AAIDD means the American Association on Intellectual and Developmental Disabilities**.**

Abandonment" means action or inaction by an individual or entity with a duty of care for a vulnerable adult that leaves the vulnerable individual without the means or ability to obtain necessary food, clothing, shelter, or health care.

Abuse" means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment of a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and exploitation of a vulnerable adult, which have the following meanings:

(1) "Mental abuse" means any willful action or inaction of mental or verbal abuse. Mental abuse includes, but is not limited to, coercion, harassment, inappropriately isolating a resident from family, friends, or regular activity, and verbal assault that includes ridiculing, intimidating, yelling, or swearing.

(**2) "Physical abuse"** means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, prodding, or restraints including chemical restraints, unless the restraint is consistent with licensing requirements.

(3) "Sexual abuse" means any form of nonconsensual sexual contact, including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual contact may include interactions that do not involve touching, including but not limited to sending a resident sexually explicit messages, or cuing or encouraging a resident to perform sexual acts. Sexual abuse includes any sexual contact between a staff person and a resident, whether or not it is consensual.

(**4) "Exploitation"** means an act of forcing, compelling, or exerting undue influence over a resident causing the resident to act in a way that is inconsistent with relevant past behavior, or causing the resident to perform services for the benefit of another.

ACES: is an automated system that is used by financial workers to determine/document client eligibility**.**

Active treatment," as used in this chapter, is defined in 42 C.F.R. 483.440(a) and includes implementation of an individual program plan for each resident as outlined in 42 C.F.R. 483.440 (c) through (f).

Accrual method of accounting" is a method of accounting where:
(1) Revenues are reported when they are earned, regardless of when they are collected; and
(2) Expenses are reported when they are incurred, regardless of when they are paid.

Acuity Scale refers to an assessment tool that is intended to provide a framework for documenting important assessment elements and for standardizing the key questions that should be asked as part of a professional assessment. The design helps provide consistency from client to client by minimizing subjective bias and assists in promoting objective assessment of a person's support needs.

Administration and management" means activities used to maintain, control, and evaluate an organization's use of resources while pursuing its goals, objectives and policies.

Administrative hearing" is a formal hearing proceeding before a state administrative law judge that gives:

(1) A licensee an opportunity to be heard in disputes about licensing actions, including the imposition of remedies, taken by the department; or

(2) An individual an opportunity to appeal a finding of abandonment, abuse, neglect, financial exploitation of a resident, or misappropriation of a resident's funds.

Administrative law judge (ALJ)" means an impartial decision-maker who presides over an administrative hearing. ALJs are employed by the office of administrative hearings (OAH), which is a separate state agency. ALJs are not DSHS employees or DSHS representatives.

Admission" means entering a state-certified facility and being authorized to receive services from it.

ADSA" means the aging and disability services administration (ADSA), an administration within the department of social and health services, which includes the following divisions: Home and community services, residential care services, management services and division of developmental disabilities.
ADSA contracted provider" means an individual or agency who is licensed, certified, and/or contracted by ADSA to provide services to DDD clients

Adult Family Homes: Adult Family Homes are regular neighborhood homes where staff assumes responsibility for the safety and well-being of the adult. A room, meals, laundry, supervision and varying levels of assistance with care are provided. Some provide occasional nursing care. Some offer specialized care for people with mental health issues, developmental disabilities or dementia. The home can have two to six residents and is licensed by the state.AFH also means a residential home in which a person or persons provide personal care, special care, room and board to more than one but not more than six adults who are not related by blood or marriage to the person or persons providing the services **(see RCW 70.12.010).** Small group care settings supply room, board, and laundry services for as many as six adults who cannot live alone, but do not need 24-hour skilled nursing supervision. AFH Personal Care assists residents with the activities of daily living. AFH residents are not related to the provider. AFHs are either COPES, State-only, or Title XIX funded. Services include Medicaid Personal Care, state-funded Personal Care, and AFH-Aids Special Care Services

Adult Residential Care (ARC) Facilities: Licensed boarding facilities for disabled adults offer 24-hour supervision of, and help with, the following: planning medical care, taking medications, and the handling of financial matters when necessary. ARC services also include a Personal Care element assisting residents with the activities of daily living. ARC residence is either COPES, State-only, or Title XIX funded.

Adult Protective Services (APS): APS staff investigates reports of neglect, abuse, exploitation or abandonment of dependent adults. Services provided to clients include; but are not limited to; counseling, assessment, arrangement of alternative living situations, assistance in accessing community resources, and/or arrangement and provision of appropriate services.
Adjudication - The processing of a transaction (claim) resulting in a Pay, Deny, or Suspend status.

Adjunctive – A secondary treatment in addition to the primary therapy.

Agency Provider (AP): A person, employed by a home care agency, who provides personal care services in a client's own home. Also means a licensed and/or ADSA certified business who is contracted with ADSA or a county to provide DDD services (e.g., personal care, respite care, residential services, therapy, nursing, employment, etc.).

Algorithm" means a numerical formula used by the DDD assessment for one or more of the following:
(1) Calculation of assessed information to identify a client's relative level of **need;**
(2) Determination regarding which assessment modules a client receives as part of his/her DDD assessment; and
(3) Assignment of a service level to support a client's assessed need.

Allowable - The calculated amount for payment, after exclusion of any "non-allowed service or charge," based on the applicable payment method before final adjustments, deductions, and add-ons. [WAC 182-**550-1050]**

Allowable Costs - The documented costs as reported after any cost adjustment, cost disallowances, reclassifications, or reclassifications to non-allowable costs which are necessary, ordinary and related to the outpatient care of medical care clients are not expressly declared non-allowable by applicable statutes or regulations. Costs are ordinary if they are of the nature and magnitude which prudent and cost conscious management would pay. [WAC 182-500-0010**]**

Allowed Amount - The initial calculated amount for any procedure or service, after exclusion of any "non-allowed service or charge," that the Agency or the Agency's designee allows as the basis for payment computation before final adjustments, deductions, and add-ons

Allowed Covered Charges - The maximum amount of charges on a hospital claim recognized by the Agency or the Agency's designee as charges for "hospital covered service" and payment computation, after exclusion of any "non-allowed service or charge," and before final adjustments, deductions, and add-ons**. [WAC 182-550-1050]**

Alternative Living Facility (ALF) – Refer to WAC 388-513-1301

Alternative Living Services: Alternative Living Services are instructional services provided by an individual contractor. The service focuses on community-based individualized training to enable a client to live as Iindependently as possible with minimal residential services.

Ancillary Services - Additional services ordered by the provider to support the core treatment provided to the patient. These services may include, but are not limited to, laboratory services, radiology services, drugs, physical therapy, occupational therapy, and speech therapy**. [WAC 182-500-0010]**

Applications: Detailed instructions and the forms to complete for eligibility or service access. Applications can be completed on line, in person and by paper form. Available historical, medical, school or other sources of information may be required. A written request for medical assistance or long-term care services submitted to the department by the applicant, the applicant's authorized representative, or, if the applicant is incompetent or incapacitated, someone acting responsibly for the applicant. The applicant shall submit the request on a form prescribed by the department.

Appraisal is a process performed by a professional person either designated by the American Institute of Real Estate Appraisers as a member, appraisal institute (MAI), or by the Society of Real Estate Appraisers as a senior real estate analyst (SREA) or a senior real property appraiser (SRPA). The appraisal process is used to establish the fair market value of an asset or to reconstruct the historical cost of an asset that was acquired in a past period. The appraisal process includes recording and analyzing property facts, rights, investments and values based on a personal inspection and a property inventory.

Area Agency on Aging (AAA): An agency designated and contracted by the department to carry out programs or services approved by the department in a designated geographical area of the state.

Arm's-length transaction is a transaction resulting from good faith bargaining between a buyer and seller who hold adverse positions in the market place. Arm's-length transactions are presumed to be objective transactions. A sale or exchange of ICF/MR or nursing home facilities among two or more parties where all parties continue to own one or more of the facilities involved in the transaction is not considered an arm's-length transactions. The sale of an ICF/MR facility that is subsequently leased back to the seller within five years of the date of sale is not considered an arm's-length transaction for purposes of chapter **388-835 WAC.**

Assessment: An inventory and evaluation of abilities and needs based on an in-person interview in the client's own home or other place of residence; also the collection of information beyond screening used to identify client strengths and **needs to develop an** individualized care plan with interventions, and document client progress and outcomes

Assets are economic resources of the provider, recognized, and measured in conformity with generally accepted accounting principles. Assets also include deferred charges that are recognized and measured according to generally accepted accounting principles. (The value of assets acquired in a change of ownership transaction entered into after September 30, 1984, cannot exceed the acquisition cost of the owner of record as of July 18, 1984.)

Assisted Living (AL): Services provided in licensed boarding facilities for adults requiring assistance with self-care tasks but otherwise can remain in a community residential setting. Facilities allow for a private living unit and a private bathroom. Services are available 24 hours a day and include limited nursing care, assistance with activities of daily living, limited supervision, and housekeeping. Clients pay a participation fee (nonexempt income above the Medically Needy Income Level) and AASA pays the.

