

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: RESIDENTIAL ALLOWANCE REQUESTS POLICY 6.11

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Authority: [Title 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Supports*  
[Chapter 388-101D WAC](#) *Requirements for Providers of Community Residential Services and Supports*  
[Chapter 388-829A WAC](#) *Alternative Living*  
[Chapter 388-827 WAC](#) *State Supplementary Payment*  
[Chapter 388-845 WAC](#) *Home and Community Based Service Waivers*

**PURPOSE**

This policy establishes the process for submitting a residential allowance request to provide funding to help cover a client's essential expenses when their personal income and other types of resources are insufficient.

**SCOPE**

This policy applies to Developmental Disabilities Administration (DDA) case managers (CMs), resource managers (RMs), and to the following contracted residential service programs for adults:

- Supported living (SL)
- Alternative living (AL)
- State-operated living alternatives (SOLAs)

**POLICY**

- A. A client living in their own home is expected to pay for their own expenses. When a client does not have sufficient resources to pay for essential expenses, the service provider and CM are expected to assist the client to explore all possible resources before submitting a residential allowance request.

- B. Types of resources and assistance include:
1. The client's personal resources, such as those available through a trust.
  2. Social Security benefits, which are often a substantial resource for clients. To ensure this benefit is maximized, the client's representative payee should ensure that:
    - a. A timely application is submitted to the Social Security Administration (SSA). For a client moving to the community from an institution begin the application early according to the SSA's [prerelease procedures](#).
    - b. All potential benefits have been explored, including Disabled Adult Child (DAC) benefits, which are available to a person with a disability who has at least one parent deceased or of retirement age.
    - c. Timely communication occurs with SSA regarding changes in circumstances that may affect the client's benefits.
  3. Housing assistance. Rent is usually a substantial portion of a client's monthly expenses; assistance with reducing this expense is a significant benefit to the client. Depending on local resources, subsidies may be available to help a client obtain affordable housing or pay rent at their current home.
  4. Utilities assistance programs. Upon request, many utility companies such as water, electric, gas, phone, and cable companies offer discounts to people with low income or disabilities.
  5. Basic Food benefits. An application for Basic Food benefits can be made through a local DSHS Community Services Office (CSO).
  6. Medicare, Medicaid, and private insurance. With documentation from a prescribing physician, Medicare or Medicaid may cover the cost of a client's medications, and medical expenses, devices, and equipment. Approval must be obtained from DDA to use the client's own funds to pay for medical expenses.
- C. If the client's income and other available resources and assistance do not cover the cost of the client's essential expenses, the service provider may request financial assistance to support the client using a Residential Allowance Request (RAR).

- D. When reviewing a request to use state-only funds, DDA first explores the following funding sources in order:
1. Roads to Community Living (RCL);
  2. Waiver; then
  3. State Supplemental Payments (SSP).
- E. Available RCL and waiver services and requirements for use of waiver funding are described in [WAC 388-845-0750 through -0760](#).
- F. SSP financial eligibility can be located in [Chapter 388-827 WAC](#). An exception to rule must be approved by the DDA Central Office SSP Program Manager or designee before using SSP funds. SSP funds are subject to available funding. Current SSP funding availability is posted on the [SSP SharePoint site](#).
- G. Under [WAC 388-845-0115](#) an ETR is required when using state-only funds for a client on the Core and Community Protection waivers. The CM submits the ETR in CARE, and includes required language in the assessment, and the client's person-centered service plan. The RM will verify that the ETR has been submitted and document on the request form. This ETR does not apply to clients receiving residential services funded through RCL or state-only funding.
- H. Types of Residential Allowance Requests include:
1. Start-Up Allowance

This may be requested to assist in establishing a new residence. This may be used to cover pre-approved essential moving expenses, rent and utility deposits, installation charges, and to purchase personal items, such as furniture and household goods. The client owns any items purchased with an allowance.
  2. Client Damage

This may be requested when a client damages personal or leased property of their own or that of another client, the provider, or the provider's employee and the client is unable to compensate for the loss. A client must not be coerced into payment; if the client is able but unwilling to pay damages, the service provider must inform the RM.

