



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: CHILDREN’S INTENSIVE IN-HOME POLICY 4.06  
BEHAVIORAL SUPPORT PROGRAM

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Authority: [Chapter 71A.24 RCW](#) *Intensive Behavior Support Services*  
[Chapter 388-825 WAC](#) *DDA Service Rules*  
[Chapter 388-845 WAC](#) *DDA HCBS Waivers*

Reference: [DDA Policy 5.14](#), *Positive Behavior Support Principles*  
[DDA Policy 5.19](#), *Positive Behavior Support for Children and Youth*  
[DDA Policy 5.20](#), *Restrictive Procedures and Physical Interventions for Children and Youth*

**BACKGROUND**

In May 2009, the Developmental Disabilities Administration (DDA) implemented the Children’s Intensive In-Home Behavioral Supports (CIIBS) program, a federal 1915(c) Home and Community Based Services Waiver. The waiver supports children and youth with an intellectual or developmental disability and challenging behavior, who are at risk of an out-of-home placement without intensive services.

CIIBS waiver services are intended to:

- Encourage family and caregiver involvement;
- Eliminate the need for an out-of-home placement;
- Preserve familial relationships; and
- Avoid the need for restrictive procedures.

The CIIBS waiver uses wraparound service planning and systems of care to address the needs of children and youth with emotional and behavioral support needs. Wraparound planning often helps discover the purpose of challenging behavior by applying positive behavior support principles to reduce and prevent challenging behaviors that inhibit daily functioning, improves outcomes for children and youth with complex needs by reducing out-of-home placement,

improving mental and behavioral health, increasing success at school, and reducing juvenile recidivism.

### **PURPOSE**

This policy describes the Administration's expectations regarding how the CIIBS waiver program will be delivered to children and youth with challenging behaviors. Procedural requirements covered by this policy include the wraparound planning process, guidelines for conducting the Child and Family Team meetings, and instructions for documenting CIIBS visits in CARE.

### **SCOPE**

This policy applies to all DDA staff including, but not limited to, children or youth case managers, CIIBS case managers, and regional CIIBS coordinators.

### **DEFINITIONS**

**Applied behavior analysis (ABA)** means an empirically validated approach to improve behavior and skills related to core impairments associated with autism spectrum disorder and a number of other developmental disabilities. ABA involves the systemic application of scientifically validated principles of human behavior to change inappropriate behaviors. ABA uses scientific methods to demonstrate reliably that behavioral improvements are the result of prescribed interventions. It is a family-centered, person-centered and whole-life approach. ABA is available to youth age 20 and younger under the Medicaid State Plan benefit under EPSDT requirements and through private insurance plans.

**Behavior support services** means any behavioral intervention that may be available to a waiver participant through private insurance, Medicaid (including EPSDT), and any other liable third party payers.

**Challenging behaviors** means actions by the child or youth that constitute a threat to the child or public places and integration in the community, or uncontrolled symptoms of a physical or mental condition. These behaviors may have been present for long periods of time or have manifested with acute onset.

**Child or youth** means a DDA client receiving Children's Intensive In-Home Behavioral Support.

**Child and family team (CFT)** means a group of people, chosen with and connected to the family through natural, community, and formal support relationships. This team develops a family vision.

**Child and family team care plan (CFT Care Plan)** means the plan developed by the child and family team designed to meet the holistic needs of the child or youth and family through formal, informal and natural supports. This plan begins with the family vision and team mission, and includes strengths, needs, goals, action steps, and documentation of measureable outcomes. Refer to Attachment B of this policy for the form used to document this plan and its elements.

**CIIBS case manager** means the DDA Case Manager responsible for case management for CIIBS waiver participants. The CIIBS case manager provides case management services and acts as the facilitator of child and family teams.

**CIIBS coordinator** means the DDA supervisor responsible for overseeing the work of the CIIBS case managers and the implementation of the CIIBS program regionally.

**Complementary Therapies** means music and equine therapy when offered as part of the CIIBS program in addition to other behavioral interventions.

**DDA assessment** means the standardized assessment tool, as defined in Chapter 388-828 WAC, used by DDA to measure the support needs of persons with developmental disabilities.

**Developmentally-based approaches** means structured interventions, methods, and techniques that consider the child's developmental needs and chronological age and supports an optimal continued developmental trajectory.