Assistive Technology (AT): Devices, equipment, or products used to increase, maintain, or improve the functional capabilities of an individual with a disability. Examples of Assistive Technology could include: telecommunication devices, sensory aids and devices, vehicle modifications, computer and computer-related hardware or software, etc.

Authorization - The Agency's or the Agency's designee's determination that criteria are met, as one of the preconditions to the Agency's or the Agency's designee's decision to provide payment for a specific service or device. (See also "expedited prior authorization" and "prior authorization.") [**WAC 182-500-0010]**

Bad debts or "uncollectable accounts" are amounts considered uncollectable from accounts and notes receivable. Generally accepted accounting principles must be followed when accounting for bad debts.

Beds," unless otherwise specified, means the number of set-up beds in an ICF/MR facility. The number of set-up beds cannot exceed the number of licensed beds for the facility.

Beneficial owner": For a definition, see WAC 388-835-0015.
Benefit Package - The set of healthcare service categories included in a client's eligibility program. See the table in WAC 182-501-006**0. [WAC 182-500-0005]**

Benefit Period - The time period used in determining whether Medicare can pay for covered Part A services. A benefit period begins the first day a beneficiary is furnished inpatient hospital or extended care services by a qualified provider. The benefit period ends when the beneficiary has not been an inpatient of a hospital or other facility primarily providing skilled nursing or rehabilitation services for 60 consecutive days. There is no limit to the number of benefit periods a beneficiary may receive. Benefit period also means a "spell of illness" for Medicare payments**. [WAC 182-500-0015]**

Billing Instructions (BI) – See Medicaid Provider Guides.

Billing Provider - A provider of medical or medically related services, equipment, or supplies that submits claims for the services or equipment. A billing provider can be the same as the performing or rendering provider or it can be a medical group or billing agent with a different name and identifier.

Blind - A category of medical program eligibility that requires a central visual acuity of 20/200 or less in the better eye with the use of a correcting lens, or a field of vision limitation so the widest diameter of the visual field subtends an angle no greater than 20 degrees from central**. [WAC 182-500-0015]**

Blind person: A person determined blind as described under WAC 388-511-1105 by the Division of Disability Determination services of the Health and Recovery Services Administration.

Boarding Home: Former name for facilities licensed by Washington State to care for seven or more people. Boarding Homes provide meals, lodging, assistance with personal care, and general supervision of residents. Some provide limited nursing care or may specialize in serving people with developmental disabilities, dementia, or mental health issues. Boarding homes are now classified as Adult Family Homes.

Brief Assessment: An assessment used only by DSHS Home and Community staff. This CARE assessment type is a subset of required fields needed to determine eligibility for Nursing Facility Level of Care.

By Report (BR) - A method of payment in which the Agency or the Agency's designee determines the amount it will pay for a service when the rate for that service is not included in the Agency or the Agency's designee's published fee schedules. The provider must submit a "report" which describes the nature, extent, time, effort and/or equipment necessary to deliver the service**. [WAC 182-500-0015]**

Capitalization" means recording expenditures as assets**.**

Capitalized lease" is a lease that is recorded, according to generally accepted accounting principles, as an asset of an associated liability.

CARES Assessment: refers to the comprehensive assessment reporting evaluation assessment per WAC **388-106**
Includes three modules:
The Support Assessment Module will be used with all DDD clients. It will give DDD information about potential waiver eligibility and identify persons receiving or approved for paid services who will need the additional two assessment modules. This module includes a special part for clients age 16 and older called the Supports Intensity Scale (SIS). The SIS is a nationally recognized tool used in many states to measure the support needs of people with disabilities. This module also includes an assessment of caregiver needs, behavior issues, and protective supervision. If the person is not currently eligible for paid services, the DDD Assessment ends after gathering this information. The person is given a copy of the results.
The Service Level Assessment Module
This module will be used with DDD clients who are authorized to receive a DDD paid service. The answers to these questions will help case resource managers develop the Individual Support Plan (see below).
The questions being asked now for Medicaid Personal Care (MPC) will continue to be part of the new DDD Assessment, along with some new and different questions specifically designed to measure the needs of individuals with developmental disabilities.
The Individual Support Plan (ISP) Module
All DDD clients who are receiving DDD paid services will have an Individual Support Plan that describes the services

they are authorized to receive. The case resource manager will print this plan and give it to the client following the assessment and planning session

Case Management: A process used to assist functionally impaired adults access, obtain, and effectively use available services. Case managers help DDD clients **and** their families assess needs; develop and review individual service plans; authorize services; and link clients with needed medical, social, educational or other services. Case managers also provide support and assist in handling life crises. The community based case management service does not serve clients living in state institutions

Cash method of accounting" is a method of accounting where revenues are recorded only when cash is received and expenses are not recorded until cash is paid.

Categorically Needy (CN): The financial status of a person as defined under **WAC 388-5**

Centers for Medicare and Medicaid Services (CMS) - The agency within the federal Department of Health and Human Services (DHHS) with oversight responsibility for the Medicare and Medicaid programs**. [WAC 182-500-0020]**

Change of ownership," see WAC 388-835-0020.

Charity allowances" are reductions in a provider's charges because of the indigence or medical indigence of a resident**.**

Chemical Dependency – A condition characterized by reliance on psychoactive chemicals. These chemicals include alcohol, marijuana, stimulants such as cocaine and methamphetamine, heroin, and/or other narcotics. Dependency characteristics include: loss of control over the amount and circumstances of use, symptoms of tolerance, physiologic and psychological withdrawal when use is reduced or discontinued, and substantial impairment or endangerment of health, social and economic function

Chemical restraint" means a psychopharmacologic drug that is used for discipline or convenience and is not required to treat the resident's medical symptoms.

Child Protective Services (CPS) - The section of the Children's Administration responsible for responding to allegations of child abuse or neglect**. [WAC 388-15-005]**

Client: An applicant for service or a person currently receiving services. A person who receives or is eligible to receive services through Agency or Agency designee programs. [WAC 182-550-1050]' also means a person who has a developmental disability as defined in **RCW 71A.10.020(3)** who also has been determined eligible to receive services by the division under chapter **71A.16 RCW**

Client Intervention Services (CIS): Funding available for specific, short-term, client intervention services needs not available through Medicaid or waiver services. Funds could be used to pay for certified public accountants, capacity evaluations, home environmental evaluations, one-time hazardous clean up, care planning, etc.

Clinical Supervision – A formal process of professional support and learning that enables an individual to develop additional knowledge and competence in their professional discipline. Clinical supervision focuses on matters related to client safety and best practice for the identified professional discipline. Supervisors of BHS staff must meet qualifications as described in **WACs 246-810-025, 246-809-134, 246-809-234, and 246-809-334**

Coinsurance - The portion of reimbursable hospital and medical expenses, after subtraction of any deductible, which Medicare determines but does not pay. Under Part A, coinsurance is a per day dollar amount. Under Part B, coinsurance is 20% of allowed charges.

Collateral contact" means a person or agency that is involved in the client's life (e.g., legal guardian, family member, care provider, friend, etc.).

Community Options Program Entry System (COPES): 1915(c) waiver program that provides personal care services, adult day services, environmental modifications, home-delivered meals, etc. based on an assessment of a client's eligibility

Community Protection Program provides intensive 24-hour supervision for clients who have been identified as posing a risk to their community due to the crimes they have committed. This program is an opportunity for participants to live successfully in the community and continue to remain out of prison or other justice system settings. Environmental and programmatic safeguards are in place **to protect neighbors and** community members, to the extent possible, from behaviors that pose a risk to people or property and/or interfere with the rights of others. This structured, specialized environment gives participants the opportunity to make positive choices to resolve or manage the behaviors that require intensive intervention and supervision.

Community Residential Services: DDD clients who require assistance with daily living may receive facility based or non-facility based Community Residential Services. Clients receiving facility based services live in contracted Intermediate Care Facilities for the Mentally Retarded (ICF/MRs), Adult Residential Centers (ARCs), Group Homes, or Adult Family Homes (AFHs) where staff provide support and training. Clients receiving non-facility based services live in their own homes, either alone or with a roommate. Non-facility based services include Alternative Living, Medical/Dental services (for clients who are not Medicaid-eligible), Supportive Living, State Operated Living Alternatives (SOLAs), Tenant Support, and Other Residential Support. Other Residential Support may include summer recreational activities, specialized aids or equipment purchases, reimbursement for activity fees, client transportation, interpreters, and other community supports. For non-facility based services, contracted agencies provide the necessary support in homes owned or rented by the client.

