

Department of Social and Health Services  
Olympia, Washington

**ELIGIBILITY A-Z MANUAL REVISION**

Revision #	<b>626</b>
Category / Section	<b>Long Term Care</b>
Issued	<b>06/20/2008</b>
Revision Author	<b>Lori Rolley</b>
Division	<b>Aging &amp; Disability Services Administration Home &amp; Community Services</b>
Mail Stop	<b>45600</b>
Phone	<b>(360) 725-2271</b>
Email	<a href="mailto:rollej@dshs.wa.gov">rollej@dshs.wa.gov</a>

[http://www.dshs.wa.gov/manuals/eaz/sections/LongTermCare/LTC\\_Q\\_DDDWaiver.shtml](http://www.dshs.wa.gov/manuals/eaz/sections/LongTermCare/LTC_Q_DDDWaiver.shtml)

**DDD Waiver Services**

To view the WAC changes, go to <http://www.dshs.wa.gov/pdf/ms/rpau/103P-08-11-083.pdf> scroll down to the amendatory section. This WAC change is effective 6/20/2008.

**Purpose:** The department is amending WAC 388-515-1510 and adopting new rules to describe:

- General eligibility requirements under the four HCBS waivers;
- Financial requirements if you are eligible for Medicaid under the non institutional categorically needy program (CN-P);
- Initial financial requirements if you are not eligible for Medicaid under a categorically needy program (CN-P) listed in WAC;
- Post eligibility financial requirements if you are not eligible for Medicaid under a categorically needy program listed in WAC;
- Instructions for community spouse income;
- Increases in the personal needs allowance to \$40.12 effective July 1, 2007, and \$41.44 effective July 1, 2008.

[WAC 388-515-1510](#) Amended effective 6/20/2008

Division of developmental disabilities (DDD) home and community based services waivers.

[WAC 388-515-1511](#) NEW SECTION effective 6/20/2008

What are the general eligibility requirements for waiver services under the four division of developmental disabilities (DDD) home and community based services (HCBS) waivers?

[WAC 388-515-1512](#) NEW SECTION effective 6/20/2008

What are the financial requirements if I am eligible for Medicaid under the non

If not deliverable, return to: Distribution Center, MS: 45816  
For distribution changes, notify: Manual Distribution: MS 45816 or call 360-586-8439

institutional categorically needy program (CN-P)?

[WAC 388-515-1513](#) NEW SECTION effective 6/20/2008

How does the department determine if I am financially eligible for medical coverage if I am not eligible for Medicaid under a categorically needy program (CN-P) listed in WAC 388-515-1512 (1)?

[WAC 388-514-1514](#) NEW SECTION effective 6/20/2008

How does the department determine how much of my income I must pay towards the cost of my care if I am not eligible for Medicaid under a categorically needy program (CN-P) listed in WAC 388-515-1512 (1)?

If not deliverable, return to: Distribution Center, MS: 45816  
For distribution changes, notify: Manual Distribution: MS 45816 or call 360-586-8439