



Washington State  
Department of Social  
& Health Services

**DDA** Developmental  
Disabilities Administration

# PASRR Specialized Services in the Medicaid State Plan

Washington's State Plan  
Amendment

# Getting Started – It Takes a Village (at least!)

- First, we gathered our team:
  - State Medicaid authority
  - State behavioral health authority
  - State intellectual disability authority
  - Others





# Getting Help

- Review webinars on PTAC website:
  - [http://www.pasrrassist.org/sites/default/files/attachments/13-10-01/Specialized\\_Services\\_guidance\\_11Sep2013.pdf](http://www.pasrrassist.org/sites/default/files/attachments/13-10-01/Specialized_Services_guidance_11Sep2013.pdf)
  - [http://www.pasrrassist.org/sites/default/files/attachments/Paying\\_for\\_Specialized\\_Services\\_PASRR\\_webinar\\_Feb2014.pdf](http://www.pasrrassist.org/sites/default/files/attachments/Paying_for_Specialized_Services_PASRR_webinar_Feb2014.pdf)
- Request technical assistance.

# Structure of Services

- Specialized services in WA are patterned after 1915(c) waiver services.
- For Washington, these include community access and engagement, behavior supports, vocational assistance, and assistive technology.
- We used contracts and providers already in place for waiver services.

# Providers of Supplemental MI or ID Services and Supports to NF Residents

Services are delivered by providers specially qualified in MI or ID/DD:

- Ordinarily not the NF staff.
- May be existing providers, who have up till now not served NF residents.
- Ideally includes providers of HCBS:
  - Maximizes integration into the community
  - Facilitates transition out of the institution

# Public Notices



- Requirements for public notice are found in 42 CFR 447.205.
- Requirements for tribal notice are found in 1902(a)(73)(A) of the Social Security Act.
- Notices were compiled by our Medicaid authority's rules expert.
- Examples of WA's public notice and tribal notice are available as examples.

# Contents of State Plan Amendment (SPA)

ATTACHMENT 3.1-A  
Page 13

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

### AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services

Prior approval of admission is required.

Nursing facility (NF) services are available to eligible individuals in accordance with 42 CFR §440.42 and §440.155.

Specialized add-on services for certain NF residents

Specialized add-on services require pre-authorization. Specialized add-on services are paid as add-on payments to the provider of the specialized add-on service, as described in Attachment 4.19-D, Part 1. Specialized add-on services are not provided by the NF. No services will be paid for as specialized add-on services if such services could be covered under other sections of the Plan (e.g., 3.1-A, 7(c) or 3.1-A, 11), within the limitations of those services. If a covered specialized add-on service is also covered under other sections of the Plan, but is in excess of the limitations described in those sections, it may be paid as a specialized add-on service.

Covered specialized add-on services include habilitative services. Habilitative services are medically necessary services intended to assist the resident in partially or fully attaining, learning, maintaining, or improving developmental-age appropriate skills that were not fully acquired as a result of a congenital, genetic, or early acquired health condition, and are required to maximize, to the extent practical, the client's ability to function in his or her environment. Habilitative services are provided only upon prior approval and recommendation of the individual's Interdisciplinary Team (IDT), as reflected in the individual's Individual Plan of Care (IPOC). Habilitative services, limitations, and the providers who may furnish the services are as follows.



# Service – Assistive Technology

## I. Assistive technology

A. Assistive technology consists of items, equipment, or product systems used to develop the functional capabilities or to increase the community involvement of NF residents who require habilitation. Such services also directly assist the participant and caregivers to select, acquire, and use the technology. Assistive technology includes:

1. The evaluation of the needs of the nursing facility (NF) resident, including a functional evaluation of the individual.
2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices.
3. Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices.
4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing care, service, and rehabilitation plans and programs.
5. Training or technical assistance for the individual and/or if appropriate, the individual's staff and other support people.
6. Training or technical assistance for professionals, including NF staff or other individuals who provide services to, employ, or are otherwise involved in the assistive

## B. Limitations

1. Assistive technology must have generally accepted therapeutic value as determined by licensed professionals in the field of the treating professional, and may not be experimental.