Community spouse (CS): means a person who does not receive institutional, waiver, or hospice services and is legally married to an institutionalized clie**nt[WAC 182-500-0020].**

Community Services Office (CSO) - An office of the Department of Social and Health Services that administers social and health services at the community leve**l. [WAC 182-551-1010]**

Community Transition Services (CTS): Funds used to purchase one-time, set-up expenses necessary to help relocate clients discharging from institutional settings to a less restrictive setting. For example, funds could be used to purchase medical equipment, deposits for utilities, essential furnishings, etc

Companion Homes provide residential services and supports in an adult foster care model to no more than one adult DDD client. The services are offered in a regular family residence approved by DDD to assure client health, safety, ***and well-being. DDD*** **reimburses the provider for the instruction and support service. Companion homes provide 24-hour available supervision;**

Consent" means the legal process of obtaining a person's authorization or permission before initiating procedures or actions involving that person.

Contract" means a contract between the department and a provider for the delivery of ICF/MR services to eligible

Medicaid recipients.

Coordination of Benefits (COB) – A process for determining the respective responsibilities of two or more health plans that have some financial responsibility for a healthcare claim.

County Services: DDD contracts with county governments to provide services to both adults and children. Adult-oriented services include: (1) Individual Supported Employment which helps clients find and keep jobs in the community, (2) Group Supported Employment which enables clients to work in groups or enclaves at local businesses, (3) Prevocational Employment / Specialized Industries which provides employment in training centers, and the Community Access service which emphasizes development of personal relationships within the individual's local community. DDD also funds Child Development services through county contracts. These services provide specialized therapeutic or educational services for pre-school children and their families in order to maximize the child's development and to enhance parental support of the child

Courtesy allowances are reductions in charges to physicians, clergy, and others for services received from a provider. Employee fringe benefits are not considered courtesy allowances.

Covered Service - A healthcare service contained within a "service category" that is included in a medical assistance benefits package described in WAC 182-501-0060. For conditions of payment, see WAC 182-501-0050(5). A non-covered service is a specific healthcare service (for example, cosmetic surgery), contained within a service category that is included in a medical assistance benefits package, for which the agency requires an approved exception to rule (ETR) (see WAC 182-501-0160). A non-covered service is not an excluded service (see WAC 182-501-0060). [WAC 182-500-0020

Custody" means the immediate physical confinement, sheltering and supervision of a person in order to provide them with care and protect their welfare.

DAS" means differential ability scales, which is a cognitive abilities battery for children and adolescents at least age two years, six months but under age eighteen.

Deductible - The amount a beneficiary is responsible for, before Medicare starts paying, or the initial, specific dollar amount for which the applicant or client is responsible. [WAC 182-550-1050]

Default: The provider is not in compliance with the expectations or requirements of the contract, including, but not limited to, performance failure, risk to the health and safety of the client, falsification of information, violation of the contract, law, or regulation, and criminal charges. An example would be a substantiated APS finding.

Delayed Certification – The Agency or the Agency's designee's approval of a person's eligibility for medical assistance made after the established application processing time limits. [WAC 182-500-0025]

Department - The state Department of Social and Health Services.
Depreciation" is the systematic distribution of the cost (or depreciable base) of a tangible asset over its estimated useful life.

Developmental disability - Under RCW 71A.10.020 (3) the State of Washington definition of a developmental disability is:

- A disability attributable to:
- Intellectual Disability;
- Cerebral Palsy;
- Epilepsy;

- Autism; or
- Another neurological or other condition closely related to intellectual disability or that requires treatment similar to that required for individuals with intellectual disabilities.

Which:
Originated before the individual attained age eighteen;
Continued or can be expected to continue indefinitely, and
Results in substantial limitations to an individual's intellectual and/or adaptive functioning.

Disabled - Unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that:
Can be expected to result in death;
Has lasted or can be expected to last for a continuous period of not less than 12 months; or
In the case of a child age seventeen or younger, means any physical or mental impairment of comparable severity**.** Decisions on SSI-related disability are subject to the authority of federal statutes and rules codified at 42 USC Sec 1382c and 20 CFR, parts 404 and 416, as amended, and controlling federal court decisions, which define the old age, survivors, and disability insurance (OASDI) and SSI disability standard and determination process. See WAC 182-500-0015 for definition of "blind." [WAC 182-500-0025]

Discharge" means the process that takes place when:
(1) A resident leaves a residential facility; and
(2) The facility relinquishes any responsibility it acquired when the resident was admitted.

Donated asset" is an asset given to a provider without any payment in cash, property, or services. An asset is not considered donated if the provider makes a nominal payment when acquiring it. An asset purchased using donated funds is not a donated asset.

Domestic Partner - An adult who meets the requirements for a valid state registered domestic partnership as established by RCW 26.60.030 and who has been issued a certificate of state registered domestic partnership from the Washington Secretary of State. [WAC 182-500-0025]

Dual Eligible Client - A client who has been found eligible as a categorically needy (CN) or medically needy (MN) Medicaid client and is also a Medicare beneficiary. This does not include a client who is only eligible for a Medicare savings program as described in chapter 388-517 WAC. [WAC 182-500-0025]

Durable Medical Equipment (DME): Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the client's place of residence. Examples of DME would be a wheelchair or walker.

Early Support for Infants and Toddlers (ESIT) Provides early intervention services, including family resources coordination, for eligible children from birth to age 3 and their families..

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) - A comprehensive child health program that entitles infants, children, and youth to preventive care and treatment services. EPSDT is available to persons twenty years of age and younger who are eligible for any Agency healthcare program. Access and services for EPSDT are governed by federal rules at 42 CFR, Part 441, Subpart B. See also Chapter 182-534 WAC. [WAC 182-500-0030]

Electronic Funds Transfers (EFT) - Automatic bank deposits to a client's or provider's account.

Eligible" means you have a developmental disability that meets all of the requirements in this chapter for a specific condition.

Eligibility determination: The criteria for eligibility are defined in state law and Chapter 388-823 WAC
Emergency Medical Condition - The sudden onset of a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part. [WAC 182-500-0030]

Emergency Medical Expense Requirement (EMER) – See WAC 182-502-0100 and 388-865-0217(3). [WAC 182-500-0030]

Employment and Day Program Services-Employment and Day Program services are contracted with counties and include:

- Child Development services are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development. Services may include specialized instruction, speech-language pathology, occupational therapy, physical therapy, assistive technology, and vision services and to the maximum extent appropriate are provided in natural environments.
- Employment services provide ongoing support services and training for eligible persons with paid jobs in a variety of settings and work sites. These include individual supported employment, group supported employment, and prevocational services. These may be individual or group options in the community and specialized industry settings.
- Individual Supported Employment services are part of an individual's pathway to employment and are tailored to individual needs, interests, abilities, and promote career development. These are individualized services necessary to help persons with developmental disabilities obtain and continue integrated employment at or above the state's minimum wage in the general workforce. These services may include intake, discovery, assessment, job preparation, job marketing, job supports, record keeping and support to maintain a job.
- Group Supported Employment services are a part of an individual's pathway to integrated jobs in typical community employment. These services include many of the elements described in Individual Supported Employment and offer ongoing supervised employment for groups of no more than 8 workers with disabilities in the same setting. Examples include enclaves, mobile crews, and other business models employing small groups of workers with disabilities in integrated employment in community settings.
- Pre-Vocational services are a part of a pathway to integrated jobs in typical community employment. These services are intended to be short term and include many of the elements described in Individual Supported Employment and offer training and skill development for groups of workers with disabilities in the same setting. Services are provided by agencies established to provide services to people with disabilities.
- Community Access services assist individuals to participate in activities that promote individualized skill development, independent living and community integration. Activities must provide individuals with opportunities to develop personal relationships with others in their local communities and to learn, practice, and apply life skills that promote greater independence and community inclusion.
- Individualized Technical Assistance services are a part of an individual's pathway to individual employment. This service provides assessment and consultation to the employment provider, client and their support system to identify and address existing barriers to employment. This is in addition to

supports received through supported employment services or pre-vocational services for individuals who have not yet achieved their employment goal.

Entity" means an individual, partnership, corporation, public institution established by law, or any other association of individuals, capable of entering into enforceable contracts.

Equity capital" is the total tangible and other assets that are necessary, ordinary, and related to resident care listed on a provider's most recent cost report minus the total related long-term debt from the same cost report plus working capital as defined in this section.

Evidenced-based - The application of a set of principles and a method for the review of well designed studies and objective clinical data to determine the level of evidence that proves to the greatest extent possible, that a service is safe, effective, and beneficial when making: also means the use of physical, mental and behavioral health interventions for which systematic, empirical research has provided evidence of statistically significant effectiveness as treatments for specific conditions. Alternate terms with the same meaning are evidence-based practice (EBP) and empirically supported treatment (EST).

Exemption" means a department approved written request asking for an exception to a rule in this chapter. Exception to Rule (ETR) - See WAC 182-501-0160.

Expiration date" means a specific date that your eligibility as a client of DDD and all services paid by DDD will stop.

Explanation of Benefits (EOB) – A numeric message on the Remittance Advice that gives detailed information about the claim associated with that message.

