# Residential Support Waiver (RSW)

Chapter 7f describes the Residential Support Waiver (RSW), which is a program that provides clients with Personal Care and Behavior Support services in community residential settings.

#### Ask the Expert

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## WHAT IS THE RESIDENTIAL SUPPORT WAIVER (RSW)?

The RSW is a home and community-based waiver designed to provide personal care, community options, and specialized services for eligible clients with personal care and behavioral support needs. The RSW provides a cohesive and comprehensive continuum of specialized services targeted to adults with extremely challenging behavior. All clients who receive RSW services should also receive Behavior Support services.

Clients can receive RSW services in a variety of settings. The waiver offers four levels of residential services with progressively intensive supports designed to facilitate successful community living, while providing options based on client need.

The RSW was authorized by the Centers for Medicaid and Medicare Services (CMS) in August 2014.

Guidelines for program eligibility are in [WAC 388-106-0336](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-0336) through 0348. Licensing regulations are found in [Chapter 388-107 WAC](http://app.leg.wa.gov/WAC/default.aspx?cite=388-107).

**Note:** If a client is receiving Expanded Behavior Support (EBS) or Expanded Behavior Support Plus (EBS-Plus) services in a skilled nursing facility, those services are not part of the RSW. Please see [Chapter 10](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%2010.docx) of the [Long-Term Care (LTC) Manual](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual) for information on EBS or EBS-Plus in a skilled nursing facility.

## WHAT IS THE TARGET POPULATION FOR THE RSW?

RSW services are designed for eligible clients who require caregiving staff who have completed specialized training for providing personal care, response, and behavioral supports that is otherwise not available outside of nursing facility services or an inpatient setting. The RSW serves clients who are returning to the community from state hospitals or community hospital psychiatric units or have a single or multiple failed/denied community residential settings or are at risk of losing their current community residential setting due to behavioral challenges.

Many clients receiving RSW services have been unsuccessful in other community residential settings or have demonstrated community instability due to the nature of their behavioral or clinical needs. This population includes individuals with complex behaviors requiring additional supports related to behavioral health, neurocognitive, or traumatic brain injury diagnosis.

## HOW IS FINANCIAL ELIGIBILITY DETERMINED?

Financial eligibility and client income requirements for RSW are the same as those for the COPES program:

* + Meet the Supplemental Security Income (SSI) disability criteria; and
  + Be eligible for institutional categorically needy (CN) medical coverage group.
  + See [Chapter 7a](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.dshs.wa.gov%2Fsites%2Fdefault%2Ffiles%2FALTSA%2Fhcs%2Fdocuments%2FLTCManual%2FChapter%25207a.docx&wdOrigin=BROWSELINK) of the LTC manual for more information regarding financial eligibility for LTC programs.

**Case Managers are required to verify financial eligibility per BARCODE** [**14-443**](http://forms.dshs.wa.lcl/formDetails.aspx?ID=6473) **communication.**

The RSW Medicaid period begins on the first day the client arrives at the community residential setting that is contracted to provide the service. For ECS and SBS services, the Behavioral Support Provider must be confirmed to initiate services. SBS clients also require approved staffing calendar from the AFH provider prior to service authorization for SBS services. Clients admitted to an ESF require coordination with the assigned regional Transitional Coordinator/Specialist to determine authorization start date.

When communicating with Financial regarding RSW clients, Case Managers will use the Financial/Social Services Communication Form ([DSHS 14-443](http://forms.dshs.wa.lcl/formDetails.aspx?ID=6473)):

• Select the RSW program for all RSW clients

• If the RSW client is also receiving an ongoing CFC Ancillary service, also select the CFC program. Do not select CFC if the RSW client is getting a one-time CFC service.

For more information on how financial eligibility is determined, see [Chapter 7a](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.dshs.wa.gov%2Fsites%2Fdefault%2Ffiles%2FALTSA%2Fhcs%2Fdocuments%2FLTCManual%2FChapter%25207a.docx&wdOrigin=BROWSELINK): Financial Eligibility of Core Programs of the [LTC Manual](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual).

## WHAT ARE THE FUNCTIONAL ELIGIBILITY CRITERIA FOR THE RSW?

RSW committees will review referrals and make determinations on eligibility and level of service on the 11-130 based on the following eligibility criteria:

To be eligible to receive services under the RSW, a client must be financially eligible and must meet ALL the following eligibility criteria, per [WAC 388-106-0338](https://app.leg.wa.gov/wac/default.aspx?cite=388-106-0338):

1. Meet the Nursing Facility Level-of-Care (NFLOC) per [WAC 388-106-0355](https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0355);
2. Have been assessed as medically or psychiatrically stable and have one or more of the following:
   1. Currently resides at a state mental hospital or psychiatric unit of a hospital, and the hospital has found the client is ready for discharge to the community, or
   2. Has a history of frequent or protracted psychiatric hospitalizations, or
   3. Has a history of an inability to remain medically or behaviorally stable for more than six months **and**
      1. Within the last year, has exhibited serious challenging behaviors **or**
      2. Has had problems managing medications, which has affected their ability to live in the community.
3. Due to the extensive nature of behavior and clinical complexity, has been unsuccessful in finding a community setting by other qualified providers;
4. Have behavioral or clinical complexity that requires the level of supplementary or specialized staffing available only in the qualified community settings in the RSW; and
5. Require caregiving staff with specific training in providing personal care, and Behavior Supports to adults with challenging behaviors.

## WHAT RESIDENTIAL SERVICE LEVELS ARE OFFERED UNDER THE RSW?

RSW residential services are designed to provide different levels of services based on the client’s needs. The level of service determination is completed by the RSW Committee through a referral process. The RSW Committee reviews the CARE assessment and considers all information submitted regarding the client’s current needs. The RSW Committee also determines service level that incorporates a review of behavioral and clinical complexity and access to supportive services for both the client and provider. The goal is to provide the most cost-efficient services needed to maximize the client’s independence and stability in a community setting.

Utilization of the [Service Level Guidance](#_Service_Level_Guidance) (*attached at the end of the chapter*) relies on a comprehensive evaluation of the client’s current behaviors along with anticipated needs for behavioral supports. Additional considerations for determining the service level that most efficiently meets a client’s needs are the client’s willingness to accept services (but not their ability to participate), identifying concerns for a client’s transition into a residential setting, or for maintaining client stability. The [Service Level Guidance](#_Residential_Support_Waiver) is designed as a reference to assist with reviewing a client’s needs to identify which service level best supports a client’s behavioral, clinical and personal care needs. The guidance should also be used for determining service level changes based on changes in the client’s functional status (e.g. – SBS to ECS, ECS to CFC+COPES).

It is important to note that client needs change over time and RSW services are not considered lifetime services and must be evaluated annually to determine the service efficacy and whether that level of service is still needed. When completing the evaluation through either the annual or significant change CARE assessment process, utilize the [Service Level Guidance](#_Residential_Support_Waiver) to help identify the most appropriate supportive services.

