

Division of Developmental Disabilities



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Division of Developmental Disabilities (DDD)

This section contains information on:

- Services for Adults with Developmental Disabilities
- Medicaid Personal Care Program (through DDD)

Services for Adults with Developmental Disabilities through the Division of Developmental Disabilities (DDD)

People with developmental disabilities may be eligible to receive a variety of services through a variety of agencies and organizations in their community. Many of these agencies are private, non-profit organizations and may offer direct services, such as providing a personal care assistant to help someone live independently, education about the developmental disabilities system, or support groups for family members who have children or adult children with disabilities in their lives. Other services can include help with assistive technology (machines to help someone communicate, adapted wheelchairs, service animals, etc.), transportation, child care, or early intervention services for children age 0-3.

Division of Developmental Disabilities The Division of Developmental Disabilities (DDD) is the Washington State agency responsible for serving Washington citizens with developmental disabilities. DDD is a division of the Aging and Disabilities Services Administration (ADSA), Washington State Department of Social and Health Services (DSHS).

After going through an intake process, which usually involves an interview of the person with a disability or their family member or representative, and a person is determined to be eligible for services through DDS, that person is assigned a Case Manager at DDD. The Case Manager is the person who can answer questions about state-provided services and supports, and who will try to help the person with a disability and their family access the help that they need, depending on the resources of the State and of the community the person lives in. The Case Manager usually works with a regular "case load" or number of people with disabilities and their families.

Once a person is found eligible for services through DDD and assigned to a Case Manager, it is up to the family and the person with developmental disabilities, sometimes called the "client", to let the Case Manager know what services they need. It is important to understand that being eligible for services does not necessarily mean that those services will be available to the client right away, or even in the near future. Some services, such as residential services, have long waiting lists. Some waiting lists can actually be many years long.

The programs listed below are the most common services provided through Division of Developmental Disabilities. There may be additional services/resources available depending on where you live, or depending on budgetary considerations. There may also be services and resources available that are not directly tied to or funded through DDD that might be of benefit to the adult or child with a disability. Some cities and counties (including King County) also have programs and services (sometimes provided in partnership with DDD) for people with developmental disabilities.

Services/Programs

Medicaid Personal Care (MPC) Services: Provides assistance to eligible persons (minors and adults) in areas of personal care and daily living such as bathing, dressing, eating, meal preparation, laundry, etc. It is generally provided in the person's home but may be provided in the community if personal care is needed in order to attend an event. Within established maximums, an assessment determines the number of service hours the person receives. The eligibility requirements include having a Medicaid coupon that proves you are CNP (categorically needy program) and have an assessed need in a personal care area.

Family Support Opportunity: Provides assistance for eligible families whose children (minors and adults) continue to live with them. It may be used for respite, therapies, specialized equipment, home modifications, etc. The total dollar amount a family is eligible for changes depending on budget considerations, so always verify the current funding level. The budget for FSO is allocated on an annual basis according to the month the family begins the FSO program.

Some Family Support requests must be by Exception to Policy and have prior approval by the Field Services Administrator (FSA). A committee must first review these requests before they are given to the FSA. They are never approved or denied until the FSA has signed it.

A family will be placed on the FSO waiting list upon the date of the DD eligibility intake if the person is determined to be DD eligible. Otherwise, a family may request the FSO program at any time and the person's case manager will make a referral to the waiting list. The waiting list is approximately two years or longer.

Employment/Day Program: These are services that include:

- individual supported employment (one person with a disability working at a job in the community with some support)
- group-supported employment (several people with disabilities working at a job in the community with support)
- specialized industries/sheltered workshops (many people with disabilities working at a central location with support)
- community access (pre-vocational socialization, community integration and independent living and social skills training)

Through several funding sources there is money to help people exiting from the school programs in 1999 and 2000. There is also limited funding for other adults requesting help to find and retain jobs or other day programs. There may be waiting lists for both groups. Availability of services also may depend on the level of support an individual requires.