Explanation of Medicare Benefits (EOMB) – A federal report generated for Medicare providers displaying transaction information regarding Medicare claims processing and payments.
Extended Care Services - Nursing and rehabilitative care in a skilled nursing facility provided to a recently hospitalized Medicare patient. [WAC 182-500-0030]

Facility" means a residential setting certified, according to federal regulations, as an ICF/MR by the department. A state facility is a state-owned and operated residential living center. A private facility is a residential setting licensed as a nursing home under chapter 18.51 RCW or a boarding home licensed under chapter 18.20 RCW.

Fair market value" is the purchase price of an asset resulting from an arm's-length transaction between a well-informed buyer and seller, neither being under any compulsion to buy or sell.

Family" means relatives who live in the same home with the eligible client. Relatives include spouse or registered domestic partner; natural, adoptive or step parent; grandparent; child; stepchild; sibling; stepsibling; uncle; aunt; first cousin; niece; or nephew.

Family Support Services: These services enable families to keep children with developmental disabilities at home. Family Support Services include Respite Care, Attendant Care, and Transportation for attendants or family members. Some clients receiving Family Support Services also receive the following services: Nursing Care, Physical Therapy, Occupational Therapy, Instructional Therapy, Behavioral Therapy, Communication Therapy, and Counseling.

Fast Track: HCS staff assistance with the completion of the Financial Application form and obtaining necessary documents for client's initially requesting services. The assessment and financial determinations are to be done

concurrently. AAA staff assist clients receiving services in their own home with any ongoing financial determination issues or eligibility reviews as needed.

Federal Poverty Level: The poverty level established by the "Poverty Income Guidelines" updated annually in the federal register.

Fee generating: Any case that allows for the recovery of a fee is said to be fee generating. Such recovery may be from the proceeds due the client; such as in back Social Security awards, or from automobile accidents or from the opposing side as in civil rights and some administrative law cases.

Fee-For-Service (FFS) – The general payment method the Agency or the Agency's designee uses to pay for covered medical services provided to clients, except those services covered under the Agency's prepaid managed care programs. [WAC 182-500-0035]

Financial statements" are statements prepared and presented according to generally accepted accounting principles and practice and the requirements of this chapter. Financial statements and their related notes include, but are not limited to, balance sheet, statement of operations, and statement of change in financial position.

Fiscal Intermediary - An organization having an agreement with the federal government to process Medicare claims under Part A. [WAC 182-500-0035]

Fiscal year" is the operating or business year of a provider. Providers report on the basis of a twelve-month fiscal year, but this chapter allows reports covering abbreviated fiscal periods.

Formal Supports: DSHS/ADSA services that are paid services and meant to provide care and support at times when informal/community supports are not available and there is an unmet need.

FSIQ" means the full scale intelligence quotient which is a broad measure of intelligence achieved through one of the standardized intelligence tests included in these rules. Any standard error of measurement value will not be taken into consideration when making a determination for DDD eligibility.

Funded capacity," for a state facility, is the number of beds on file with the office of financial management.

Gainful employment" means employment that reflects achievement of or progress towards a living wage.

Generally accepted accounting principles" are the accounting principles currently approved by the financial accounting standard board (FASB).

Generally accepted auditing standards" are the auditing standards currently approved by the American Institute of Certified Public Accountants (AICPA).

Grandfathered Client - A non-institutionalized person who meets all current requirements for Medicaid eligibility except the criteria for blindness or disability; [WAC 182-500-0040]

Group Homes are community-based residences serving 2 or more adult clients and are licensed as either a boarding home or an adult family home. Group Homes contract with DDD to provide 24-hour instruction and support. The provider owns or leases the facility. Clients must pay participation for room and board to the service provider.

HCBS waivers" means home and community based services waivers.

Health Maintenance Organization (HMO) - An entity licensed by the office of the insurance commissioner to provide comprehensive medical services directly to an eligible enrolled client in exchange for a premium paid by the Agency on a prepaid capitation risk basis. [WAC 182-500-0045]

Healthcare Professional - A provider of healthcare services licensed or certified by the state in which they practice. [WAC 182-500-0045]

Healthcare Service Category - A grouping of healthcare services listed in the table in WAC 182-501-0060. A healthcare service category is included or excluded depending on the client's medical assistance benefits package. [WAC 182-500-0045]

Home" means present or intended place of residence.

Home and Community Based Services (HCBS) Waivers-HCBS Waivers are designed to allow the provision of ICF/MR level services to clients in community settings. DDD offers services under four Medicaid HCBS waivers:

- Basic Waiver;
- Basic Plus Waiver;
- Core Waiver; and
- Community Protection Waiver.

Home and Community Services (HCS) Office – The Home and Community Services (HCS) Division promotes, plans, develops and provides long-term care (LTC) services for persons with disabilities and the elderly who may need state funds (Medicaid) to help pay for them. An HCS office has social workers and financial workers who determine functional and financial eligibility for the LTC services and medical programs chosen by the client. An HCS office also determines and maintains financial eligibility for food and cash programs that LTC clients apply for.

Home Health Agency - An agency or organization certified under Medicare to provide comprehensive health care on a part time or intermittent basis to a patient in the patient's place of residence. [WAC 182-500-0045]

Home Visit - Services delivered in the client's place of residence or other setting if a visit in the client's home is not possible due o an unsafe place of residence or a potential problem with client confidentiality.

Hospital - An entity that is licensed as an acute care hospital in accordance with applicable state laws and rules, or the applicable state laws and rules of the state in which the entity is located when the entity is out of state, and is certified under Title XVIII of the federal Social Security Act. The term "hospital" includes a Medicare or state certified distinct rehabilitation unit or a psychiatric hospital. [WAC 182-500-0045]

ICAP" means the inventory for client and agency planning. This is a standardized assessment of functional ability. The adaptive behavior section of the ICAP assesses daily living skills and the applicant awareness of when to perform these skills. The goal is to get a snapshot of his/her ability.

ICF/MR" means a facility certified as an intermediate care facility for the mentally retarded by Title XIX to provide diagnosis, treatment and rehabilitation services to the mentally retarded or persons with related conditions.

ICF/MR eligible" for admission to an ICF/MR means a person is determined by DDD as needing active treatment as defined in C.F.R. 483.440. Active treatment requires:

(1) Twenty-four hour supervision; and
(2) Continuous training and physical assistance in order to function on a daily basis due to deficits in the following areas: Toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication.

***I*CF/MR** level of care" is a standardized assessment of a client's need for ICF/MR level of care per 42 C.F.R. 440 and 42 C.F.R. 483. In addition, ICF/MR level of care refers to one of the standards used by DDD to determine whether a client meets minimum eligibility criteria for one of the DDD HCBS waivers.

In Home Services: These include both Chore and Personal Care services delivered in the client's home. Chore is state-funded and provides in-home personal care services to non-Medicaid eligible, low-income, disabled or very frail adults who still live in their own homes. This group includes all contracted agency and individual provider services as well as provider meal reimbursements and travel costs. Personal Care employs individuals and contracted agencies to assist low-income disabled or frail adults with the activities of daily living, allowing clients to remain in their own homes. Included are Title XIX funded Personal Care services and transportation for Medicaid-eligible clients as well as Community Options Program Entry System (COPES) funded in-home Personal Care reimbursements. In addition to Personal Care, COPES pays for the following ancillary services: Environmental Modification (necessary physical adaptations to the client's home), installation of Personal Emergency Response System equipment, Adult Day Care/Day Health, Transportation, Meals on Wheels, Medical Equipment,

Individual support plan (ISP)" is a document that authorizes and identifies the DDD paid services to meet a client's assessed needs.

Individual Provider (IP): A provider, employed by the client, who provides personal care services in the client's own home.

Informal department review" is a dispute resolution process that provides an opportunity for the licensee or administrator to informally present information to a department representative about disputed, cited deficiencies. Refer to WAC 388-97-4420.

Informal Supports: Unpaid services, similar to or the same as, those available under DSHS/ADSA service programs that are often provided by family, friends, significant others, volunteers, and other naturally existing resources a client has access to within their community.

Inspection" or "survey" means the process by which department staff evaluates the nursing home licensee's compliance with applicable statutes and regulations.

Institution - An entity that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor. Eligibility for medical assistance programs may vary depending upon the type of institution in which an individual resides. For the purposes of medical assistance programs, "institution" includes all of the following:

- Institution for Mental Diseases (IMD) - A hospital, nursing facility, or other institution of more than sixteen beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. An IMD may include inpatient chemical dependency facilities of more than sixteen beds which provide residential treatment for alcohol and substance abuse.
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) - An institution or distinct part of an institution that is:
  Defined in 42 CFR 440.150;

Certified to provide ICF/MR services under 42 CFR 483, Subpart I; and
Primarily for the diagnosis, treatment, or rehabilitation for persons with mental retardation or a related condition (see WAC 388-823-0700 for information about what qualifies as a "related condition").