# Service – Habilitative Behavior Support and Consultation

- II. Habilitative behavior support and consultation
  - A. Habilitative behavior support and consultation includes the development and implementation of individualized strategies for helping an individual effectively relate to caregivers and other people in the individual's life; and direct interventions with the individual to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise the individual's ability to remain in the community.
  - B. Limitations
    - 1. Habilitative behavior support and consultation must include the following characteristics:
      - a. Treatment must be evidence-based and driven by individual outcome data, and consistent with DDA's positive behavior support guidelines.
      - b. Treatment goals must be objective and measurable. The goals must relate to an increase in skill development and/or a decrease in challenging behaviors that impede quality of life for an individual.
      - c. The following written components will be developed in partnership with the individual and his or her family (as appropriate) by the treating professional:
        - i. Functional behavioral assessment; and
        - ii. Positive behavior support plan based on functional behavioral assessment.



# Service – Community Access



## III. Community access services

A. Community access is an individualized habilitative service that provides individuals with opportunities to engage in community-based activities that support socialization, education, recreation and personal development for the purpose of:

1. Building and strengthening relationships with others in the local community who are not paid to be with the person.
2. Learning, practicing and applying skills that promote greater independence and inclusion in the individual's community.

## B. Limitations

1. Community access services can supplement, but cannot replace, activities that would otherwise be available as part of the NF activities program.

# Services – Community Guide and Habilitative Therapy

## IV. Community guide

- A. Community guide services provide short term instruction and support in order to increase access to the community when other supports are not available. Services are designed to develop creative, flexible and supportive community resources for individuals with developmental disabilities.



## V. Habilitative therapy services

- A. Habilitative therapy services are physical therapy, occupational therapy, and speech, hearing and language services that are intended to address habilitative goals. These therapies are in addition to any rehabilitative therapy services the individual may require.
- B. Limitations
  - 1. Habilitative therapy services must have generally accepted therapeutic value as determined by licensed professionals in the field of the treating professional, and may not be experimental.

# Service – Staff/Family Consultation and Training

- VI. Staff/family consultation and training
  - A. Staff/family consultation and training is professional assistance to families, NF staff, or direct service providers to help them better meet the habilitative goals of the NF resident. Topics on which consultation and training are provided include:
    1. Health and medication monitoring
    2. Positioning and transfer
    3. Basic and advanced instructional techniques
    4. Positive behavior support
    5. Augmentative communication systems
    6. Diet and nutritional guidance
    7. Disability information and education
    8. Strategies for effectively and therapeutically interacting with the participant
    9. Environmental consultation
    10. Individual and family counseling
  - B. Limitations
    1. Staff/family consultation and training does not include any expenses related to conferences (e.g., room and board, attendance, tuition).



# Service – Supported Employment

## VII. Supported employment services

A. Supported employment services assist individuals with habilitative needs to obtain and maintain integrated gainful employment. These services provide intensive ongoing support and individualized assistance to gain and/or maintain employment. These services are tailored to individual needs, interests, and abilities, and are provided in individual or group settings.



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:

1. **Intake:** An initial meeting to gather and share basic information and a general overview of employment supports, resources in the community and the type of available supports that the individual may receive
2. **Discovery:** A person-centered approach to learn the individual's likes and dislikes, job preferences, employment goals and skills
3. **Job preparation:** Includes activities of work readiness resume development, work experience, volunteer support transportation training
4. **Marketing:** A method to identify and negotiate jobs, building relationships with employers and customize employment development
5. **Job coaching:** The supports needed to keep the job
6. **Job retention:** The supports needed to keep the job, maintain relationship with employer, identify opportunities, negotiate a raise in pay, promotion and/or increased benefits

Group supported employment services include:

1. Supports and paid training in an integrated business setting
2. Supervision by a qualified employment provider during working hours
3. Groupings of no more than eight workers with disabilities
4. Individualized supports to obtain gainful employment

Limitations

1. Payment is made only for the employment support required as a result of the individual's disabilities.
2. Payment for individual supported employment excludes the supervisory activities rendered as a normal part of the business setting.
3. The individual's service hours are determined by the assistance needed to reach employment outcomes as determined by an assessment, and might not equal the number of hours spent on the job or in job-related activities.



# Service - Transportation



## VIII. Transportation Services

A. Transportation services provide reimbursement for transportation required to facilitate the provision of authorized habilitative services when transportation is not already included in the service provider's contract and payment.

