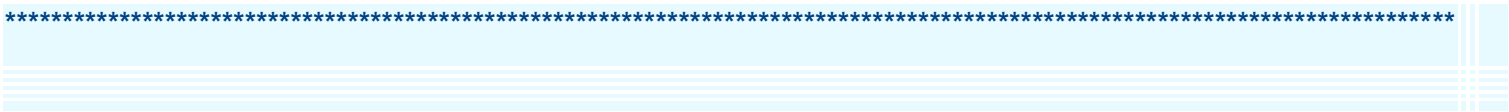


Department of Social and Health Services
Olympia, Washington
Social Services Manual

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Summary

Updated a section of the Ongoing Additional Requirements (OAR) manual page to provide staff information on what to do with a Tribal TANF OAR request. Provided additional guidance regarding transportation.



Ongoing Additional Requirements

Created on:

~~Sep 18 2024~~ **Revised on: February 6, 2025**

WAC 388-473-0010 What are ongoing additional requirements and how do I qualify?

WAC 388-473-0020 When do we authorize meals as an ongoing additional requirement?

WAC 388-473-0040 Assistance for service animals as an ongoing additional requirement.

- [Clarifying Information](#)

WAC 388-473-0050 Telephone and internet services as an ongoing additional requirement.

WAC 388-473-0060 Laundry as an ongoing additional requirement.

WAC 388-473-0070 Transportation as an ongoing additional requirement.

- [Worker Responsibilities](#)

WAC 388-473-0080 Medically related items or services as an ongoing additional requirement.

- [Worker Responsibilities](#)

WAC 388-478-0050 Payment standards for ongoing additional requirements.

- [Clarifying Information](#)

See [Ongoing Additional Requirements](#) in the Eligibility A-Z Manual for more information about role of the Financial Worker in setting up OAR benefits for the customer.

Eligibility Determination

1. A customer may request Ongoing Additional Requirements from either financial eligibility staff or Social Service Specialist. If the request is made to financial eligibility staff, they will direct customers to a Social Service Specialist.

2. The Social Service Specialist verifies the need and determines eligibility for OAR benefits through an assessment. The assessment may include an interview, collateral contacts, or verification from a provider. If verification is needed to make an OAR decision, refer to the CSD Procedure Handbook for next steps. The Social Service Specialist determines if the need is one-time or reoccurring. Some benefits are only a one-time payment. Other benefits can occur monthly and are reviewed at regular intervals (see Review Periods in WAC 388-473-0010).

~~E~~An example of a one-time benefit: ~~is A~~ an individual ~~who~~ needs assistance obtaining a bus pass at a reduced rate. Once the bus pass is obtained ~~and~~; they are able to pay the reduced rate ongoing, ~~they and~~ would not need continued OAR for transportation.

NOTE: If verification is received in the ECR after a denial and the verification is sufficient, approve OAR as of the date verification is received. There is no set reconsideration period for OAR. Follow the steps outlined in the CSD Procedures Handbook to approve OAR.

3. We do not approve Ongoing Additional Requirement benefits if:
 - a. The assistance they are requesting is available to them through another program (TANF, RCA, HEN, etc.); agency (ALISA, DDA, etc.); provider; Medicaid; or community partners.
 - b. The person lives in an institution, licensed Adult Family Home (AFH), Assisted Living Facility (ALF), or Enhanced Services Facility (ESF);
 - c. The assistance unit is a child-only case; or
 - d. The request is for a child in the household. Children are not eligible for OAR benefits.

4. We approve OAR when we have all information and verification needed to make a decision.

EXAMPLE: Customer requests OAR on January 11 and provides requested verification on February 2. The Social Service Specialist reviews the verification on February 10 and approves OAR starting February 2. OAR benefits are not prorated in ACES. Customers would receive full benefit for the month approved (February).

Verification

All initial requests begin with an assessment by the Social Service Specialist. Certain benefit types have conditions for approval and verification or documentation that is needed before a decision regarding OAR can be made. Refer to chart below. For medically related benefits, see section below under Worker Responsibilities-WAC 388-473-0080.