Residential Programs:

DDD-funded residential programs Provides supports for adults (18 and older) within a variety of different living alternatives such as Supported Living, Group Homes, IMR-E, and SOLA. The SOLA or State Operated Living Alternative programs are directly owned and operated by the State of Washington. Most other residential programs, including Group Homes, IMRs, and Supported Living programs are operated under contract with the State of Washington, and oversight is provided by the Division of Developmental Disabilities. Group homes and SOLA's provide access to 24-hour supervision. Supported Living programs may provide 24-hour supervision or a contracted number of hours per week according to the needs of the person.

All of the programs above provide a wide range of services for people who live in a residential setting within the community. This includes assisting them to attend and be a part of everyday activities in the community.

Upon request, the person's case manager makes referrals to the Residential Services Authorization Committee (R-SAC). The list of people requesting a residential program is very long. There is no way to estimate how long someone may wait because people are not taken off in chronological order. When an opening occurs, the committee reviews the priority list and recommends referrals based on the appropriateness of the opening.

Adult Family Homes (AFHs) Provides an alternative to contracted residential programs. A person must be at least 18 years old. An AFH is a residence that is owned or rented by a licensed AFH provider and provides room and board along with 24-hour supervision for up to six adults. Licensing is through Aging and Adult Services Administration. The AFH provider must be licensed and pass the DDD Specialty Training in order to be able to accept a referral from the DDD case manager. Oversight is a joint responsibility of both AASA and DDD. All referrals to an Adult Family Home should be made through the person's case manager.

Call your DDD case manager for more information on these programs, to request a service, and to find out about other resources/services available in your region.

Website for this Overview:

<http://www.arcofkingcounty.org/guide/services/about/overview/index.html>

*Source: ARC of King County
Accessed June 2006*

Medicaid Personal Care (MPC) Program Summary

What is the Legal Authority for the Medicaid Personal Care Program?

1. Medicaid Personal Care (MPC) is a Title 19 **Medicaid State Plan service** that provides personal care support to persons in their own home, a licensed and contracted adult family home, a licensed boarding home under Department contract, or a children's foster home contracted to serve children through Children's Administration.
 - MPC is included in the state Medicaid Plan as an "optional" service.
 - Our state Legislature has chosen to provide this Medicaid service and to fund the state dollar portion of the program (50% State/ 50% Federal).
 - As a Medicaid State Plan service, the program must be applied equally to all Medicaid eligible persons.
2. **Revised Code of Washington (RCW) 74.09.520(1)(1), (2), (3), and (4)** is the state law that authorizes MPC.
3. **Washington Administrative Code (WAC) 388-106 and 388-71** contain the Department of Social and Health Services (DSHS) program rules. Aging and Disability Services Administration (ADSA) is the designated DSHS administrative entity for managing the State Plan, WAC, and rates based on legislative direction and appropriation.
4. In 2004 when DDD implemented its four new Home Community Based Waivers personal care services were included in three of them as a waiver service. These Waiver Personal Care (WPC) services are governed by the same rules as MPC.

What is the purpose of MPC?

MPC/WPC services are available to address the unmet personal care needs of individuals who meet functional and financial eligibility criteria. The Federal Government funds personal care as an alternative to more costly, more restrictive placement (e.g. nursing facility).

What are the eligibility requirements for MPC?

To be eligible for MPC/WPC, you must:

1. Be financially eligible which means that you receive Medicaid under a “categorically needy” medical program
2. Be functionally eligible as determined by the Comprehensive Assessment and Reporting and Evaluation tool (CARE) which is administered by a DSHS representative/Case Resource Manager.
3. Effective in 2003, per legislation, person is required to have either:
 - Three unmet needs in their Activities of Daily Living (ADL) with a score of Minimal, **OR**
 - One unmet need with a score of Substantial, **OR**
 - One unmet need with a score of Total.