### B. Limitations

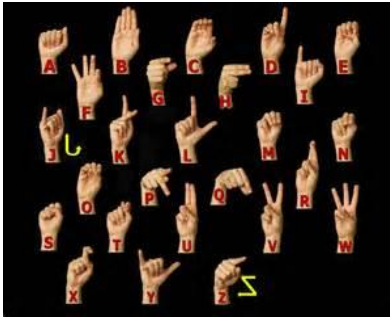
1. Transportation is limited to travel to and from a habilitative service.
2. Reimbursement for provider mileage requires prior approval.
3. Purchase or lease of vehicles is not covered under this service.
4. Reimbursement for provider travel time is not included in this service.
5. Reimbursement to the provider is limited to transportation that occurs when the NF resident is with the provider.
6. The resident is not eligible for transportation services if the cost and responsibility for transportation is already included in the service provider's contract and payment

# Other Habilitative Services and Supplies



## IX. Other habilitative services and supplies

- A. Other habilitative services and supplies are services and supplies that meet habilitative goals but that are not included in specialized add-on service categories above.
- B. Limitations
  1. The habilitative goal(s) of the service or supply must be clearly defined in writing, by the individual recommending the service or supply. In particular, the recommendation must describe how the service or supply will assist the resident in partially or fully attaining, learning, maintaining, or improving developmental-age appropriate skills that were not fully acquired as a result of a congenital, genetic, or early acquired health condition, and are required to maximize, to the extent practical, the client's ability to function in his or her environment



# Providers



## X. Providers

The following licensed, registered or certified providers, or appropriately qualified providers who participate in one of the home and community-based services programs, or providers who are employed by a Regional Support Network may furnish the items, equipment, systems, or services described above in accordance with relevant state law and within their scope of practice:

- Audiologist
- American Sign Language instructor
- Community access service provider
- Community engagement service provider
- Community guide
- Counselor, mental health counselor, marriage and family therapist, or social worker.
- Music therapist
- Occupational therapist
- Person-centered plan facilitator
- Peer mentor
- Physical therapist
- Physician assistant working under the supervision of a psychiatrist
- Psychiatric advanced registered nurse practitioner (ARNP)
- Psychiatrist
- Psychologist
- Recreation therapist
- Registered nurse or licensed practical nurse
- Sex offender treatment provider
- Speech and language pathologist
- Supported employment services provider
- Transportation services provider





# Payment for Services

REVISION

ATTACHMENT 4.19-D, Part 1  
Page 20

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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### Section XIX. Specialized Add-on Services Payments

Payments to providers for medically necessary services must be pre-authorized by the Department. There are two fee schedules for these services, as follows:

- 1) Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of specialized add-on services provided in the nursing facility. The Medicaid agency's rates were set as of January 1, 2015, and are effective for dates of services provided on and after that date. The fee schedule can be found on the agency's website at <http://www.hca.wa.gov/medicaid/rbrvs/pages/index.aspx>
- 2) Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of habilitative services (i.e., those specialized add-on services not covered under the fee schedule described in section 1 above), provided to individuals with intellectual disabilities residing in a nursing facility. The rates for these habilitative services were established using existing home and community based services (HCBS) waiver fee schedules or, where those fee schedules do not include the particular specialized add-on service being authorized, by using other existing fee schedules or benchmarks, such as the Bureau of Labor Statistics Occupational Employment Statistics. The rates were set as of January 1, 2015, and are effective for dates of services provided on and after that date. The fee schedule can be found on the Department's website at [https://www.dshs.wa.gov/sites/default/files/AL TSA/msd/documents/All\\_HCS\\_Rates.xls](https://www.dshs.wa.gov/sites/default/files/AL TSA/msd/documents/All_HCS_Rates.xls)



# SUCCESS!

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

**JUN 23 2015**



We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 15-0012 is approved effective as of January 1, 2015. For your files, we are enclosing the HCFA-179 transmittal form and the amended plan page.

# Lessons Learned:

- Establishing a work group of PASRR contacts in various agencies positions a state to respond quickly to challenges or opportunities.
- Consult with CMS early in the SPA process. We found that the level of detail they expected was less than we anticipated.
- When possible, use service providers who can continue to serve the individual upon transition to the community.