Service level(s) approved are recorded on [DSHS form 11-130](https://www.dshs.wa.gov/sites/default/files/forms/word/11-130.docx) after the individual is determined eligible for RSW. Individuals reviewed by the RSW Committee are evaluated for the most appropriate level of service that can best meet their needs in the community. Individuals may be serviced in lower level RSW settings, even if they qualify for a higher level, but special considerations may need to be made to address any unmet needs.

### Expanded Community Services (ECS)

All individuals eligible for RSW can receive ECS in residential settings that have an ECS contract. ECS clients in settings with the ECS contract will receive personal care services, medication oversight, and contracted Behavior Support services. Residential providers may offer increased staff or activities to support the client in the residence. Client services and supports are available 24-hours per day by on-site staff for support and response.

ECS is available in Adult Family Homes (AFH), Assisted Living Facilities (ALF), and Enhanced Adult Residential Care (EARC) facilities.

Clients in ECS contracted facilities also receive support from contracted Behavior Support Providers, regardless of their ability to participate. Services include:

• Person-centered, on-site client training for the client and caregiving staff;

• An individualized crisis response and Behavior Support Plan that is reviewed every six months and modified as the client’s needs change; and

• Monthly psychopharmacological medication reviews, if needed are completed.

If the client’s behavioral needs cannot be met with ECS services, another service level under RSW should be considered rather than writing an ETR to increase the client’s daily rate. See [Chapter 3](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%203.docx) of the [LTC Manual](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual) for more information on ETRs.

All ECS clients should receive Behavior Support services, with these considerations:

• ECS clients who do not want (or refuse) to participate in Behavior Support services should be re-assessed to determine what other services are best-suited for the client.

* If a client is unable to participate in Behavior Support services but wants to continue receiving the service, the client may remain on the RSW as an ECS client; the contracted Behavior Support Provider may still support the client by training and working with the facility provider and staff.

• If a client needs Behavior Support but is not eligible for the RSW or resides in a facility without an ECS or SBS contract, the client may access Behavior Support client training through the state plan as a CFC-COPES client using the Client Training services. Please see [Chapters 7b](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%207b.docx) and [7d](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%207d.docx) of the [LTC Manual](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual) for additional information.

**Note:** If a client is receiving Expanded Behavior Support (EBS) or Expanded Behavior Support Plus (EBS-Plus) services in a skilled nursing facility, those services are not part of the RSW. Please see [Chapter 10](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%2010.docx) of the LTC Manual for information on EBS or EBS-Plus in a skilled nursing facility.

### Specialized Behavior Supports (SBS)

SBS is the second level of service that may be accessed in an AFH with an SBS contract. Clients receiving this service will get the same support as the ECS level in addition to one-to-one staffing. The SBS contract requires an additional 6-8 hours of daily staffing to provide behavioral support for each SBS client.

**SBS Staffing Schedule Requirements** The provider must submit the planned SBS staffing schedule, reflecting the required 6-8 hours per day of additional staff, to the HCS region prior to the SBS client moving into the AFH and whenever the schedule changes. A statewide example of an [SBS Staffing Schedule](#_Residential_Support_Waiver_1) (see example in [*attachments below*](#_Residential_Support_Waiver)) may be given to AFH providers to assist in understanding what the SBS staffing schedule should include. If the AFH provider chooses not to use the statewide staffing example, the submitted SBS staffing schedule must reflect the hours/times of the day that the one-to-one staffing will be provided for each SBS client and must indicate how the additional one-to-one staffing schedule supports the SBS client in accordance with the client’s plan of care. Record receipt of the SBS staffing plan in a SER note in CARE and submit a copy to DMS.

Once the SBS staffing schedule is approved by the client and HCS region, the HCS Case Manager must confirm with the AFH that the additional staff are included in the client’s Negotiated Care Plan (NCP) and hired **prior** to authorizing the additional rate in CARE. The HCS Case Manager must document this conversation with the AFH in the CARE SER. The required 6-8 hours per day of 1:1 support to the client must be included in the client’s assessment/plan of care in the relevant section(s). Assigned Case Manager will document in CARE (General Comments screen) that client is receiving 6-8 hours of additional support per SBS and copy of staffing schedule is submitted to DMS. The assigned Case Manager will provide the client and AFH provider with the printed CARE assessment that reflects utilization of SBS caregiver supports. The start date for the additional rate in the authorization must be no earlier than the start date of the additional staff.

All SBS clients should receive Behavior Support services, with these considerations:

• SBS clients who do not want (or refuse) to participate in Behavior Support services should be re-assessed to determine what other services are best-suited for the client.

* If a client is unable to participate in Behavior Support services but wants to continue receiving the service, the client may remain on the RSW as an SBS client; the contracted Behavior Support Provider may still support the client by training and working with the facility provider and staff.

• If a client needs Behavior Support but is not eligible for the RSW or resides in a facility without an ECS or SBS contract, the client may access Behavior Support client training through the state plan as a CFC-COPES client using the Client Training services. Please see [Chapters 7b](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%207b.docx) and [7d](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%207d.docx) of the [LTC Manual](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual) for additional information.

**Note:** An AFH with an SBS contract may only serve up to three SBS residents at any given time. One additional SBS resident may be authorized at the discretion of the HCS Regional Administrator, who must review the performance history of the AFH. If the AFH has a positive history and has had no RCS citations or RCS enforcement actions within the prior 12 months, the HCS Regional Administrator may authorize up to one additional SBS resident for the AFH. **An AFH may not have more than four SBS residents.** If the fourth SBS client leaves or discharges, any new SBS referral for the fourth SBS bed must be staffed with the HCS Regional Administrator.

### Community Stability Supports (CSS)

Clients receiving CSS services in an Enhanced Adult Residential Care (EARC) setting with a CSS contract will receive personal care, medication oversight, and specialized staffing, including on-site nursing 40 hours per week and on-call coverage 24 hours, seven days a week. This service provides additional caregiver staffing and a Behavior Support clinician on-site 40 hours per week. A client-specific Behavior Support Plan is written and implemented by staff. Mental health treatment services are covered and funded by the Managed Care Organization (MCO) as part of their Medicaid benefit and delivered by a Community Behavioral Health Agency provider.

This service is comprised of two Tiers and the daily add-on rate paid is based on the level of support the client needs.

This service is appropriate for clients who, due to their behavioral and personal care needs, require a higher level of support than is available in other settings/contracts.

Clients receiving the CSS service will receive person-centered activities. Each client receiving CSS Tier 2 services will receive a monthly activities calendar tailored for them specifically and will be included in their record at the facility and incorporated in their Behavior Support Plan.

### Enhanced Services Facility (ESF)

ESF is the highest level of RSW services available. Priority is given for individuals coming out of state hospitals or diverting from going into a state hospital.

