30 [71A.12.030] and Title 71A RCW. WSR 07-23-062, § 388-825-390, filed 11/16/07, effective 12/17/07. Statutory Authority: RCW 71A.12.030, 71A.12.120. WSR 05-17-135, § 388-825-390, filed 8/19/05, effective 9/19/05.]

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.

[Statutory Authority: RCW 71A.12.30 [71A.12.030] and Title 71A RCW. WSR 07-23-062, § 388-825-395, filed 11/16/07, effective 12/17/07. Statutory Authority: RCW 71A.12.030, 71A.12.120. WSR 05-17-135, § 388-825-395, filed 8/19/05, effective 9/19/05.]

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

(8/4/16)
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. WSR 05-17-135, § 388-825-400, filed 8/19/05, effective 9/19/05.]

BACKGROUND CHECK REQUIREMENTS

WAC 388-825-600 What definitions apply to WAC 388-825-600 through 388-825-690 of this chapter? The following definitions apply to WAC 388-825-600 through 388-825-690 of this chapter:

"Agency" means any agency of the state or any private agency providing services to individuals with developmental disabilities.

"Authorized" or "authorization" means not disqualified by the department to have unsupervised access to children and individuals with a developmental disability. This term applies to persons who are certified or contracted by the department, allowed to receive payments from department funded programs, or who volunteer with department funded programs.

"Background check central unit (BCCU)" means the DSHS program responsible for conducting background checks for DSHS administrations.

"Certification" means department approval of an entity that does not legally need to be licensed indicating that the entity nevertheless meets minimum licensing requirements.

"Civil adjudication proceeding" is a judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult under any provision of law, including but not limited to chapter 13.34, 26.44 or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW. "Civil adjudication proceeding" also includes judicial or administrative findings that become final due to the failure of the alleged perpetrator to timely exercise a legal right to administratively challenge such findings.

"Community residential service businesses" include all developmental disabilities administration supported living providers with the exception of supported living providers who are also licensed as an assisted living facility or adult family home. Community residential service providers also include DDA companion homes, DDA alternative living and licensed residential homes for children.

"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).

"Disqualified" means that the results of an individual's background check disqualifies him or her from a position which will or may involve unsupervised access to individuals with developmental disabilities.

"Entity" means, but is not limited to, a licensed facility, a corporation, a partnership, a sole proprietorship, or a contracted or certified service provider.

"Hire" means engagement by an agency, entity or a hiring individual to perform specific agreed duties as a paid employee, a contract employee, a volunteer, or a student intern.

"Individual provider" has the same meaning as defined in RCW 74.39A.240.

"Individuals with a developmental disability" means individuals who meet eligibility requirements in Title 71A RCW as further defined in chapter 388-823 WAC.

"Long-term care worker" has the same meaning as defined in RCW 74.39A.009.

"Permanent restraining order" means a restraining order/order of protection issued either following a hearing, or by stipulation of the parties. A "permanent" order may be in force for a specific time period (e.g. 1 year), after which it expires.

"Qualified" means an individual can be hired into a position that includes unsupervised access to individuals with developmental disabilities because the results of his or her background check are not disqualifying.

"Temporary restraining order" means restraining order/order of protection that expired without a hearing, was dismissed following an initial hearing, or was dismissed by stipulation of the parties in lieu of an initial hearing.

"Unsupervised" means not in the presence of:

(1) The licensee, another employee or volunteer from the same business or organization as the applicant who has not been disqualified by the background check.

(2) Any relative or guardian of the individual with a developmental disability to whom the applicant has access during the course of his or her employment or involvement with the business or organization (RCW 43.43.080(9)).

"WSP" refers to the Washington state patrol.

[Statutory Authority: RCW 71A.12.030, 74.08.090. WSR 15-09-068, amended and recodified as § 388-825-600, filed 4/15/15, effective 5/16/15. Statutory Authority: RCW 71A.12.030, 71A.12.120, 43.43.842, 74.39A.056, 43.20A.710. WSR 14-14-029, § 388-825-0600, filed 6/24/14, effective 7/25/14.]