**Enrolled** means that all eligibility criteria, according to WAC 388-845-0030, have been met for a participant and a waiver effective date has been set for services to begin. Waiver services may not begin until a participant is enrolled.

**EPSDT** means Early and Periodic Screening, Diagnosis, and Treatment. EPSDT is Medicaid's child health component that provides a mandatory and comprehensive set of benefits and services for children up to age twenty one as defined in WAC 182-534-0100. EPSDT benefits are state plan benefits and must be the primary resource to provide medically necessary services to children birth to 21.

**Family vision** means a statement owned by the family and written in the family's own words that describes their vision for the future. The Family Vision becomes a basis for the Child and Family Team Mission Statement.

**HCBS waivers** mean federal 1915(c) home and community based services waivers.

**Positive behavior support** means an approach to addressing challenging behavior that focuses on assisting a person to be able to get their needs met without having to resort to challenging behavior. Positive behavior support must be emphasized in all services funded by DDA for persons with developmental disabilities.

**Systems of care** means an organizational philosophy and framework designed to create a network of effective community-based services and supports to improve the lives of children and youth with complex needs and their families. Systems of care build meaningful partnerships with families and youth, address cultural and linguistic needs, and use evidence-based practices to help children, youth, and families function better at home, school, community, and throughout life.

**Team mission** means a statement owned by the Child and Family Team and written in the words of the team that describe the overarching goal of their work together. The Team Mission is based upon the supports the Family Vision and guides the goals and objectives of the team members.

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**Wraparound planning model** means a planning process, in which a child and family team collaboratively develops an individualized plan of care, implements this plan, monitors the efficacy, and works toward success. A hallmark of the wraparound process is that it is driven by the perspectives of the family and the child or youth. The wraparound plan includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends, kin, and other people drawn from the family's social networks

### **Policy**

- A. While planning and delivering CIIBS services, DDA employees must consider the holistic needs of a youth and their family and follow the ten principles of the wraparound planning model:
1. **Family voice and choice.** Family and child or youth perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives and the team strives to provide options and choices such that the plan reflects family values and preferences.
  2. **Team-based.** The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
  3. **Natural supports.** The team actively seeks and encourages the full participation of team members to promote and maximize community relationships. The plan reflects a blend of team members' perspectives, mandates and resources. The plan guides and coordinates each team member's work towards meeting the teams goal
  4. **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single CFT Care Plan.
  5. **Community-based.** The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible, and safely promote child and family integration into home and community life.
  6. **Culturally competent.** The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child or youth, their family, and their community.
  7. **Individualized.** To achieve the goals laid out in the CFT Care Plan, the team develops and implements a customized set of strategies, supports, and services.
  8. **Strengths-based.** The wraparound process and the CFT Care Plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child, family,

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community, and other team members.

9. **Persistence.** Despite challenges, the team persists in working toward the goals included in the CFT Care Plan.
  10. **Outcome-based.** The team ties the goals and strategies of the CFT Care Plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.
- B. To support children on the CIIBS waiver, DDA employees must use positive behavior support and developmentally-based approaches. These structured interventions, methods, and techniques must:
1. Focus on each child or youth's unique developmental profile and;
  2. Be respectful of an appropriate approach to child's chronological age.
- C. CIIBS-contracted providers must follow *DDA 5.19, Positive Behavior Support for Children and Youth*, and *DDA Policy 5.14 Positive Behavior Support Principles* for the delivery of intensive services. DDA does not support the use of aversive behavioral interventions such as punishment or negative reinforcement. Providers must not use or recommend restraints or restrictive physical interventions while working with a child or youth in their family home. Use of restrictive procedures and interventions during an emergency must be documented in an incident report according to *DDA 12.01, Incident Management*.

## **PROCEDURES**

### **A. WRAPAROUND PLANNING PROCESS**

1. **Assessment.** During this phase, the assigned DDA case manager conducts an assessment. The DDA case manager must follow the steps listed in the applicable scenario below:
  - a. **Scenario 1:** The child is CIIBS eligible under WAC 388-828-8520 and the family is requesting the CIIBS waiver.
    - 1) The DDA case manager will forward the case to the regional CIIBS coordinator;
    - 2) The CIIBS coordinator will follow the steps in Procedures Section (A)(2) below;
    - 3) The DDA case manager must concurrently work with the family to create a CIIBS waiver request; and
    - 4) The CIIBS coordinator must indicate in the waiver request

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comment box whether the request is regionally supported.

b. **Scenario 2:** The child is CIIBS eligible under WAC 388-828-8520 and the family has not requested the CIIBS waiver.