Clients in an ESF will receive personal care services, medication oversight, and the highest level of specialized staffing, with 24-hour on-site nursing and 8 hours per day of Behavior Support provided by on-site mental health professionals. ESF staff implement client-specific Behavior Support Plans and provide support and response. Behavioral and mental health services are provided to the client by the local Managed Care Organization (MCO) through the client’s private insurance or Medicaid coverage.

The ESF contract requires the provider to include a Behavior Support section in each client’s Person-Centered Service Plan (PCSP). The Behavior Support section will include a crisis prevention and response protocol to outline specific indicators that might signal a crisis for the client, as well as a plan to ensure coordination with local community crisis responders.

NOTE: An ESF may accept private-pay residents. In doing so, the ESF:

* Nurse will need to assess the individual;
* Must determine, in advance, the payment/rate for private-pay status;
* Must have a clear, documented list of all charges for private-pay status that is provided to the resident;
* Must have a clear, documented process for private-pay billing; and
* Must ensure the resident understands – and agrees to – why and how the resident’s funds are being spent.

## REFERRAL PROCESS

The HCS Case Manager completes a CARE assessment, in accordance with [Chapter 3](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%203.docx) and [Chapter 8](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%208.doc) of the LTC Manual.

Clients authorized for RSW services must have at least one of the following identified in CARE under the Medical Treatment section:

• Behavior Management Plan (BMP)

• Behavior Evaluation Program (BEP)

BMP or BEP may be utilized in Region-specific processes, as long as the needs of the client are being met. When a client transfers to another Region, the Case Manager may change BMP or BEP to conform with the Region-specific process.

It is important to note that prior to referral, the Case Manager confirms and documents in SER that the client agrees to receive RSW Services.

### RSW Referrals for RSW Eligibility

Eligibility and service level will be determined at the regional level. Case Managers will follow region-specific processes for referral submittal utilizing either [DSHS form 15-596](https://www.dshs.wa.gov/sites/default/files/forms/word/15-596.docx) via email or online referral to the Regional RSW Committee for eligibility and service level determination.

HCS Case Managers submit RSW referrals to:

• Region 1: [hcsrsw@dshs.wa.gov](mailto:hcsrsw@dshs.wa.gov)

• Region 2: <http://region4aasa.dshs.wa.gov/RSW/Main.asp>

• Region 3: <https://stateofwa.sharepoint.com/sites/DSHS-ALT-R3HCS/Lists/RSW%20Referral%20Request/AllItems.aspx>

AAA Case Manager submit RSW referrals to:

• Region 1: [hcsrsw@dshs.wa.gov](mailto:hcsrsw@dshs.wa.gov)

• Region 2: [r2rsw@dshs.wa.gov](mailto:r2rsw@dshs.wa.gov)

• Region 3: [AAARSWReferrals@dshs.wa.gov](mailto:AAARSWReferrals@dshs.wa.gov)

Regional RSW Committees will record eligibility and service level determination on [DSHS form 11-130](https://www.dshs.wa.gov/sites/default/files/forms/word/11-130.docx)

Regional RSW Committees will use the clinical and behavioral complexity tool to determine level of service an RSW eligible client can receive.

Referrals for RSW services are coordinated regionally and shall adhere to the statewide referral standard and be consistent with RSW eligibility requirements per [WAC 388-106-0338](http://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0338). All regional RSW Committees must have a methodology in place to track referrals for submissions, approvals vs denials, and service determinations.

The referral process may include regional variation, but will only require the specific data elements, included in the RSW AND EBS Referral (see DSHS form 15-596 attached below).

**Regional Teams:**

The Case Manager completing the CARE assessment determines if the client meets the RSW functional and financial eligibility criteria and submits the RSW Referral to the Regional RSW Committee that has been designated by regional HCS leadership.

The Regional RSW Committee is comprised of designees from the regional HCS offices which typically includes the local RSW Supervisor, RSW SHPC/PM and associated Case Manager. Other participants for RSW Committee may also include Regional and HQ State Hospital Diversion and Discharge (SHDD) Coordinators, regional contracted Behavior Support Providers, and/or representatives from assigned MCOs.

The Regional RSW Committee or designee reviews each client referral to ensure that:

• The client is eligible for RSW.

* Determines the level of service based on clinical and behavioral complexity.

• If a proposed residential provider has been identified, ensures the residential provider has the appropriate ECS, SBS, CSS, or ESF contract and is suited to provide the level of care and services the client needs, as documented in CARE.

The Regional RSW Committee will review, and approve or deny, referrals at the local level. Decisions made by the Regional RSW Committee will be documented in CARE.

**Note:** A client can be eligible for ECS/SBS when the Behavior Management Plan is being provided through local Community Mental Health (i.e., PACT, SUD, out-patient services). If that is the case, document this in CARE by going to the Medical Treatment section in CARE and select “Mental Health Therapy/Program”. (Please review for utilization of BSPs to support the AFH provider; this is not applicable for CSS or ESFs.)

### CSS Referrals for Tier Determination and to Providers

Once the Regional RSW Committee determines a client’s care needs appear to meet the CSS level of service, follow these steps:

1. The Regional RSW Committee emails the completed 11-130 to the HQ SHDD Specialty Settings Committee at [specializedsettings@dshs.wa.gov](mailto:specializedsettings@dshs.wa.gov).
2. HQ SHDD Specialty Settings Committee will determine the CSS Tier.
3. HQ SHDD Specialty Settings Committee will check mark on the 11-130 which CSS Tier was approved and write their initials on the form next to the approved Tier.
4. HQ SHDD Committee will document in a SER in CARE the approved CSS Tier.
5. HQ SHDD Specialty Settings Committee will email the completed 11-130 back to the Regional RSW Committee, Case Manager, and HQ SHDD Transition Coordinator/Specialist.
6. The Case Manager and HQ SHDD Transition Coordinator/Specialist will communicate to determine the facility(ies) the client would like to be referred to.
7. The HQ SHDD Transition Coordinator/Specialist will pull the Assessment Details and Service Summary from CARE and make the referral to the provider(s) contracted to provide this service.
8. The HQ SHDD team will communicate with the referring Case Manager on the outcome of the referral.

### ESF Referrals to Providers

Individuals referred for an ESF must currently:

• Be in a state hospital (Eastern State Hospital or Western State Hospital); or

• Be a diversion from a state hospital and be on a state hospital admit waiting list.

\* Special circumstances may warrant the need for referrals from other settings. Case Managers may submit a referral to the Regional RSW Committee with a recommendation of ESF service. The Regional RSW Committee will review the case to determine if the client is appropriate for ESF level of service.

Case Managers will initiate ESF referrals in their Region, following these steps:

1. Conduct the CARE assessment;
2. Verify functional and financial eligibility; and
3. Submit a RSW referral per regional process (email [DSHS form 15-596](https://www.dshs.wa.gov/sites/default/files/forms/word/15-596.docx) or online referral process) to the Regional RSW Committee.

