

# APPENDIX K: Emergency Preparedness and Response

**Background:**

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

## Appendix K-1: General Information

**General Information:**

A. State: \_\_\_\_\_ Washington \_\_\_\_\_

B. Waiver Title: Community Protection

C. Control Number: WA.0411

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

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

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

On February 29th, 2020 Governor Jay Inslee declared a state of emergency in response to new cases of COVID-19, directing state agencies to use all resources necessary to prepare for and respond to the outbreak. The risk posed by a virus outbreak depends on factors including how well it spreads between people, the severity of the illness it causes, and the medical or other measures in place to control the impact of the virus (for

example, vaccine or treatment medications). COVID-19 is spreading in several communities in Washington, the risk of exposure is increasing for people who live in our state. Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure. Those who have had close contact with persons with COVID-19 are at elevated risk of exposure. Travelers returning from affected international locations

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

As of March 3rd, 2020 there are 162 confirmed cases 22 total fatalities of COVID-19. This number is expected to grow.

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

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

**G. Description of Transition Plan.**

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

**H. Geographic Areas Affected:**

All

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

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

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

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

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

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

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

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

N/A

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

[Explanation of changes]

N/A

#### b. \_\_\_ Services

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

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

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

[Explanation of changes]

Staff/family consultation may be provided to more than one individual at a time with a rate reduction when providing service in a 2:1 or group setting. Specialized Medical Equipment will cover items related to health and safety such as personal protective equipment, and disinfection supplies when not otherwise covered in the Medicaid state plan. Waiver transportation service will expand to travel to non-waiver service such as transportation to another family members home, when that transportation is required to prevent illness or meet immediate health and safety needs. Expand limit and provider type in staff family consultation to include emergency preparedness consultation support from a provider trained in emergency management or similar.

All waiver services except goods may be offered remotely by providers when travel to the waiver participant is not possible due to COVID-19 infection. Approval for remote support will require a prior approval by DDA.

Temporarily add Wellness Education to the waiver to provide information regarding COVID-19 and health and safety.

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

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

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

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

Direct care services Residential Habilitation, Respite Care, and 1:1 services Positive Behavior Support, staff/family consultation, crisis diversion beds, and behavioral health stabilization- positive behavior support, nurse delegation, skilled nursing (not otherwise covered under the Medicaid state plan and not available when nursing is available in the quarantine setting) may be provided in a hotel, shelter, church, or alternative facility based setting or the home of a direct care worker when the waiver participant is displaced from their home because of quarantine or hospitalization or when providers are unavailable due to illness or business closure.

Temporarily allow for Residential Habilitation, Positive Behavior Support and Staff/Family Consult to be provided in a non-integrated setting (such as a hospital or other quarantine site) when DDA identifies that no other alternatives are available and a non-integrated setting is the only service setting that service may be offered to meet an individual's health and safety needs. This will only be authorized when the support the waiver service provider is offering is not otherwise funded by another resource.

This may include other group settings such as a gymnasium or portable if provider networks become so depleted that there are no other options to provide direct care in the client's home. The direct supports provided through these services (see service descriptions below) will not duplicate the supports already available in that setting.

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

N/A

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

N/A

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

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

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

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

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

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

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

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

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

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

When needed, suspend provider licensing or certification for up to 1 year for residential providers when COVID 19 pandemic impacts ability for providers to obtain license or certification due to state staff or service provider availability to Group Homes, LSRs, Adult Day Care, Childcare Center, Group Care Facility, Licensed foster home, for respite and residential habilitation

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

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

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

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

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

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

- All initial CARE assessments may be sparse, ensuring that mandatory fields are completed with the minimum necessary to complete a minimal care plan.

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

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

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

To respond effectively to the COVID-19 outbreak, the state requires flexibility to adjust providers' rates to ensure that sufficient providers are available for clients. The state may reimburse providers with an additional add on COVID-19 negotiated rate. This applies to all services available under the approved waiver on a case by case basis when increased rate is required to maintain paid staff due to risk factors associated with COVID-19 or other extraordinary circumstances recognized by DDA. Negotiated COVID add-on rates will be based on current market factors and additional costs incurred by the provider.

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

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

Person centered service plans/revisions may be approved with a retroactive approval date for service needs identified to mitigate harm or risk directly related to COVID-19 impacts. Telephonic (or other Information Technology Medium) assessments may occur when the assessment cannot occur due to impacts of COVID-19.

Verbal approval may be used in place of written signature for PCSP approvals by the client and/or legal guardian when necessary.

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

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

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

[Specify the services.]



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

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

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

Retainer for employment support and residential habilitation providers and day habilitation in order to preserve provider networks. Retainers will occur on a case by case basis when the provider is directly impacted by COVID-19. Retainer payments will not be authorized when a provider is providing services. The retainer time limit will not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bedhold" in nursing facilities.

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

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

N/A

**l. \_\_\_ Increase Factor C.**

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

N/A

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

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

## Contact Person(s)

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

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

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

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

## 8. Authorizing Signature

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

<b>Date:</b>	<b>03/12/2020</b>
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<b>First Name:</b>	
<b>Last Name</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Telephone:</b>	
<b>E-mail</b>	
<b>Fax Number</b>	

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

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Specification**

Service Title: **Wellness Education**

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

Service Definition (Scope):

**Wellness education provides waiver participants with monthly informational and educational materials designed to assist them in managing health related issues, achieving goals identified in their person centered service plans and addressing health and safety issues. This service will assist participants to achieve greater health, safety and success in community living.**

**a. The individualized material is being developed by the state and by the contracted provider.**

**b. The participants will receive printed material.**

**c. The participants will receive a monthly mailing.**

**d. The Wellness Education service is designed to assist participants to live in the community and avoid institutionalization by ensuring that they receive needed information and tools. For example, the service can provide information needed to:**

- **Successfully manage chronic conditions in order to halt progression resulting in risk of nursing home placements;**
- **Prevent and avoid health risks such as, pneumonia, influenza, infections, and other illnesses or conditions that can lead to nursing home placement for elderly or frail participants;**
- **Work effectively with health providers in order to understand and follow recommendations for the correct course of treatment in order to prevent hospitalization or nursing home placement;**
- **Develop support networks that can promote engagement and combat isolation that can lead to increased health and safety risks that can result in nursing home placement;**
- **Develop an effective person centered service plan that utilizes an array of paid an informal supports to address the whole person needs of the person to live successfully in the community;**
- **Achieve community goals identified in the person centered service plan.**

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

**Provider Specifications**

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

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

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

**Verification of Provider Qualifications**

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



## Service Specification

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

### Service Definition (Scope):

Residential Habilitation: (1) Residential habilitation services include assistance:

- (a) With personal care and supervision; and
- (b) To learn, improve or retain social and adaptive skills necessary for living in the community.

