



# DD Parent Provider Training Developmental Disabilities Administration and The CARE Assessment

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# “Can you hear me now?”

## Important:

1. Before you can begin class, you must have an audio listening device (speakers or headphones).
2. Check and make sure your audio listening device are **turned on and working properly**.
3. You **cannot** participate in this training if you do not have an audio listening device or if it is not working properly.

**Please note:** If you are unable to set up a listening device, you will need to reschedule your training.

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## Ground Rules

- Treat others with respect.
- Be ready to take notes
- Silence or turn off your:
  - Email
  - Instant messaging
  - Cell phone
  - Social media
  - Games or distracting programs



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# Agenda

## Agenda Items

Objectives of Session

Welcome and Introductions

Ready or Not Questionnaire

Medicaid Personal Care (MPC)  
Community First Choice (CFC)

Eligibility

Comprehensive Assessment Reporting Evaluation

Personal Care

Developmental Disabilities Administration (DDA)

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# Objectives of Session



By the end of this course, you will be able to:

- Describe the Developmental Disabilities Administration (DDA) CARE assessment
- Explain how hours are determined
- Describe various personal care tasks
- Explain what the DDA does
- List criteria for financial and functional eligibility for service

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# Welcome and Introductions

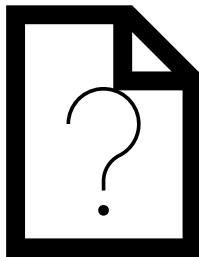
Please share:

- Your name
- County you are from
- Loved one's name and age
- What you seek to learn



# Ready or Not Questionnaire

Use this form to record your thoughts, insights, ideas and questions.



## Ready or Not Questionnaire

*Please fill out this questionnaire to share during the Parent Provider Training.*

Sometimes there are unexpected circumstances or events that can drastically change the life of your loved one. The loss of their primary care provider due to injury, illness or death needs to be taken into consideration in thinking about their future.

**What is your son/daughter's current status if something was to happen to you?**

1. If someone needed to step in to assist your son/daughter do you have an Assistant's "How to" Notebook and/or iMovie's" in place that explains your loved one's daily routine, likes, dislikes, etc?  Yes  No  
If No, please share what is keeping you from creating such a notebook/iMovies.  
 Lack of information regarding this issue  Limited Finances  Other:

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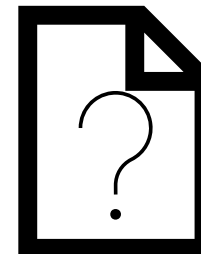
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2. Does your loved one have another approved and certified Community First Care Provider(s) other than you working with them that they are comfortable being assisted by, so that if something happens to you, that provider understands your loved one's needs?  Yes  No  
If No please share what is preventing you from having a backup care provider.  
 Lack of information regarding this issue  Limited Finances  Other:

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# Question 1

## Ready or Not Questionnaire

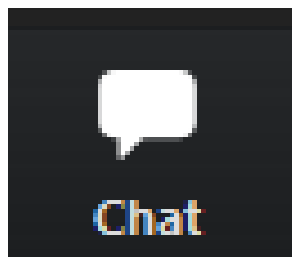
If someone has to step in to assist your child, do you have an Assistant's "How-to Notebook and/or iMovies" in place that explains your loved one's daily routine, likes, dislikes, etc.?



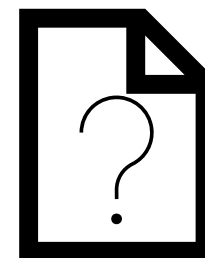
raise hand

**If you feel comfortable, please raise your hand to share or put a comment in the chat area regarding:**

1. What you currently have in place (Notebook, iMovies, My Plan)
2. What is keeping you from creating something if you have nothing in place







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## Question 2

### Ready or Not Questionnaire

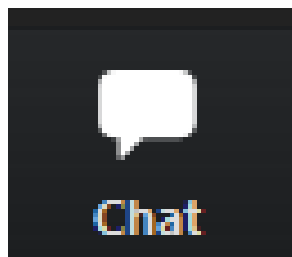
Does your loved one work with an approved and certified Community First Care Provider(s) **other than you**? Are they comfortable being assisted by that person? If something happens to you, does that provider understand your loved one's needs?



raise hand

**If you feel comfortable, please raise your hand to share or put a comment in the chat area regarding:**

1. If you have other providers
2. If you do not have other providers what is preventing you from having a backup care provider(s)



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# Medicaid Personal Care (MPC)


# Community First Choice (CFC)



## Core Benefits

- Personal Care
- Relief Care
- Nurse Delegation
- Skills Acquisition Training
- Personal Emergency Response System
- Caregiver Management Training

## Enhanced Benefits

- Assistive Technology 
- Additional Skills Acquisition Training
- Community Transition Services

[Side Note Life Line](#)

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## Medicaid Personal Care (MPC)/Community First Choice