- Medical Institution - An entity that is organized to provide medical care, including nursing and convalescent care. The terms "medical facility" and "medical institution" are sometimes used interchangeably throughout Title 182 WAC.
  To meet the definition of medical institution, the entity must:
  Be licensed as a medical institution under state law;
  Provide medical care, with the necessary professional personnel, equipment, and facilities to manage the health needs of the patient on a continuing basis in accordance with acceptable standards; and
  Include adequate physician and nursing care.
  Medical institutions include all of the following:
- Hospice Care Center — An entity licensed by the Department of Health (DOH) to provide hospice services. Hospice care centers must be Medicare-certified, and approved by the Agency to be considered a medical institution.
- Hospital — Defined in WAC 182-500-0045.
- Nursing facility (NF) — An entity certified to provide skilled nursing care and long term care services to Medicaid recipients under Section 1919(a) of the Social Security Act. Nursing facilities that may become certified include nursing homes licensed under chapter 18.51 RCW, and nursing facility units within hospitals licensed by DOH under chapter 70.41 RCW. This includes the nursing facility section of a state veteran's facility.
- Psychiatric Hospital — An institution, or a psychiatric unit located in a hospital, licensed as a hospital in accordance with applicable Washington state laws and rules, that is primarily engaged to provide psychiatric services for the diagnosis and treatment of mentally ill persons under the supervision of a physician.
- Psychiatric Residential Treatment Facility (PRTF) — A nonhospital residential treatment center licensed by DOH, and certified by the Agency or the Agency's designee to provide psychiatric inpatient services to Medicaid-eligible individuals 21 years of age and younger. A PRTF must be accredited by the Joint commission on Accreditation of Healthcare Organizations (JCAHO) or any other accrediting organization with comparable standards recognized by Washington State. A PRTF must meet the requirements in 42 CFR 483, Subpart G, regarding the use of restraint and seclusion.
- Residential Rehabilitation Center (RHC) — A residence operated by the state under chapter 71A.20 RCW to provide services to individuals who have exceptional care and treatment needs due to their developmental disabilities. RHCs provide residential care and may be certified to provide ICF/MR services and/or nursing facility services.
- Medical institutions do not include entities licensed by the Agency or the Agency's designee as adult family homes (AFHs) and boarding homes. AFHs and boarding homes include assisted living facilities, adult residential centers, enhanced adult residential centers, and developmental disability group homes.
- Public institution - An entity that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

Public institutions include all of the following:

- Correctional facility—an entity such as a state penitentiary or county jail, (includes placement in a work release program or outside of the institution, including home detention).
- Eastern and Western State mental hospitals. (Medicaid coverage for these institutions is limited to individual's age 21 and younger, and individuals age 65 and older.)
- Certain facilities administered by Washington State's Department of Veteran's affairs.
- Public institutions do not include intermediate care facilities, entities that meet the definition of medical institution (such as Harborview Medical Center and University of Washington Medical Center), or facilities

in Retsil, Orting, and Spokane that are administered by the Department of Veteran's Affairs and licensed as nursing facilities. [WAC 182-500-0050]

- Institution for Mental Diseases (IMD) - See Institution. [WAC 182-500-0050]
-

Institutional Award Letter - An official document issued by the local Home and Community Services (HCS) office or Community Services Office (CSO) which provides information about a nursing facility resident. The information pertains to the Medical Assistance client's income and resources, their medical care eligibility, the effective date for care, the care level, Medicare status, etc.

Individual and Family Services Program supports families while caring for a family member with a developmental disability in their home. The program provides families with some of the supports necessary to keep eligible individuals at home with parents or relatives. Families may receive the following services:

- Respite Care
- Therapies
- Architectural and vehicular modifications
- Equipment and supplies
- Specialized nutrition and clothing
- Excess medical costs not covered by another source
- Co-pays for medical and therapeutic services
- Transportation
- Training
- Counseling
- Behavior management
- Parent/Sibling education
- Recreational

Integrated settings" mean typical community settings not designed specifically for individuals with disabilities in which the majority of persons employed and participating are individuals without disabilities.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID)-ICF/IDs are residential settings that provide habilitation training, 24-hour supervision, and medical/nursing services for Medicaid eligible clients who are in need of the active treatment services provided in these facilities. ICF/IDs are located at Fircrest School, Lakeland Village, and Rainier School, all Residential Habilitation Centers operated by the Division of Developmental Disabilities. There are also privately-operated ICF/IDs located in King and Pierce Counties.

K-ABC" means Kaufman assessment battery for children, which is a clinical instrument for assessing intellectual development. It is an individually administered test of intelligence and achievement for children at least age two years, six months but under age twelve years, six months. The K-ABC comprises four global scales, each yielding standard scores. A special nonverbal scale is provided for children at least age four years but under age twelve years, six months
"

Legal guardian" means a person/agency, appointed by a court, who is authorized to make some or all decisions for a person determined by the court to be incapacitated. In the absence of court intervention, parents remain the legal guardians for their child until the child reaches the age of eighteen..

Legal representative" means a parent of a person who is under eighteen years of age, a person's legal guardian, a person's limited guardian when the subject matter is within the scope of limited guardianship, a person's attorney at law, a person's attorney in fact, or any other person who is authorized by law to act for another person.

Leiter-R" means Leiter international performance scale - revised, which is an untimed, individually administered test of nonverbal cognitive ability for individuals at least age two years to under age twenty-one years.

Lliving wage" means the amount of earned wages needed to enable an individual to meet or exceed his/her living expenses.

LOC score" means a score for answers to questions in the support needs assessment for children that are used in determining if a client meets eligibility requirements for ICF/MR level of care.

MIIE: An amount of money (up to 100% of the federal poverty level) set aside for a client to maintain his or her residence while residing in a nursing facility (NF) or other Medicaid Medical Institution (MMI).

Managed Care - A prepaid comprehensive system of medical and healthcare delivery including preventive, primary, specialty, and ancillary health services. These services are provided through either an MCO or PCCM provider. [WAC 182-538-050]

Managed Care Organization or MCO - An organization having a certificate of authority or certificate of registration from the office of insurance commissioner that contracts with the Agency or the Agency's designee under a comprehensive risk contract to provide prepaid healthcare services to eligible clients under the Agency's managed care programs. [WAC 182-538-050]
Maximum Allowable Fee - The maximum dollar amount the Agency or the Agency's designee will reimburse a provider for a specific service, supply, or piece of equipment.

Mandated reporter" as used in this chapter means any employee of a nursing home, any health care provider subject to chapter 18.130 RCW, the Uniform Disciplinary Act, and any licensee or operator of a nursing home. Under RCW 74.34.020, mandated reporters also include any employee of the department of social and health services, law enforcement officers, social workers, professional school personnel, individual providers, employees and licensees of boarding home, adult family homes, soldiers' homes, residential habilitation centers, or any other facility licensed by the department, employees of social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agencies, county coroner's or medical examiners, or Christian Science practitioners.

Medicaid Applicant: A person in the process of applying for Medicaid services.

Medicaid Recipient: A person currently receiving Medicaid services.

Medicaid Provider Guides - Manuals that detail how the provider is to bill for covered healthcare services, equipment, and supplies provided to eligible Medical Assistance clients.

Medical Assistance - For the purposes of Chapters 182-500 through 182-561 WAC, means the various healthcare programs administered by the Agency or the Agency's designee that provide federally funded and/or state funded healthcare benefits to eligible clients. [WAC 182-500-0070]

Medical Assistance Administration (MAA) - The former organization within the Department of Social and Health Services authorized to administer the federally funded and/or state-funded healthcare programs that are now administered by the Agency, formerly the Medicaid Purchasing Administration (MPA). [WAC 182-500-0070]

Medical Care Services (MCS) - The limited scope of care financed by state funds and provided to Disability Lifeline and alcohol and drug addiction services clients. [WAC 182-500-0070]

Medical Facility - A medical institution or clinic that provides healthcare services. [WAC 182-500-0070]

Medically Necessary - A term for describing requested service which is reasonably calculated to prevent, diagnose,

correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purposes of this section, "course of treatment" may include mere observation or, where appropriate, no medical treatment at all. [WAC 182-500-0070]

Medically Needy (MN) or Medically Needy Program (MNP) - The state- and federally funded healthcare program available to specific groups of persons who would be eligible as categorically needy (CN), except their monthly income is above the CN standard. Some long term care clients with income and/or resources above the CN standard may also qualify for MN. [WAC 182-500-0070]

Medicare - The federal government health insurance program for certain aged or disabled persons under Titles II and XVIII of the Social Security Act. Medicare has four parts:

- Part A – Covers Medicare inpatient hospital services, post-hospital skilled nursing facility care, home health services, and hospice care.
- Part B - The supplementary medical insurance benefit (SMIB) that covers Medicare doctors' services, outpatient hospital care, outpatient physical therapy and speech pathology services, home health care, and other health services and supplies not covered under Part A of Medicare.
- Part C – Covers Medicare benefits for clients enrolled in a Medicare advantage plan.
- Part D – The Medicare prescription drug insurance benefit. [WAC 182-500-0070]

Medicare Assignment - The process by which a provider agrees to provide services to a Medicare beneficiary and accept Medicare's payment for the services.