(2) Residential habilitation services may provide instruction and support addressing one or more of the following outcomes:

- (a) Inclusion;
- (b) Status and Contribution;
- (c) Relationships;
- (d) Power and Choice;
- (e) Health and Safety; and
- (f) Competence.

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

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

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

State regulations stipulate:

(1) An individual may only receive a residential habilitation service from one provider type at a time.

(2) None of the following can be paid for under the CORE or community protection waiver:

- (a) Room and board;
- (b) The cost of building maintenance, upkeep, improvement, modifications or adaptations required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code;
- (c) Activities or supervision already being paid for by another source;
- (d) Services provided in an individual's parents' home unless they are receiving alternative living services for a maximum of six months to transition from their parents' home into their own home.

(3) Alternative living services in the CORE waiver cannot:

- (a) Exceed forty hours per month;
- (b) Provide personal care or protective supervision.

(4) The following persons cannot be paid providers for residential habilitation services:

- (a) The individual's spouse;
- (b) The individual's natural, step, or adoptive parents if the individual is a child age seventeen or younger;
- (c) the individual's natural, step, or adoptive parent unless the individual's parent is certified as a DDA residential agency or is employed by a certified or licensed agency qualified to provide residential habilitation services.

(5) The initial authorization of residential habilitation services requires prior approval by the DDA regional administrator or designee.

## Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/> Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:	
	Alternative Living	Contracted Supported Living	
	Companion Home	Adult Group Care Home	
		Child Foster Home Child Foster Group Care Facilities Staffed Residential Home State Operated Living Alternatives (SOLA) Adult Group Training Home	
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/> Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian	
<b>Provider Qualifications</b> (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
<b>Contracted Supported Living</b>		Chapter 388-101 and 388-101D WAC (WA administrative code concerning certified community residential services and support)	
<b>Adult Group Care Home</b>	Chapter 388-78A WAC (AL TSA administrative code concerning assisted living facility licensing rules)	Chapter 388-101 WAC (AL TSA administrative code concerning certified community residential services and support)	
<b>Adult Group Training Home</b>	Chapter 388-78A WAC (AL TSA administrative code concerning assisted living facility licensing rules)	Chapter 388-101 WAC (AL TSA administrative code concerning certified community residential services and support)	
<b>Alternative Living</b>			Chapter 388-829A WAC (DDA administrative code concerning alternative living services) Contract Requirements
<b>Companion Home</b>			Chapter 388-829C WAC (DDA administrative code concerning companion home services) Contract Requirements



<b>State Operated Living Alternatives (SOLA)</b>		Chapter 388-101D WAC (WA administrative code concerning certified community residential services and support)	
<b>Child Foster Home</b>	Chapter 388-148 WAC (DSHS administrative code concerning licensing requirements for child foster homes)		
<b>Child Foster Group Care Facilities</b>	Chapter 388-145 WAC (DSHS administrative code concerning licensing requirements for staffed residential homes and group care facilities)		
<b>Staffed Residential Home</b>	Chapter 388-145 WAC (DSHS administrative code concerning licensing requirements for staffed residential homes and group care facilities)		

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Contracted Supported Living</b>	<b>State Operating Agency</b>	<b>Every two years</b>

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

**Service Specification**

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

Service Definition (Scope):

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

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

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

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

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

#### Provider Specifications

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

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

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

#### Verification of Provider Qualifications

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

#### Service Delivery Method

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

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

**Service Definition (Scope):**

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

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

Whenever possible, the person will use family, neighbors, friends, or community agencies that can provide this service without charge.

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

The following limitations apply to transportation services:

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

### Provider Specifications

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

<b>Transportation</b>	Chapter 308-104 WAC (State administrative code concerning Drivers Licenses)		Chapter 308-106 WAC (State administrative code concerning mandatory Insurance to operate a vehicle)  Contract Standards
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
<b>Transportation</b>	<b>State Operating Agency</b>		<b>Every 3 years</b>
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
<b>Service Specification</b>			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
<b>Service Definition (Scope):</b>			
Staff/Family Consultation and Training: Staff/family consultation and training is professional assistance to families or direct service providers to help them better meet the needs of the waiver person.			
Consultation and training is provided to families, direct staff, or personal care providers to meet the specific needs of the waiver participant as outlined in the individual's person-centered service plan, including:			
<ul style="list-style-type: none"> <li>(a) Health and medication monitoring,</li> <li>(b) Positioning and transfer,</li> <li>(c) Basic and advanced instructional techniques,</li> <li>(d) Positive behavior support; and</li> <li>(e) Augmentative communication systems.</li> <li>(f) Individual and Family Counseling</li> <li>(g) <b>Emergency Preparedness</b></li> </ul>			
<b>Supports may be provided telephonically or through another information technology medium.</b>			
<b>Supports may be provided out of home such as a hotel, shelter, church, or alternative facility based setting or the home of a direct care worker when the waiver participant is displaced from their home because of quarantine or hospitalization or when providers are unavailable due to illness or business closure.</b>			
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>			
Expenses to the family or provider for room and board or attendance, including registration, at conferences are excluded as a service under staff/family consultation and training.			
Individual and Family Counseling is available when the waiver participant has documentation in the person centered service plan that he/she engages in assaults toward family members and is receiving positive behavior support to address those assaultive behaviors.			
<b>Provider Specifications</b>			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Occupational Therapist	Staff/Family Consultation Agency Provider
		Mental Health Counselor	

	Social Worker Nutritionist Audiologist Registered or Certified Counselor Sex Offender Treatment Provider Certified American Sign Language Instructor Registered Nurse Physical Therapist Certified Recreational Therapist Psychologist Licensed Practical Nurse Speech/Language Pathologist Certified Dietician Marriage and Family Therapist <b>Emergency Management</b>		
Specify whether the service may be provided by ( <i>check each that applies</i> ):	<input type="checkbox"/>	Legally Responsible Person <input checked="" type="checkbox"/> Relative/Legal Guardian	
<b>Provider Qualifications</b> ( <i>provide the following information for each type of provider</i> ):			
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
<b>Staff/Family Consultation Agency Provider</b>			An agency could employ any of the provider types listed above and the employees must meet the qualifications listed.
<b>Occupational Therapist</b>	Chapter 246-847 WAC (DOH administrative code concerning requirements for Occupational Therapists)		Contract Standards.
<b>Mental Health Counselor</b>	Chapter 246-809 WAC (DOH administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)		Contract Standards