WAC 388-825-605 Why are background checks done? The department requires background checks to be run to help safeguard the health, safety and well-being of individuals with a developmental disability and to comply with the law.

[Statutory Authority: RCW 71A.12.030, 74.08.090. WSR 15-09-068, amended and recodified as § 388-825-605, filed 4/15/15, effective 5/16/15. Statutory Authority: RCW 71A.12.030, 71A.12.120, 43.43.842, 74.39A.056, 43.20A.710. WSR 14-14-029, § 388-825-0605, filed 6/24/14, effective 7/25/14.]

WAC 388-825-610 Who must have a Washington state and/or federal background check? (1) DDA requires background checks on all contracted providers, individual providers, employees of contracted providers, and any other individual who needs to be qualified by DDA to have unsupervised access to individuals with developmental disabilities.

(2) Long-term care workers as defined in chapter 74.39A RCW hired after January 7, 2012 are subject to national fingerprint-based background checks.
WAC 388-825-615 What is the process for obtaining a background check? (1) Long-term care workers, including individual providers, undergoing a background check for initial hire or initial contract, after January 7, 2012, will be screened through a state name and date of birth check and a national fingerprint-based background check; except that long-term care workers in community residential service businesses are subject to background checks as described in subsection (1)(a) and (b) in this section. Parents are not exempt from the long-term care background check requirements:

(a) Prior to January 1, 2016, community residential service businesses as defined above will be screened as follows:

(i) Individuals who have continuously resided in Washington state for the past three consecutive years will be screened through a state name and date of birth background check.

(ii) Individuals who have resided outside of Washington state within the past three years will be screened through a state name and date of birth and a national fingerprint-based background check.

(b) Beginning January 1, 2016, community residential service businesses as defined above will be screened as described in subsection (1) of this section.

(2) For adult family homes refer to chapter 388-76 WAC, Adult family home minimum licensing requirements. For assisted living facilities refer to chapter 388-78A WAC, Assisted living licensing rules.

WAC 388-825-620 Who must have background check renewals? DDA requires rechecks for all DDA contracted providers and their employees at least every three years or more frequently if required by program rule. Rechecks will be conducted as follows:

(1) Individuals who have continuously resided in Washington State for the past three consecutive years will be screened through a state name and date of birth background check.

(2) Individuals who have lived outside of Washington state within the past three years will be screened through a state name and date of birth check and a national fingerprint-based background check.

WAC 388-825-625 What happens if I do not comply with the background check requirement? The department will deny, suspend or revoke your license, contract, certification, or authorization to care for individuals with a developmental disability, if you or someone working within your program who has unsupervised access does not comply with the department's requirement for a background check.

WAC 388-825-630 What does the background check cover? (1) The department must review criminal convictions and pending charges based on identifying information provided by you. The background check may include but is not limited to the following information sources:

(a) Washington state patrol.

(b) Washington courts.

(c) Department of corrections.

(d) Department of health.

(e) Civil adjudication proceedings.

(f) Applicant's self-disclosure.

(g) Out-of-state law enforcement and court records.

(2) DDA requires fingerprint-based background checks as described in WAC 388-825-615. These background checks include a review of conviction records through the Washington state patrol, the Federal Bureau of Investigation, and the national sex offender registry.

WAC 388-825-635 Who pays for the background check? DDA pays for background checks, including fingerprint-based background checks, for individuals seeking authorization to provide services to clients of DDA.

WAC 388-825-640 What criminal convictions, pending crimes or negative actions will prohibit me from being contracted or authorized to work in a capacity that may involve unsupervised access to individuals with a developmental disability? (1) Criminal convictions and pending charges that are disqualifying are listed in chapter 388-113 WAC.

(2) The following negative actions will automatically disqualify an individual from having unsupervised access to individuals with a developmental disability:

(a) A final finding of abuse, neglect, financial exploitation or abandonment of a vulnerable adult, unless the finding was made by Adult Protective Services prior to October 2003.