NOTE: If a Tribal TANF client is requesting OAR but does not currently have open benefits through CSD, refer the client to their Tribal TANF program providing their TANF grant. Some Tribal TANF programs provide additional benefits to assist with independent living.

If the Tribal TANF client verifies they are unable/ineligible to receive additional support through their Tribal TANF program, refer the client to your supervisor for escalation.

Benefit Type	Conditions for Approval	Verification/ Documentation Requirements
Transportation	Customer needs assistance getting to and from appointments; or taking care	Not applicable <u>Conversation with customer when self-reported.</u>

Benefit Type	Conditions for Approval	Verification/ Documentation Requirements
	of activities to continue living independently.	See Worker Responsibilities for examples of questions to ask. Discuss transportation need with customer see WAC 388-473-0070 Transportation as an ongoing additional requirement section in this manual for helpful questions.
Internet service	Customer needs assistance paying the monthly bill. Customer needs internet access to continue living independently.	Verification customer has applied for low-cost internet with their provider and the internet bill amount.
Veterinary costs for service animal	The service animal, per RCW 49.60.040 Section 25, is in need of veterinary care to continue to provide service to the individual and the individual needs the service animal to continue to live independently	Verbal or written cost estimate for veterinary appointment or note from the veterinary clinic about services needed on veterinary clinic letterhead. If the cost is more than the OAR benefit, discuss with the customer how they will meet the remaining need. Service cannot already have occurred.
Boarding for Service Animals	The customer has a service animal and needs it to continue to live independently. The customer is going into inpatient care and is willing to board their animal in a licensed facility, not with family or friends.	Verbal or written information from a provider showing the customer needs is in need of inpatient care for any reason (e.g. physical, mental, substance use) and a cost estimate from a licensed boarding facility. Note: Most licensed boarding facilities require up to date vaccinations for the animal.
Restaurant Meals	Customer is unable to safely prepare meals and home-delivered meals are not available or would be more expensive.	Documentation from their provider or medical evidence that indicates an inability or safety concern to prepare own meals.

Benefit Type	Conditions for Approval	Verification/Documentation Requirements
Home-delivered Meals	Customer is unable to prepare any of their meals, are physically limited in ability to leave their home, and home-delivered meals are available.	Documentation from their provider or medical evidence that indicates an inability or safety concern to prepare own meals. Verify the amount being charged by the local home delivery agency.
Laundry	Customer is not able to physically do their own laundry or does not have access to laundry facilities that are accessible, based on physical limitations.	Documentation from their provider or medical evidence that indicates they are physically unable to do their laundry or there are not laundry facilities that are accessible, based on physical limitations.
Service Animal Food	The service animal is necessary for customer's health and safety and supports their ability to continue to live independently.	Customer's self-report and if questionable, a statement from their medical or mental health provider that the service animal is needed.
Telephone (landline <u>only</u>)	The customer has applied for the federal program and needs assistance with paying for a landline.	Customer's self-report.

Review Periods

1. Review eligibility cycles for Ongoing Additional Requirements using the chart below also found in [WAC 388-473-0010](#).

Program	Frequency
TANF/RCA/SFA/PWA	6 months
ABD	12 months
HEN referral	12 months
SSI	24 months

All	Any time need or circumstances are expected to change
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a. However, if the Social Service Specialist determines that the person does not need the OAR service for the entire review period, it can be approved with a shorter review period.

EXAMPLE: A HEN Referral recipient requests assistance with restaurant meals in July but reports they will be moving in with family in October after their lease ends. Their family will buy and prepare food for them and assistance for restaurant meals will no longer be needed. The Social Service Specialist approves restaurant meals assistance from July through September instead of the standard 6 months.

b. Reviews can be done early “any time need or circumstances are expected to change” per [WAC 388-473-0010](#).

EXAMPLE: An ABD recipient is approved for OAR for service animal food in July. The service animal passes away in November and the customer informs the Department about the change. Staff review the continued need for OAR the month the change was reported and not at the 12-month review cycle.

NOTE: If OAR eligibility ends prior to the scheduled review cycle or OAR was approved in error, the Social Service Specialist creates a new record in the OAR Barcode tool selecting the denial radio button. Fill in date request was denied, select denial reason, and click "Print Denial Letter". Inform eligibility staff of denial so changes can be made in ACES. Use the @FIN 900 tickle including service type and date of denial. If there are more than OAR service types that end prior to review cycle, do a separate denial and tickle for each type.