<b>Social Worker</b>	Chapter 246-809 WAC (DOH administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)		Contract Standards
<b>Nutritionist</b>	Chapter 18.138 RCW (State law concerning requirements for Dietitians and Nutritionists) Chapter 246-822 WAC (DOH administrative code concerning requirements for Dietitians or Nutritionists)		Contract Standards
<b>Audiologist</b>		WAC 246-828-095 (Department of Health-DOH-administrative code concerning audiology minimum standards of practice)	Contract Standards
<b>Registered or Certified Counselor</b>		Chapter 246-810 WAC (DOH administrative code concerning requirements for counselors)	Contract Standards
<b>Sex Offender Treatment Provider</b>		Chapter 246-930 WAC (concerning requirements for Sex Offender Treatment Provider)	Contract Standards
<b>Certified American Sign Language Instructor</b>			Contract Standards

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



<b>Certified Dietician</b>		Chapter 18.138 RCW (State law concerning requirements for Dietitians and Nutritionists) Chapter 246-822 WAC (DOH administrative code concerning requirements for Dietitians or Nutritionists)	Contract Standards
<b>Marriage and Family Therapist</b>	Chapter 246-809 WAC (DOH administrative code concerning licensure for mental health counselors, marriage and family therapists, and social workers)		Contract Standards
<b>Emergency Management</b>			<b>BA or higher in emergency management or similar OR minimum 1 year professional experience working in emergency management or preparedness</b>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
<b>All</b>	<b>State Operating Agency</b>		<b>Every 3 years</b>
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

## Service Specification

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

### Service Definition (Scope):

Speech, Hearing and Language Services: Speech, hearing and language services are services provided to individuals with speech hearing and language disorders by or under the supervision of a speech pathologist or audiologist.

State law stipulates:

"Speech-language pathology" means the application of principles, methods, and procedures related to the development and disorders, whether of organic or nonorganic origin, that impede oral, pharyngeal, or laryngeal sensorimotor competencies and the normal process of human communication including, but not limited to, disorders and related disorders of speech, articulation, fluency, voice, verbal and written language, auditory comprehension, cognition/communication, and the application of augmentative communication treatment and devices for treatment of such disorders

"Audiology" means the application of principles, methods, and procedures related to hearing and the disorders of hearing and to related language and speech disorders, whether of organic or nonorganic origin, peripheral or central, that impede the normal process of human communication including, but not limited to, disorders of auditory sensitivity, acuity, function, processing, or vestibular function, the application of aural habilitation, rehabilitation, and appropriate devices including fitting and dispensing of hearing instruments, and cerumen management to treat such disorders.

State law stipulates:

Speech-language pathology and Audiology services must be provided by a person licensed to provide these services in the State of Washington. These requirements are comparable to the qualifications specified in 42 CFR 440.110 (concerning physical therapy, occupational therapy, and services for individuals with speech, hearing and language disorders).

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

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

\*Speech, hearing and language services are limited to the amount determined necessary to meet the needs of the participant. Speech, hearing and language services will decrease as participant goals are achieved and methods of providing ongoing support through natural routines are determined successful.

\*The services under the waiver are limited to additional services not otherwise covered under the state plan, but consistent with waiver objectives of avoiding institutionalization.

\*DDA does not pay for treatment determined by DSHS to be experimental;

\*DDA and the treating professional determine the need for and amount of service an individual can receive:

- o DDA reserves the right to require a second opinion from a department-selected provider.

- o State Plan benefits are limited to one Speech, Hearing and Language evaluation at beginning of service and one evaluation at discharge per year and 6 units of Speech, Hearing and Language services (which equals approximately 6 hours) per year and up to an additional 6 units of Speech, Hearing and Language services per year with expedited prior authorization from the Health Care Authority. State Plan provides a process for limitation extension regarding the scope, amount, duration and frequency of the therapy when requested by the provider. Criteria considered by the Health Care Authority and MCO for limitation extension include: the level of improvement the client has shown to date related to the requested therapy and the reasonably calculated probability of continued improvement if the requested therapy is extended; and the reasonably calculated probability the client's condition will worsen if the requested therapy is not extended.

- o The Provider One payment system enforces that Medicaid Benefits to which they are entitled are first accessed through the State Plan.

- o This waiver service is only provided to individuals age 21 and over. All medically necessary Speech, Hearing and Language services for children under age 21 are covered in the State Plan pursuant to the EPSDT benefit.

**Provider Specifications**

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

<b>Speech-Language Pathologist</b>	RCW 18.35.080. (State law concerning certificates and licensure for speech-language pathologists and audiologists)	WAC 246-828-105 (Department of Health-DOH-administrative code concerning Speech-language pathology-- Minimum standards of practice.)	RCW 18.35.040. (State law concerning licensure and examination for speech-language pathologists and audiologists) Contract Standards
<b>Audiologist</b>	RCW 18.35.080. (State law concerning certificates and licensure for speech-language pathologists and audiologists)	WAC 246-828-095 (DOH administrative code concerning Audiology minimum standards of practice.)	RCW 18.35.040. (State law concerning licensure and examination for speech-language pathologists and audiologists) Contract Standards

**Verification of Provider Qualifications**

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

**Service Delivery Method**

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

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

### Service Definition (Scope):

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

State regulations stipulate that:

(1) Positive behavior support and consultation may be provided to persons on any of the DDA HCBS waivers and include the development and implementation of programs designed to support waiver participants using:

- (a) Individualized strategies for effectively relating to caregivers and other people in the waiver participant's life; and
- (b) Direct interventions with the person to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise their ability to remain in the community (i.e., training, specialized cognitive counseling, functional assessment and positive behavioral supports).

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

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

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

State regulations stipulate that:

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

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

These services are only covered under the Waiver when they are outside the definition of service available through the Medicaid State Plan and EPSDT or the child does not meet access to care definitions (i.e., via the Behavioral Health Organization (BHO)). It is anticipated some Waiver participants will not be eligible for these services under the Medicaid State Plan, since an individual must have a mental health (MH) diagnosis to receive mental health State Plan services. A MH diagnosis is not a requirement for enrollment on the Waiver program.

**Provider Specifications**

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

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

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

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



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

<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
All	State Operating Agency		Every 3 years
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

## Service Specification

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

### Service Definition (Scope):

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

State regulations stipulate that:

(1) Positive behavior support and consultation may be provided to persons on any of the DDA HCBS waivers and include the development and implementation of programs designed to support waiver participants using:

(a) Individualized strategies for effectively relating to caregivers and other people in the waiver participant's life; and

(b) Direct interventions with the person to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise their ability to remain in the community (i.e., training, specialized cognitive counseling, functional assessment and positive behavioral supports).