# Questions?



December 30, 2013

Dear Tribal Chairperson/RAIO Director/Tribal Health Director:

The Developmental Disabilities Administration (DDA) within the Department of Social and Health Services (DSHS), in cooperation with the Health Care Authority (HCA), is writing in accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid State Plan Amendment (SPA) likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations.

**Purpose**

Attached for your review and comment is a notice that DDA is intending to publish in relation to a possible state plan amendment, which the state is considering filing early next year. This SPA will be submitted to the federal Centers for Medicare and Medicaid Services.

**Anticipated Impact on Tribal Members**

The anticipated impact of the SPA on Washington's Tribes and American Indian/Alaskan Natives is as follows: the Colville Confederated Tribes operate the Colville Tribal Convalescent Center (CTCC) in Nespelem. The CTCC is contracted with the state's Medicaid program.

Further, to the extent that Tribal members receive Medicaid benefits as residents in other, non-tribal nursing facilities, their access to care and the quality of that care could also be affected.

**Comments and Questions**

HCA and DDA would like to provide the opportunity for tribal representatives to give input or share concerns regarding this SPA. Please review the attached notice and return any comments to Terry Hehemann, Waiver Requirements Program Manager by telephone at 360-725-3456 or via email at [terry.hehemann@dshs.wa.gov](mailto:terry.hehemann@dshs.wa.gov) with a courtesy copy to Ann Myers at [ann.myers@hca.wa.gov](mailto:ann.myers@hca.wa.gov) by XXXXX.

Please contact Karol Dixon, Native Health Program Manager by telephone at 360-725-1649 or via email at [karol.dixon@hca.wa.gov](mailto:karol.dixon@hca.wa.gov) if you would like to request formal consultation or have tribal-specific questions.

Please forward this information to any interested party.

Sincerely,

MaryAnne Lindeblad  
Medicaid Director

cc: Terry Hehemann, DDA, DSHS  
Ann Myers, State Plan Coordinator, LAS, HCA  
Karol Dixon, Native Health Program Manager, HCP, HCA

DRAFT



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

**December 30, 2013**

**Notice of Interpretive or Policy Statement**

In accordance with RCW 34.05.230(12), following is a list of policy and interpretive statements issued by the Department of Social and Health Services.

**Developmental Disabilities Administration  
Division of N/A**

Document title: **Public Notice of Potential Clarification of the Medicaid Nursing Facility Payment System**

Subject: **Potential State Plan Amendment for Medicaid Nursing Facility Payment System**

Effective Date: **01/15/2014**

Document description: **The purpose of this notice is to advise the general public that the Department of Social and Health Services is considering clarifying language in the Washington State Medicaid State Plan.**

To receive a copy of the interpretive or policy statements, contact:

Name: **Terry Hehemann**

Program: **Waiver Requirements, DDA**

Address: **PO Box 45600, Olympia, WA 98504-5600**

Phone: **(360) 725-3456**

TDD/TTY: **1-800-624-6186**

Fax: **(360) 407-0955**

E-mail address: **Terry.Hehemann@dshs.wa.gov**

Web site address: **www.dshs.wa.gov/ddd**

Code Reviser Use Only

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: December 31, 2013**

**TIME: 3:04 PM**

**WSR 14-02-104**

The Department of Social and Health Services is considering submitting a Medicaid State Plan Amendment (SPA) to clarify language regarding the payment methodology for specialized services described in the State Plan. The proposed effective date of this SPA is January 15, 2014.

The language being clarified concerns specialized services as defined in 42 CFR Subpart C 483.120. Specialized services needs are determined through the Pre-Admission Screening and Resident Review (PASRR) process. These services are delivered and paid for in accordance with federal law. Only nursing facility residents are eligible for PASRR- determined specialized services. The current estimates show that a \$1.5 million increase in general fund federal/state expenditures for state fiscal year 2015 is expected.

To receive a copy of the policy statements or proposed changes and to provide and/or review comments, contact Terry Hehemann of the Developmental Disabilities Administration at P.O. Box 45600, Olympia, WA 98504-5600.



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

**JUN 23 2015**

MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
Post Office Box 42716  
Olympia, Washington 98504-2716

**RE: WA State Plan Amendment (SPA) Transmittal Number #15-0012 – Approval**

Dear Ms. Lindeblad:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 15-0012. This SPA adds a new service provided in nursing facilities – specialized add-on services - to the State plan.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 15-0012 is approved effective as of January 1, 2015. For your files, we are enclosing the HCFA-179 transmittal form and the amended plan page.

