



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: ROADS TO COMMUNITY LIVING: ELIGIBILITY, ENROLLMENT, AND PATHWAY TO WAIVER 4.05

Authority: [WAC 182-513-1235](#) Roads to Community Living
[WAC 388-106-0250](#) Roads to Community Living Eligibility
[WAC 388-106-0255](#) Roads to Community Living Services
[WAC 388-831-0160](#) What Services may you receive if you refuse placement in the community protection program?
[Chapter 388-845 WAC](#) Developmental Disabilities Services

Reference: [DDA Policy 3.02](#) Client Relocation and File Transfer
[DDA Policy 3.03](#) Transitional Care Management
[AL TSA Long-Term Care Manual, Chapter 29](#), Roads to Community Living

PURPOSE

The purpose of this policy is to establish a process for enrolling clients in Roads to Community Living and ensuring a timely transition to waiver services.

SCOPE

This policy applies to case resource managers supporting clients during a transition.

DEFINITIONS

Automated client eligibility system or **ACES** means a system tool for determining eligibility, issuing benefits, managing support, and sharing data between agencies.

Children’s long-term inpatient program or **CLIP** means an inpatient psychiatric facility for youth ages 5-17 years old.

Case resource manager or **CRM** means the field services DDA case resource manager, social worker, or social service specialist.

Comprehensive assessment and reporting evaluation or **CARE** is a tool under [Chapter 388-106 WAC](#)

Home and community-based services or **HCBS** are opportunities for Medicaid beneficiaries to receive services in their own home or community rather than an institution or other isolated setting.

Institution means an RHC, ICF/IID, nursing facility, hospital, or CLIP.

Intermediate care facility for individuals with intellectual disabilities or **ICF/IID** means a Medicaid-certified facility operating under Title XIX of the Social Security Act in 42 C.F.R. 440.150 to furnish health or rehabilitation services.

Non-grant medical assistance or **NGMA** is the process used to make a disability determination for individuals who are not receiving Title II cash benefits based on disability.

Nursing facility or **NF** means a nursing facility regulated by 42 C.F.R. 483, subpart B, 42 C.F.R., subpart C, and [Chapter 388-96 WAC](#)

Person-centered service plan or **PCSP** is a document that identifies your goals and assessed health and welfare needs. Your person-centered service plan also indicates the paid services and natural supports that will assist you to achieve your goals and address your assessed needs.

RCL year means the 365-days of continuous eligibility for medical coverage after a person is discharged home or to a residential setting under RCL.

Recipient aid category or **RAC** means the list of programs that a client is functionally eligible to receive in CARE.

Residential habilitation center or **RHC** means a state-operated facility under [RCW 71A.20.020](#) certified to provide ICF/IID or nursing facility services.

Roads to community living or **RCL** is a demonstration project, funded by a "money follows the person" grant originally authorized under section 6071 of the Deficit Reduction Act of 2005 (P.L. 109-171) and extended through the Patient Affordable Care Act (P.L. 111-148). It is designed to test services and supports which help individuals move from institutional settings into the community if they wish to.

Transition means the process DDA follows when a client is moving or changing services.

POLICY

- A. A person is eligible to receive Roads to Community Living (RCL) services if the person meets eligibility criteria under [WAC 388-106-0250](#) and [WAC 182-513-1235](#).
- B. Under WAC 182-513-1235, the following eligibility exceptions apply:
1. Citizenship.
 2. Moving out of state.
 3. Incarceration for 30 days or more.
 4. Determined client was not eligible for Medicaid on the day of discharge.
 5. Youth who are in a foster family home or group care facility or placement in a home, other than that of the child's parent, guardian, or legal custodian.
 6. Declining Community Protection Program services.
 7. Discharges to a non-eligible setting. Follow section I of the Procedures below to disenroll.
 8. No longer eligible for or interested in receiving DDA services.
- C. Eligibility remains for 365 days beginning on the date of discharge to an approved HCBS setting.
- D. If client returns to an institutional setting for more than 30 days DDA must disenroll the client from RCL effective the day of admission.
1. If the client wants to return to services in a community setting, they can request to be re-enrolled in RCL. A new RCL enrollment form is not required.
 2. If the client returns to an institutional setting and is disenrolled, the remaining balance of the 365-day RCL participation period will be available to the client when they return to a community-based setting.
- E. A client is eligible for RCL services after each two-month period of institutional residency.