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

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

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

State regulations stipulate that:

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

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

These services are only covered under the Waiver when they are outside the definition of service available through the Medicaid State Plan and EPSDT or the child does not meet access to care definitions (i.e., via the Behavioral Health Organization (BHO)). It is anticipated some Waiver participants will not be eligible for these services under the Medicaid State Plan, since an individual must have a mental health (MH) diagnosis to receive mental health State Plan services. A MH diagnosis is not a requirement for enrollment on the Waiver program.

**Provider Specifications**

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

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

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

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

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

<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
All	State Operating Agency		Every 3 years
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

## Service Specification

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

### Service Definition (Scope):

Risk Assessment: Risk Assessments are professional evaluations of violent, stalking, sexually violent, predatory and/or opportunistic behavior to determine the need for psychological, medical or therapeutic services.

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

There are no limits to the amount, frequency, or duration of this service. Prior approval by DDA for this service provides appropriate oversight of service utilization.

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

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

State regulations stipulate that:

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

(2) Scope of assessment data.

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

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

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

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

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



- (ii) A summary of the clinician's diagnostic impressions;
- (iii) A specific assessment of relative risk factors, including the extent of the offender's dangerousness in the community at large;
- (iv) The client's amenability to outpatient treatment and conditions of treatment necessary to maintain a safe treatment environment.
- (f) Proposed treatment plan shall be described in detail and clarity and include:
  - (i) Anticipated length of treatment, frequency and type of contact with providers, and supplemental or adjunctive treatment;
  - (ii) The specific issues to be addressed in treatment and a description of planned treatment interventions including involvement of significant others in treatment and ancillary treatment activities;
  - (iii) Recommendations for specific behavioral prohibitions, requirements and restrictions on living conditions, lifestyle requirements, and monitoring by family members and others that are necessary to the treatment process and community safety;
  - (iv) Proposed methods for monitoring and verifying compliance with the conditions and prohibitions of the treatment program; and
  - (v) If the evaluator will not be providing treatment, a specific certified provider should be identified to the court. The provider shall adopt the proposed treatment plan or submit an alternative treatment plan for approval by the court, including each of the elements in WAC 246-930-330 (5)(a) through (d)(DOH admin.code concerning standards and documentation of treatment).
- (4) The provider shall submit to the court and the parties a statement that the provider is either adopting the proposed treatment plan or submitting an alternate plan. The plan and the statement shall be provided to the court before sentencing.

**Provider Specifications**

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

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

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

<b>Psychologist</b>	Chapter 246-924 WAC (DOH administrative code concerning requirements for Psychologists)		Contract Standards
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
<b>All</b>	<b>State Operating Agency</b>	<b>Every 3 years</b>	
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> <b>Provider managed</b>
<b>Service Specification</b>			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
<b>Service Definition (Scope):</b>			
Individualized Technical Assistance: Individualized technical assistance is short term professional assessment and consultation to the employment provider and/or waiver participant to identify, address, and resolve barriers to employment. This is in addition to supports received through supported employment services for individuals who have not yet achieved their goal. <b>supports may be provided telephonically or through another information technology medium</b>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
1) Individualized technical assistance may be authorized for three months at a time not to exceed 6 months of the plan year. 2) The individual must be receiving supported employment unless otherwise approved by the administration.			
<b>Provider Specifications</b>			
Provider Category(s) ( <i>check one or both</i> ):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Individualized Technical Assistance	Individualized Technical Assistance
Specify whether the service may be provided by ( <i>check each that applies</i> ):		Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
<b>Provider Qualifications</b> ( <i>provide the following information for each type of provider</i> ):			

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Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
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<p><b>Individualized Technical Assistance</b></p>			<p>Contract Standards</p> <p>As stipulated in DDA policy concerning ITA provider qualifications), all providers shall meet the following qualifications:</p> <p>D. Service providers must meet the following qualifications:</p> <ol style="list-style-type: none"> <li>1. Ability to comply with all contractual requirements.</li> <li>2. Have proof of criminal history background clearance in accordance with RCW 43.43.830-845 and RCW 74.15.030.</li> </ol> <p>DDA requires the DSHS Background Check Central Unit (BCCU) be used to obtain background clearances;</p> <ol style="list-style-type: none"> <li>3. Exhibit ability to successfully develop and implement a plan for providing services related to the employment barrier that is based on the individual needs;</li> <li>4. Assurance that potential conflicts of interest will not arise. Such a conflict will arise when the Individualized Technical Assistance provider is a guardian, a family member, a legal representative or other decision maker for the client. In this situation, the provider must document the measures taken specific to the situation to assure that a conflict of interest does not exist; and</li> <li>5. Provide proof of training or have confirmed knowledge of the following areas as applicable: <ol style="list-style-type: none"> <li>a. Client confidentiality;</li> <li>b. DDA Policy 5.06, Client Rights;</li> <li>c. DDA Policy 6.08, Mandatory Reporting Requirements Services Providers;</li> <li>d. DDA Policy 4.11, County Services for Working Age Adults;</li> </ol> </li> </ol>
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			<p>e. DDA Policy 15.03, Community Protection Standards for Employment and Day Program Services;</p> <p>f. DDA Policy 5.17, Physical Intervention Techniques;</p> <p>g. DDA Policy 5.14, Positive Behavior Support; and</p> <p>h. DDA Policy 5.15, Use of Restrictive Procedures.</p>

<b>Verification of Provider Qualifications</b>		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>All</b>	<b>County</b>	<b>Every 2 years</b>

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

## Service Specification

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

### Service Definition (Scope):

Occupational Therapy: State law stipulates:

"Occupational therapy" is the scientifically based use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process in order to maximize independence, prevent disability, and maintain health. The practice encompasses evaluation, treatment, and consultation. Specific occupational therapy services include but are not limited to: Using specifically designed activities and exercises to enhance neuro developmental, cognitive, perceptual motor, sensory integrative, and psychomotor functioning; administering and interpreting tests such as manual muscle and sensory integration; teaching daily living skills; developing prevocational skills and play and vocational capabilities; designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment; and adapting environments for the handicapped. These services are provided individually, in groups, or through social systems. (An example of OT provided through a social system would be therapy provided in the home environment with the involvement of family members or providers. A goal would be to incorporate therapeutic activities into the individual's natural household routine.)

State law stipulates:

Occupational Therapy services must be provided by a person licensed to provide Occupational Therapy in the State of Washington. These requirements are comparable to the qualifications specified in 42 CFR 440.110 (concerning physical therapy, occupational therapy, and services for individuals with speech, hearing and language disorders).