If the ESF provider accepts the client, the HQ SHDD Transition Coordinator/Specialist will work with the client, the local Regional staff, the ESF provider, state hospital staff, and the local MCO on transition planning.

The Regional RSW Committee will document in a SER note in CARE that the client is eligible for RSW and ESF level-of-care was determined to be the highest level-of-care needed for the client.

The HQ SHDD Transition Coordinator/Specialist will forward referrals to the ESF(s) and coordinate with the provider(s) and Case Manager.

**Note:** Directions on use of the RSW & EBS Eligibility Determination are reflected on the form.

## WHAT OTHER SERVICES ARE OFFERED UNDER THE RSW?

### Adult Day Health (ADH)

Nursing or rehabilitative therapy services for clients with medical or disabling conditions that require interventions or services from a registered nurse or a licensed speech therapist, occupational therapist, or physical therapist under the supervision of the client’s physician, when required. The need for ADH services must be identified in the client’s PCSP.

• Example – an ESF client is eligible for speech therapy from an ADH center because the client’s assessment indicates this is needed.

ADH services may not duplicate any other Medicaid service received by the client. See [Chapter 12](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%2012.docx) of the [LTC Manual](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual) for more information on ADH.

### Client Support Training and Wellness Education

This service is for clients who have specific therapeutic training needs identified in CARE or in a professional evaluation. Clients may receive training to assist them in adjusting to impairments, restoring or maintaining physical functions, learning to self-manage chronic conditions, acquiring skills to address minor depression, managing personal care, and developing skills related to behavior management. Wellness Education materials assist clients to obtain, process, and understand information needed to manage and prevent chronic conditions.

#### Behavior Support Services

These services are provided through the Client Support Training service. **Behavior Support** is provided by a local DSHS-contracted **Behavior Support Provider**, and is authorized using Service Code T2025, U3. **Behavior Support services** include:

* A professional evaluation to assess the client’s **Behavior Support** needs and a written **Behavior Support Plan**;
* A Crisis Plan to address steps for the residential setting staff to take when faced with a crisis situation, including a list of all formal and informal supports, medications, and strategies to use for de-escalation;
* Regularly scheduled **Behavior Support** visits in the client’s residence, usually one to two times per week, with no more than ten visits per month (the HCS Field Services Administrator may pre-approve additional visits on a case-by-case basis);
* Specialized training and consultation to facility staff on managing the client’s behaviors; and
* Monthly psychopharmacological management to ensure that appropriate levels and types of medications are prescribed.

An episode of service by a Behavior Support Provider must be at least a 15-minute interaction that is usually done in-person, but can be done by phone or virtually on a limited basis. If a staff of the Behavior Support Provider is dually-credentialed (such as a Prescriber and a Clinician), the Behavior Support Provider may **not** bill for two separate services delivered by a dually-credentialed staff on the same day.

Behavior Support Plans and crisis plans must be updated at least every six months. The Behavior Support Provider must provide a copy of all updated Behavior Support and crisis plans to both the residential setting provider and the Case Manager.

**Note:** The Behavior Support Provider may **provide up to two episodes** of service for individuals who are not in a residential setting, under specific criteria.

1. The individual has not yet moved into a residential setting – The Behavior Support Provider would visit potential clients to develop a Behavior Support Plan and prepare the individual to transition into a community setting. These visits would occur in acute care hospitals or institutional settings (such as state hospitals, private psychiatric hospitals, or evaluation and treatment centers). *The Behavior Support provided must not provide any duplicative services that would otherwise be available to the individual in this setting.*
2. A) If the individual has already moved into a residential setting and leaves the residential setting for a medical hospitalization in an acute care hospital or community hospital for a temporary stay, the Behavior Support Provider **may** visit the client to provide services in alignment with the Behavior Support Plan.

B) If the individual has already moved into a residential setting and leaves the residential setting for a mental health or behavioral hospitalization by going into an institutional setting (such as a state hospital, private psychiatric hospital, or evaluation and treatment center), the Behavior Support Provider **may not** provide services to the client, as that would be duplicative of the services already available in an institutional setting.

These visits are an important component of the client’s Behavior Support services; however, the Behavior Support Provider cannot bill for these visits until the ECS/SBS client moves into (or returns to) the residential setting.

#### Wellness Education

Wellness Education supports client health literacy and client engagement in healthcare. This service is provided by Smart Source and is authorized using Service Code SA080. If a client chooses to receive Wellness Education, it may be authorized for one unit per month.

### Specialized Equipment/Supplies and Durable Medical Equipment

*Specialized Equipment and Supplies (SES)* are non-medical equipment and supplies that are never covered by Health Care Authority, such as waterproof mattress covers, handheld showers (when used by the caregiver), urinals, and portable ramps that don’t involve any structural modifications to the client’s home. These items are:

• Necessary to increase the client’s ability to perform activities of daily living; or

• Necessary for the client to perceive, control, or communicate with the environment in which the client lives; and

• Of direct remedial benefit to the client; and

• In addition to any medical equipment and supplies provided under the Medicaid State Plan, Medicare or other insurance.

Maintenance and upkeep of items covered under this service are also available, as well as training for the client and caregivers on how to operate and maintain the equipment. Items reimbursed under RSW exclude items that are not of direct medical or remedial benefit to the client; this service is limited to $700 per occurrence without an ETR.

*Durable Medical Equipment (DME)* as defined under [WAC 182-543](https://apps.leg.wa.gov/WAC/default.aspx?cite=182-543), include items which are:

• Medically necessary under [WAC 182-500-0070](http://app.leg.wa.gov/WAC/default.aspx?cite=182-500-0070);

• Necessary to increase the client’s ability to perform ADLs, or to perceive, control, or communicate with the environment in which he/she lives;

• Directly medically or remedially beneficial to the client; and

• In addition to, and do not replace, any medical equipment and/or supplies otherwise provided under Medicare and/or Medicaid.

Refer to [LTC Manual](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual) [COPES Chapter 7d](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%207d.docx) for additional directions on durable medical equipment, including how to authorize this service.

### 

### Nurse Delegation

This waiver service is authorized under [RCW 18.79.260](https://apps.leg.wa.gov/RCW/default.aspx?cite=18.79.260) and [Chapter 246-840 WAC](http://app.leg.wa.gov/WAC/default.aspx?cite=246-840), and is available in AFHs with either an SBS or ECS contract. This service is not available in ESFs.

Under Nurse Delegation, a RN delegates specific nursing care tasks, which are normally done by a nurse, to a qualified long-term care worker who has completed the required training and the nurse has deemed competent to perform the tasks.

Nurse delegation can be provided in ALFs by the facility nurses. When the ALF provides nurse delegation, it is included in the ALF rate and is not authorized by the Social Services Specialist.

For more information on nurse delegation, please see [Chapter 13](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%2013.doc) of the [LTC Manual](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual).