If damage reimbursement is already reflected in a client's daily rate, DDA must not reimburse a service provider for damages caused by that client.

When requesting reimbursement for damage caused by a client, the service provider must disclose the existence of any related insurance claim. The amount of reimbursement may be limited to the amount of the insurance deductible if an insurance claim has been made.

DDA does not reimburse a provider for damages caused by a provider's negligence in following the support needs identified in a client's positive behavior support plan, person-centered service plan, or individual instruction and support plan.

3. Insufficient Income Allowance

This may be requested when a client's income is inadequate to meet ongoing or one-time expenses. Insufficient income allowance may be used to cover the client's share of rent and utilities, and other essential living expenses.

4. Shelter Expenses

This may be requested to cover joint expenses, including rent and utilities, that would normally be paid by a client who is not currently living in the home. A client who retains their Social Security benefits to maintain their home during a temporary stay in a facility continues to pay their portion of monthly household bills. If applicable, the case manager may request a household maintenance allowance per [D15-017](#). Shared shelter expenses include: rent, power, water, sewer, garbage, cable, phone, internet, streaming services, yard services if included in clients lease, and other expenses if pre-approved.

## PROCEDURES

A. Start-Up Funds

1. Roads to Community Living (RCL) Transition reimburses reasonable costs as determined by DDA to establish a basic living arrangement when moving from an institutional setting or community-based facility to a certified DDA supported living agency. Funds are paid without respect to client resources. For RCL clients, the transition period begins the day the client enrolls in RCL while still living in the institution and includes the 365-day period after the client moves into the community. To receive RCL Transition:

- a. The service provider must submit using [DSHS 06-125A](#), *Residential Allowance Request — Start-Up Cost*, which includes an itemized list of estimated costs to the RCL CM.

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- b. The RCL CM must review the submitted list, confirm that items on the list are covered, and let the provider know the list has been approved no more than ten business days after clarification of any questions from the field. The RCL CM must submit a prior approval in CARE to the RMA or designee.
  - c. The provider purchases the items on the list and provides copies of the receipts to the RCL CM or regional designee.
  - d. The RCL CM or regional designee must process an authorization for the amount spent no more than 15 calendar days after receiving the receipts from the service provider.
  - e. If the purchases are being made with a state-issued purchase card (P-card), the RCL CM must follow procedures outlined in the State Administrative and Accounting Manual (SAAM).
2. Waiver Community Transition reimburses reasonable costs as determined by DDA to establish a basic living arrangement when moving from an institutional setting or a provider-operated setting (group home, staffed residential, adult family home, or companion home) to the client's own home where the client will receive services from a DDA-certified residential provider. To receive Waiver Community Transition:
- a. The service provider must submit to the RM:
    - i. An explanation of the client's unmet need;
    - ii. Alternatives explored, such as private pay or furniture banks; and
    - iii. An itemized list with estimated costs.
  - b. The RM must review the list to confirm that the items are covered under the Waiver Community Transition and let the provider know the list has been approved.
  - c. The provider purchases items on the list and provides copies of the receipts to the RM.
  - d. The RM must process an authorization for the amount spent no more than 15 calendar days after receiving the receipts from the service provider.

3. If a client does not qualify for RCL Transition or Waiver Community Transition, state-only funding may be available. For rent and deposits, state-only funding is limited to \$2,000 per person. For other necessary expenditures, state-only funding is limited to \$1,000. To receive state-only funding all of the following must occur:
- a. To request preapproval, the provider must submit to the RM a residential allowance request using [DSHS 06-125A](#), *Residential Allowance Request – Start-Up Cost*, which includes an itemized list of estimated costs. The RM may request a list of current items the client owns.
  - b. To process the preapproval the RM must:
    - i. Review the list and cost estimates;
    - ii. Review the request with the RMA or designee if:
      - A) Over \$2000 for rent and deposits;
      - B) Over \$1000 for other necessary expenditures; or
      - C) There are items added to the prepopulated list on DSHS 06-125A, *Residential Allowance Request – Start-Up Cost*; and
    - iii. Return the signed pre-approval request to the service provider no more than ten business days after clarification of any questions from the field.
  - c. The provider purchases the items, completes the provider’s portion of the form and provides copies of the receipts to the RM.
  - d. If during the exchange of information the amount is higher than the original approved amount, the provider may request a revision from the RM via email. The RM must evaluate the request and, if approved, document the change on *Residential Allowance Request – Start-Up Cost*, before returning it to the service provider.
  - e. RM reviews receipts and forwards request to RMA or designee for approval. RMA or designee returns approved request to the RM for