- 1) The DDA case manager staffs the case with their supervisor;
- 2) The supervisor determines if it's necessary to consult with the regional CIIBS coordinator; and
- 3) The CIIBS Coordinator reviews the case, if asked, and offers to discuss CIIBS waiver services with the family if needed.

c. **Scenario 3:** The child is not CIIBS eligible under WAC 388-828-8520 and the family requests the CIIBS waiver.

- 1) The DDA case manager reviews the family responses to the DDA assessment to ensure the reasons the family is requesting the waiver are clearly documented in the PCSP.
- 2) The DDA case manager works with the family to create a CIIBS waiver requests; and
- 3) Routes the waiver request according to regional process.

## 2. **Pre-enrollment.**

a. Once the regional CIIBS coordinator has reviewed the case and has determined to move forward in the process, the coordinator must:

- 1) Contact the family to discuss the CIIBS waiver program in detail. The discussion can occur in-home or via telephone call, depending on the preference of the family and the availability of the CIIBS coordinator
- 2) Review the programmatic conditions outlined in [DSHS 20-273, Family Agreement to Children's Intensive In-Home Behavioral Support \(CIIBS\) Program](#); and
- 3) Obtain a signature from the parent or legal representative responsible for meeting the child's care needs; and
- 4) Make a recommendation to the DDA Central Office Waiver Committee either in support or opposition for waiver enrollment.

b. The DDA Central Office Waiver Committee will not approve a request for

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the CIIBS waiver unless [DSHS 20-273](#) has been signed.

- c. The process for a participant to become enrolled on the CIIBS waiver, following the approval of an enrollment request, averages between 30 and 90 days. CIIBS waiver paid services cannot be delivered prior to enrollment. Previously approved DDA services, if applicable, may continue prior to waiver enrollment.

### 3. **Family Engagement and Team Preparation.**

- a. No more than 30 days after the child or youth is enrolled on the CIIBS waiver, the CIIBS case manager must meet face-to-face with the youth and family to:
  - 1) Review the CIIBS waiver services in detail;
  - 2) Make a list of potential child and family team members and include their contact information;
  - 3) Support the family to create their Family Vision Statement. The Family Vision Statement will serve as a foundation for the creation of the Team Mission Statement; and
  - 4) Support the family and youth to identify strengths. Strengths include assets, skills, capacities, actions, talents, potential, and gifts in each family member. The CIIBS case manager is expected to promote and leverage these strengths to help the family unit accomplish goals identified in the team's care plan.
- b. No more than 60 days after CIIBS waiver enrollment, but after the initial 30-day visit, the CIIBS case manager must meet with the youth and family again to:
  - 1) Provide resources and follow-up information for any waiver services discussed in the initial appointment;
  - 2) Assist the family in making referrals for other services and supports such as behavioral health, medical care, and educational supports; and
  - 3) Prepare the family and youth for the next step of wraparound, which includes the initial Child and Family Team meeting.

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- c. The CIIBS case manager must conduct the first Child and Family Team meeting after the 30-and 60-day visits but no more than 90 days after CIIBS waiver enrollment.
- 1) All Child and Family Team meeting activities must be documented electronically as outlined in Procedures Section (C) of this policy.
  - 2) Before this meeting, the CIIBS case manager must invite each person identified in Procedures Section (A)(3)(a) to participate.
  - 3) During the initial Child and Family Team meeting, the CIIBS case manager must ensure the Team Mission Statement is drafted and follow all other Child and Family Team meeting guidelines in Procedures Section (B).
  - 4) If the child or youth on the CIIBS waiver is also receiving Wraparound with Intensive Services (WISe), the DDA CIIBS case manager must:
    - a) Coordinate efforts with the WISe facilitator to schedule meetings and avoid duplication, when possible; and
    - b) Attend and contribute to the WISe-led Child and Family Team meeting, when possible. If the CIIBS case manager is able to attend in-person, this can substitute for a DDA-led Child and Family Team meeting with a corresponding 90-day visit in CARE.
4. **Ongoing Plan Development and Implementation.**
- a. During this phase, the Child and Family Team meets at least every 90 days, or more often as determined by the team.
  - b. Ongoing Child and Family Team meetings should follow the evolving plan to capture goals that have been accomplished and any new needs identified by the team.
  - c. The CIIBS case manager must record meeting notes electronically with particular emphasis on:
    - 1) Review of the Family Vision and Team Mission Statement;
    - 2) Review of service utilization and trends;
    - 3) Discussion of ongoing, unmet needs; and
    - 4) Discussion of CIIBS waiver progress and whether CIIBS continues