(b) A final finding of abuse or neglect by child protective services, unless the finding was made prior to October 1, 1998.

(c) A court ordered permanent restraining order/order of protection, either active or expired, against the individual that was based upon abuse, neglect, financial exploitation, or mistreatment of a child or vulnerable adult.

(d) Registered sex offender status.
WAC 388-825-645 May an individual work in an unsupervised capacity with individuals with developmental disabilities when his or her background check reveals a conviction, pending charge or negative action that is not considered disqualifying per chapter 388-113 WAC or WAC 388-825-640? An individual with convictions, pending charges or negative actions that are not disqualifying per chapter 388-113 WAC or WAC 388-825-640 may work in an unsupervised capacity with individuals with developmental disabilities only after a character, competence and suitability review has been conducted as required by WAC 388-825-065.

WAC 388-825-650 What does a character, competence and suitability review include? The contractor, entity, or hiring authority must review an individual's background to determine character, competence and suitability to have unsupervised access to individuals with a developmental disability. In this review, the contractor, entity or hiring authority must consider the following factors:

(1) The amount of time that has passed since you were convicted or were subject to a negative action;
(2) The seriousness of the crime or action that led to the conviction or finding;
(3) The number and types of other convictions in your background;
(4) Your age at the time of conviction;
(5) Documentation indicating you have successfully completed all court-ordered programs and restitution;
(6) Your behavior since the conviction; and
(7) The vulnerability of those that would be under your care.

WAC 388-825-655 How will I know if I have been disqualified by the background check? (1) The department will notify you, and the care provider, the employer, or the licensor if you have been disqualified by the background check. The notice will be in writing and will include any laws and rules that require disqualification.

(2) If the department sends you a notice of disqualification, you will not receive a license, contract, certification, or be authorized to have unsupervised access to individuals with a developmental disability.

WAC 388-825-660 May I appeal the department's decision to deny me a contract or authorization based on the results of the background check? (1) No, prospective volunteers, interns, contractors, or those seeking certification do not have the right to appeal the department's decision to deny authorization for unsupervised access to individuals with a developmental disability.

(2) The employer or prospective employer cannot contest the department's decision on your behalf.

WAC 388-825-665 Is the background check information released to my employer or prospective employer? (1) The department will release the source of the disqualifying crime or negative action and WSP rap sheet to authorized requesters as allowed by state law. The department will follow laws related to the release of criminal history records (chapters 10.97 and 43.43 RCW) and public disclosure (chapter 42.56 RCW) when releasing any information.

(2) National fingerprint-based rap sheets may not be released to third parties outside of DSHS and must be requested directly from BCCU by the applicant/employee.

WAC 388-825-670 May I receive a copy of my criminal background check results? (1) The department will provide you a copy of your criminal background check results if you:

(a) Make the request in writing to the department; and
(b) Offer proof of identity, such as picture identification.

(2) A copy of your WSP criminal background check results may also be obtained from the Washington state patrol (chapter 10.97 RCW).

WAC 388-825-675 What is the purpose of the one hundred twenty-day provisional hire? The one hundred twenty-day provisional hire allows an employee or contractor to have unsupervised access to individuals with a developmental disability on a provisional basis pending the results of his or her national fingerprint based background check.

WAC 388-825-680 Who is responsible for approving the one hundred twenty-day provisional hire? The agency, entity or hiring individual is responsible for approving individuals for the one hundred twenty-day provisional hire.
WAC 388-825-685 When are individuals eligible for the one hundred twenty-day provisional hire? All DDA service providers working in an unsupervised capacity, including long-term care workers as defined in chapter 74.39A RCW, are eligible for the one hundred twenty-day provisional hire, pending the outcome of the fingerprint-based background check, as long as the worker is not disqualified as a result of the initial name and date of birth background check.

WAC 388-825-690 When does the one hundred twenty-day provisional hire begin? The one hundred twenty-day provisional hire may begin from either:

1. The date of hire of an individual; or
2. After completion of a state background check on an individual.

The agency, entity, or hiring individual makes this decision.