The description of the CARE ADL information that equates to Minimal and Substantial is found in 388-106-0210 WAC.

How can someone find out if he/she can receive MPC services?

If the person is a client of the Division of Developmental Disabilities (DDD), then the DDD Case/Resource Manager verifies financial eligibility and completes CARE to determine if the individual meets the functional eligibility criteria.

- Home and Community Services (ADSA) authorizes MPC and COPEs for adults who are not DDD eligible.
- Children’s Administration authorizes MPC for children who are not DDD eligible.

What services are provided through MPC?

- MPC provides assistance (cueing and physical assistance) for personal care tasks. (See the list attached.)
- Skilled nursing tasks are included only if the provider is a family member or the provider is being directed by a DDD adult under “self-directed care” per the individual’s MPC/Waiver service plan.
- Nursing tasks can be provided to individuals who received personal care in their homes through the Basic Plus or Core waivers. Providers are allowed to do some nursing care tasks if they have received additional

Nurse Delegation training and meet specific requirements as outlined in WAC 246-840-0910 through 0970.

What is the difference between one's own home and a licensed family home?

One's place of residence needs to be licensed when the provider is caring for two or more unrelated adults and is also the landlord.

Does MPC have any required program oversight?

1. The DDD Case/Resource Manager must do an in-person, in-home reassessment at least annually or whenever there is a significant change in the person's medical condition.
2. The DDD Case/Resource Manager will make a nursing services referral for consultation or a home visit based upon the clinical indicators in the CARE assessment. The implementation of the nursing services referral based upon needs indicated in the CARE assessment occurred February - April, 2006 and replaced the mandatory one-time per year nurse oversight visit for every personal care client. This service is described in 388-106-0200 (3).
3. DDD Quality Improvement Case Managers also visit every adult family home with DDD residents at least once per year.

What are the rates for MPC services?

The number of MPC/WPC hours a person is authorized to receive is determined by assessing the person's personal care needs relative to the other paid and unpaid supports available to the person. The total amount authorized cannot exceed the amount generated by the CARE assessment.

CARE generates an hourly rate for individuals who will be receiving their personal care services in-home and a daily rate for individuals who will be receiving them in an AFH or ARC.

The current rate is \$9.20 per hour for Individual Providers (IP) and \$15.28 for Agency Providers. These rates may periodically change due to legislative directive and step increases. Current information on provider rates is always available on the ADSA website located at the following web address:

www.aasa.dshs.wa.gov/professional/Rates/All_HCS_Rates.htm.

Click on the "DD Rates" tab for all DDD rates. The "CARE (pg 18)" shows AFH/ARC rates in a clear table format.

Can the client/family add to the rate paid to the provider?

Providers are prohibited by contract from accepting any additional payment for the MPC hours for which DDD is paying. If families hire these people privately to perform additional hours of service, they are free to negotiate whatever rate they wish.

Who can be an individual provider for MPC?

All MPC/WPC providers must have a contract with the Department of Social and Health Services (DSHS) and meet the provider qualifications outlined in WAC 388-71.

- Medicaid rules do not allow payment to “legally responsible relatives” i.e. “spouses” and “parent, stepparent, or adoptive parent of a child” age 17 or younger.
- Providers must be at least 18 years of age and have the skills and abilities to perform the tasks included in the individual’s CARE plan.
- IPs must have a Criminal Background Clearance before the contract can be completed. Parent providers are exempted from this requirement.
- Training is required for all providers. See below for details.

Who employs the individual provider?

The family/adult client/legal guardian hires, fires, and manages the IP. Through the contracting process, DDD ensures that the person meets provider qualifications. DSHS, through an agreement with the Internal Revenue Service (IRS), pays the client’s/employer’s share of the provider’s FICA/FUTA taxes, withholds the provider’s share of the Social Security Tax (FICA), and issues wage statements at the end of the year.