If you have any questions concerning this state plan amendment, please contact Tom Couch, CMS' RO NIRT Representative at 208-861-9838 or [Thomas.Couch@cms.hhs.gov](mailto:Thomas.Couch@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy Hill". The signature is written in a cursive, somewhat stylized font.

Timothy Hill  
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**15-0012**

2. STATE  
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2015

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1905 (a) of the Social Security Act; 42 USC §1396

7. FEDERAL BUDGET IMPACT:  
a. FFY 2015 ~~\$188,500~~ \$172,500 P&I  
b. FFY 2016 \$348,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

3.1-A pgs 13, 13a through f(new) d P&I  
3.1-B pgs 14, 14a through f(new) d P&I  
4.19-D pg 20

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

3.1-A pg 13  
3.1-B pg 14  
4.19-D pg 20

10. SUBJECT OF AMENDMENT

Specialized Services provided in a nursing facility setting

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
MARYANNE LINDEBLAD

14. TITLE:  
MEDICAID DIRECTOR

15. DATE SUBMITTED:

3-26-15

16. RETURN TO:

Ann Myers  
Office of Rules and Publications  
Legal and Administrative Services  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 42716  
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3.26.15

18. DATE APPROVED: JUN 23 2015

19. EFFECTIVE DATE OF APPROVED MATERIAL: PLAN APPROVED - ONE COPY ATTACHED  
JAN 01 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Timothy Hill

22. TITLE: Director

23. REMARKS:

6/17/15: State authorizes P&I changes to box 7 and 8

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  4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing care, service, and rehabilitation plans and programs.
  5. Training or technical assistance for the individual and/or if appropriate, the individual's staff and other support people.
  6. Training or technical assistance for professionals, including NF staff or other individuals who provide services to, employ, or are otherwise involved in the assistive technology-related life functions of individuals with disabilities.

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    - c. The following written components will be developed in partnership with the individual and his or her family (as appropriate) by the treating professional:
      - i. Functional behavioral assessment; and
      - ii. Positive behavior support plan based on functional behavioral assessment.
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1. Intake: An initial meeting to gather and share basic information and a general overview of employment supports, resources in the community and the type of available supports that the individual may receive
2. Discovery: A person-centered approach to learn the individual's likes and dislikes, job preferences, employment goals and skills
3. Job preparation: Includes activities of work readiness resume development, work experience, volunteer support transportation training
4. Marketing: A method to identify and negotiate jobs, building relationships with employers and customize employment development
5. Job coaching: The supports needed to keep the job
6. Job retention: The supports needed to keep the job, maintain relationship with employer, identify opportunities, negotiate a raise in pay, promotion and/or increased benefits

Group supported employment services include:

1. Supports and paid training in an integrated business setting
2. Supervision by a qualified employment provider during working hours
3. Groupings of no more than eight workers with disabilities
4. Individualized supports to obtain gainful employment

B. Limitations

1. Payment is made only for the employment support required as a result of the individual's disabilities.
2. Payment for individual supported employment excludes the supervisory activities rendered as a normal part of the business setting.
3. The individual's service hours are determined by the assistance needed to reach employment outcomes as determined by an assessment, and might not equal the number of hours spent on the job or in job-related activities.

VIII. Transportation Services

A. Transportation services provide reimbursement for transportation required to facilitate the provision of authorized habilitative services when transportation is not already included in the service provider's contract and payment.

B. Limitations

1. Transportation is limited to travel to and from a habilitative service.
2. Reimbursement for provider mileage requires prior approval.
3. Purchase or lease of vehicles is not covered under this service.
4. Reimbursement for provider travel time is not included in this service.
5. Reimbursement to the provider is limited to transportation that occurs when the NF resident is with the provider.
6. The resident is not eligible for transportation services if the cost and responsibility for transportation is already included in the service provider's contract and payment

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4. a. Nursing facility services (cont)

IX. Other habilitative services and supplies

A. Other habilitative services and supplies are services and supplies that meet habilitative goals but that are not included in specialized add-on service categories above.