authorization. The RM must also submit an ETP request to the RMA or designee in CARE before authorizing payment if the request is over:

- i. \$2,000 for rent and deposits; or
  - ii. \$1,000 for other necessary expenditures.
- f. The RM must process an authorization for the amount approved no more than 15 calendar days after receiving the receipts from the service provider.
4. The service provider must file the original purchase receipts in the client's file.

B. Client Damage

1. Unless repairs are completed by a client's landlord or a service provider's maintenance employee, client damage repairs reimbursed by DDA must be completed by a:
- a. Licensed and bonded contractor; or
  - b. Bonded service repair person.
2. To request preapproval, the service provider must submit to the RM a residential allowance request using [DSHS 06-125B](#), *Residential Allowance Request-Damage and Major Expenses*, and include:
- a. Estimated cost of repair or replacement;
  - b. The amount the client will contribute toward the cost of repairs or replacement; and
  - c. A reference to an incident report related to the reimbursement request.
- Note: Approval of a RAR is not based on the timing of the incident report submittal.
3. If the damage is not the result of an accident or isolated incident, the service provider must:
- a. Review the client's positive behavior support plan for possible changes; and

- b. Submit a copy of the client's positive behavior support plan and, if needed, include revisions designed to respond to the target behavior that resulted in the damage.
4. To process a preapproval request the RM must:
  - a. Review cost estimates and assure that the process outlined below in subsections (6) through (9) is followed;
  - b. Review the request with the RMA or designee, if over \$2000 on [DSHS 06-125B](#), *Residential Allowance Request – Damages*; and
  - c. Return the signed preapproval request to the service provider no more than ten business days after clarification of any questions from the field.
5. The provider:
  - a. Arranges for the repair or purchase;
  - b. Completes the provider section of the request; and
  - c. Provides copies of receipts, invoices, or other relevant documentation to the RM.
6. If during the exchange of information the amount is higher than the original approved amount, the provider may request a revision from the RM via e-mail. The RM must evaluate the request and, if approved, document the change on [DSHS 06-125B](#), *Residential Allowance Request – Damage and Major Expenses*, before returning it to the service provider.
7. In addition to the items under subsection (2) of this section, a request that exceeds \$2000 must include:
  - a. At least two written estimates; and
  - b. An approved ETP in CARE submitted to the RMA or designee before authorizing payment.
8. The client, the client's legal representative, or the RM may request an additional estimate.



9. The amount of reimbursement must not exceed the estimate or the replacement value of the article.
10. The RM must review the receipts and forward the request to the RMA or designee for approval. The RMA or designee returns the approved request to the RM for authorization.
11. If approved, the RM must process an authorization for the amount spent no more than 15 calendar days after receiving receipts for the satisfactorily completed work.

C. Insufficient Income Allowance

1. To request an insufficient income allowance, the service provider must request pre-approval in writing from the RM.
2. If the provider's request is for more than \$2000 per month, or for items over \$500 in the "Other" category on DSHS 06-125, the RM must first email the RMA or designee for pre-approval.
3. The service provider may request pre-approval of an insufficient income allowance for up to twelve months. If there is an increase in the ongoing expense or a new item under the "Other" category, a new preapproval must be obtained.
4. The RM must send a written response to the provider, which must state:
  - a. The length of the pre-approval;
  - b. The monthly pre-approved amount; and
  - c. The pre-approved one-time costs in the "Other" category.
5. The RM must respond to the service provider with a pre-approval decision no more than ten business days after clarification of any questions from the field.
6. After the client's bills are paid, the service provider must submit [DSHS 06-125, Residential Allowance Request – Insufficient Income](#) to the RM for review.
7. When evaluating [DSHS 06-125, Residential Allowance Request – Insufficient Income](#), the RM must:
  - a. Confirm that only allowable expenses are included in the request;