Medicare Cost-sharing - Out-of-pocket medical expenses related to services provided by Medicare. For medical assistance clients who are enrolled in Medicare, cost sharing may include Part A and Part B premiums, co insurance, deductibles, and co payments for Medicare services. See chapter 388-517 WAC for more information. [WAC 182-500-0070]

Medicaid Personal Care (MPC) -services provide individual provider or agency support in order to meet a client's needs for assistance with activities such as bathing, dressing, eating, meal preparation, housework, and travel to medical services. This service is provided in the person's own home or adult family home. Clients must meet financial eligibility for Medicaid and functional eligibility for the MPC program.

Medically Intensive Children's Program (MICP)-MICP provides in-home private duty nursing services to eligible children who have medically intensive needs.

Medicaid - The federal aid Title XIX program of the Social Security Act under which medical care is provided to eligible persons. [WAC 182-500-0070]

Mental Health Program -DDD Collaborative Work Plan provides therapeutic services to adult DDD clients who have mental health concerns and who may be at risk of psychiatric hospitalization. Services may include:

- Crisis prevention, intervention and stabilization services;
- Crisis diversion bed services;
- Psychiatric services;
- Funded residential placement (limited) for clients being discharged from state psychiatric hospitals; and
- Funded residential placement (limited) for clients who are discharged from crisis diversion beds.

Misappropriation of resident property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money.
Modules" refers to three sections of the DDD assessment. They are: The support assessment, the service level assessment, and the individual support plan (ISP).

National Core Indicators Project: (NCI)

National Correct Coding Initiative (NCCI) - A national standard for the accurate and consistent description of medical goods and services using procedural codes. The standard is based on coding conventions defined in the American Medical Association's Current Procedural Terminology (CPTï¿½) manual, current standards of medical and surgical coding practice, input from specialty societies, and analysis of current coding practices. The centers for Medicare and Medicaid services (CMS) maintain NCCI policy. Information can be found at: http://www.cms.hhs.gov/NationalCorrectCodInitEd/. [WAC 182-500-0075]

National Provider Identifier (NPI) - A federal system for uniquely identifying all providers of healthcare services, supplies, and equipment. [WAC 182-500-0075]

NCCI Edit - A software step used to determine if a claim is billing for a service that is not in accordance with federal and state statutes, federal and state regulations, Agency or the Agency's designee fee schedules, billing instructions, and other publications. The Agency or the Agency's designee has the final decision whether the NCCI edits allow automated payment for services that were not billed in accordance with governing law, NCCI standards or Agency or the Agency's designee policy. [WAC 182-500-0075]

National Drug Code (NDC) - The standard code set for drugs obtained from pharmacies.

Necessary Supplemental Accommodations (NSA): Clients who have a mental, neurological, physical, or sensory impairment or other problems that prevent them from getting program benefits in the same way as those who are not impaired are considered in need of necessary supplemental accommodation.

Neglect" in nursing homes and other licensed care settings, neglect means that an individual or entity with a duty of care for nursing home residents has:
(a) By a pattern of conduct or inaction, failed to provide goods and services to maintain physical or mental health or to avoid or prevent physical or mental harm or pain to a resident; or
(b) By an act or omission, demonstrated a serious disregard of consequences of such magnitude as to constitute a clear and present danger to the president’s health, welfare, or safety.
(2) In a skilled nursing facility or nursing facility, neglect also means a failure to provide a resident with the goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Nurse Delegation: Nurse Delegation is a service option that provides client assessment and caregiver training and supervision to nursing assistants who perform delegated nursing tasks.

Nurse Delegator: The Registered Nurse Delegator (RND) may delegate specific nursing care tasks to individual nursing assistants whom they deem competent. The most commonly delegated tasks are administration of medications and blood glucose testing. Other types of tasks may include tube feeding, simple wound care or colostomy care.

Nursing Facility - See "Institution." [WAC 182-500-0075]; also known as nursing homes - In these residential facilities, staff perform an array of services for disabled persons who require daily nursing care as well as with medication, eating, dressing, walking, or other personal needs.

Nursing Facility Level of Care (NFLOC): The level of care provided in a nursing facility as defined in WAC 388-106-0355.-

Operating lease" is a lease, according to generally accepted accounting principles, that requires rental or lease payments to be charged to current expenses when they are incurred.

Ordinary costs" are costs that, by their nature and magnitude, a prudent and cost conscious management would pay.

Outpatient - A patient receiving care in a hospital outpatient setting or a hospital emergency department, or away from a hospital such as in a physician's office or clinic, the patient's own home, or a nursing facility. [WAC 182-500-0080]

Overhead Costs - Those costs that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. Overhead costs that are allocated must be clearly

Owner" means a sole proprietor, general or limited partner, or beneficial interest holder of at least five percent of a corporation's outstanding stock.

Ownership interest" means all beneficial interests owned by a person (calculated in the aggregate) regardless of the form such beneficial ownership takes. Also, see WAC 388-835-0015.

Panel" refers to the visual user-interface in the DDD assessment computer application where assessment questions are typically organized by topic and you and your respondents' answers are recorded
.

PASRR: Pre-Admission Screening Resident Review. This process is used to determine whether a client has a serious mental illness or developmental disability, requires nursing facility care, and/or needs specialized services.

Parent(s) - For the purpose of children's programs, a parent is a person who resides with a child and provides the day -to-day care, and is:

- The child's natural or adoptive parent(s);
- A person other than a foster parent who has been granted legal custody of the child; or
- A person who is legally obligated to support the child.

Patient Transportation - Client transportation to and/or from covered healthcare services under federal and state healthcare programs. [WAC 182-500-0085]

Per diem costs" or "per resident day costs" are total allowable costs for a fiscal period divided by total resident days for that same period.

Personal Care Service: DDD provides Personal Care Services to Medicaid-eligible children and adults. The major difference between children's and adult's Personal Care is in the interpretation of the level of need for specific Personal Care tasks. This service enables eligible individuals to remain in their community residences through the provision of semi-skilled maintenance or supportive services. These services can be provided in the person's own home, a licensed Adult Family Home (AFH), or an Adult Residential Center (ARC).

Plan of care" or "POC" refers to the paper-based assessment and service plan for clients receiving services on one of the DDD HCBS waivers prior to June 1, 2007.

Physician - A doctor of medicine, osteopathy, or podiatry who is legally authorized to perform the functions of the profession by the state in which the services are performed. [WAC 182-500-0085]
Primary Care Case Management (PCCM) - The healthcare management activities of a provider that contracts with the Agency or the Agency's designee to provide primary healthcare services and to arrange and coordinate other preventive, specialty, and ancillary health services. [WAC 182-538-050]

Primary Care Provider (PCP) - A person licensed or certified under Title 18 RCW including, but not limited to, a physician, an advanced registered nurse practitioner (ARNP), or a physician assistant who supervises, coordinates, and provides health services to a client or an enrollee, initiates referrals for specialist and ancillary care, and maintains the client's or enrollee's continuity of care. [WAC 182-538-050]

Prior Authorization - The requirement that a provider must request, on behalf of a client and when required by rule, the Agency or the Agency's designee's approval to render a healthcare service or write a prescription in advance of the client receiving the healthcare service or prescribed drug, device, or drug related supply. The Agency's or the Agency's designee's approval is based on medical necessity. Receipt of prior authorization does not guarantee payment. Expedited prior authorization and limitation extension are types of prior authorization. [WAC 182-500-0085]

Professional Services -may be provided to clients who have been assessed as needing professional services beyond what they can access through Medicaid and any other available private health insurance. Professional services are available only after Medicaid and any other available private health insurance have been accessed.
These may include:

- Nursing provided by a registered nurse (RN) or licensed practical nurse (LPN);
- Therapeutic services, such as occupational therapy, physical therapy or communication therapy;
- Behavior management or counseling; and
- Medical and psychiatric evaluations.

Professional Support Services: DDD funds the following Professional Support Services for adult DDD clients supported by Community Residential Services: Medical and Dental services (for clients Medicaid-eligible), Psychological Services (used to determine eligibility), Professional Evaluations (required by the criminal courts), Counseling, Nursing Care, Behavioral Therapy, Communication Therapy, Physical Therapy, Occupational Therapy, Instructional Therapy, and Other Therapies approved by exception. DDD also funds Professional Support Services for persons with developmental disabilities who live with their families.

Prospective daily payment rate" is the daily amount the department assigns to each provider for providing services to ICF/MR residents. The rate is used to compute the department's maximum participation in the provider's cost.

Prosthetic devices - Replacement, corrective, or supportive devices prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice as defined by state law to:
Artificially replace a missing portion of the body;
Prevent or correct physical deformity or malfunction; or
Support a weak or deformed portion of the body.

Provider - An institution, agency, or person that is licensed, certified, accredited, or registered according to Washington state laws and rules, and:
Has signed a core provider agreement or signed contract with the Agency or the Agency's designee, and is authorized to provide healthcare, goods, and/or services to eligible medical assistance clients; or

Has authorization from a Managed Care Organization (MCO) that contracts with the Agency or the Agency's designee to provide healthcare, goods, and/or services to eligible medical assistance clients enrolled in the MCO plan. [WAC 182-500-0085]

Provider One – The Agency's or the Agency's designee's primary provider payment processing system.

