



DEVELOPMENTAL DISABILITIES ADMINISTRATION

Residential Allowance Request -- Damages

SECTION 1: IDENTIFYING INFORMATION (to be completed by the Service Provider)		DATE REQUESTED:	
CLIENT NAME:	PROVIDER NAME:	CASE MANAGER NAME:	
		RESOURCE MANAGER NAME:	
SECTION 2: PROVIDER REQUEST FOR DAMAGES (to be completed by the Service Provider)			
WHAT ARE YOU REQUESTING TO BE REPLACED OR REPAIRED?			
WHAT DAMAGE WAS CAUSED BY WHOM AND WHEN? WHY IS THE FUNDING NEEDED?			
IR Submitted to CRM	Yes <input type="checkbox"/> No <input type="checkbox"/>	PBSP Submitted to CRM (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
WHO WILL YOU PURCHASE REPAIR OR SERVICE FROM? (Please list the vendor(s) by name)			
ESTIMATED COST: \$0.00		ESTIMATED AMOUNT CLIENT WILL CONTRIBUTE:	\$0.00
NAME OF PERSON COMPLETING REQUEST:		CONTACT PHONE NUMBER:	
SECTION 3: DDA PREAPPROVAL FOR DDA USE ONLY			
PRE-APPROVED AMOUNT:	\$0.00	DATE:	
REVISSED AMOUNT (if applicable):	\$0.00	DATE:	
		RM PREAPPROVAL:	DATE:
		COMMENTS:	
SECTION 4: PROVIDER COST SUBMITTED FOR REIMBURSEMENT (to be completed by the Service Provider)			
ACTUAL COST OF REPAIR (attach copy of receipts):	\$	WHO PAID FOR REPAIR OR SERVICE (name and contact info):	
AMOUNT CLIENT CONTRIBUTED:	\$		
OTHER RESOURCES CONTRIBUTED:	\$		
REQUESTED AMOUNT:	\$		
NAME OF PERSON SUBMITTING FINAL INFO:	DATE:	CONTACT PHONE NUMBER:	
SECTION 5: DDA APPROVAL AND PAYMENT			
RECEIPTS RECEIVED BY DDA: <input type="checkbox"/> YES <input type="checkbox"/> NO		RMA/DESIGNEE APPROVAL SIGNATURE:	DATE:
COMMENTS:		FUNDING SOURCE	AUTHORIZED AMOUNT
		SSP SA611	\$ _____
		STATE SA615	\$ _____
ETR (WAC 388-845-0115) Waiver/State Confirmed:	<input type="checkbox"/>	RM AUTHORIZING PAYMENT:	DATE:
ETR (WAC 388-827-0100) SSP Confirmed:	<input type="checkbox"/>		
ETR NA-State Only OR RCL client:	<input type="checkbox"/>		
ETP (Policy 6.11) over policy limit	<input type="checkbox"/>		

RESIDENTIAL ALLOWANCE REQUEST/DAMAGES INSTRUCTIONS:

Service Provider completes section 1 and 2, and submit to DDA Resource Manager prior to purchase or repair.

Section 1 Identifying information: complete client name, provider name, case manager name, resource manager name and date requested.

Section 2 Provider Request for damages:

*The provider must disclose the existence of any related insurance claim or provide an explanation as to why one was not made.

*Include estimate of cost of repair or replacement.

*Include amount the client will contribute towards cost of repair or replacement.

*Reference the IR related to the request.

*If the incident is not an accident or an isolated event, the provider must review the clients PBSP for possible changes, submit a copy of the PBSP to DDA and include any revisions designed to respond to the targeted behavior that resulted in the damage.

*Your estimated cost line should reflect the amount you are requesting to be preapproved.

*Any request that exceeds \$2000.00 must include at least 2 written estimates and an approved ETP.

*To be reimbursed, repairs and service must be purchased from a licensed and bonded contractor or a bonded service repair person unless they are completed by the client's landlord or a service providers maintenance employee . (Policy 6.11 Client Damage)

* *Note: if damage reimbursement is already reflected in a client's daily rate, DDA must not reimburse a service provider for damages caused by client. (Policy 6.11 Types of Residential Allowance Requests)

Section 3 DDA preapproval: DDA RM reviews provider request.

*Did the provider submit a PBSP (if applicable)? Did the provider submit an IR?

* If the request is not over \$2000.00, RM enters their name, amount and date of preapproval, then returns form to provider no more than ten business days after clarification of any questions from the feild. Provider proceeds with purchase.

*Any request that exceeds \$2000.00 must include at least 2 written estimates and an approved ETP. Once ETP has been reviewed and approved by RMA, RM sends preapproval back to the agency to proceed with purchases.

*RM will make sure correct payment source ETR (if applicable) has been entered into CARE and documents the results in Section 5 DDA Approval and Payment.

*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 the "Revised Amount" line and indicate the new \$ amount. If the new \$ amount is now over \$2000.00 RM will need to request an ETP. Any additional revisions will need to be documented into the comments section.

Section 4 Provider cost submitted for reimbursement: Service Provider arranges for repair or purchases service and submits receipt, invoice, or other formation to verify expense to the RM.

*Note: For all types of RARs, the service provider must submit the final formation of expenditures to the RM within 90 days of the end of the service month the RAR was utilized. (Policy 6.11 Processing Requests)

*DDA will review the receipts and authorize up to the approved amount.

Section 5 DDA Approval and payment: RM reviews the receipts to make sure they reasonably reflect the items requested and forwards RAR to RMA/Designee for Approval. RMA/Designee approves the purchases, and returns form to RM for payment. RM indicates payment source, amount paid, and returns form to provider so provider has form available for business/accounting purposes.

The RM must process an authorization for the amount approved no more than 15 calendar days after receiving the receipts from the service provider. (Policy 6.11 Client Damage)

ETR for use of state only funds (WAC 388-845-0115): An ETR is required when using state only funds for an individual on the waiver.

CM is responsible for submitting the ETR in CARE, and including the required language in the PCSP and assessment .

RM will confirm that the ETR has been submitted and check the box on the form.

* NOTE: This ETR does not apply to individuals receiving residential services funded through RCL or state-only funding.

RM enters the amount authorized under appropriate funding source and indicates the date authorized.

ETR for use of SSP funds (WAC 388-827-0100): SSP funds are subject to available funding. RM must verify with HQ SSP PM or designee that an ETR will be submitted to use SSP.

CM is responsible for verifying client eligibility for SSP, submitting the ETR in CARE, and including the required language in the PCSP.

RM will confirm that the ETR has been submitted and check the box on the form.

RM enters the amount authorized under appropriate funding source and indicates the date authorized.

ETP Approval for RAR requests that exceed \$2000.00: Refer to Policy 6.11

RM will review ETP request with RMA/Designee, document and date the conversation in comments box and submit RAR form to HQ for approval. The HQ PM or designee will approve the ETP on the RAR form.