### Skilled Nursing Services

This waiver service is available in AFHs and ALFs, provided it does not duplicate skilled nursing included in the residential service. It is not available in ESFs because nursing services are already provided in this setting. Skilled Nursing Services provide direct skilled intermittent nursing tasks to clients. Registered Nurses (RN), or Licensed Practical Nurses under the supervision of a RN, may provide skilled nursing services that is beyond the amount, duration, or scope of Medicaid-reimbursed home health services as provided in [WAC 182-551-2100](http://app.leg.wa.gov/WAC/default.aspx?cite=182-551-2100). Skilled nursing services cannot be duplicative of any other waiver or state plan service.

### Nursing Services

This is not a specific waiver service but is available to RSW clients. Nursing Services offer clients, providers, and Case Managers, health-related assessment and consultation in order to enhance the development and implementation of the client’s plan of care. These services are provided as an administrative function. This service does not require an authorization in ProviderOne since HCS and AAA nursing staff provide this function.

For more information about Nursing Services, including referral process and resources, see [LTC Manual Chapter 24 Nursing Services](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%2024.doc).

### CFC Services

CFC services (other than personal care) can be available to RSW clients, if the need for a service is identified in the plan of care and if the CFC service does not duplicate a service available in the waiver. Note that personal care is provided under the RSW.

## WHERE CAN INDIVIDUALS RECEIVE RESIDENTIAL SERVICES UNDER THE RSW?

RSW services are available in contracted Adult Family Homes, Assisted Living Facilities, Enhanced Adult Residential Care Facilities, and Enhanced Services Facilities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Residential Settings** | **Expanded Community Services (ECS)** | **Specialized Behavior Support (SBS)** | **Community Stability Supports (CSS)** | **Enhanced Services Facility (ESF)** |
| Adult Family Home (AFH) | Yes, with ECS Contract | Yes, with SBS Contract | No | No |
| Assisted Living Facility (ALF) | Yes, with ECS Contract | No | No | No |
| Enhanced Adult Residential Care Facility (EARC) | Yes, with ECS Contract | No | Yes, with CSS Contract | No |
| Enhanced Services Facility (ESF) | No | No | No | Yes, with ESF Contract |

## WHAT ARE THE RESIDENTIAL PROVIDER QUALIFICATIONS?

### ECS Contract Requirements

To be eligible for the ECS contract:

* ALFs and EARCs must be licensed under [Chapter 18.20 RCW](http://app.leg.wa.gov/RCW/default.aspx?cite=18.20) and [Chapter 388-78A WAC](http://app.leg.wa.gov/WAC/default.aspx?cite=388-78A), meet all qualifications established within this RCW and WAC, and:
  + The license holder must be licensed with the State of Washington for twelve months preceding the application for an AL-ECS or EARC-ECS contract; and
  + The license holder and any affiliates must have no significant enforcement actions during the twelve months preceding the application for the AL-ECS or EARC-ECS contract.
* AFHs must be licensed under [Chapter 70.128 RCW](http://app.leg.wa.gov/RCW/default.aspx?cite=70.128) and [Chapter 388-76 WAC](http://app.leg.wa.gov/WAC/default.aspx?cite=388-76) and meet all qualifications established within the RCW and WAC. In addition, AFHs must meet the criteria and qualifications of the Expanded Community Services contract, and:
  + The AFH license holder must be licensed with the State of Washington for twelve months preceding the application for an AFH-ECS contract; and
  + The AFH license holder and any affiliates must have no significant enforcement actions during the twelve months preceding the application for the AFH-ECS contract.

An AFH or ALF Provider must complete ECS Contract Training (provided by the Regional Resource Specialist) prior to receiving the contract.

### SBS Contract Requirements

To be eligible for the SBS contract, AFHs must be licensed under [Chapter 70.128 RCW](http://app.leg.wa.gov/RCW/default.aspx?cite=70.128) and [Chapter 388-76 WAC](http://app.leg.wa.gov/WAC/default.aspx?cite=388-76), meet all qualifications established within this RCW and WAC, and:

• The AFH license holder must have a Washington State AFH license for at least 12 months prior to applying for this contract;

• The AFH license holder and any affiliations must have had no significant enforcement actions during 12 months prior to applying for this contract; and

• The AFH license holder must have a demonstrated history of working with people with behavioral challenges.

**Note:** A demonstrated history can be either positive or negative. The HCS Regional Administrator may deny an SBS contract if the provider has a **negative** history of working with individuals with challenging behavior that includes any of the following:

* Not accepting clients back when they go to the hospital;
* Frequently issuing 30-day discharge notices to clients;
* A pattern of disregarding client rights;
* A pattern of not complying with general AFH contract requirements;
* A pattern of not working with the contracted Behavior Support Provider; or
* Declining referrals for ALTSA assistance (RCS Behavioral Health Support Team and/or HCS Behavioral Support Training).

An AFH provider must complete SBS Contract Training (provided by the Regional Resource Specialist) prior to receiving the contract.

### CSS Contract Requirements

To be eligible for the CSS contract, ALFs must be licensed under [Chapter 18.20 RCW](https://app.leg.wa.gov/RCW/default.aspx?cite=18.20) and [Chapter 388-78A WAC](http://app.leg.wa.gov/WAC/default.aspx?cite=388-78A), meet all qualifications established within this RCW and WAC, and:

* The license holder and any affiliates must have no significant enforcement actions during the twelve months preceding the application for the CSS contract.
* The ALF must have the EARC and ECS contracts.
* Have demonstrated experience providing services and supports to adults with challenging behaviors.

**Note:** A demonstrated history can be either positive or negative. HQ may deny a CSS contract if the provider has a **negative** history of working with individuals with challenging behavior that includes any of the following:

* Not accepting clients back when they go to the hospital.
* Frequently issuing 30-day discharge notices to clients.
* A pattern of disregarding client rights.
* A pattern of not complying with general ALF/ECS contract requirements.
* A pattern of not working with the contracted Behavior Support Provider.
* Declining referrals for ALTSA assistance (RCS Behavioral Health Support Team and/or HCS Behavioral Support Training).
* Have demonstrated ability to provide or arrange for all required staff trainings.
* Ensure that qualified professionals are available as required by the CSS contract to provide direct services and supports to the clients.

**NOTE:** Providers interested in contracting for CSS should contact the HQ Resource Support and Development team at [ResourceDevelopment@dshs.wa.gov](mailto:ResourceDevelopment@dshs.wa.gov).

### ESF Contract Requirements

To be eligible for the ESF contract, ESFs must be licensed under [Chapter 70.97 RCW](http://app.leg.wa.gov/RCW/default.aspx?cite=70.97) and [Chapter 388-107 WAC](http://app.leg.wa.gov/WAC/default.aspx?cite=388-107), meet all criteria and qualifications within this RCW and WAC, and must:

• Have demonstrated experience providing services and supports to adults with challenging behavior;

• Have demonstrated ability to serve individuals whose criminal or behavioral history has kept them from being served in the community;

• Have demonstrated ability to provide or arrange for all required staff trainings; and

• Ensure that qualified professionals are available as required to provide the direct services and supports to the clients.