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to be the most appropriate waiver to meet the child's need.

- d. When the Child and Family Treatment team encounters barriers related to waiver-funded services, the CIIBS case manager must consult with the regional CIIBS coordinator who will determine whether escalation to a regional waiver specialist or the CIIBS Program Manager is warranted.

5. **Transition.**

- a. The transition phase involves plans for sustaining the youth's progress and during this phase the team continues to meet at least once every 90 days.

As families become ready, they are supported to take on more responsibility for facilitation of the team meetings in preparation for termination from the program. This phase builds upon previous progress and empowers the family to continue the strategies that work for all members. These strategies include maintaining a natural support system into the future, decreasing the involvement of professional supports, and sustaining continued growth in the areas of skill development and prevention of challenging behaviors.

- b. During the year before the youth turns 21 (or sooner if the youth is transitioning from CIIBS), transition planning must include:
  - 1) Consideration of the level of support needed to sustain progress following CIIBS waiver services based on:
    - a) Information in the youth's DDA assessment;
    - b) Analysis of skill development and challenging behavior;
    - c) A review of progress achieved over time; and
    - d) Determination of the nature of ongoing services and supports needed to maintain progress.
  - 2) Post-high school and vocational preparation, including support to create and implement transition goals with the youth's Individualized Education Plan (IEP);
  - 3) Preparation for the youth and family to lead the planning process on their own as needed; and
  - 4) Referral to and assistance in securing programs or services determined necessary to meet the ongoing needs of the youth and family.

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**6. Termination.**

- a. Non Participation. When a youth and family are not actively engaged in team meetings or do not follow through with the youth's support plan the CRM will:
  - 1) Bring this to the attention of the family to determine what can be done to support the family to become re-engaged.
  - 2) If this is unsuccessful and non-participation in the program continues, a CIIBS waiver termination will occur and, when appropriate, a waiver request for a different waiver program may be submitted.
- b. Graduation. The ultimate goal of the CIIBS waiver is to assist a family to reach their Family Vision. When established goals are reached, the DDA CRM will graduate the family from program by:
  - 1) Submitting a new waiver request for the appropriate waiver.
  - 2) Terminating the CIIBS waiver.

**B. GUIDELINES FOR CONDUCTING CHILD AND FAMILY TEAM MEETINGS**

1. At Child and Family Team meetings, the members should:
  - a. Establish and follow ground rules for respectful and efficient communication and collaboration;
  - b. Review and add to the list of strengths over time;
  - c. Identify all needs arising through the team planning process that reflect the family's concerns and those of the team members
  - d. Prioritize and select a few needs to avoid overwhelming the family and team members;
    - 1) Team members agree through consensus which needs are the most pressing and should be prioritized highest;
    - 2) Other identified needs that are not the highest priority are noted in the CFT Care Plan for planning at a later date;
    - 3) At any meeting, the team members can decide to raise a lower priority need to a higher priority or prioritize new needs that arise;
  - e. Brainstorm a variety of strategies for meeting the prioritized needs and

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identify those strategies that match the strengths and values of the child and family;

- f. Select action steps that involve the participation of all team members and set dates for completion; and
  - g. Assist the youth and family in monitoring CIIBS waiver service so plans can be made accordingly within the available waiver allocation.
2. The CIIBS case manager must document all Child and Family Team meeting activities electronically.