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

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

\*Occupational therapy is limited to the amount determined necessary to meet the needs of the participant. OT will decrease as participant goals are achieved and methods of providing ongoing support through natural routines are determined successful.

\*The services under the waiver are limited to additional services not otherwise covered under the state plan, but consistent with waiver objectives of avoiding institutionalization.

\*DDA does not pay for treatment determined by DSHS to be experimental.

\*DDA and the treating professional determine the need for and amount of service an individual can receive:

- o DDA reserves the right to require a second opinion from a department-selected provider.

- o State Plan benefits are limited to one Occupational Therapy evaluation at beginning of service and one evaluation at discharge per year and 24 units of Occupational Therapy (which equals approximately 6 hours) per year and up to an additional 24 units of Occupational Therapy per year with expedited prior authorization from the Health Care Authority. State Plan provides a process for limitation extension regarding the scope, amount, duration and frequency of the therapy when requested by the provider. Criteria considered by the Health Care Authority and MCO for limitation extension include: the level of improvement the client has shown to date related to the requested therapy and the reasonably calculated probability of continued improvement if the requested therapy is extended; and the reasonably calculated probability the client's condition will worsen if the requested therapy is not extended.

- o The Provider One payment system enforces that Medicaid Benefits to which they are entitled are first accessed through the State Plan.

- o This waiver service is only provided to individuals age 21 and over. All medically necessary Occupational Therapy services for children under age 21 are covered in the State Plan pursuant to the EPSDT benefit.

**Provider Specifications**

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

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

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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<b>Occupational Therapist</b>	R.C. W. 18.59.050. (State law concerning licensure requirements for occupational therapists) Chapter 246-847 WAC (Department of Health-DOH-administrative code concerning requirements for occupational therapists)		RCW 18.598.060. (State law concerning examination requirements for occupational therapists)  Contract Standards.
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**Verification of Provider Qualifications**

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

**Service Delivery Method**

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

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

**Service Definition (Scope):**

State law stipulates:  
Physical Therapy” means the treatment of any bodily or mental condition of a person by the use of the physical, chemical, or other properties of heat, cold, air, light, water, electricity, sound massage, and therapeutic exercise, which includes posture and rehabilitation procedures; the performance of tests and measurements of neuromuscular function as an aid to the diagnosis or treatment of any human condition; performance of treatments on the basis of test findings after consultation with and periodic review by an authorized health care practitioner.

State law stipulates:  
Physical Therapy services must be provided by a person licensed to provide this service in the State of Washington. These requirements are comparable to the qualifications specified in 42 CFR 440.110 (concerning physical therapy, occupational therapy, and services for individuals with speech, hearing and language disorders).

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

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



\*Physical therapy is limited to the amount determined necessary to meet the needs of the participant. PT will decrease as participant goals are achieved and methods of providing ongoing support through natural routines are determined successful.

\*The services under the waiver are limited to additional services not otherwise covered under the state plan, but consistent with waiver objectives of avoiding institutionalization.

\*DDA does not pay for treatment determined by DSHS to be experimental;

\*DDA and the treating professional determine the need for and amount of service an individual can receive:

- o DDA reserves the right to require a second opinion from a department-selected provider.

- o State Plan benefits are limited to one Physical Therapy evaluation at beginning of service and one evaluation at discharge per year and 24 units of Physical Therapy (which equals approximately 6 hours) per year and up to an additional 24 units of Physical Therapy per year with expedited prior authorization from the Health Care Authority. State Plan provides a process for limitation extension regarding the scope, amount, duration and frequency of the therapy when requested by the provider. Criteria considered by the Health Care Authority and MCO for limitation extension include: the level of improvement the client has shown to date related to the requested therapy and the reasonably calculated probability of continued improvement if the requested therapy is extended; and the reasonably calculated probability the client's condition will worsen if the requested therapy is not extended.

- o The Provider One payment system enforces that Medicaid Benefits to which they are entitled are first accessed through the State Plan.

- o This waiver service is only provided to individuals age 21 and over. All medically necessary Physical Therapy services for children under age 21 are covered in the State Plan pursuant to the EPSDT benefit.

**Provider Specifications**

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

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

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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<b>Physical Therapist</b>	RCW 18.74.035. (State law concerning examination for a physical therapy license) RCW 18.74.040 (State law concerning licensure of physical therapists) Chapter 246-915 WAC (Department of Health-DOH-administrative code concerning requirements for physical therapists)		RCW 18.74.030. (State law concerning minimum qualifications to apply for licensure as a physical therapist).  Contract Standards  Qualifications of applicants.
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**Verification of Provider Qualifications**

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

**Service Delivery Method**

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

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

**Service Definition (Scope):**

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Behavioral Health Stabilization Service-Behavioral Health Crisis Diversion Bed Services: Behavioral health stabilization services assist persons who are experiencing a behavioral health crisis. These services are available to individuals determined by behavioral health professionals or DDA to be at risk of institutionalization in a psychiatric hospital without (one or more of) the following services:

- \*Behavioral health crisis diversion bed services
- \*Positive Behavior support and consultation
- \*Specialized psychiatric services

Behavioral health crisis diversion bed services:

Are short term emergent residential services when the client's living situation is disrupted and the client is at immediate risk of institutionalization. These may be provided in an individual's home or licensed or certified setting. These services are available to eligible waiver participants who are at risk of serious decline of mental functioning and who have been determined to be at risk of psychiatric hospitalization. These services also provide respite to the primary caregiver to promote the individual's return to her/his home.

Most Medicaid mental health services in Washington are provided through a 1915-B waiver, which clarifies Access to Care criteria for those individuals needing more intensive mental health supports. Community mental health services through the waiver are provided through Behavioral Health Organizations (BHOs), which carry out the contracting for local mental health care. Access to Care criteria excludes the DSM diagnoses classes that include mental retardation; learning, motor skills and communication disorders; and pervasive developmental disorders. Individuals with primary diagnoses and functional impairments that are only a result of these diagnoses are not eligible for mental health waiver services. As a result, individuals with these issues must display an additional covered diagnosis in order to be served through the mental health system, must be able to benefit from the intervention, and their unmet needs cannot be met more appropriately by another formal or informal system, such as the Developmental Disabilities Administration or community natural supports.

These services under the Basic Plus waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization. It is anticipated some waiver participants will not be eligible for these services under the Medicaid State Plan, since an individual must have a mental health (MH) diagnosis to receive mental health State Plan services. A MH diagnosis is not a requirement for enrollment on the Waiver.

