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CHAPTER 42 - SERVICES TO THE BLIND
WAC 388-15-270
1500 - PROGRAM CODE FROM SSRS

42.10 DEFINITION

Services to the blind are services to eligible persons which include assistance in securing mobility training, personal care, home management and communication skills, including learning to read and write braille, talking book machines, special aids, safety items and the provision of counseling to the blind person or the parents of blind children relative to adjustment to blindness, special adjustment classroom placement or preparation for entry into training or job placement. Services also include prevention of blindness, coordinated with and funded by Title XIX and intensive services in the Rehabilitation Center for the newly blind, as well as help in establishing and maintaining the blind in small business enterprises.

42.14 ELIGIBILITY

Persons eligible for Services to the blind under Title XX are those who meet the criteria for recipient status or income in 10.08.

42.20 GOALS

Services to the Blind may be provided to meet the following goals; however, only one goal may be pursued at any one time. Goals may be changed at any appropriate time, and the goal change reflected in a revision of the DSHS 14-140(X) Primary Recipient Form, and if necessary, the DSHS 14-141(X) Social Service Record.

1. Achieving or maintaining economic self support. That is, providing those appropriate services which will assist individuals in overcoming barriers to training and employment associated with blindness, including counseling, encouragement to seek and use available services to maintain or achieve economic self support in whole or in part.

    a. Activities to accomplish this goal may be:

        (1) Determining with the blind or physically handicapped client, relatives or friends, what special services are needed to achieve economic self support.

        (2) Arrange for placement in special schools for the blind.

        (3) Arrange for talking book machines to be delivered to the client.

        (4) Arrange or assist in arranging for client to receive books, other material and aids from the Library for the Blind and Physically Handicapped.

(5) Arrange for training.

(6) Explore use of other agencies.

(7) Encourage client to complete training.

(8) Counsel with family on problems interferring with training or employment.

(9) Help secure assistance of relatives and friends.

(10) Counsel client to accept and use necessary treatment.

(11) Coordinate with SSI, Vocational Rehabilitation and other ancillary resources.

2. Achieving or maintaining self sufficiency. That is, providing those services appropriate to attaining or regaining self sufficiency associated with blindness, including counseling and encouragement to use those services required to prepare them to care for themselves totally or to a greater degree.

a. Activities to accomplish this goal may be:

(1) Determine with the blind or physically handicapped client, relatives or friends, what special services are needed to attain or regain self sufficiency.

(2) Arrange for or provide mobility training, and/or assisting the client with the activities of daily living.

(3) Arrange for placement in special schools for the blind.

(4) Arrange for talking book machines to be delivered to the client.

(5) Arrange or assist in arranging for client to receive books, other materials and aids from the Library for the Blind and Physically Handicapped.

(6) Arrange for client to receive white canes, seeing eye dogs or other needed resources or special aids.

(7) Explore use of other agencies.

(8) Counsel with family on problems relating to adjustment to blindness.

(9) Help secure assistance of relatives and friends.

(10) Arrange for homemaker or chore service.

(11) Arrange for friendly visitor or reassurance phone call service.

(12) Help secure meal services.

(13) Counsel with client to accept and use necessary treatment.

(14) Coordinate with SSI, Vocational Rehabilitation, Bureau of Developmental Disabilities and other ancillary resources.

(15) Help client find appropriate living arrangements.

42.22 ESSO RESPONSIBILITY

Except for the Prevention of Blindness program, the basic ESSO responsibility is to know that the service is available, to explain the service at least in general terms, to inquiring persons, and to make referrals. See 42.60 and following, below, for a detailed description of Services to the Blind services.

42.26 PREVENTION OF BLINDNESS

The Prevention of Blindness program in the DSHS has as its major objective the encouragement of prompt, specialized medical eye care for conditions in which sight is endangered, sight can be restored, or remaining sight can be preserved, and assistance with costs of care when not otherwise available.

42.28 PERSONS ELIGIBLE

Any person receiving financial assistance on a continuing or noncontinuing basis, or whose needs are included in such financial assistance, and children receiving foster care at DSHS expense. No further determination of eligibility is required. Any person eligible to receive general medical care without financial participation, or any person currently receiving medical care only and applying excess income resources toward the cost of general medical care. No further determination of eligibility is required. Any other person, living outside of a federal institution, whose inability to pay for eye care is established according to the standards in WAC 388-72-225 through 388-42-235.