B. Limitations

1. The habilitative goal(s) of the service or supply must be clearly defined in writing, by the individual recommending the service or supply. In particular, the recommendation must describe how the service or supply will assist the resident in partially or fully attaining, learning, maintaining, or improving developmental-age appropriate skills that were not fully acquired as a result of a congenital, genetic, or early acquired health condition, and are required to maximize, to the extent practical, the client's ability to function in his or her environment

X. Providers

The following licensed, registered or certified providers, or appropriately qualified providers who participate in one of the home and community-based services programs, or providers who are employed by a Regional Support Network may furnish the items, equipment, systems, or services described above in accordance with relevant state law and within their scope of practice:

- Audiologist
- American Sign Language instructor
- Community access service provider
- Community engagement service provider
- Community guide
- Counselor, mental health counselor, marriage and family therapist, or social worker.
- Music therapist
- Occupational therapist
- Person-centered plan facilitator
- Peer mentor
- Physical therapist
- Physician assistant working under the supervision of a psychiatrist
- Psychiatric advanced registered nurse practitioner (ARNP)
- Psychiatrist
- Psychologist
- Recreation therapist
- Registered nurse or licensed practical nurse
- Sex offender treatment provider
- Speech and language pathologist
- Supported employment services provider
- Transportation services provider

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4. a. Nursing facility services

Prior approval of admission is required.

Nursing facility (NF) services are available to eligible individuals in accordance with 42 CFR §440.42 and §440.155.

Specialized add-on services for certain NF residents.

Specialized add-on services require pre-authorization. Specialized add-on services are paid as add-on payments to the provider of the specialized add-on service, as described in Attachment 4.19-D, Part 1. Specialized add-on services are not provided by the NF. No services will be paid for as specialized add-on services if such services could be covered under other sections of the Plan (e.g., 3.1-A, 7(c) or 3.1-A, 11), within the limitations of those services. If a covered specialized add-on service is also covered under other sections of the Plan, but is in excess of the limitations described in those sections, it may be paid as a specialized add-on service.

Covered specialized add-on services include habilitative services. Habilitative services are medically necessary services intended to assist the resident in partially or fully attaining, learning, maintaining, or improving developmental-age appropriate skills that were not fully acquired as a result of a congenital, genetic, or early acquired health condition, and are required to maximize, to the extent practical, the client's ability to function in his or her environment. Habilitative services are provided only upon prior approval and recommendation of the individual's Interdisciplinary Team (IDT), as reflected in the individual's Individual Plan of Care (IPOC). Habilitative services, limitations, and the providers who may furnish the services are as follows.

I. Assistive technology

- A. Assistive technology consists of items, equipment, or product systems used to develop the functional capabilities or to increase the community involvement of NF residents who require habilitation. Such services also directly assist the participant and caregivers to select, acquire, and use the technology. Assistive technology includes:
1. The evaluation of the needs of the nursing facility (NF) resident, including a functional evaluation of the individual.
  2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices.
  3. Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices.
  4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing care, service, and rehabilitation plans and programs.
  5. Training or technical assistance for the individual and/or if appropriate, the individual's staff and other support people.
  6. Training or technical assistance for professionals, including NF staff or other individuals who provide services to, employ, or are otherwise involved in the assistive technology-related life functions of individuals with disabilities.



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4. a. Nursing facility services (cont)
- B. Limitations
1. Assistive technology must have generally accepted therapeutic value as determined by licensed professionals in the field of the treating professional, and may not be experimental.
- II. Habilitative behavior support and consultation
- A. Habilitative behavior support and consultation includes the development and implementation of individualized strategies for helping an individual effectively relate to caregivers and other people in the individual's life; and direct interventions with the individual to decrease aggressive, destructive, and sexually inappropriate or other behaviors that compromise the individual's ability to remain in the community.
- B. Limitations
1. Habilitative behavior support and consultation must include the following characteristics:
    - a. Treatment must be evidence-based and driven by individual outcome data, and consistent with DDA's positive behavior support guidelines.
    - b. Treatment goals must be objective and measurable. The goals must relate to an increase in skill development and/or a decrease in challenging behaviors that impede quality of life for an individual.
    - c. The following written components will be developed in partnership with the individual and his or her family (as appropriate) by the treating professional:
      - i. Functional behavioral assessment; and
      - ii. Positive behavior support plan based on functional behavioral assessment.
- III. Community access services
- A. Community access is an individualized habilitative service that provides individuals with opportunities to engage in community-based activities that support socialization, education, recreation and personal development for the purpose of:
1. Building and strengthening relationships with others in the local community who are not paid to be with the person.
  2. Learning, practicing and applying skills that promote greater independence and inclusion in the individual's community.
- B. Limitations
1. Community access services can supplement, but cannot replace, activities that would otherwise be available as part of the NF activities program.
- IV. Community guide
- A. Community guide services provide short term instruction and support in order to increase access to the community when other supports are not available. Services are designed to develop creative, flexible and supportive community resources for individuals with developmental disabilities.