## ARE CONTRACTS MONITORED?

Contracts with residential settings (AFH, ALF, and ESF) that provide RSW services are monitored. The Behavior Support Provider contracts are also monitored.

The Medicaid Unit Contract Monitoring Team is responsible for monitoring ECS, SBS, CSS and Behavior Support Provider contracts. Each team member monitors contracts within a specific region and works closely with the HCS Regional Administrators to prioritize which facilities will be monitored.

The RSW Program Manager is responsible for monitoring the ESF contracts.

It is important to note that any concerns for contract compliance should be immediately staffed with the local RSW Supervisor to consider appropriate referrals for the Contract Monitoring Team or inclusion of Behavior Training/Support Team.

## WHAT IF A RSW CLIENT NEEDS A CFC ANCILLARY SERVICE?

If the need for a CFC Ancillary service is identified in the RSW client’s plan of care, the client can access that service when it is not duplicative of a service available through the RSW. To do this, the Case Manager will identify the need in the CARE assessment and authorize the CFC service.

## WHAT IF A RSW CLIENT NEEDS HOSPICE?

An RSW client may receive hospice services as long as the hospice services are not duplicative of any service available under the RSW.

## CAN A RSW CLIENT RECEIVE WASHINGTON ROADS SERVICES?

A contracted Community Choice Guide (CCG) may be used to assist with transitional tasks (such as coordinating a move) on a very limited basis. Utilizing Washington Roads funding for transitional tasks is a last-resort option and is used only when all other resources have been exhausted.

• For ECS and SBS: It is the responsibility of the Case Manager, along with the ECS/SBS Coordinator, to find an appropriate ECS/SBS residential setting; finding the ECS/SBS residential setting cannot be assigned to a CCG. In addition to staffing the case with a supervisor prior to authorizing Washington Roads services, the ECS/SBS Coordinator must review and approve of the request.

• For ESF: In addition to staffing the case with a supervisor prior to authorizing Washington Roads services, regional HCS leadership or designee must review and approve the request.

## WHAT IF A CLIENT NEEDS WRAPAROUND SUPPORT SERVICES FUNDED BY AN MCO?

Please see [LTC Manual](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual) [Chapter 22a – Apple Health Managed Care and Medicare Dual-Eligible Special Needs Plans (D-SNP)](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%2022a.docx) to determine if the RSW client meets the criteria for Wraparound Support services paid by a Managed Care Organization (MCO). Chapter 22 includes the process for requesting funding from the MCO.

MCO wraparound supports should not be used in lieu of RSW if an individual is RSW eligible, RSW services are accessed as the priority.

## WHAT ARE THE CASE MANAGEMENT RESPONSIBILITIES REGARDING HOSPITAL DISCHARGES TO AN ESF?

When a client is approved for the RSW, the Case Manager or state hospital assessor will notify the client of the residential options. When the client chooses an ESF, the HQ SHDD Transition Coordinator/Specialist and the Case Manager will coordinate with the ESF Administrator, who is contractually responsible for oversight of the facility, to ensure all needed supports and services are in place for the client prior to the client moving into the ESF. The ESF Administrator is responsible to coordinate with the local MCO to provide behavioral support and mental health services to the client.

The HQ SHDD Transition Coordinator/Specialist, the Case Manager, and/or the state hospital assessor will also work with the “transferring facility” (state hospital, psychiatric facility, or residential facility) to coordinate details such as medications, appointments with prescribers, equipment, legal issues, etc., in preparation for the client’s move into the ESF.

The Case Manager should be involved in all activities and planning for the client’s transition to the community and has the following specific duties:

• Review and approve the ESF provider’s pre-admission assessment and transition plan prior to admission;

• Ensure the client has an adequate supply of medications prior to discharge;

• Ensure the client has an appointment with a medication prescriber in the community before admission; and

• When the client is ready to move to the facility, the Case Manager or hospital assessor will authorize services, notify the financial worker of the discharge date using [DSHS Form 14-443](http://forms.dshs.wa.lcl/formDetails.aspx?ID=6473), and authorize the payment to the provider, effective the date the client is to move into the facility.

As best practice, when a client is transitioning to an ESF, the Case Manager must:

• Ensure clients only move into an ESF at the beginning of the week (Monday-Wednesday);

• Visit the client in the facility frequently;

• Regularly review the Behavior Support Plans;

• Participate in the client’s PCSP Team meetings; and

* Conduct the initial client visit within three business days of the client transitioning into the ESF.

## WHAT IF A RSW CLIENT WANTS TO MOVE?

If a RSW client wants to voluntarily move out of the community residential setting, the Case Manager will work with the client to address any related issues, if possible, and work with the client to find another community residential setting option. If case management responsibilities are transferred to another Case Manager, the former and current Case Managers will coordinate to ensure a smooth transition for the client.

## WHAT IF A RSW CLIENT’S LRA IS EXPIRING?

Any RSW client who wants to transition from an RSW setting to another living situation should receive support and transition services from the client’s PCSP Team. If a client is on a Less-Restrictive Alternative (LRA), the PCSP Team should begin the transition planning well in advance of the LRA expiration date. The RSW client must be included in all discussions regarding transition planning.

## PERSON-CENTERED SERVICE PLANNING

Each RSW client will have a Person-Centered Service Plan (PCSP) Team that will use a person-centered planning process to ensure the client’s Behavior Support Plan, Crisis Plan, and PCSP are consistent and will support the client in the community. The goals of person-centered service planning meetings are to identify behavioral support opportunities, monitor current behaviors and the effectiveness of current interventions, and make recommendations to promote client stability. Additionally, these meetings are designed to ensure the client’s current CARE assessment aligns with reported information from the client, Behavioral Support Provider, and AFH provider, to monitor for effectiveness of current services, and to identify opportunities to transition to lesser levels of service supports for the RSW client.

### ECS PCSP Teams

Each ECS client will have a PCSP Team to include the client, individuals chosen by the client, HCS regional staff, the contracted Behavior Support Provider, community supports, and facility staff identified by the AFH provider.

ECS client PCSP Team meetings are facilitated by the AFH provider quarterly on a minimum with the contracted Behavior Support Provider. ECS client case reviews will ensure Behavior Support Plans are relevant and the client continues to need ECS services.

For continued ECS authorization, ECS client case reviews will occur as needed, but at least once every six months.

### SBS PCSP Teams

Each SBS client will have a PCSP Team to include the client, individuals chosen by the client, HCS regional staff, the contracted Behavior Support Provider, and facility staff identified by the AFH provider.