Clarifying Information - WAC 388-473-0040

What is a service animal?

The ADA (Americans with Disabilities Act) defines a service animal as any guide dog, signal dog, or miniature horse trained to provide assistance to an individual with a disability. If they meet this definition, animals are considered service animals under the ADA, regardless of whether they have been licensed or certified by a state or local government. Any reference below to service animal follows this definition.

Service animals perform some of the functions and tasks that individuals with a disability cannot perform for themselves. Guide dogs are one type of service animal, used by some individuals who are blind. This is the type of service animal with which most people are familiar, but there are service animals that assist persons with other kinds of disabilities in their day-to-day activities.

Some examples include:

- A person with hearing impairment being alerted to sounds.
- A person with mobility impairment being assisted with balance, pulling their wheelchair, or carrying and picking up things.
- A person with depression having a dog that is trained to perform a task to remind them to take their medication.
- A person with PTSD having a dog that is trained to lick their hand to alert them to an oncoming panic attack.
- A person who has epilepsy having a dog that is trained to detect the onset of a seizure and then help the person remain safe during the seizure.

A service animal is not a pet or an emotional support animal, per ADA guidelines.

Worker Responsibilities - WAC 388-473-0040 [Assistance for Service Animals]

1. Use the following criteria to determine if the person's OAR request for a service animal qualifies for benefits. The dog or miniature horse:
 - a. Must help the person with a sensory, mental, or physical disability.
 - b. The training does not need to be formal, but the dog or miniature horse should be trained to help the person with tasks related to the disability (do not ask for proof of training).

EXAMPLE 1: The customer indicates they are blind, and their dog helps them to be mobile. After talking with the customer, if the use of the animal in assisting the customer seems questionable, staff can request verification from the customer's medical professional that the animal provides assistance with their blindness.

EXAMPLE 2: The customer reports they have severe anxiety, and their dog is used to calm them down. They report the dog is not specifically trained. If questionable, staff should let them know that more information is needed and assist the customer in obtaining a statement from their treating provider on how the animal helps the customer with their disability.

Worker Responsibilities-WAC 388-473-0070 [Transportation]

Examples of questions to ask that may be helpful in making a determination:

- What is your primary need related to transportation assistance (i.e. what is the purpose of the transportation)?
- How will receiving transportation assistance help you continue to function and live independently?

- What has changed with your situation or what challenges are you facing that led you to seek help with transportation?
- Do you live in an area that offers reduced or free transportation passes?
- Have you requested other transportation services available (as appropriate)?
 - Support Services – TANF, RCA
 - Housing and Essential Needs (HEN)
 - Reduced or free bus passes
 - Medicaid Transportation services

EXAMPLE 1: A TANF customer is a WorkFirst participant and needs assistance with transportation to job search. The customer would request support services, rather than be approved for OAR.

EXAMPLE 2: Due to mental health issues, a WorkFirst participant is unable to utilize Medicaid Transportation services for their medical appointments. They need to attend these appointments to continue to function on their own, independently. They have a family member who is willing to drive them but needs gas money. The customer would qualify for OAR transportation.

Worker Responsibilities-WAC 388-473-0080 [Medically Related Items]

We issue benefits for medically related items or services when a person did not qualify for the service or item from any state, federal, or private insurance coverage or they have been unable to obtain a replacement through state, federal, or private insurance. Definition of and verification needed for medically related items and services are listed below:

OAR Benefit	Definition	Questions	Request
Denture replacement	Customer needs dentures to continue to live independently and has received a denial of denture replacement from Medicaid or private insurance, or upon social service assessment, it is determined that approval for replacement through	Have you been denied a replacement by private insurance or Medicaid? If no, direct them to insurance first. If so, why?	A cost estimate from their provider or letter showing the need for replacement. A denial letter from Medicaid or private insurance (if questionable)