- A Washington Apple Health state plan benefit authorized by the Social Security Act
- Enables an agency and its contracted entities to deliver person-centered home and community based long-term services and supports (LTSS)
- Authorized by Home and Community Services (HCS) and Developmental Disabilities Administration (DDA)
- Must meet the criteria based on the Developmental Disabilities Administration (DDA) assessment and financial eligibility
- Services available in the individual's home
- Requires a CARE assessment
- Provides assistance with:
  - Activities of Daily Living (ADL)
  - Instrumental Activities of Daily Living (IADL)

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# Eligibility

## To be eligible for Personal Care, you must:

- Receive Medicaid under the “categorically needy” program
- Be assessed by Developmental Disabilities Administration (DDA) using the CARE assessment tool
- Have a need for assistance with **at least** 1 direct person care task

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## CARE Assessment \*\*

Comprehensive Assessment Reporting Evaluation (CARE) is a tool used by case managers to:

- Assess and plan supports (both paid and non-paid) that are needed to reach the individual's goals. It's a person-centered process, helping to ensure the plan reflects the person's preferences, interests and abilities.
- Gather information about your loved one's living situation, health, functional ability, strengths, limitations, goals, preferences, and other supports (such as family and other services not paid for by DDA).

# CARE Planning Meeting Tools



1. Support Intensity Rating Scale (SIS) measures the supports a person needs to participate as fully as possible. It scores answers based on the ideal. (3)
2. Support Level Assessment (SLA) measures what is actually happening by looking at the completion of a task, based on a look-back period. (yearly)

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# Timesaving Tips



## Care Assessment and You

- **Make a list of current medications and dosages** and send it to the case manager before the meeting or bring it with you.
- **Give your case manager updated medical and other provider contacts** before the session or bring a list with you. Make sure it includes new doctors or providers.
- **Prepare for your meeting.** Fill out the My Page Profile or use the My Life Plan guide to identify your loved one's interests, strengths, and goals. Think about what the person is interested in doing in the coming year.
- **Ask the case manager if it will be a conversational or directed SIS.** Knowing ahead of time helps you prepare for how much time it will take.
- **Ask the case manager to explain the rating in everyday language.** Understanding the rating means less time asking questions.
- **Be prepared for the transition between the SIS and SLA.** The SIS measures are based on the supports a person needs to participate as fully as possible (ideal). The SLA measures based on a look-back period (actual).

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## Personal Care Definition



How They  
Group



Group ?

**Personal care** is hands-on assistance, encouragement, and/or cueing with activities of daily living (ADL) and instrumental activities of daily living (IADL) due to functional limitations.

- **ADLs** include: bathing, bed mobility, body care, medication management, eating, dressing, locomotion, personal hygiene, use of toilet, and transfers.
- **IADL** is secondary to the provision of ADL assistance and includes: meal preparation, ordinary housework, essential shopping, and travel to medical services.



# Eating

Measure  
ADLS

## Eating includes:

- Supervision
- Setup
- Cutting bite-sized pieces
- Opening containers
- Following a special diet (eating others food, sneaking food)
- Wiping the face



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# Toileting



## Toileting includes:

- Transferring on or off the toilet
- Helping with:
  - Wiping
  - Incontinent supplies (briefs/pull-up)
  - Adjusting clothes
- Changing bed pads
- Managing ostomy or catheter

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# Bathing



## Bathing includes:

- Taking a full body bath, shower, or sponge bath
- Transferring in or out of the tub or shower

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# Dressing

## Dressing includes:

- Putting on, fastening, or taking off all items of clothing
- Dressing appropriately for the weather



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# Transfer



Transfer includes how a person moves between surfaces (bed, couch, recliner, etc.).

Transfer does **not** include moving to or from the:

- Bath
- Toilet
- Vehicle

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# Bed Mobility



Bed mobility includes:

- Moving to and from a lying position
- Turning side to side in a bed, recliner, or other type of furniture that is slept in

# Locomotion

Locomotion includes:

- Warning of obstacles
- Monitoring for falls
- Guiding and steadying person
- Providing support as person leans on you
- Pushing the wheelchair



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# Medication Assistance

## Providers can assist by:

- Reminding when to take medications
- Handing the person the medication container
- Opening the medication container
- Using an enabler to make it easier for the person to put medication in their mouth
- Preparing medication per the instructions on the container or from the health care professional





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# Personal Hygiene

## Includes:

- Combing hair
- Brushing teeth
- Shaving
- Applying makeup
- Washing or drying face or hands (including nail care)
- Menses care

Does **not** include hygiene in the bath and shower



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# Body Care

+ Mood and Behavior

## Includes:

- Assisting with exercises and skin care
- Giving a pedicure to trim toenails
- Applying lotion to body and feet

## Does **not** include:

- Foot care for a person with diabetes or poor circulation
- Changing bandages or dressings when sterile procedures are required



How does the department  
determine the number of hours  
I may receive?