PROCEDURES

- A. When a CRM receives the RCL enrollment form, the CRM must:
1. Confirm the client is at an eligible setting.
 2. Verify Medicaid eligibility by reviewing ACES codes. Eligible ACES codes are as follows.
 - a. S01, S02, S95, G03, G95, S08, L21, L22, L31, L32, L41, L42, L51, L52, L01, L02, D01.
 - b. D02, D26, K01, K95, R03, N01, N02, N03, N05, N11 are eligible but may require NGMA for transition to a waiver. Other N-track medical programs will need to be looked at individually for RCL eligibility.
 3. Ensure that the waiver and waiver RACs have been terminated.
 4. Complete enrollment in CARE:
 - a. Add yourself to the overview screen in CARE.
 - b. Confirm address is correct in client contact screen with type of institution.
 - c. Complete the RCL enrollment screen.
 - d. SER the RCL enrollment.
 - e. Send the original enrollment form to the RCL QI.
 - f. If needed, update the interim or pending assessment.
 - g. Remove previous programs and services.
 - h. Add RCL in the SIS programs and services screen.
 - i. Ensure RAC 3071 is in place with the projected end date.
 - j. Select the RCL Community Transition service in the Service and Supports section of the PCSP.

- B. The CRM must follow [DDA Policy 3.03](#), *Transitional Care Management*, for transition planning.
- C. On the day the client is discharged from the institution, the CRM must:
1. Update the RCL screen in CARE.
 2. Complete barcode 15-345 with the new address, move date, and note that client is on RCL.
 3. Update residence screen.
- D. 120 days before the end of the RCL year, the CRM must:
1. Review the ACES code.
 2. Submit waiver request for clients on ACES codes D02, D26, K01, K95, R03, N01, N02, N03, N05, N11 or other approved N-track.
 3. Once waiver is approved, complete barcode 15-345 with RCL end date and waiver start date.
 4. Call the LTC to review and ask to process request.
- E. 90 days before the end of the RCL year, the CRM must:
1. Submit a waiver request for clients on ACES codes S01, S02, S95, G03, G95, S08, L21, L22, L31, L32, L41, L42, L51, L52, L01, L02, D01.
 2. Once waiver is approved, complete barcode 15-345 with the RCL end date and the waiver start date.
 3. Call the LTC Specialty Unit to review and ask to process request.
- F. 60 days before the end of the RCL year, the CRM must:
1. Notify their supervisor to identify the new team.
 2. Follow [DDA Policy 3.02](#), *Client Relocation and File Transfer*, to transfer the file.

- G. At the end of the RCL year, the CRM must:
1. Update the assessment with an interim or annual to remove RCL from programs and services.
 2. Add in the new funding source.
 3. Enter the disenrollment date that is equal to the projected end date in the RCL CARE node.
 4. Enter the end date of the RCL RAC in alignment with the project end date.
 5. Enter the new RAC with the start date of 1 day following the RCL end date.
- H. If a client returns to an institutional setting after their RCL year has ended, they may be eligible to enroll for another RCL year.
1. The CRM will need to ensure the client meets eligibility criteria.
 2. The Regional Transitional Care Manager or designee must complete an RCL enrollment form requesting an additional year. The request must include a summary of what lead to the re-institutionalization and a detailed plan explaining how these needs will be addressed in a future community placement.
 3. After enrollment has been completed again, the process above will repeat itself.

EXCEPTION

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary or designee.

SUPERSESSION

None.

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: November 15, 2024