

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: SPECIALIZED HABILITATION POLICY 4.20

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Authority: [Chapter 388-825 WAC](#) *Developmental Disabilities Administration  
Service Rules*  
[Chapter 388-845 WAC](#) *DDA Home and Community Based Services  
Waiver*

## **BACKGROUND**

On October 1, 2020, the Developmental Disabilities Administration’s (DDA) five Home and Community Based Services (HCBS) waiver amendments, approved by the Centers for Medicare and Medicaid Services (CMS), became effective. The intent of 1915(c) Home and Community Based Services waivers is to provide a variety of services that allow waiver participants to receive services in their homes or communities.

A new service, specialized habilitation, was developed as a part of these recent waiver amendments. It is available to waiver participants – Basic Plus, IFS, CORE and CIIBS Waivers. Additionally, specialized habilitation is included in all five DDA waivers as a component of the DDA waiver service “Stabilization Services.” Specialized habilitation is not available to residential clients unless it is approved short-term through stabilization services. Specialized habilitation is also available as a PASRR Specialized Service and on Roads to Community Living (RCL).

## **PURPOSE**

This policy establishes service delivery guidelines and service limits for specialized habilitation under the five HCBS waivers, PASRR, and RCL.

## **SCOPE**

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

**DEFINITIONS**

**Client** means an individual whom DSHS has determined financially and programmatically eligible to receive services and for whom specific services have been authorized or has been determined to be PASRR eligible by DDA to receive PASRR services.

**CRM** means the DDA Case Resource Manager.

**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.

**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 (PCSP)** means the DDA document that identifies a client's services, providers, informal supports, and goals.

**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.

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

**POLICY**

## Service Description

- A. Specialized habilitation services provide community-based and individualized support with the intent of reaching a goal identified in the client's CARE record.

- B. 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 awareness;
    - d. Receiving sexual education to promote healthy relationships; and
    - e. Promoting appropriate and safe advocacy for one’s self 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 and development 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;
  - 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.
- C. The provider must develop and implement a written Initial Specialized Habilitation Plan and send it to the CRM no more than 30 days after the client is authorized for the service. The Initial Specialized Habilitation Plan must include no more than three goals at a time. As new goals are identified, the provider must revise the Initial Specialized Habilitation Plan include an effective date for the changes. The goals identified in the specialized habilitation report must align with the goals identified in the client's CARE record. If a client's goals change, the CRM must enter the new goals in CARE. If the provider fails to submit the initial report, DDA will not authorize the following quarter's specialized habilitation services.
- D. The provider must submit a quarterly report to DDA every 90 days. The report must describe the client's goal progress. If the provider fails to submit the quarterly report, DDA will not authorize the following quarter's specialized habilitation services.
- E. The provider must contact the DDA Case Resource Manager if a client appears to present with a potential underlying medical, mental health, or educational support need and the CRM must follow up to ensure a referral is made to the appropriate professional to meet that need. The provider must discontinue services or adjust the Specialized Habilitation goals in an amended Initial Specialized Habilitation Plan if those goals are found to be related to underlying mental health, educational, or medical needs. Providers who are contracted to provide Medicaid State Plan services, education services, or other medical supports must not bill DDA for supports covered under other contracts they may hold.
- F. Specialized habilitation does not include:
1. CFC skills acquisition supports;
  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.
- G. Stabilization Services—Specialized Habilitation may be authorized for up to 90 consecutive days. The CRM must enter the service in the PCSP and a Planned Action Notice must be completed within five days of the start of service. CRM and Provider should follow all associated Policies and WACs related to Specialized Habilitation.

**PROCEDURES**

- A. When an unmet health and welfare need is identified and the DDA client and case manager believe that Specialized Habilitation may meet the need, the DDA CRM must:
1. State the client's overarching goal and unmet need in CARE; and
  2. Help the client identify a specialized habilitation provider with whom the client would like to work.
- B. Once the client identifies a specialized habilitation provider, the provider must communicate with DDA the anticipated support hours needed to meet the client's goals.
- C. The DDA CRM must submit a prior approval for specialized habilitation, which includes the provider name, anticipated support hours, the client's overarching goals, and the categories of specialized habilitation that will be addressed.
- D. Once approved, the CRM must enter the service into the PCSP and planned action notice and authorize the service.
- E. The provider must then 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, PASRR Assessor, or the client's family or legal representative.
- F. The provider will communicate with the DDA CRM or PASRR Assessor every 90 days, or more frequently if requested by DDA or at the provider's discretion.
- G. Initial reports must be submitted to the DDA Case Resource Manager on or before the 30th day of service. Quarterly reports must be submitted to the DDA Case Resource Manager on or before every 90th day from the last report. If a provider does not submit the initial or 90 day report to the DDA CRM, or if the report does not meet the minimum reporting criteria, the DDA CRM will end future authorizations to the provider. If the DDA CRM is unsure if the report meets the minimum reporting criteria, they should follow regional process and consult with their regional Resource Developer and Waiver Specialists.
- H. If the service is ended due to a late report or a report that does not meet the minimum reporting criteria, the provider must submit the required reports in order to restart the service. The DDA CRM may also assist the client to find another qualified provider to offer the service.

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**EXCEPTIONS**

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

**SUPERSESSION**

None.

Approved:



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Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: October 1, 2020