DDA works closely with the Behavioral Health Administration (BHA) to prevent duplication of BHO/State Plan BH Services. DSHS's expectation is that any DDA eligible individual who meets the BHA access to care and medical necessity standards will receive behavioral health services through BHOs or Prepaid Inpatient Health Plans (PIHP). Individuals that do not meet access to care or medical necessity standards for the service type may be served under the behavioral health stabilization services.

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

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

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

Behavioral Health Crisis Diversion Bed Services are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of preventing institutionalization.

\*Behavioral health stabilization services are intermittent and short-term.

\*The duration and amount of services needed to stabilize the individual in crisis is determined by a mental health professional and/or DDA.

\*Behavioral health stabilization services require prior approval by DDA or its designee.

"Short-term" reflects the fact that these services are not provided on an on-going basis. However, there is no pre-determined limit on the duration of these services. They are provided to individuals who are experiencing a behavioral health crisis and are at risk of psychiatric hospitalization. Once the crisis situation is resolved and the individual is stabilized, behavioral health crisis stabilization services will be terminated. Any ongoing need for positive behavior support and consultation will be met under the stand-alone positive behavior support and consultation services category.

### Provider Specifications

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

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

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

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

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

**Service Delivery Method**

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

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

Service Definition (Scope):

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

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

Behavioral health stabilization services assist persons who are experiencing a behavioral health crisis. These services are available to individuals determined by behavioral health professionals or DDA to be at risk of institutionalization in a psychiatric hospital without (one or more of) the following services:

- \*Behavioral health crisis diversion bed services
- \*Positive behavior support and consultation
- \*Specialized psychiatric services

Positive behavior Support and Consultation:

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

- a) Strategies for effectively relating to caregivers and other people in the waiver participant's life; and
- b) Direct interventions with the person to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise their ability to remain in the community (i.e., training, specialized cognitive counseling).

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

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

Most Medicaid mental health services in Washington are provided through a 1915-B waiver, which clarifies Access to Care criteria for those individuals needing more intensive mental health supports. Community mental health services through the waiver are provided through Behavioral Health Organizations (BHOs), which carry out the contracting for local mental health care. Access to Care criteria excludes the DSM diagnoses classes that include intellectual disabilities; learning, motor skills and communication disorders; and pervasive developmental disorders. Individuals with primary diagnoses and functional impairments that are only a result of these diagnoses are not eligible for mental health waiver services. As a result, individuals with these issues must display an additional covered diagnosis in order to be served through the mental health system, must be able to benefit from the intervention, and their unmet needs cannot be met more appropriately by another formal or informal system, such as the Developmental Disabilities Administration or community natural supports.

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

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

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

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

\*Behavioral health stabilization services are intermittent and short-term.

\*The duration and amount of services needed to stabilize the individual in crisis is determined by a mental health professional and/or DDA.

\*Behavioral health stabilization services require prior approval by DDA or its designee.

"Short-term" reflects the fact that these services are not provided on an on-going basis. However, there is no pre-determined limit on the duration of these services. They are provided to individuals who are experiencing a behavioral health crisis and are at risk of psychiatric hospitalization. Once the crisis situation is resolved and the individual is stabilized, behavioral health crisis stabilization services will be terminated. Any ongoing need for positive behavior support and consultation will be met under the stand-alone positive behavior support and consultation services category.

These services are only covered under the Basic Plus Waiver when they are outside the definition of service available through the Medicaid State Plan and EPSDT or the child does not meet access to care definitions (i.e., via the Behavioral Health Organization (BHO)). It is anticipated some Basic Plus Waiver participants will not be eligible for these services under the Medicaid State Plan, since an individual must have a mental health (MH) diagnosis to receive mental health State Plan services. A MH diagnosis is not a requirement for enrollment on the Basic Plus Waiver.

DDA works closely with the Behavioral Health Administration (BHA) to prevent duplication of BHO/State Plan BH Services. DSHS's expectation is that any DDA eligible individual who meets the BHA access to care and medical necessity standards will receive behavioral health services through Behavioral Health Organizations (BHOs) or Prepaid Inpatient Health Plans (PIHP). Individuals that do not meet access to care or medical necessity standards for the service type may be served under the behavioral health stabilization services.

**Provider Specifications**

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

	Social Worker Psychologist Physician Assistant working under the supervision of a psychiatrist Mental Health Counselor Psychiatric Advance Registered Nurse Practitioner (ARNP) Positive Behavior Support Provider with 5 years of experience serving individuals with developmental disabilities Sex Offender Treatment Provider (SOTP) Marriage and Family Therapist Psychiatrist Registered or Certified Counselor	
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Specify whether the service may be provided by ( <i>check each that applies</i> ):		Legally Responsible Person	X	Relative/Legal Guardian
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**Provider Qualifications** (*provide the following information for each type of provider*):

Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
<b>Positive Behavior Support Agency (State-Operated)</b>			A state-operated agency (i.e., with state employees as staff) could employ any of the provider types listed and the employees must meet the qualifications listed.
<b>Positive Behavior Support Agency (Privately Contracted)</b>			A contracted agency could employ any of the provider types listed above and the employees must meet the qualifications listed. Contract Standards
<b>Polygrapher</b>			Contract Standards



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

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

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

## Service Specification

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

### Service Definition (Scope):

Individual Supported Employment/Group Supported Employment: Supported employment services provide individualized assistance and ongoing support to gain and/or maintain employment. These services are tailored to individual needs, interests, abilities, and promote career development. These services are provided in individual or group settings.

(1) Individual supported employment services include activities needed to sustain minimum wage pay or higher. These services are conducted in integrated business environments and include the following:

- (a) Creation of work opportunities through job development;
- (b) On-the-job training;
- (c) Training for the supervisor and/or peer workers to enable them to serve as natural supports to the participant on the job;
- (d) Modification of the work site tasks;
- (e) Employment retention and follow along support; and
- (f) Development of career and promotional opportunities.

(2) Group supported employment services are a step on the pathway toward gainful employment in an integrated setting and include:

- (a) The activities outlined in individual supported employment services;
- (b) Daily supervision by a qualified employment provider; and
- (c) Groupings of no more than eight workers with disabilities.

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

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

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Supported employment services are only available to individuals who do not have access to services available under the Rehabilitation Act of 1973, or the Individuals with Disabilities Education Improvement Act of 2004.

- Payment will be made only for the adaptations, supervision, training and support with the activities of daily living a person requires as a result of his/her disabilities.
- Payment is excluded for the supervisory activities rendered as a normal part of the business setting.
- An individual cannot be authorized to receive supported employment services if he/she receives community inclusion services.