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4. a. Nursing facility services (cont)
- V. Habilitative therapy services
- A. Habilitative therapy services are physical therapy, occupational therapy, and speech, hearing and language services that are intended to address habilitative goals. These therapies are in addition to any rehabilitative therapy services the individual may require.
- B. Limitations
1. Habilitative therapy services must have generally accepted therapeutic value as determined by licensed professionals in the field of the treating professional, and may not be experimental.
- VI. Staff/family consultation and training
- A. Staff/family consultation and training is professional assistance to families, NF staff, or direct service providers to help them better meet the habilitative goals of the NF resident. Topics on which consultation and training are provided include:
1. Health and medication monitoring
  2. Positioning and transfer
  3. Basic and advanced instructional techniques
  4. Positive behavior support
  5. Augmentative communication systems
  6. Diet and nutritional guidance
  7. Disability information and education
  8. Strategies for effectively and therapeutically interacting with the participant
  9. Environmental consultation
  10. Individual and family counseling
- B. Limitations
1. Staff/family consultation and training does not include any expenses related to conferences (e.g., room and board, attendance, tuition).
- VII. Supported employment services
- A. Supported employment services assist individuals with habilitative needs to obtain and maintain integrated gainful employment. These services provide intensive ongoing support and individualized assistance to gain and/or maintain employment. These services are tailored to individual needs, interests, and abilities, and are provided in individual or group settings.

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:

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4. a. Nursing facility services (cont)

1. Intake: An initial meeting to gather and share basic information and a general overview of employment supports, resources in the community and the type of available supports that the individual may receive
2. Discovery: A person-centered approach to learn the individual's likes and dislikes, job preferences, employment goals and skills
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B. Limitations

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3. Purchase or lease of vehicles is not covered under this service.
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4. a. Nursing facility services (cont)

IX. Other habilitative services and supplies

B. Other habilitative services and supplies are services and supplies that meet habilitative goals but that are not included in specialized add-on service categories above.

B. Limitations

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X. Providers

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- Audiologist
- American Sign Language instructor
- Community access service provider
- Community engagement service provider
- Community guide
- Counselor, mental health counselor, marriage and family therapist, or social worker.
- Music therapist
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- Physician assistant working under the supervision of a psychiatrist
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- Psychiatrist
- Psychologist
- Recreation therapist
- Registered nurse or licensed practical nurse
- Sex offender treatment provider
- Speech and language pathologist
- Supported employment services provider
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Section XIX. Specialized Add-on Services Payments

Payments to providers for medically necessary services must be pre-authorized by the Department. There are two fee schedules for these services, as follows:

- 1) Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of specialized add-on services provided in the nursing facility. The Medicaid agency's rates were set as of January 1, 2015, and are effective for dates of services provided on and after that date. The fee schedule can be found on the agency's website at <http://www.hca.wa.gov/medicaid/rbrvs/pages/index.aspx>
- 2) Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of habilitative services (i.e., those specialized add-on services not covered under the fee schedule described in section 1 above), provided to individuals with intellectual disabilities residing in a nursing facility. The rates for these habilitative services were established using existing home and community based services (HCBS) waiver fee schedules or, where those fee schedules do not include the particular specialized add-on service being authorized, by using other existing fee schedules or benchmarks, such as the Bureau of Labor Statistics Occupational Employment Statistics. The rates were set as of January 1, 2015, and are effective for dates of services provided on and after that date. The fee schedule can be found on the Department's website at [https://www.dshs.wa.gov/sites/default/files/ALTSA/msd/documents/All\\_HCS\\_Rates.xls](https://www.dshs.wa.gov/sites/default/files/ALTSA/msd/documents/All_HCS_Rates.xls)