

Center for Medicaid and State Operations
Disabled and Elderly Health Programs Group
Division of Community and Institutional Services

APR 21 2009

Mr. Stan Marshburn
Interim Secretary
Department of Social and Health Services
P. O. Box 45010
Olympia, Washington 98504-5010

Dear Mr. Marshburn:

I am pleased to inform you that your request for a new home and community-based services (HCBS) model waiver for individuals with developmental disabilities ages 8 through 20 years old, as authorized under section 1915(c) of the Social Security Act, has been approved. This waiver will provide HCBS for individuals who, absent the waiver, would require the level of care of an Intermediate Care Facility for the Mentally Retarded (ICF/MR) facility as defined in 42 CFR Section 440.150. This waiver, which you have entitled the "Children's Intensive In-Home Behavioral Support Waiver (CIIBS)," has been assigned control number **40669** which should be referenced in all future correspondence relating to this program.

Based on your response of January 30, 2009 to our formal request for additional information and revisions you have provided to my staff since the submission of this waiver, I approve the waiver for a three-year period effective May 1, 2009.

This waiver will offer the following services to participating individuals: Personal Care, Respite, Occupational Therapy, Physical Therapy, Speech, Hearing and Language Services, Assistive Technology, Behavior Management and Consultation, Environmental Accessibility Adaptations, Nurse Delegation, Sexual Deviancy Evaluation, Specialized Clothing, Specialized Medical Equipment and Supplies, Specialized Nutrition, Specialized Psychiatric Services, Staff/Family Consultation and Training, Therapeutic Equipment and Supplies, Transportation, and Vehicle Modifications.

The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved:

<u>Year</u>		<u>Unduplicated Recipients</u>	<u>Factor D</u>	<u>Total Waiver Costs</u>
1	5/1/09-4/30/10	71	\$28,324.97	\$2,011,072.87
2	5/1/10-4/30/11	100	\$46,718.41	\$4,671,841.00
3	5/1/11-4/30/12	100	\$47,039.11	\$4,703,911.00

If Washington chooses to serve more individuals or make any other alterations to this waiver, a waiver amendment must be submitted for approval. At the end of this three-year waiver period, the State can renew the waiver by providing documentation of satisfactory performance and oversight. If you have any questions about this matter, please contact Claire Hardwick at (410) 786-6777 or Lydia Skeen at (206) 615-2339.

Sincerely,



Suzanne Bosstick
Director

Cc: Linda Rolfe (Director, Division of Developmental Disabilities, DSHS)
Christie Seligman (DDD Program Manager, Aging and Disability Services, DSHS)