DDA contracts with the counties for expanded habilitation (including supported employment) services. The counties in turn contract provide services directly or contract with local providers for expanded habilitation services. The DDA reimburses the counties on a monthly basis for the cost of all services provided within the county. The counties in turn reimburse vendors for services provided based on the negotiated unit rates contained in their contracts with the vendors.

The amount of employment support will be based on the following items:

Client Employment Acuity is determined through the DDA assessment. Acuity reflects conditions typically related to the individual's disability that are not likely to change, and are generally not impacted by outside factors. Client acuity is determined as either High, Medium or Low.

Support level High:

- Requires support in the community at all times to maintain health and safety.
- Experiences significant barriers to employment or community participation.
- Requires frequent supervision, training, or full physical assistance with community activities most or all of the time.

Support Level Medium:

- Independent in the community some of the time and requires moderate support to obtain or maintain employment.
- Able to maintain health and safety in the community for short periods of time.
- May need some supervision, training, or partial physical assistance with community activities.
- May need regular monitoring or prompting to perform tasks.

Support Level Low:

- Generally independent in the community and requires minimal support to obtain or maintain employment.
- Able to communicate with others effectively and can maintain personal health and safety most of the time without supervision.
- May be able to independently transport self in the community and does not require physical assistance in community activities.

- Able to perform tasks with minimal or occasional monitoring or prompting.

#### Employment Algorithm Components

A combination of the following acuity scales and assessment items provide the most accurate determination of a person's employment acuity level:

- Activities of Daily Living
- Behavioral Support
- Interpersonal Support
- Environmental Support
- Level of Monitoring
- Employment Support
- Completing tasks with acceptable speed
- Completing tasks with acceptable quality
- Medical Support
- Seizure support

Client work history is determined by looking back over a 12-month period and is categorized into three main groupings:

- Continuous Employment – Received wages 9 consecutive month of the 12-month period
- Intermittent/Recent Employment – Received wages in at least one month of the 12-month period
- Not employed or unemployed last 12 months – No wages reported as earned during a 12-month period (subminimum wages fall to not employed)

The range of support hours the client receives will be dependent upon the individual's Employment Acuity, work history and phases of employment. DDA uses the following table to determine the number of monthly hours of individual employment service that can be authorized annually in the PCSP to permit flexibility in any given month as situations change on the job site:

Employment status is:      Employment level is:      Then the service supported employment service hours per month:      And s/he may receive up to this many this support level:

None	Working	A	0
	Not Working	B	0
Low	Working	C	4
	Not Working	D	7
Medium	Working	E	7
	Not Working	F	9
High	Working	G	11
	Not Working	H	12

Depending on factors detailed in the county employment plan, DDA may authorize additional hours of employment service:

Employment      Employment      Then DDA may authorize up to this many

Service level: Support Level: Status: additional hours of supp. employment service:

A	None	Working	0
B	None	Not Working	0
C	Low	Working	5
D	Low	Not Working	7
E	Medium	Working	5
F	Medium	Not Working	7
G	High	Working	12
H	High	Not Working	5

In rare instances, an exception to rule (ETR) may be granted to adjust support hours to meet the unique needs of a waiver participant.

Short term enhanced supports are available if a person is beginning a new job, has planned or expected change in job or job tasks, unexpected change in their condition or support is needed to maintain employment. These are short term hours determined by the county and employment vendor and may be authorized for a maximum of 6 months.

#### Provider Specifications

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

<b>Supported Employment</b>			<p>Contract Standards, which include Policy 6.13.</p> <p>As stipulated in DDA policy 6.13 (concerning day program provider qualifications), all providers shall meet the following qualifications:</p> <ul style="list-style-type: none"><li>• Demonstrate experience or knowledge in providing services to individuals with developmental disabilities;</li><li>• Have a history of working with community-based employers and/or other community entities;</li><li>• Demonstrate a method for providing services/jobs based on individual choice and interest;</li><li>• Demonstrate an understanding of and commitment to integration of individuals with developmental disabilities with people who are not disabled;</li><li>• Have experience in working cooperatively with other organizations such as the Division of Vocational Rehabilitation (DVR), schools, and other community entities;</li><li>• Shall have the administrative capabilities necessary to safe guard public funds;</li><li>• Shall maintain books, records, documents and other materials relevant to the provision of goods and services;</li><li>• Shall provide for systematic accumulation, filing and retention of timely reports for department and/or federal audits;</li></ul>
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			<ul style="list-style-type: none"> <li>• Shall be 18 years of age or older and have experience or received training in the following areas: <ul style="list-style-type: none"> <li>o Positive Behavior Support</li> <li>o Health and Welfare</li> </ul> </li> <li>• Shall have experience or training to provide training and support to clients in the program area(s) identified in the client's Person-Centered Service Plan (PCSP).</li> </ul>

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
All	County	Every 2 years

**Service Delivery Method**

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

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

Service Definition (Scope):

Skilled Nursing: Waiver skilled nursing provides chronic, long-term nursing services to address needs that are not met through the nursing services available in the Medicaid State Plan. Skilled nursing services under the waiver differ in nature, scope, supervision arrangements, or provider type (including provider training and qualifications) from skilled nursing services in the State plan.

The services under the waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

Services include nurse delegation services provided by a registered nurse, including the initial visit, follow up instruction, and/or supervisory visits.

Services listed in the person-centered service plan must be within the scope of the State's Nurse Practice Act.

Safeguards that the State has in place to prevent duplicate billing for skilled nursing and nurse delegation include the following: 1) Skilled nursing requires a prior approval by DDA and 2) skilled nursing hours are determined by DDA Nursing Care Consultant's skilled nursing assessment.

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

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

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

The following limitations apply to receipt of skilled nursing services:

- \*Skilled nursing services require prior approval by DDA.

- Skilled nursing hours must not exceed the number of hours determined by the DDA Nursing Care Consultant's skilled nursing assessment.

Nurse delegation is an intermittent service. The Registered Nurse Delegator is required to visit and provide supervision to the registered or certified nursing assistant (NAR/CNA) at least once every ninety (90) days. If providing diabetic training, the RND must visit the individual at least once a week for the first four (4) weeks. However, the RND may determine that some clients need to be seen more often.

The department reserves the right to require a second opinion by a department-selected provider.

The rate for skilled nursing services is based on fee schedule. All payments are made directly from the single state agency to the provider of service.