The AFH provider will work with the client, the assigned Case Manager, and the contracted Behavior Support Provider to coordinate and schedule SBS Team meetings. Scheduling of SBS Team meetings may be adjusted to correspond to the client’s, provider’s, or Behavior Support Provider’s expressed needs and must occur at a minimum of once every 90 days for each SBS client. Additionally, scheduling of SBS via telephonic/virtual format is permissible per client, AFH provider, and Behavior Support Provider agreement. The AFH Provider will schedule PCSP Team meetings at a time that works best for all parties. Any changes made to the Behavior Support Plan will be shared with the AFH by the contracted Behavior Support Provider. Assigned Case Managers must document person-centered service planning meetings in a SER that reflects the client’s current behavioral status, need for continued services, and plan for continuing or transitioning services, and submit a current copy of the SBS Staffing Schedule to DMS.

### CSS PCSP/Interdisciplinary Teams

Each CSS client will have an PCSP/Interdisciplinary Team meeting monthly. Clients that are receiving CSS Tier 2 services will have two PCSP/Interdisciplinary Team meetings per month. The PCSP/Interdisciplinary Team meetings are intended to coordinate the development, implementation, and evaluation of the client’s Behavior Support Plan with the goal of maintaining a stable community residential setting. The PCSP/Interdisciplinary Team will include the Behavior Support Clinician, Psychiatric Nurse, Prescriber, Case Manager, Activities Coordinator, nursing staff, Dietician, and anyone else involved in the client’s care.

The Case Manager will document all PCSP/Interdisciplinary Team meetings in a SER in CARE.

### ESF PCSP Teams

Each ESF client will have a PCSP Team to coordinate the development, implementation, and evaluation of the client’s PCSP with the goal of maintaining a stable community residential setting. [WAC 388-107-0100](http://app.leg.wa.gov/WAC/default.aspx?cite=388-107-0100) identifies the members of the PCSP Team to include the client and/or representative, individuals chosen by the client, a mental health professional, nursing staff, and the HCS Social Services Specialist.

The PCSP Team will meet at least monthly, with additional meetings held as needed to address symptoms of decompensation or crisis and to ensure the client is stable and the facility can continue to meet the client’s needs.

The Case Manager will document all PCSP Team meetings (including purpose, any changes made to the client’s care plan, and which team members are present) in a SER in CARE. The SER note should be titled “PCSP Team Meeting” for easy identification.

## AUTHORIZING RSW SERVICES

### RACs for RSW Services

ESF 3030

AFH-SBS 3031

Expanded Community Services 3032

ESF Fast Track\* 3033

SBS Fast Track\* 3034

ECS Fast Track\* 3035

CSS Fast Track\* 3038

CSS 3039

CFC Ancillary Services 3056

RSW CFC Ancillary Services Fast Track\* 3057

\*For more information on Fast Track, see [Chapter 7a](https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/LTCManual/Chapter%207a.docx) of the [LTC Manual](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual).

**Note:** Clients discharging from Eastern or Western State Hospital will likely already be opened on the MAGI-based N05 program, which means waiver services cannot be accessed until the beginning of the next month. By using the Fast Track RACs for these clients, they will be able to receive RSW services as soon as they move into a community setting.

### Authorizing Personal Care

In the RSW, personal care services are included in the client’s daily rate. When you select one of the RACs listed above, the authorization includes the personal care services. Service codes for personal care are:

EARC T1020, U3 Personal Care Residential ARC - Enhanced

ALF T2031, Assisted Living Facility

ECS/AFH T1020, U1 Personal Care Residential AFH

SBS/AFH T1020, U1 Personal Care Residential AFH

ESF T1020, U5 Personal Care Residential ESF (ALTSA-only)

SA389, U1 Funded Behavioral Health Wrap-around Support, Residential (MCO funded only)

T2033, U9 ESF Add-on (Non-MCO funded)

* Please defer to current [All\_HCS\_Rates.xls (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.dshs.wa.gov%2Fsites%2Fdefault%2Ffiles%2FALTSA%2Fmsd%2Fdocuments%2FAll_HCS_Rates.xls&wdOrigin=BROWSELINK) for ECS and SBS add-ons for Personal Care.
* Please reference current [All\_HCS\_Rates.xls (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.dshs.wa.gov%2Fsites%2Fdefault%2Ffiles%2FALTSA%2Fmsd%2Fdocuments%2FAll_HCS_Rates.xls&wdOrigin=BROWSELINK) or the Service Code Data Sheets for CSS and ESF add-on rates, including MCO funded and non-MCO funded clients.

### Authorizing Behavior Support for ECS or SBS Clients

The maximum number of episodes or units of Behavior Support is 10 per month. The Regional ECS/SBS Coordinator must authorize units in excess of 10 per month or 50 per six-month period. Each ECS/SBS client must receive a minimum of 1 unit per month to remain qualified for ECS/SBS. The contracted Behavior Support service is not available for the CSS service or in an ESF.

When a ECS or SBS client is approved for Behavior Support, the Case Manager will authorize the Behavior Support service using Service Code T2025, U3 Client Training, Intensive Behavior Support.

When an ECS or SBS client is authorized to receive services under the RSW, the assigned Case Manager will work with the Field Services Administrator or designee to identify and contact the local Behavior Support Provider(s) available for referrals in the region.

Clients eligible for ECS or SBS may receive both Behavior Support services and Mental Health services through the MCO, if needed to maintain their community residential setting.

Document the name and contact information of the client’s Behavior Support Provider and Mental Health services provider (if applicable) on the Contact Details CARE screen.

### Authorizing the ECS and SBS Add-On Rates

When a client is approved for ECS and chooses a contracted residential provider, the Case Manager will authorize the ECS residential add-on rate using:

• Service Code T2033, U1 for AFHs or

* Service Code T2033, U3 for ALFs/EARCs.

When a client is approved for SBS and chooses a contracted AFH, the HCS Social Services Specialist will authorize the SBS add-on rate using:

• Service Code T2033, U5.

**NOTE:** ECS or SBS add-ons may be authorized for AFHs when an eligible client has an assessed need, chooses to receive ECS or SBS and a behavioral health provider is not currently available. The HCS case manager will coordinate with local RSW supervisor to review alterative plans to temporarily meet the client’s behavioral health needs until a qualified behavioral health provider is authorized to serve the client. (Per FY2023-2025 AFHC CBA)

**NOTE:** Clients with high acuity may have daily rates that exceed the ECS rate based on their CARE assessment. These individuals may still receive ECS services when residing in an ECS contracted facility on RSW. In these cases, the residential provider is paid at the higher CARE rate.

### Authorizing CSS Add-on Rates

When a client is approved for CSS and chooses a CSS contracted residential provider, the HCS Case Manager will authorize the following:

1. Authorize: [T1020, U3 Personal Care Residential – EARC](https://intra.dda.dshs.wa.gov/ddd/P1ServiceCodes/documents/Service%20Codes/T1020_U3_Personal_Care_Residential_ARC___Enhanced.docx)
2. Authorize: T2033, U2 OR T2033, U4 CSS add-on based on the Tier the client is approved for
3. Authorize: [SA389, U1 MCO Funded Behavioral Health Wrap around Support Residential](https://intra.dda.dshs.wa.gov/ddd/P1ServiceCodes/documents/Service%20Codes/SA389_U1_MCO_Funded_Behavioral_Health_Wrap_around_Support_Residential.docx) (only for clients who meet MCO-BHPC eligibility)

\*\*See T2033 U2 and/or U4 Service Code Data Sheet(s) for specific CSS add-on rates.