In addition to monthly maintenance standards utilized in the Medical Assistance program, exempt income shall include amounts applied toward actual expenses for the following obligations:

1. Regular payments made for the support of dependents in compliance with a court order.

2. Life insurance premiums.

3. Essential transportation costs including car payments and upkeep.

4. The acutal cost of shelter in excess of 30% of net income.

5. Delinquent accounts for food, rent, utilities, fuel, and current payments to creditors on essential and necessary items, provided payments are made regularly and the applicant has receipts for payment.

Currently available income in excess of allowed budget items shall be applied toward the cost of medical eye care. Commitment by the patient to a plan for future payments is not required.

The current medical and hospital schedules of services for the blind shall be used in evaluating the applicant's financial need for medical eye care, and shall apply to all services rendered when the department pays part of the cost of care.

42.30 SERVICE INTERVIEW

1. At the time of the application for medical eye care, an assessment should be made of the patient's understanding of the medical plan and his ability to follow through with it. If additional services are needed, an effort should be made to provide them.

2. When surgery is approved, a service worker should review the case record and if it appears the patient might need help in facing surgery or in making practical arrangements connected with surgery and care afterward, a contact should be made. A brief memorandum regarding significant complicating factors should be sent to the SO at Prevention of Blindness, 3411 South Alaska Street; Seattle, Washington 98118.

3. If a service worker sees a special problem at any time which may affect decisions or planning for medical eye care, this should be made known to SO at Prevention of Blindness, address same as in (2) above.

42.32 CASES LOCATED THROUGH OTHER MEDICAL PROGRAMS

If a routine eye examination furnished under the Medical Care program indicates blindness or a condition leading to blindness, case shall be referred by forwarding copy of examination report to SFB, address same as in (2.) above, together with a covering memorandum indicating service which appears to be needed and any special factors service worker believes should be taken into account in planning.

42.34 EYE EXAMINATION

When no medical eye report is available through other sources and medical or surgical treatment appears to be necessary to prevent blindness or

restore vision, an initial eye examination will be authorized for eligible A/R by the ESSO. Indications for such an examination include eye injury, pain, very poor vision, sudden loss of vision, seeing halos around lights, a child whose eyes cross or who tilts his head to see. For generalized complaints, such as headaches, a patient should ordinarily consult his family physician first. Eye examinations for refractive errors only are not the legal or financial responsibility of SFB. Referral by an optometrist for medical eye care by an ophthalmologist will always warrant an authorization for an examination by an opthalmologist.

42.38 REFERRAL TO OPHTHALMOLOGIST

To institute eye care, DSHS 13-23, Authorization for Medical Eye Examination by Ophthalmologist, is sent by the ESSO to the ophthalmologist selected by the patient from the list of opthalmologists participating in the SFB program. The authorization should be accompanied by Form DSHS 13-07, Report of Medical Eye Examination by Ophthalmologist. Patients make their own appointments if they can conveniently do so; the caseworker makes the appointment when this help is needed.

The authorizing form instructs the ophthalmologist to forward a copy of the authorization and the completed report form directly to SFB. For patients not covered by Medicare, the billing form A19 is submitted with the authorization and report. For patients covered by Medicare, Medicare billing forms are submitted to the Medicare carrier in duplicate, with a notation that DSHS, Services for the Blind, will cover Medicare deductibles and coinsurance.

After the report of medical eye examination is reviewed in the SO, a copy is returned to the ESSO. If additional eye care is advised and approved, it is authorized by the SO.

42.40 LIMITATION ON REPEAT EXAMINATIONS

A second complete eye examination is usually not authorized within a period of a year. If a patient wishes to have an examination by a second ophthalmologist, it is the patient's responsibility to pay for it, unless the patient's ophthalmologist or the state ophthalmological consultant advises or agrees to a consultation. It is appropriate in such a situation to encourage the patient to discuss his interest in having another opinion with his ophthalmologist.