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## Personal Care Task Discussion

**If you feel comfortable, please raise your hand to share or put a comment in the chat area regarding:**

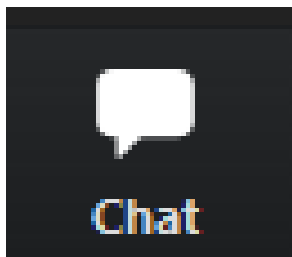


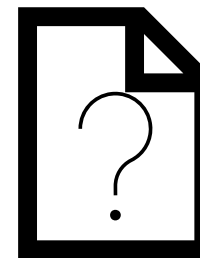
raise hand

1. Questions you have about performing personal care tasks

2. Challenges you are facing with tasks

3. Resources you may need





## Questions 3 and 4

### Ready or Not Questionnaire

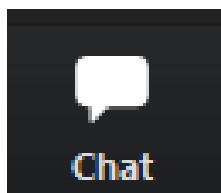
3. Do you know the name of your loved one's case manager from Developmental Disabilities Administration?
4. Do you know what Medicaid Home and Community Based Waiver your loved one has?
  - Individual & Family Services (IFS)
  - Basic Plus
  - Core Waiver



raise hand

**If you feel comfortable, please raise your hand to share or put a comment in the chat area regarding:**

1. Case manager's name and/or
2. Waiver your loved one has



# Developmental Disabilities Administration ([DDA](#))



Transforming Lives

- Transforms lives by providing support and fostering partnerships that empower people to live the lives they want
- Strives to develop and implement public policies that promote individual worth, self-respect, and dignity so that each individual is valued as a contributing member of the community

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## Functional Eligibility

All disability conditions must:

- Originate before age 18
- Be expected to continue indefinitely
- Result in substantial limitation in adaptive functioning

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## Financial Eligibility

- The person qualifies for Medicaid (not Medicare).
- Any adult who is not earning a significant income and has the right diagnosis should qualify for Supplemental Security Income (SSI) and Medicaid when they are 18.
- The person needs to have their own accounts separating their finances from parents and others.
- The individual cannot have more than \$2,000 in the bank at any time.
- Any excess money over the \$2,000 limit should be kept in a trust.
- \* [Working?](#) NOTES Parents Retire- [Benefits Planner](#)

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## Waivers

- [Individual & Family Services \(IFS\)](#)

For children and adults living in the family home. Annual funding levels are based on assessed need: \$1,200, \$1,800, \$2,400, \$3,600.

- [Basic Plus](#)

For children and adults living in the family home or other community-based setting (such as Adult Family Homes) whose ability to continue being supported in that setting is at risk without additional services.

- [Core](#)

For children and adults at immediate risk of out-of-home placement who have a need that cannot be met by the Basic Plus waiver, and who may need up to 24-hour residential services that include training and education; or, who may require daily to weekly one-on-one support for physical or health needs.



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# Case Manager

## The DDA Case Resource Manager:

- Conducts an annual CARE reassessment in-person, in-home (seeing the individual's bedroom), or when there is a significant change in medical condition
- Arranges payment for care providers
- Assists with obtaining need items covered by the waiver
- Connects the individual and family with services

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## Fair Hearing and Exception to Rule Policy

- If you believe your loved one's authorized hours do not provide adequate assistance with your personal care tasks, contact the case manager and request additional hours through an exception to rule (ETR), per WAC 388-440-000.
- Explain why you don't think the assessed hours are enough. For example, if your loved one's situation differs from others with a similar condition or diagnosis, explain why.
- The case manager will document and forward your request for review
- You will receive written notification of the decision.
- [Video](#) [2<sup>nd</sup> half](#)

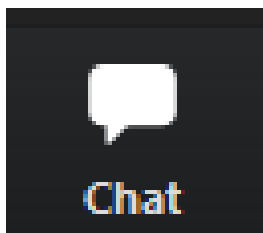
## Difficulty of Care [IRS Notice 2014-7](#)

- Certain payments for providing Medicaid services are considered *Difficulty of Care* payments.
- They are excludable from federal income tax.
- Submit a W-4 each year claiming Exempt.



raise hand

**If you feel comfortable, please raise your hand to share or put a comment in the chat area** any comments or questions you have about the exemption.



### **2 Steps**

1. [Form Application for Exemption](#)
2. [Form in W2](#)

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# Health Insurance Premium Reimbursements

The Washington State Premium Program reimburses the cost of private health insurance premiums for certain individuals who would cost more for the state to cover under Apple Health.

This program is for individuals who:

1. Receive Apple Health (Medicaid) **and**
2. Have private medical insurance available (through the individual's employer or parent's insurance) that is not purchased from Champus or Tricare, or with a subsidy through the Washington Health Benefit Exchange.

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## Earned Income Tax Credit (EITC)

- If you have a child with a disability or your loved one is a taxpayer, you or they may qualify for a refund that puts extra dollars in your or their pocket.
- To qualify for EITC, you must have earned income from employment, self-employment, or another source that does not exceed income limits as well as meet a few additional criteria explained at [www.irs.gov/eitc](http://www.irs.gov/eitc).
- Social Security Income (SSI) or Social Security Disability Income (SSDI) do not count as earned income.

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# The Best Way to Predict the Future is to Create It!



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## Session #2

- Wills, letters of intent, and trusts
- Guardianship and alternatives to guardianship
- Social Security income
- Adult services
- Long-term care
- Employment and community activities
- Housing options
- Choice and self-determination
- Local, state and federal resources

**Thank you for your  
time and attention!**

**Any questions?**