**Provider Specifications**

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Licensed Practical Nurse (LPN)		Licensed Practical Nurse (LPN)
		Registered Nurse (RN)		Registered Nurse (RN)

Specify whether the service may be provided by ( <i>check each that applies</i> ):		Legally Responsible Person	X	Relative/Legal Guardian
<b>Provider Qualifications</b> ( <i>provide the following information for each type of provider</i> ):				
Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )	

<p><b>Licensed Practical Nurse (LPN)</b></p>	<p>Chapter 246-840 WAC (Department of Health administrative code concerning practical and registered nursing)</p>		<p>Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process. Contract language regarding provider qualifications.</p> <p>3. Qualifications</p> <p>c. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.</p> <p>d. Licensing Requirement. The Contractor must have and present an active license to practice as a registered nurse or as a licensed practical nurse, as defined under RCW 18.79, or an active in-home services agency license under 70.217. Agency staff providing Skilled Nursing Services must have an active license to practice as a registered nurse or as a licensed practical nurse, as defined under RCW 18.79. The Contractor shall maintain at all times current nursing licenses, registrations, and certificates as required by law.</p> <p>e. By entering into this agreement, the Contractor certifies and provides assurances that the Contractor meets the minimum qualifications and that Contractor has the ability and willingness to carry out the responsibilities outlined in the Service Plan. The Contractor shall contact the Client's DDA case resource manager if at any time there are any</p>
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			<p>concerns about the Contractor's ability to perform those responsibilities.</p> <p>Washington Administrative Code (WAC) WAC 388-845-1705 Who is a qualified provider of skilled nursing services?</p> <p>The provider of skilled nursing services must be a licensed practical nurse (LPN) or registered nurse (RN) acting within the scope of the standards of nursing conduct or practice chapter 246-700 WAC and contracted with DDA to provide this service.</p>
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<p><b>Registered Nurse (RN)</b></p>	<p>Chapter 246-840 WAC (Department of Health administrative code concerning practical and registered nursing)</p>		<p>Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process. Contract language regarding provider qualifications.</p> <p>3. Qualifications</p> <p>c. The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.</p> <p>d. Licensing Requirement. The Contractor must have and present an active license to practice as a registered nurse or as a licensed practical nurse, as defined under RCW 18.79, or an active in-home services agency license under 70.217. Agency staff providing Skilled Nursing Services must have an active license to practice as a registered nurse or as a licensed practical nurse, as defined under RCW 18.79. The Contractor shall maintain at all times current nursing licenses, registrations, and certificates as required by law.</p> <p>e. By entering into this agreement, the Contractor certifies and provides assurances that the Contractor meets the minimum qualifications and that Contractor has the ability and willingness to carry out the responsibilities outlined in the Service Plan. The Contractor shall contact the Client's DDA case resource manager if at any time there are any</p>
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			<p>concerns about the Contractor's ability to perform those responsibilities.</p> <p>Washington Administrative Code (WAC) WAC 388-845-1705 Who is a qualified provider of skilled nursing services?</p> <p>The provider of skilled nursing services must be a licensed practical nurse (LPN) or registered nurse (RN) acting within the scope of the standards of nursing conduct or practice chapter 246-700 WAC and contracted with DDA to provide this service.</p>

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

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

### Service Specification

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

**Service Definition (Scope):**

Nurse Delegation: (1) Services in compliance with WAC 246-840-910 through 246-840-970 (concerning delegation of nursing care tasks in community-based and in-home care settings) by a registered nurse to provide training and nursing management for nursing assistants who perform delegated nursing tasks.

(2) Delegated nursing tasks include, but are not limited to, administration of noninjectable medications except for insulin, blood glucose testing, and tube feedings.

(3) Services include the initial visit, care planning, competency testing of the nursing assistant, consent of the client, additional instruction and supervisory visits.

(4) Waiver participants who receive nurse delegation services must be considered "stable and predictable" by the delegated nurse.

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

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

1) Clinical and support needs for nurse delegation services are identified in the waiver participant's DDA person-centered assessment and documented in her/his person-centered service plan;

2) The Department requires the delegating nurse's written recommendation regarding the waiver participant's need for the service. This recommendation must take into account that the nurse has recently examined the waiver participant, reviewed the waiver participant's medical records, and conducted a nursing assessment.

3) The Department may require a written second opinion from a department-selected nurse delegator that meets the same criteria in subsection (2) of this section.

4) The following tasks must not be delegated:

- (a) Injections, other than insulin;
- (b) Central lines;
- (c) Sterile procedures; and
- (d) Tasks that require nursing judgment.

### Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Registered Nurse		Registered Nurse
Specify whether the service may be provided by <i>(check each that applies):</i>		Legally Responsible Person		Relative/Legal Guardian

**Provider Qualifications** *(provide the following information for each type of provider):*



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Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
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Registered Nurse	Chapter 246-840 WAC (Department of Health administrative code concerning practical and registered nursing, including licensure)		<p>Contract Standards. All DDA/DSHS contracts include the following standards: contract definitions, contract purpose, provider qualifications, statement of work, consideration, billing and payment process, background check process, drug free workplace, duty to report suspected abuse, duty to report unusual incidents and contract dispute resolution process. Contract language regarding provider qualifications.</p> <p>2. Contractor Qualifications</p> <p>a. Licensing Requirements. The Contractor shall:</p> <p>Maintain all necessary licenses, registrations, and certifications as required by RCW 18.79.260, 18.88A.210 and WAC 246.840. Licenses, registrations and certifications must remain in good standing without any substantiated complains or sanctions during the period of performance of this Contract.</p> <p>b. Minimum Qualifications. The Contractor shall:</p> <p>(1) Possess a valid Washington State Registered Nurse license without any limitations or restrictions;</p> <p>(2) Have one (1) year of experience as a Registered nurse;</p> <p>(3) Have one (1) year of experience demonstrating skill and experience in client assessment, documentation of assessments and development of nursing care plans;</p> <p>(4) Have demonstrated leadership, teaching experience, and the ability to work independently;</p> <p>(5) Have demonstrated excellent oral and written communication skills; and</p> <p>(6) Maintain current Professional Liability insurance coverage per Section 11 of this Contract.</p>
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			<p>The Contractor agrees to undergo a criminal history background check conducted by DSHS, as required by RCW 43.20A.710. If the Contractor has employees or volunteers who will have unsupervised access to Clients in the course of performing the work under this Contract, the Contractor will conduct criminal history background checks on those employees.</p> <p>Washington Administrative Code (WAC) WAC 388-845-1175 Who is a qualified provider of nurse delegation?</p> <p>Providers of nurse delegation are registered nurses contracted with DDA to provide this service or employed by a nursing agency contracted with DDA to provide this service.</p>
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<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
<b>All</b>	<b>State Operating Agency</b>		<b>Every 3 years</b>
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> <b>Provider managed</b>

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