42.42 EXAMINATION AT A/R's EXPENSE

If an applicant has recently had an eye examination at his own expense or has sufficient resources to pay for the examination, the ESSO requests a report from the ophthalmologist with the written explanation that the department is not assuming financial responsibility for the examination.

42.48 EYE CARE FOR CHILDREN

Medical eye care for children is available through the Prevention of Blindness program upon referral or request, or when symptoms or behavior suggest that it is needed. See Section 42.34. For refractive errors and the provision of glasses, eye examinations should be secured through the Medical Care program.

42.50 PARENTAL CONSENT

The parent's signed consent is necessary before SFB can authorize surgery for children under 18 years of age. The ESSO secures the Parental Consent, DSHS 13-27, prepared in duplicate. Both copies are forwarded to SFB. Service worker will record in ESSO service record that DSHS 13-27 has been secured and forwarded.

42.52 SFB REPORT TO ESSO

SFB furnishes the following reports to the ESSO:

1. Copies of Reports of Medical Eye Examinations received from ophthalmologists, showing the agency's decision regarding further care.

2. Copies of progress reports from ophthalmologist.

3. Copies of correspondence between SFB and ophthalmologists, including copies of pending surgery letters which give the ophthalmologist approval for surgery and ask that time and place be arranged.

4. Copies of post-operative reports on eye surgery.

5. Copies of medical care requisitions.

6. A copy of the explanation to the examining ophthamologist of the reason for denial of requested services.

7. Notification when services for a patient have been completed and case is to be closed.

42.54 ESSO REPORT TO SFB

The ESSO sends the following reports to SFB:

1. Original of correspondence received directly from ophthalmologist.

2. Reports by memo or phone regarding social factors which are significantly affecting plans for medical eye care.

3. Notification when the patient's application is denied or eligibility is terminated. The report must include details relative to available resources to meet eye care needs.

4. Transfer of patient to another ESSO.

5. Death of patient for whom treatment has been authorized.

PARTICIPATING OPHTHALMOLOGISTS
SERVICES FOR THE BLIND
PREVENTION OF BLINDNESS
RESTORATION OF VISION

ASOTIN COUNTY

HENRY, Daniel W

BENTON COUNTY
ILLIG, Karl M.
PALMER, Marvin G.
PATCHETT, Orval W.

CHELAN COUNTY
MILLER, C. K.
RADEWAN, M. G.
SCULL, Eliot W.
SOROM, Terry A.
THORN, James I.

CLALLAM COUNTY
D'AMATO, James M.
MORRISON, Kingsley McRae

CLARK COUNTY
BEDROSSIAN, Robert H.
CARTER, Charles B.
MOSSMAN, Frank D.
RUNDLE, John P.
TANNE, Emanuel
UNDERWOOD, E. A.
VIGELAND, George N.

COWLITZ COUNTY
HILL, Robert V.
HULBERT, James E.
ROBISON, H. C., Jr.
SPELLMAN, C. W.

GRANT COUNTY
LARSON, Darell H.
ROTH, B. Paul

GRAYS HARBOR COUNTY
LEW, Ralph
THOMPSON, Charles R., Jr.

KING COUNTY
BARRETT, Earl L.
BLACKHAM, Cornell E.
BOCKOVEN, Robert C.
BOSLAND, Jon H.
BOYD Herschell H.
BOYLAN, Charles E.
BROWN, J. Stephen Jr.
BRUGMAN, R. Barry
BUNN, Jack C.

KING COUNTY (Continued)

