

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: SPECIALIZED HABILITATION POLICY 4.20

Authority: [42 C.F.R. 441.301 \(c\)\(2\)](#) *The Person-Centered Service Plan*
[42 C.F.R. 441.301 \(c\)\(4\)](#) *Home and Community-Based Settings*
[42 C.F.R. 441.301 \(c\)\(5\)](#) *Settings that are not Home and Community-Based*
[45 C.F.R. Part 164](#) *Security and Privacy*
[Chapter 388-825 WAC](#) *DDA Service Rules*
[Chapter 388-829C WAC](#) *Companion Homes*
[Chapter 388-845 WAC](#) *DDA Home and Community-Based Services Waivers*

Reference: [DDA Policy 4.06](#) *Children’s Intensive In-Home Behavioral Supports Program*
[DDA Policy 4.12](#) *Companion Homes*
[DDA Policy 4.27](#) *Teleservice*

PURPOSE

This policy establishes service delivery guidelines and service limits for specialized habilitation.

SCOPE

This policy applies to DDA Field Services staff and DDA-contracted providers of Specialized Habilitation and Stabilization Services—Specialized Habilitation.

DEFINITIONS

Client means a person who has a developmental disability as defined in RCW 71A.10.020 and has been determined DDA-eligible under Chapter 388-823 WAC. For purposes of informed consent and decision-making requirements, the term “client” includes the client’s legal representative to the extent of the representative’s legal authority.

Case resource manager means the DDA Case Manager or PASRR assessor assigned to a client.

DDA assessment means the standardized assessment tool under Chapter 388-828 WAC used by DDA to measure the support needs of people with developmental disabilities.

HCBS Waiver means federal Home and Community-Based Services (HCBS), approved by the Centers for Medicare and Medicaid Services (CMS) under section 1915(c) of the Social Security Act as an alternative to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

Medicaid State Plan Title XIX means an agreement between a state and the federal government describing how that state administers its Medicaid and Children’s Health Insurance Programs. It gives an assurance that a state will abide by federal rules and may claim federal matching funds for its program activities. The state plan sets out groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative activities that are underway in the state.

Pre-Admission Screening and Resident Review (PASRR) means the federally mandated program for people with intellectual disabilities or related conditions (ID/RC) referred for nursing facility care to identify and arrange for any specialized services they may need while in the nursing facility.

Person-centered service plan means the DDA-developed document that identifies a person’s goals and assessed health and welfare needs. The person-centered service plan also indicates the paid services and natural supports that will help the person achieve the person’s goals and address assessed needs.

Planned action notice means a legal document indicating services for which a client has been approved or denied.

Specialized habilitation means a service that encompasses individualized supports for clients to learn or maintain an identified life skill provided by a qualified contracted provider.

Specialized habilitation provider means an independent contractor or agency with a signed Specialized Habilitation contract with DDA who has read and understands their DDA contract and the service requirements for specialized habilitation.

Stabilization services—Specialized Habilitation means short-term (90 days or less), intermittent, or episodic supports to assist a client who is experiencing a crisis and is at immediate risk of hospitalization or institutionalization as defined in Chapter 388-845 WAC.

POLICY

Specialized Habilitation Service Description

- A. Specialized habilitation is available:

1. As a standalone service on the Basic Plus, Individual and Family Services, Core, and Children’s Intensive In-Home Behavioral Support Waivers;
 2. As a component of “Stabilization Services” on all five of DDA’s HCBS waivers;
 3. As a PASRR Specialized Service; and
 4. Through the Roads to Community Living (RCL) grant.
- B. Specialized habilitation is not available to a client receiving residential habilitation services unless the client:
1. Receives their residential habilitation services from a companion home provider; or
 2. Receives their specialized habilitation services as a component of “Stabilization Services” rather than a standalone service.
- C. Specialized habilitation services provide community-based and individualized support with the intent of reaching a goal identified in the client’s person-centered service plan.
- D. Supports provided to clients under specialized habilitation are limited to the following categories and subcategories:
1. **Self-Empowerment**, which means taking control of one’s own life, setting goals, and making positive choices to promote self-determination. Services under this category include:
 - a. Increasing a client’s control of their life by facilitating positive internal dialogue;
 - b. Building self-esteem and confidence;
 - c. Reflecting on personal values, skills, and goals and adjusting behavior in order to achieve those goals; and
 - d. Becoming more self-aware of one’s own strengths and weaknesses to be better equipped to deal with problems as they arise.
 2. **Safety Awareness and Self-Advocacy**, which means recognizing, analyzing, and controlling hazards in order to make informed choices. Services under this category may include:

- a. Learning and developing skills for safety awareness, such as how to recognize and report abuse, neglect, or exploitation;
 - b. Safely navigating social media and the internet;
 - c. Learning and developing skills for street safety and transportation options;
 - d. Receiving sexual education to promote healthy relationships; and
 - e. Promoting appropriate and safe advocacy for oneself and others through methods of assertiveness and negotiation, learning to say “no,” or stating needs or preferences.
3. **Interpersonal Effectiveness and Effective Social Communication**, which means the development of social and emotional learning skills that help a person attend to their relationships, balance priorities versus demands, and build a sense of mastery and self-respect. Services under this category may include:
- a. Developing or enhancing verbal or nonverbal social communication;
 - b. Developing listening skills;
 - c. Balancing immediate goals with the concepts of “wants” and “shoulds”;
 - d. Learning and demonstrating how to uphold and maintain values;
 - e. Avoiding or mitigating inappropriate peer pressure; and
 - f. Developing other social skills necessary to maximize integration into the community or home environment.
4. **Coping Strategies Regarding Everyday Life Challenges**, which means the development of problem solving and other stress reduction strategies to deal with unexpected or unavoidable situations, such as:
- a. Missing the bus;
 - b. Acclimating to a new caregiver or medical professional;
 - c. Moving to a new residence;
 - d. Acclimating to a new family member or roommate;

- e. Adjusting to a loss, such as employment, lost relationship, activity, caregiver, etc. (does not include grief counseling); and
 - f. Transition planning.
5. **Managing Daily Tasks and Acquiring Adaptive Skills**, which means the development of skills necessary to reside successfully in the home and community. Examples may include:
- a. Learning how to use a vending machine or other nontraditional shopping method, such as online shopping;
 - b. Ordering food in a restaurant;
 - c. Paying for items at a store;
 - d. Managing bills; and
 - e. Selecting clothing for various work and social occasions.
- E. Specialized Habilitation is not a replacement for behavioral health support, other services available through the Medicaid state plan, or other benefits.
- F. All qualified Specialized Habilitation providers must sign the Client Service Contract “DDA Specialized Habilitation” (1852XP), which outlines the Purpose, Provider Qualifications, Statement of Work, and other requirements the provider must meet to provide the service. The provider must follow all terms of their signed contract, including the description of the Specialized Habilitation contract described in Chapter 388-845 WAC.
- G. Specialized habilitation does not include:
- 1. Community First Choice skills acquisition training;
 - 2. Education-based supports, such as tutoring or homeschooling resources;
 - 3. Autism treatment, such as applied behavioral analysis or positive behavior support;
 - 4. Behavioral health services, such as counseling, medication management, dialectical behavior therapy, or psychiatric evaluations; or

5. Employment support.
- H. Stabilization Services—Specialized Habilitation may be authorized, without prior approval, for up to 90 consecutive days. The CRM must enter the service in the client’s PCSP, and a planned action notice must be completed within five days of the start of service.

PROCEDURES

- A. Person-Centered Service Plan Guidelines
1. All services provided must be consistent with the needs and goals outlined in each client’s PCSP or PASRR plan.
 2. When an unmet health and welfare need is identified and the client requests Specialized Habilitation, the CRM must:
 - a. Document the client’s overarching goal and unmet need in CARE;
 - b. Verify a current, signed consent form is in the client's file before contacting potential contracted providers; and
 - c. Help the client identify a specialized habilitation provider with whom the client would like to work.
 3. After the client selects a provider, the provider must communicate with the client and with the CRM the anticipated support hours needed to meet the client’s goals.
 4. The CRM must request prior approval for specialized habilitation. The request must include:
 - a. Provider and agency name;
 - b. Anticipated support hours (in-person and teleservice);
 - c. The client’s overarching goals; and
 - d. The categories of specialized habilitation that will be addressed.
 5. Once approved, the CRM must add the provider’s contact information to collateral contacts in CARE and add the service to the client’s PCSP.

6. After adding the service to the client's PCSP, the CRM must send a PAN indicating the amount of service and approval date.
7. The CRM must follow DDA Policy 5.02, *Necessary Supplemental Accommodation*, and inform the client and NSA that services are approved, when the services may begin, and to discuss notice of appeal rights.
8. The CRM must obtain a signed PCSP from the client and provider.

B. Service Plan and Progress Report

1. The provider must work directly with the client to develop clearly defined goals and provide individualized supports. If needed, the client and provider may develop these goals with assistance from the CRM or the client's family or legal representative.
2. No more than 30 days after beginning services, the provider must submit [DSHS 10-657](#), *Initial Specialized Habilitation Plan*. The form must be complete and document the following:
 - a. The client's goal and what they are working on, identifying the specific Specialized Habilitation category the goal fits under;
 - b. A brief explanation of how the provider will help the client work on their identified goal; and
 - c. Any identified health and welfare needs that extend beyond the scope of Specialized Habilitation.
3. No more than 120 days after beginning services, and every 90 days thereafter, the provider must submit [DSHS 10-658](#), *Specialized Habilitation 90-Day Progress Report*. The report must describe:
 - a. Steps made toward reaching the client's identified goal;
 - b. New issues that may have arisen; and
 - c. Any referrals recommended or made by the provider.

Note: If a referral to emergency personnel is necessary due to imminent danger of the client or caregiver, the provider must initiate the referral and notify DDA no more than two hours after making the referral.

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4. The CRM must review the completed 90-day progress report and may extend the service if documentation clearly indicates that the need is still present.

5. If the CRM is unsure if the report meets minimum reporting criteria, or if the report is not received at all, the CRM should contact their regional resource developer and waiver specialists for support.

EXCEPTIONS

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

SUPERSESSON

4.20, Specialized Habilitation

Issued October 1, 2020

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: August 1, 2023