Provider One Client ID - A system-assigned number that uniquely identifies a single Client within the Provider One system; the number consists of nine numeric characters followed by WA. For example: 123456789WA.

Public Institution - See "Institution."

Qualified developmental disabilities professional (QDDP)" means QMRP as defined under 42 C.F.R. 483.430(a).

Qualified therapist," see WAC 388-835-0030

Raw score" means the numerical value when adding a person's "Frequency of support," "Daily support time," and "Type of support" scores for each activity in the support needs and supplemental protection and advocacy scales of the supports intensity scale (SIS) assessment.

Referral - Providing information and support to clients that will assist them in accessing medical, social, educational, or other services.

Regression analysis" is a statistical technique used to analyze the relationship between a dependent or criterion variable and a set of independent or predictor variables.

Regional services" are the services of a local office of the division of developmental disabilities.

Regional Support Network (RSN) - A single- or multiple-county authority or other entity operating as a prepaid health plan through which the Agency or the Agency's designee contracts for the delivery of community outpatient and inpatient mental health services system in a defined geographic area. [182-500-0095]

Related organization" is an entity that either controls another entity or is controlled by another entity or provider. Control results from common ownership or the ability to exercise significant influence on the other entity's activities. Control occurs when an entity or provider has:

(1) At least a five percent ownership interest in the other entity; or

(2) The ability to influence the activities of the other.

Relative" means spouse; natural parent, child, or sibling; adopted child or adoptive parent; stepparent, stepchild, stepbrother, stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law; grandparent or grandchild; uncle, aunt, nephew, niece, or cousin.

Resident" or "person" means a person the division determines is, under RCW 71A.16.040 eligible for division-funded services.

Resident day" means a calendar day of resident care. When computing calendar days of resident care, the day of admission is always counted. The day of discharge is counted only when discharge and admission occur on the same day. For the purpose of this definition, a person is considered admitted when they are assigned a bed and a resident record is opened for them.

Resident care and training staff" are staff whose primary responsibility is the care and development of the residents, including:

(1) Resident activity program;
(2) Domiciliary services; and
(3) Habilitative services under the supervision of a QMRP.

Residential Care Discharge Allowance (RCDA): State funds used to help HCS/AAA/DDD clients relocate to a less restrictive setting. Funds may be used for things such as rent, utilities, telephone, and/or necessary equipments such as ramps, grab bars, etc.-

Residential Habilitation Center (RHC) - Residential facilities operated by the state under Chapter 71A.20 RCW that serves to individuals who have exceptional care and treatment needs due to their developmental disabilities by providing residential care designed to develop individual capacities to their optimum. RHCs may be certified to provide ICF/ID services and/or nursing facility services. [182-500-0095]

Residential programs" means provision of support for persons in community living situations. Residential programs include DDD certified community residential services and support, both facility-based such as licensed group homes, and non-facility based, such as supported living and state-operated living alternatives (SOLA). Other residential programs include alternative living (as described in chapter 388-829A WAC, companion homes (as described in chapter 388-829C WAC), adult family homes, adult residential care services, children's foster homes, group care and staffed residential homes.

Respite assessment" means an algorithm within the DDD assessment that determines the number of hours of respite care you may receive per year if you are enrolled in the Basic, Basic Plus, Children's Intensive In-Home Behavioral Support, or Core waiver.

Respite care" means short-term intermittent relief for persons normally providing care for the individuals.

Respondent" means the adult client and/or another person familiar with the client who participates in the client's DDD assessment by answering questions and providing information. Respondents may include ADSA contracted providers.

Restricted fund" is a fund where the donor restricts the use of the fund principal or income to a specific purpose. Restricted funds generally fall into one of three categories:

(1) Funds restricted to specific operating purposes; or
(2) Funds restricted to additions of property, plant, and equipment; or
(3) Endowment funds.

Retroactive Certification - Approval of medical coverage for any or all of the retroactive period. A client may be eligible only in the retroactive period or may have both current eligibility and a separate retroactive period of eligibility approved. [WAC 182-500-0095]

Retroactive Period - Approval of medical coverage for any or all of the retroactive period. A client may be eligible only in the retroactive period or may have both current eligibility and a separate retroactive period of eligibility approved. [WAC 182-500-0095]

Risk Factors – Bio-psycho-social factors that could lead to poor health or social outcomes, morbidity, and/or other negative outcomes.

Scope of Healthcare Service Categories - The groupings of healthcare services listed in the table in WAC 182-501-0060 that are available under each medical assistance program's benefits package. [WAC 182-500-0100]

Screening - A brief, in-person evaluation to detect the presence of a specific risk factor(s).

Secretary" means the secretary of the department of social and health services or the secretary's designee.
"

Service provider" refers to an ADSA contracted agency or person who provides services to DDD clients. Also refers to state operated living alternative programs (SOLA).

SIB-R" means the scale of independent behavior-revised which is an adaptive behavior assessment derived from quality standardization and norming. It can be administered as a questionnaire or as a carefully structured interview, with special materials to aid the interview process.

SIS" means the supports intensity scale developed by the American Association of Intellectual and Developmental Disabilities (AAIDD). The SIS is in the support assessment module of the DDD assessment.

Skilled Nursing Facility (SNF): A licensed institution that provides 24-hour supervised nursing care, personal care, therapy, nutrition management, organized activities, social services, room, board, and laundry. Skilled Nursing Facilities also offer short-term rehabilitation services.

Skin Observation Protocol: A mandatory protocol provided by nursing and social work staff for clients at high risk of skin breakdown due to pressure. The protocol provides required activities for assessment, service planning, referrals, and education of clients and caregivers. See the Nursing Services Chapter for additional information on the Skin Observation Protocol.

Social Leave: Leave that is for recreational or socialization purposes, not for medical, therapeutic or recuperative purposes. ADSA permits Social Leave in all residential settings. Social Leave is limited to no more than 18 days per calendar year.

Spend down - A term used in the medically needy (MN) program and means the process by which a person uses incurred medical expenses to offset income and/or resources to meet the financial standards established by the Agency. See WAC 388-519-0110. [WAC 182-500-0100]

Spouse - For the purposes of Medicaid, a person who is a husband or wife legally married to a person of the opposite sex. Washington State recognizes other states' determinations of legal and common-law marriages between two persons of the opposite gender.

- Community Spouse - A person who:
- Does not reside in a medical institution; and
- Is legally married to a client who resides in a medical institution or receives services from a home and community-based waiver program. A person is considered married if not divorced, even when physically or legally separated from his or her spouse.
- Eligible Spouse - An aged, blind or disabled husband or wife of an SSI-eligible person, who lives with the SSI-eligible person, and is also eligible for SSI.
- Essential Spouse - A husband or wife whose needs were taken into account in determining old age assistance (OAA), aid to the blind (AB), or disability assistance (DA) for a client in December 1973, who continues to live in the home and remains married to the client.

- Ineligible Spouse - The husband or wife of an SSI-eligible person, who lives with the SSI-eligible person, and who has not applied or is not eligible to receive SSI.
- Institutionalized Spouse - A legally married person who has attained institutional status as described in chapter 388-513 WAC, and receives services in a medical institution or from a home or community-based waiver program described in chapter 388-515 WAC. A person is considered married if not divorced, even when physically or legally separated from his or her spouse.
- Non-applying Spouse - An SSI-related person's husband or wife, who has not applied for medical assistance. [WAC 182-500-0100]

SSI-related - An aged, blind, or disabled person not receiving an SSI cash grant. [WAC 182-500-0100]

Stanford-Binet" is a battery of fifteen subtests measuring intelligence for individuals at least age two years but under age twenty-three years.

Start-up costs" are the one-time costs incurred from the time preparations begin on a newly constructed or purchased building until the first resident is admitted. Such "preopening" costs include, but are not limited to, administrative and nursing salaries, utility costs, taxes, insurance, repairs and maintenance, and training costs. Start-up costs do not include expenditures for capital assets.

State funded services" means services that are funded entirely with state dollars
State Operated Living Alternatives (SOLA) SOLA programs offer Supported Living services. SOLA programs are operated by DDD with state employees providing instruction and support to clients.

State Supplemental Payment (SSP) - A state-funded cash benefit for certain individuals who are either recipients of the Title XVI Supplemental Security Income (SSI) program or who are clients of the Division of Developmental Disabilities. The SSP allotment for Washington State is a fixed amount of $28,900,000 and must be shared between all individuals who fall into defined client groups. The amount of the SSP may vary each year depending on the number of individuals who qualify. The following groups are eligible for an SSP:
Mandatory SSP group SSP made to a Mandatory Income Level (MIL) client who was grandfathered into the SSI program. To be eligible in this group, an individual must have been receiving cash assistance in December 1973 under the Department of Social and Health Services' former old age assistance program or aid to the blind and disability assistance. Individuals in this group receive an SSP to bring their income to the level they received prior to the implementation of the SSI program in 1973.