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- b. Confirm that the provider has received pre-approval for consideration of items in the “Other” category on the RAR form; and
      - c. Confirm that guardianship fees are not included in the request as guardian compensation at the state’s expense is prohibited under RCW 11.92.180. A client with a paid guardianship may request a RAR; however, guardianship fees must not be listed as an expense on the RAR.
    8. Upon request, the service provider must submit additional documentation to the RM, including:
      - a. Justification for selection of a specific living unit if other less expensive units are available;
      - b. Evidence of application for HUD Section 8 rent subsidies or a statement that applications are not being accepted; and
      - c. Receipts and other documents, such as a lease agreement or billing statement that verify expenses claimed on [DSHS 06-125, Residential Allowance Request – Insufficient Income](#). (If a receipt or other document is not available, the provider must document the expense in the client file.)
    9. The RM determines the allowed amount based on the information above and makes a recommendation to the RMA or designee for approval. If the allowed amount is over \$2000, the RM must also submit an ETP to the RMA or designee in CARE before authorizing payment.
    10. The RM must authorize the allowance no more than 15 calendar days after receiving a complete RAR and additional documentation requested. The RM must return the approved [DSHS 06-125, Residential Allowance Request – Insufficient Income](#) to the service provider.
  - D. Shelter Expense
    1. To request shelter expenses that would normally be paid by a client who is not currently living in the home, the service provider must request pre-approval in writing from the RM. Shelter expenses may also be used for a provider to secure housing for up to three months before a client enters service.
    2. If the provider’s request is over \$2000 per month, the RM must first email the RMA or designee for pre-approval.
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3. The service provider may request pre-approval of shelter expenses for up to six months. If there is an increase in the ongoing expense, a new preapproval must be obtained.
4. The RM must send a written response to the provider, which must state:
  - a. The length of the pre-approval; and
  - b. The monthly pre-approved amount.
5. The RM must respond to the service provider with a pre-approval decision no more than ten business days after clarification of any questions from the field.
6. After the client's bills are paid, the service provider must submit [DSHS 06-125C, Provider Shelter Expense](#), to the RM for review.
7. When calculating the shelter expenses the RM will consider timing of client contract cycle with the phone cable or internet provider. The RM will determine the cost effectiveness of paying the monthly rate or the broken contract fee.
8. If the service provider anticipates the need for shelter expenses more than three months, the service provider:
  - a. Must reevaluate the client's housing situation every three months; and
  - b. Should discuss with the housemates or assist the client or clients in finding a residence that fits their budget and the size of their shared household.
9. If approved, the RM must authorize the shelter expenses no more than 15 calendar days after receiving the request.

E. SOLA Authorizations

All RARs for clients receiving services from a SOLA program are paid using funds through the State Supplemental Payment (SSP) program when the client meets financial eligibility under [chapter 388-827 WAC](#). If the client does not meet financial eligibility for SSP, the RM must submit an ETP for state-only funding in CARE to the RMA or designee for approval. The RM must send the approved ETP to the state-operated finance manager for payment.

F. Processing Requests

1. All residential allowance requests must be approved by the Resource Manager Administrator or designee.
2. For all residential allowance requests, the service provider must submit the final documentation of expenditures to the RM within 90 days of the end of the service month the RAR was utilized.
3. The service provider must retain the original purchase receipts and submit copies of the receipts to the RM upon request, unless otherwise specified.
4. Approval is contingent upon funding available within the region.
5. This policy creates no legal obligation on the part of the State of Washington to reimburse any individual or entity and does not give rise to a right of action under any legal or equitable theory.

**EXCEPTIONS**

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

**SUPERSESSON**

DDA Policy 6.11  
Issued July 1, 2019

Approved:



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Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 1, 2021