



Informing Families

Today and Tomorrow

A Partnership for Better Communication
on Developmental Disability Issues in Washington State

Home and Community Based Services waivers are federal Medicaid programs that allow individuals to **waive** certain federal rules that would provide services in an institutional setting, choosing instead to receive similar services in their own home and community. Waiver eligibility is determined after you apply, and are approved for, DDA eligibility.

DDA Waiver Eligibility Road Map

1 Service Request

If you have been approved for **DDA ELIGIBILITY**, and you want services, call the DDA Service Request & Information Line and leave a message that you would like to receive waiver services. Visit informingfamilies.org/nps for a list of Service Request numbers by region.

2 Functional Assessment and Person Centered Planning Process

A DDA Case Manager will meet with you to talk about your interests, needs and goals to find out what services and supports may be available to help. During the meeting, the Case Manager will ask a variety of questions from the CARE assessment to determine **FUNCTIONAL ELIGIBILITY**.

3 Review of Functional Eligibility

The DDA Case Manager will submit a Waiver Enrollment Request to DDA's review committee. The committee determines if your request and functional assessment meets waiver eligibility criteria.

4 Determination of Financial Eligibility

If approved by the waiver review committee, the DDA Case Manager will contact you to discuss next steps, which relate to **FINANCIAL ELIGIBILITY**:

- If you are already Medicaid eligible, DSHS will send health care coverage forms in order to determine your financial assets or resources.
- If you are NOT Medicaid enrolled, you must apply for Medicaid (WA Apple Health) in order to determine financial eligibility. Ask the DDA Case Manager for directions to apply online.
- If you do not receive SSI or have a Disability Determination from the Social Security Administration (SSA), the DDA Case Manager will send forms to complete and return. They will submit this determination packet to Disability Determination Services (DDS) for review. DDS will notify you and the DDA Case Manager of the outcome.

5 Service Planning and Statement of Participation

Once you have been determined financially eligible, you will meet with the DDA Case Manager to develop an Individual Support Plan/Person Centered Service Plan (ISP/PCSP) based on your needs and choices. In addition to talking about service options, you will explore optional opportunities in your community. You will also be asked to sign the Voluntary Participation Statement (Form 10-424), which states that you choose to receive services in the community instead of an institutional setting.

6 Signing the Plan

After you agree to waiver services identified in your ISP/PCSP by signing and returning the plan, the waiver enrollment process is complete!