CAMPBELL, John R.
CAREY, Thomas F.
COYLE, J. Terrence
DE LANGE, Henri J.
FLICK, Edward
FOXWORTHY, Laurel
FREEMAN, Melvin I.
GIRLING, W. N. Moray
GROTH, Robert C.
GUZAK, Steven V., Jr.
HAFFLY, Gilbert N.
HALL, George A.
HARGISS, James L.
HICKS, John D.
HORSFIELD, Russell T.
HUFF, Russell H.
HUNGERFORD, Louis N., Jr.
JACK, M. Kim
JOHNSON, Robert M.
JOHNSON, Roger H.
JOHNSTONE, Murray A.
JONES, David B.
KETCHAM, Ferris F.
KLEIN, Otto G., Jr.
KOSTERLITZ, Hanna
LAUGHLIN, Robert C.
LEBENZON, Albert B.
LOMAS, Richard W.
LYDA, Wood
MAYNARD, Robert E.
McCLEAN, John P.
McCLELLAN, Bruce S.
McINTYRE, David J.
MILAM, Daniel F.
MULLIGAN, William P.
NEWTON, Dana S.
NIELSEN, David Greer
PETER, Pnilip A.
PETERSEN, Walter C.
RALSTON, L. Atley
RASIC, Philip J.
ROCKEY, Dean M.
ROE, Thomas C., Jr.
SARRO, Louis J.
SCHOFFMAN, L. E.
SHIACH, John M.
SMITH, David M.
STEWART, C. Thomas
SWARTZ, Edgar A.
THOMPSON, Charles R., Jr.
THORLAKSON, Neil F.

KING COUNTY (Continued

TOPINKA, Walter A.
WAGENAAR, Philip
WATTS, Leland F.
WELLINGTON, David P.
WILSON, Arthur H.
WRIGHT, C. Larry

KITSAP COUNTY
ERICKSON, Gerald I.
GULDJORD, Knute M.
HANSEN, Robert W.
OLSEN, Terrill C.
OLSON, Nelse O.
SCHUBERT, Thomas W.

KITTITAS COUNTY
BRYAN, Albert H.
HICKS, W. W.
LAWLESS, Charles P.
TAYLOR, Michael A.
VORENKAMP, Richard J.

LEWIS COUNTY
HEIDAR, Helgi
TIPLER, Robert J.

PIERCE COUNTY
ALENICK, Leonard B.
BAER, Duncan T.
BECK, Ronald J.
BOWE, Richard G.
BOWEN, Jesse W., Jr.
BRACHVOGEL, Max W.
CAMP, Harry W., Jr.
COLLEY, Russell Q.
DODGE, Byron M.
GRAHAM, Donald A.
KILBORN, Kenneth S.
LINDBLAD, Randolph M.
MAIER, Haskel L.
MANDEVILLE, J. W.
MARSHALL, Charles E.
PEARSON, Don C.
SMITH, Paul B., Jr.
SPAULDING, William L.

SKAGIT COUNTY
CHAMBERS, John D.
CROGHAN, Richard A.
MOHR, Armin A. A.

Effective 7/1/75

PARTICIPATING OPHTHALMOLOGISTS
SERVICES FOR THE BLIND
PREVENTION OF BLINDNESS
RESTORATION OF VISION

SNOHOMISH COUNTY
BUNN, Jack C.
CUSTER, Allen L.
DAVIDSON, Richard A.
DRUMHELLER, G. H.
HAFFLY, Gilbert N.
HOYLE, Rodney V.
MINOR, R. Hugh
SCHULTZ, F. E.
SECOY, H. R.
SEIBOLD, William R.
THACKER, E. A.
TOMLINSON, John W.
WALTZ, Harold

SPOKANE COUNTY
ANTHONY, Marc
BERG, Michael P.
BRASSEUR, Eugene V. H.
DAVIS, Robert J.
EGGLESTON, Richard J.
ELLINGSEN, Bruce A.
ELLINGSEN, Donald A.
GATES, Charles L.
GREENE, Philip B.
HENRY, Randall W.
HERBERT, W. Richard
HOGSETT, S. Fuller
HOGSETT, Smith F.
HOLLOWAY, Jonathan A.
JONES, O. W., III
LARSON, Gordon E.
MACKAY, Alan B.
MAHER, Robert C.
RICHTER, William C.
SORENSEN, Eric C.
TEDESCO, Joseph A.

THURSTON COUNTY
BRUNTON, Robert I.
ERICKSON, John C.
FORREST, Gary L.
McCREA, H. J.
MILLS, Richard P.
TAYLOR, Thomas J.

WALLA WALLA COUNTY
BOND, John W. L.
HOGENSON, Clifford D.
STEVENS, Ralph W.

WHATCOM COUNTY
ALAN, Robert L.
ANDERSON, John D.
HODGE, John H.
KAISER, Robert F.
PRATUM, Rolf H.