### Authorizing ESF Rates

When a client is approved for ESF and chooses an ESF, the Case Manager will authorize:

* Personal Care - [RSW ESF using T1020, U5](https://intra.dda.dshs.wa.gov/ddd/P1ServiceCodes/documents/Service%20Codes/T1020_U5_Personal_Care_RSW%20ESF.docx) with Reason Code: MCO–BHO Client/MCO–BHO Funded must be manually adjusted by case worker to reflect ALTSA–only payment of $390.95.
* For MCO-funded clients, in addition to the T1020, U5 service line, a companion service line for $205.15 must be created for service name “Funded Behavioral Health Wrap-around Support, Residential” using SA389, U1; Reason Code: “Other”. Together, these two service lines will reflect a total daily rate of $596.10 (See Reference Link).
* For non–MCO funded Clients, an additional ESF Personal Care authorization will be generated in CARE using [T2033, U9](https://intra.dda.dshs.wa.gov/ddd/P1ServiceCodes/documents/Service%20Codes/T2033_U9_ESF_Add_On.docx) (no reason code) for a daily rate of $205.15. This authorization is to be used in conjunction with ALTSA–only Personal Care authorizations ([T1020, U5](https://intra.dda.dshs.wa.gov/ddd/P1ServiceCodes/documents/Service%20Codes/T1020_U4_Personal_Care_Residential___Specialized_Dementia_Care.docx); no reason code) of $390.95. Together, these two service lines will reflect a total daily rate for Non-funded MCO clients $596.10 (See Reference Link).

## RESOURCES

### Related WACs and RCWs

[WAC 388-106-0336](https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0336) What services may I receive under the residential support waiver?

[WAC 388-106-0337](https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0337) When are you not eligible for adult day health services?

[WAC 388-106-0338](https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0338) Am I eligible for services funded by the residential support waiver?

[WAC 388-106-0340](https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0340) When do services from the residential support waiver start?

[WAC 388-106-0342](https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0342) How do I remain eligible for residential support waiver services?

[WAC 388-106-0344](https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0344) How do I pay for residential support waiver services?

[WAC 388-106-0346](https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0346) Can I be employed and receive residential support waiver services?

[WAC 388-106-0348](https://app.leg.wa.gov/WAC/default.aspx?cite=388-106-0348) Are there waiting lists for the residential support waiver services?

[Chapter 388-107 WAC](https://app.leg.wa.gov/WAC/default.aspx?cite=388-107) Licensing requirements for enhanced services facilities

[Chapter 70.129 RCW](https://app.leg.wa.gov/RCW/default.aspx?cite=70.129) Long-term care resident rights

[Chapter 70.97 RCW](https://app.leg.wa.gov/RCW/default.aspx?cite=70.97) Enhanced services facilities

## REVISION HISTORY

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **MADE BY** | **CHANGE(S)** | **MB #** |
| 10/xx/2023 | JD Selby | * Updated ESF and CSS referral process information; Updated Service Level Guidance for RSW Eligible Individuals & RSW Referral Requirement Elements attachments; Added DSHS form 15-596 into attachments |  |
| 7/1/2023 | JD Selby | * Updated “Ask the Expert” for current RSW Program Manager contact information * Chapter section updates for RSW Referrals, RSW Eligibility and Service determinations * Inclusion of Community Stability Supports (CSS) information * Based on regional feedback, provided clarifying language and references regarding   + RSW referral and eligibility and service determination   + Utilization of ALTSA and MCO-funded codes for ESF * Corrected all broken or missing links * Added attachments to the appendix:   + Service Level Guidance For RSW-Eligible Individuals   + RSW Referral Requirements Elements   + RSW-SBS Staffing Schedule Template |  |
| 1/8/2020 | Sandy Spiegelberg | Minor content changes and updated to new format |  |
| 5/19/2020 | Sandy Spiegelberg | Clarify Wellness Education, add the RSW CFC Ancillary Fast Track RAC, and update the ESF Referral Process to replace the Clinical Review with a review by the Mental Health Nurse Program Manager |  |
| 11/1/2020 | Sandy Spiegelberg | Clarify the one-to-one additional support for SBS clients, clarify the use of Behavior Management Plan or Behavior Evaluation Program, update how to access MCO funding, update the Resource list to include additional statutes and the licensing regulations, and update the Table of Contents. |  |
| 3/1/2021 | Sandy Spiegelberg | Change ECS monthly meeting requirement to as needed, but at least every six months; add financial eligibility language; clarify that AFH Providers are responsible for scheduling monthly SBS PCSP Team meetings; clarify the services provided by the Behavior Support Provider; and make formatting and grammatical changes |  |
| 8/1/2021 | Sandy Spiegelberg | Explain how an AFH can increase the number of SBS clients from 3 to 4; add a limit of 4 SBS clients per home; allow HCS regions to provide SBS staffing schedule examples to AFH providers; require AFHs to receive SBS contract training before receiving the contract; clarify the role of the contracted Behavior Support Provider; and make formatting and grammatical changes. |  |
| 3/1/2022 | Sandy Spiegelberg | Clarify that Case Managers must ensure SBS 1:1 staffing is hired before authorizing the service; clarify that a dually-credentialed staff of a Behavior Support Provider cannot bill for two services provided at the same time; provide guidance to HCS staff on AFH Provider eligibility for the SBS contract and the consideration of negative history; provide ESF daily rate; identify contract monitoring responsibilities; and address hospice services for an RSW client. |  |
| 6/1/2022 | Sandy Spiegelberg | Update Table of Contents; clarify steps to take when an ECS client refuses services; add new example for SBS Staffing Schedule; add that providers must take ECS Contract Training before receiving the contract; clarify ESF referral process; add requirements for accepting private-pay residents in an ESF; and minor grammatical changes. |  |

## APPENDIX/ATTACHMENTS

### DSHS Form 11-130

[RSW and EBS Eligibility Determination form (with 2023 revision date)](https://www.dshs.wa.gov/sites/default/files/forms/word/11-130.docx)

### DSHS Form 14-443

[Financial/Social Services](http://forms.dshs.wa.lcl/formDetails.aspx?ID=6473)

### DSHS Form 15-596

[Residential Support Waiver (RSW) Expanded Behavior Supports (EBS) Referral (Home and Community Services)](https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=15-596&title=)

### Specialized Behavioral Supports reference



### Service Level Guidance for RSW Eligible Individuals



### Residential Support Waiver – SBS Staffing Schedule Template (*Updated May 2021)*