OAR Benefit	Definition	Questions	Request
	insurance isn't likely or feasible.	<p>If not, what other services or resources have you tried to access for assistance?</p> <p>Does your insurance cover any amount of a replacement set of dentures? If yes, how much? What is your remaining balance due?</p> <p>If this is a replacement, what happened to the original set (breakage, lost, etc.)?</p>	
Optometrist visit for eyeglasses	Customer's eye exam to get prescription glasses (original or replacement) is not covered by insurance and they need eyeglasses to continue to live independently.	<p>Have you been denied this service through Medicaid or your insurance or have you been told that it is not covered? If no, direct them to insurance first.</p> <p>Does your insurance cover any amount of an Optometrist visit? If yes, how much? What is your remaining balance due?</p> <p>How often will your insurance pay for an Optometrist visit (annually, biannually, etc.)?</p> <p>Have you used up your visits for an eye exam for this year?</p>	<p>Documentation that the exam is needed (appointment card, note from doctor/optometrist) in order to obtain eyeglasses.</p> <p>Voicemail/phone call from provider</p> <p>Documentation stating insurance will not cover cost (if questionable)</p>

OAR Benefit	Definition	Questions	Request
		<p>Will your insurance approve the benefit if it is medically necessary even if you have already used up your Optometrist visit for the approval period?</p>	
<p>Replacement of eyeglasses</p>	<p>Customer has been unable to get replacement glasses through insurance because they were unable to provide proof they were not negligent in misplacing the first pair. The customer reports they need their eyeglasses to cook, read their medication labels, etc.</p>	<p>Why do you need to replace your current eyeglasses? If broken, are they repairable?</p> <p>Have you tried to get replacement glasses through your insurance and been denied?</p> <p>If no, direct them to request from insurance first.</p> <p>Does your insurance cover any amount of a new set of glasses? If yes, how much does your insurance allow per year?</p>	<p>Documentation that the replacement glasses are needed (appointment card, note from doctor/optometrist)</p> <p>Voicemail/phone call from provider</p> <p>Documentation that insurance will not cover cost (if questionable)</p>
<p>Hearing Aid replacement</p>	<p>Customer has been unable to get replacement hearing aid through insurance and needs the hearing aid to continue to live independently.</p>	<p>What is the reason for needing to replace your hearing aid?</p> <p>Are the hearing aids still under warranty?</p> <p>Have you tried to get a replacement hearing aid through your insurance or Medicaid and been denied?</p>	<p>Documentation that the replacement hearing aids are needed (appointment card, note from doctor/audiologist)</p> <p>Voicemail/phone call from provider</p>

OAR Benefit	Definition	Questions	Request
		<p>If so, why were you denied?</p> <p>If no, direct them to try insurance first.</p> <p>Will your insurance cover any portion of the replacement cost?</p>	<p>Documentation that insurance will not cover cost (if questionable)</p>

Clarifying Information - WAC 388-478-0050

1. Services with an annual limit are limited to one payment every 12 months.

EXAMPLE: If \$240.00 is issued for eyeglasses in April 2024, that service cannot be approved again until April 2025 at the earliest.

2. The following services are issued at a set standard amount as described in WAC even if the need is less: restaurant meals, laundry, service animal food, telephone, transportation, veterinary cost for service animal. For other services, determine amount based on need not exceeding maximum standard amount.

3. The standards and limits outlined in the WAC are per person, not per household

4. A household could have more than one person who is eligible for the same OAR benefit.

EXAMPLE: A couple is active on ABD and one person receives monthly service animal food (\$50). The other spouse requests food for their service animal (\$50) and is approved by the Social Service Specialist. In ACES, eligibility staff code that two people are authorized for service animal food and the system issues twice the amount (\$100).

5. OAR amounts for a service animal are limited per person and not per animal.

EXAMPLE: If a customer has two service dogs and requests service animal food, we can only approve \$50 as the standard amount per person. If an additional amount is needed for the other service animal, the Social Service Specialist can request an exception to rule (ETR).

LINKS

- [Service Animals | ADA.gov](#)
- [International Association of Assistance Dog Partners \(IAADP\) article The World of Assistance Dogs.](#)

NOTE: For any service, If the amount the person needs is higher than the standards in WAC 388-478-0050, and the SSS determines that the client needs the OAR to continue to live independently, they can request an exception to rule (ETR).