With the introduction of the collective bargaining agreement all IPs receive Labor and Industries (L & I) coverage. There is no income tax withheld from the wages unless the IP requests this in writing using the IRS W-4 form and submits it to the Social Service Payment System (SSPS).

IPs may be eligible for subsidized medical benefits through the Basic Health Plan. (See the Provider Book for information.).

What training is required for providers of adults?

Caregiver Orientation

All non-parent MPC providers (including those serving children under 18 yrs) must complete a two-hour Caregiver Orientation. DDD will provide the materials or the sessions and documentation of completion is required before the contract can be signed.

Revised Fundamentals of Caregiving and Continuing Education

Non-parent providers **of adults** must complete:

- The department's 28-hour Revised Fundamentals of Caregiving training within 120 days of employment.
- Four (4) hours of Safety Training within 120 days of employment.
- Ten (10) hours of continuing education is then required each calendar year thereafter.

Parent Providers

Parent providers are NOT required to complete orientation or continuing education. They are only required to attend a one-time **6-hour training** within 180 days of starting paid services as well as 4 hours of Safety Training within 120 days of employment.

- DDD contracts with parent trainers to facilitate a 6-hour training for parent providers.

Who pays for the training?

DDD pays the tuition for the required training.

Do providers get reimbursed for attending training?

Providers are paid wages at the MPC/WPC hourly rate for attending training.

Does DDD provide a replacement worker while the provider is in training?

Yes, DDD will authorize payment for another contracted provider. These personal care hours are not in addition to the monthly authorization generated by CARE.

For persons living in their own home or the home of a parent/relative/friend, where can MPC services be provided?

MPC/WPC services are provided in the person's home unless authorized in the written service plan.

- Personal care services are to be provided in the person's place of residence.
- If authorized in the service plan, the personal care provider may provide MPC/WPC services in the community to assist the person with personal care needs.

Are there other program limitations or restrictions?

1. In households with two or more MPC/WPC recipients, payment is adjusted for the additional persons for shared household tasks and supervision.
2. For individuals who live with their paid personal care provider, payment is adjusted. This is often referred to as the "shared living rule".
3. Medicaid regulations prevent the MPC provider from performing tasks or supervision for other "non-MPC eligible" family members with MPC dollars. The family can always pay the provider privately to do additional services.
4. Unrelated providers cannot do medical tasks requiring a licensed care professional i.e., sterile procedures, gastric tube or nasal gastric tube feeding, administration of medications or oxygen, &/or injections.
 - Even if the provider is a licensed medical person, these tasks cannot be paid through MPC/WPC.
 - Payment to unrelated IPs for medical tasks can be done if authorized as "self-directed care" on the service plan or nurse delegation for persons receiving personal care under the Basic Plus or Core waivers.

When can an individual MPC provider perform health care tasks such as g-tube feeding, putting medication in the person's mouth or g-tube, sterile wound care or catheterization?

1. Family member providers can perform any health care task under MPC/WPC.
2. If you are at least 18 years of age, the law allows you to "self-direct" your IP to do any health care task if the following criteria are met. You must:

- Be age 18 or older and live in your own home
- Be without a legal guardian to make your health care decisions
- Have a functional disability that prevents you from doing a health care task for yourself that any other person would ordinarily do for himself/herself
- Consult with your health care practitioner and get a written treatment order for the case resource manager to attach to the MPC/WPC service plan
- Assist your case/resource manager with writing the service plan
- Train and supervise your IP

What can my provider do to assist me with my medications?

If your provider is a family member, there are no restrictions as to what can be done to assist you with your medications. If your provider is not a family member and you are not doing “self-directed care”, the provider can do the following to assist you:

- **Remind** the person when it is time to take a medication;
- **Hand** the person the medication container
- **Open** the medication container
- **Use an enabler** to make it easier for the person to put the medication in his/her mouth. An enabler can be a cup, bowl, medicine cup, glass, spoon, prefilled syringe, or syringe used to measure liquids.
- **Prepare the medication** per the instructions on the container or from the health care professional. This may include crushing, cutting or mixing with food with the individual’s knowledge and agreement.