### C. **GUIDELINES FOR DOCUMENTING CIIBS VISITS IN CARE**

1. The CIIBS node, located within the DDD Case Management folder in CARE, is separated into two distinct sections.
- a. **Section 1, CIIBS Screen.** Items documented in this section include the Family Vision, Team Mission, and Youth and Family Strengths. The CIIBS case manager must:
    - 1) Document these elements as outlined in Procedures Section (A)(3); and
    - 2) Review these elements at each Child and Family Team meeting, and make any necessary amendments, as outlined in Procedures Section (A)(4).
  - b. **Section 2, CIIBS Visit Documentation.** All visits related to a CIIBS-enrolled youth must be documented in the Visit Documentation screen of the CIIBS node. The CIIBS case manager must select the appropriate visit type. Visit types include:
    - 1) 30-Day Visit - Selected when engaging in the first face-to-face meeting once the youth is enrolled on CIIBS as outlined in Procedures Section (A)(3)(a).
    - 2) 60-Day Visit - Selected when engaging in the second face-to-face meeting as outlined in Procedures Section (A)(3)(b).
    - 3) 90-Day Visit - Selected when conducting the Child and Family Team meetings every 90 days as outlined in Procedures Section (A)(3)(c).
    - 4) Other Visit - Selected when a face-to-face visit occurs outside of the 30-, 60-, or 90-day visit schedule. Examples include participation in IEP meetings, hospital discharge planning, etc.

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2. After the CIIBS case manager records the visits electronically, the CIIBS case manager must finalize the visit in CARE according to the following schedule:
    - a. 30-Day Visit - Must be finalized no more than five business days after the meeting.
    - b. 60-Day Visit - Must be finalized no more than five business days after the meeting.
    - c. 90-Day Visit - A draft of the 90-day visit meeting notes must be sent to all Child and Family Team meeting participants no more than five business days after the meeting and include a request for feedback within seven days. After seven days, the CIIBS case manager must incorporate any team member feedback and finalize the 90-day visit.
    - d. Other Visit - Must be finalized no more than five business days after the meeting.

#### **D. GUIDELINES FOR MANAGEMENT AND MONITORING OF CIIBS BUDGET ALLOCATIONS**

1. Case managers will monitor client expenditures and cost limits for all services provided within the assessment plan year. The CIIBS waiver budget is separated by aggregate service packages:
  - a. The first cost limit aggregate package is \$15,000 per year for any combination of the following services:
    - 1) Assistive Technology;
    - 2) Environmental Adaptations (Accessibility and Repairs);
    - 3) Nurse Delegation;
    - 4) Specialized Habilitation;
    - 5) Specialized Clothing;
    - 6) Specialized Equipment and Supplies;
    - 7) Staff/Family Consultation Services;
    - 8) Transportation; and
    - 9) Vehicle Modifications.
  - b. The second cost limit is available when there is a change in condition of the CIIBS participant, caregiver, or family and the aggregate budget (above) has

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been used in full. The emergency assistance cost limit is \$6,000 per year for any combination of Services listed below and require prior approval.

- 1) Environmental Adaptations (Accessibility and Repairs);
  - 2) Specialized Habilitation;
  - 3) Staff/Family Consultation Services; and
  - 4) Vehicle Modifications.
- c. The third cost limit is \$5,000 per year for any combination of therapies to complement existing behavior supports accessed through the Medicaid State Plan, School or Private Insurance or CIIBS waiver. Authorize complementary therapies when a client and family team identifies equine therapy or music therapy as a needed complement to existing behavior support to address a goal in the PCSP, the CRM will submit a prior approval for the service and add it to the PCSP. The PCSP and PA must document how the service or services will enhance the overall behavior support plan.
- 1) Music Therapy; and
  - 2) Equine Therapy.
- d. The fourth cost limit is a one-time authorization every five years for up to \$15,000 for the service Therapeutic Adaptations.
- e. Other services in the CIIBS waiver have limits based on assessed participant need and include:
- 1) Stabilization Services-Specialized Habilitation;
  - 2) Stabilization Services-Staff/Family Consultation Services;
  - 3) Stabilization Services-Crisis Diversion Services;
  - 4) Specialized Evaluation and Treatment-Risk Assessment;
  - 5) Positive Behavior Support; and
  - 6) Respite.
2. None of the authorized services will replace the utilization of state plan benefits available through EPSDT.

**SUPERSESSION**

DDA Policy 4.06, *Children's Intensive In-Home Behavioral Supports*  
Issued January 1, 2020

Approved: /s/ Debbie Roberts  
Deputy Assistant Secretary  
Developmental Disabilities Administration

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