- Optional SSP group SSP made to any of the following:
- An individual who receives SSI and has an ineligible spouse.
- An individual who receives SSI based on meeting the age criteria of 65 or older.
- An individual who receives SSI based on blindness.
- An individual who has been determined eligible for SSP by the division of developmental disabilities.
- An individual who is eligible for SSI as a foster child as described in WAC 388-474-0012. [WAC 182-500-0100]

Stop placement" or "stop placement order" is an action taken by the department prohibiting nursing home or other licensed settings from admissions, readmissions, and transfers of patients into the home from the outside.

Subcontractor - For the purposes of the MSS/ICM program, an individual or agency that has contracted with an approved MSS/ICM provider to provide services to MSS/ICM clients. This individual or agency must be informed of, and comply with, all regulations contained in the Core Provider Agreement, WAC, and billing instructions as they pertain to service delivery to the MSS/ICM client.

Superintendent" means the superintendent of a residential habilitation center (RHC) or the superintendent's designee.

Supplemental Security Income (SSI) Program (Title XVI) - The federal grant program for aged, blind, and disabled persons, established by section 301 of the Social Security amendments of 1972, and subsequent amendments, and administered by the Social Security Administration (SSA). [WAC 182-500-0100]

Supported Living Services (SL) - offer instruction and support to persons who live in their own homes in the community. Supports may vary from a few hours per month up to 24 hours per day of one-to-one support. Clients pay for their own rent, food, and other personal expenses. DDD contracts with private agencies to provide Supported Living services.

Taxonomy Code - A unique, 10-digit, alphanumeric code that allows a provider to identify their specialty category. Providers applying for their NPI will be required to submit their taxonomy information. Providers may have one or more than one taxonomy associated to them. Taxonomy Codes can be found at http://www.wpc-edi.com/codes/Codes.asp.

Termination" means an action taken by DDD that stops your DDD eligibility and services paid by DDD.

Third Party - An entity other than the Agency or the Agency's designee that is or may be liable to pay all or part of the cost of healthcare for a medical assistance client. [WAC 182-500-0105]

Third-party Liability (TPL) - The legal responsibility of an identified third party or parties to pay all or part of the cost of healthcare for a medical assistance client. A medical assistance client's obligation to help establish TPL is described in WAC 388-505-0540. [WAC 182-500-0105]

Title XIX - The portion of the federal Social Security Act, 42 USC 1396, that authorizes funding to states for medical assistance programs. Title XIX is also called Medicaid. [WAC 182-500-0105]

Title XXI - The portion of the federal Social Security Act, 42 USC 1397 et seq, that authorizes funding to states for the children's health insurance program. Title XXI is also called CHIP. [WAC 182-500-0105]

Transfer of Assets - Changing ownership or title of an asset such as income, real property, or personal property by one of the following:

- An intentional act that changes ownership or title; or
- A failure to act that results in a change of ownership or title. [WAC 182-500-0105]

Urgent Care - An unplanned appointment for a covered medical service with verification from an attending physician or facility that the client must be seen that day or the following day.

Usual and Customary Charge - The amount a provider typically charges to 50% or more of patients who are not medical assistance clients. [WAC 182-500-0110]

VABS" means Vineland adaptive behavior scales, which is an assessment to measure adaptive behavior in children from birth but under age eighteen years, nine months and in adults with low functioning in four separate domains: Communication, daily living skills, socialization, and motor skills.

Voluntary Placement - Children: A family may ask for out-of-home placement for their child under 18 due solely to

the child's disability. Under certain circumstances, the child may be placed in licensed out-of-home care. Voluntary Placement Services offer a variety of supports to eligible children living in a licensed setting outside the family home, when the placement is due solely to the child's disability (RCW 74.13.350). Services include:

- Residence in a DSHS Division of Licensed Resources (DLR) foster home, group care facility, or staffed residential home;
- Respite care to the licensed provider;
- Nursing, therapies and behavior supports not already covered through Foster Care Medical Unit (FCMU) or schools;
- Shared Parenting Plan with the provider and the child's biological/adoptive parent that is designed and implemented to support the family unit while the child lives outside the family home; and
- Case management by a DDD social worker.

Vulnerable adult" includes a person:
(1) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or
(2) Found incapacitated under chapter 11.88 RCW; or
(3) Who has a developmental disability as defined under RCW 71A.10.020; or
(4) Admitted to any facility, including any boarding home; or
(5) Receiving services from home health, hospice, or home care agencies licensed or required to be llicensed under chapter 70.127 RCW; or
(6) Receiving services from an individual provider; or
(7) With a functional disability who lives in his or her own home, who is directing and supervising a paid personal aide to perform a health care task as authorized by RCW 74.39.050.

Waiver personal care" means physical or verbal assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) due to your functional limitations per chapter 388-106 WAC to individuals who are authorized to receive services available in the Basic, Basic Plus, and Core waivers per chapter 388-845 WAC.

Waiver respite care" means short-term intermittent relief for persons normally providing care to individuals who are authorized to receive services available in the Basic, Basic Plus, and Core waivers per chapter 388-845 WAC.

Washington Administrative Code (WAC) - Codified rules of the State of Washington.

Wechsler" means the Wechsler intelligence scale, which is an individually administered 11-subtest measure of an individual's capacity for intelligent behavior. The Wechsler has both a verbal scale and a performance scale. The Wechsler is used with individuals at least age three years but under age seventy-four years. The verbal scale can be used alone with individuals who have visual or motor impairments, and the performance scale can be used alone with individuals who cannot adequately understand or produce spoken language. There are three Wechsler intelligence scales, dependent upon the age of the individual:
• The Wechsler preschool and primary scale of intelligence - revised (WPPSI-R), for children at least age three years but under age seven years;
• The Wechsler intelligence scale for children - third edition, (WISC-III), for children at least age six years but under age sixteen years; and
• The Wechsler adult intelligence scale - revised (WAIS-R), for individuals at least age sixteen years but under age seventy-four years

Within Reach - An organization that connects families to essential health resources through four statewide hotlines and www.parenthelp123.org, an interactive website that helps families find and apply for programs and local services available to them.

Women, Infant, and Children (WIC) Nutrition Program - A nutrition program that helps pregnant/post pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy.

"Group home" or "GH" means a ADSA licensed adult family home or boarding home contracted and certified by ADSA to provide residential services and support to adults with developmental disabilities.

"Individual support plan" or "ISP" is a document that authorizes and identifies the DDD paid services to meet a client's assessed needs.

"Legal guardian" means a person/agency, appointed by a court, who is authorized to make some or all decisions for a person determined by the court to be incapacitated. In the absence of court intervention, parents remain the legal guardians for their child until the child reaches the age of eighteen.

"LOC score" means a score for answers to questions in the support needs assessment for children that are used in determining if a client meets eligibility requirements for ICF/MR level of care.

"Modules" refers to three sections of the DDD assessment. They are: The support assessment, the service level assessment, and the individual support plan (ISP).

"Panel" refers to the visual user-interface in the DDD assessment computer application where assessment questions are typically organized by topic and you and your respondents' answers are recorded.

"Plan of care" or "POC" refers to the paper-based assessment and service plan for clients receiving services on one of the DDD HCBS waivers prior to June 1, 2007.

"Raw score" means the numerical value when adding a person's "Frequency of support," "Daily support time," and "Type of support" scores for each activity in the support needs and supplemental protection and advocacy scales of the supports intensity scale (SIS) assessment.

"Residential habilitation center" or "RHC" is a state-operated facility certified to provide ICF/MR and/or nursing facility level of care for persons with developmental disabilities per chapter 71A.20 RCW.

"Respondent" means the adult client and/or another person familiar with the client who participates in the client's DDD assessment by answering questions and providing information. Respondents may include ADSA contracted providers.

"SIS" means the supports intensity scale developed by the American Association of Intellectual and Developmental Disabilities (AAIDD). The SIS is in the support assessment module of the DDD assessment.

"Service provider" refers to an ADSA contracted agency or person who provides services to DDD clients. Also refers to state operated living alternative programs (SOLA).

"SOLA" means a state operated living alternative program for adults that is operated by DDD.

"State supplementary payment" or "SSP" is the state paid cash assistance program for certain DDD eligible Social Security income clients per chapter 388-827 WAC.

"Supported living" or "SL" refers to residential services provided by ADSA certified residential agencies to clients living in homes that are owned, rented, or leased by the clients or their legal representatives.

"Waiver personal care" means physical or verbal assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) due to your functional limitations per chapter 388-106 WAC to individuals who are authorized to receive services available in the Basic, Basic Plus, and Core waivers per chapter 388-845 WAC.

"Waiver respite care" means short-term intermittent relief for persons normally providing care to individuals who are authorized to receive services available in the Basic, Basic Plus, and Core waivers per chapter 388-845 WAC.