PERSONAL CARE TASKS DEFINITIONS

388-106-0010 WAC

***One or more of these direct personal care tasks are required for MPC eligibility.**

"Activities of daily living (ADL)" means the following:

- a) Bathing: How you take a full-body bath/shower, sponge bath, and transfer in/out of tub/shower.
- b) Bed mobility: How you move to and from a lying position, turn side to side, and position your body while in bed, in a recliner, or other type of furniture.
- c) Body care: How you perform with passive range of motion, applications of dressings and ointments or lotions to the body and pedicure to trim toenails and apply lotion to feet. In adult family homes, contracted assisted living, enhanced adult residential care, and enhanced adult residential care-specialized dementia care facilities, dressing changes using clean technique and topical ointments must be performed by a licensed nurse or through nurse delegation in accordance with chapter 246-840 WAC. Body care excludes:
 1. Foot care if you are diabetic or have poor circulation; or
 2. Changing bandages or dressings when sterile procedures are required.
- d) Dressing: How you put on, fasten, and take off all items of clothing, including donning/removing prosthesis.
- e) Eating: How you eat and drink, regardless of skill. Eating includes any method of receiving nutrition, e.g., by mouth, tube or through a vein.
- f) Locomotion in room and immediate living environment: How you move between locations in your room and immediate living environment. If you are in a wheelchair, locomotion includes how self-sufficient you are once in your wheelchair.
- g) Locomotion outside of immediate living environment including outdoors: How you move to and return from more distant areas. If you are living in a boarding home or nursing facility (NF), this includes areas set aside for dining, activities, etc. If you are living in your own home or in an adult family home, locomotion outside immediate living environment including outdoors, includes how you move to and return from a patio or porch, backyard, to the mailbox, to see the next-door neighbor, etc.
- h) Walk in room, hallway and rest of immediate living environment: How you walk between locations in your room and immediate living environment.

- i) Medication management: Describes the amount of assistance, if any, required to receive medications, over the counter preparations or herbal supplements.
- j) Toilet use: How you use the toilet room, commode, bedpan, or urinal, transfer on/off toilet, cleanse, change pad, manage ostomy or catheter, and adjust clothes.
- k) Transfer: How you move between surfaces, i.e., to/from bed, chair, wheelchair, standing position. Transfer does not include how you move to/from the bath, toilet, or vehicle.
- l) Personal hygiene: How you maintain personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands (including nail care), and perineum (menses care). Personal hygiene does not include hygiene in baths and showers.

"Instrumental activities of daily living (IADL)" means routine activities performed around the home or in the community and includes the following:

- a) Meal preparation: How meals are prepared (e.g., planning meals, cooking, assembling ingredients, setting out food, utensils, and cleaning up after meals). NOTE: The department will not authorize this IADL to plan meals or clean up after meals. You must need assistance with actual meal preparation.
- b) Ordinary housework: How ordinary work around the house is performed (e.g., doing dishes, dusting, making bed, tidying up, laundry).
- c) Essential shopping: How shopping is completed to meet your health and nutritional needs (e.g., selecting items). Shopping is limited to brief, occasional trips in the local area to shop for food, medical necessities and household items required specifically for your health, maintenance or well-being. This includes shopping with or for you.
- d) Wood supply: How wood is supplied (e.g., splitting, stacking, or carrying wood) when you use wood as the sole source of fuel for heating and/or cooking.
- e) Travel to medical services: How you travel by vehicle to a physician's office or clinic in the local area to obtain medical diagnosis or treatment-includes driving vehicle yourself, traveling as a passenger in a car, bus, or taxi.
- f) Managing finances: How bills are paid, checkbook is balanced, household expenses are managed. The department cannot pay for any assistance with managing finances.
- g) Telephone use: How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed).

Source: Division of Developmental Disabilities
Date: Revised by DDD March 2006