WHITMAN COUNTY
HENRY, Robert T.

YAKIMA COUNTY
BRYAN, Albert H.
KERNS, Thomas F.
LAWLESS, Charles P.
LUNDBALD, Robert M.
MATHER, Robert W.
TAYLOR, Michael A.
VORENKAMP, Richard J.

OUT-OF-STATE
BALDECK, Eugene M. (Lewiston, Ida.)
BREWER, Malcolm I. (Portland, Ore.)
BROWNING, Charles W. (Astoria, Ore.)
BURNS, Robert P. (Portland, Ore.)
CHENOWETH, Richard G. (Portland, Ore.)
CHRISTENSEN, Leonard (Portland, Ore.)
DUNN, Ronald E. (Moscow, Ida.)
JONES, Lester T. (Portland, Ore.)
McDANIEL, David S. (The Dalles, Ore.)
TOYAMA, Roy (Coeur d'Alene, Ida.)
WOLD, David A. (Coeur d'Alene, Ida.)
WORDEN, D. K. (Lewiston, Ida.)

42.60 SERVICES AVAILABLE

1. An original eye examination is authorized by the ESSO when medical or surgical treatment to prevent blindness or to restore vision appears necessary. The completed eye examination includes pathology, fields; a statement of the visual acuity of each eye with the best possible correction and recommendations for care. All patients over the age of 35 must have a tension check to rule out glaucoma. An eye examination involving refractive errors only may not be authorized.

2. Medical treatment of any eye condition which may be expected to cause loss of vision. This may be provided in the physician's office, in the patient's home, or in a hospital. Treatment must be provided by a participating ophthalmologist. Conditions most frequently covered are: amblyopia, cataract observation, corneal ulcer, glaucoma, iritis, keratitis, strabismus (squint, esotropia, exotropia, crossed eyes), and uveitis.

3. Surgery to prevent blindness or to restore sight. Surgery is most frequently provided for cataract, corneal transplant, entropion, glaucoma, pterygium, retinal detachment, and strabismus. Enucleation is included to prevent complications in the other eye and to enable a patient to continue under the care of the same physician in the event an eye has to be removed.

4. Hospitalization for eye surgery or treatment in a hospital designated by the ophthalmologist.

5. X-rays of the orbit.

6. Drugs prescribed in conjunction with authorized eye care, except lipotriad, vitamins, and experimental drugs.

7. Appliances: Stock prosthetic eyes following enucleation; contact lenses when necessary for vision; glasses following cataract surgery and glasses for the treatment of strabismus when no other resource is available, and Services for the Blind funds permit.

8. Social work consultation is provided to ESSO staff by a medical social work consultant. ESSO financial staff works directly with patients and their families, to establish financial eligibility, and service staff may provide services which will assist patients in carrying out medical recommendations. The medical social work consultant can provide information regarding the implications of various eye conditions and available resources, and can discuss ways of helping patients through an understanding of common attitudes, fears and misconceptions about eye care.

42.62 CONSULTANT TO PARENTS OF BLIND CHILDREN

Visually-impaired children are eligible for the same services offered by the Community Services Division to all children. In addition, Services for

the Blind extends special social services to blind or visually-impaired children and their families through the Counselor to Families of Blind Children. Emphasis is on early case-finding and long-term follow-up. Referrals are received from service worker, medical personnel, educators and parent. Service workers in children's Protective Services, foster care and the Prevention of Blindness program as well as Children's Services, are particularly likely to learn of visually-impaired children. Appropriate referrals are any visually-impaired children (including the multiply-impaired) or a school age child with academic or personal adjustment problems.

The counselor travels throughout the State to meet with service workers and with families of visually-impaired children. With the pre-school child the counselor helps the family meet the challenge of visual impairment and assists in teaching self-help, orientation and mobility skills. In all cases the counselor helps the family plan for educational, rehabilitation and possibly residential services for both the immediate and long-term future.

When a service worker learns of a visually-impaired child, he should notify Services for the Blind and confer with the Counselor to Families of Blind Children. Even if immediate service is not indicated, Services for the Blind needs to be informed of visually-impaired children so that a registry can be maintained and needs for service anticipated.

42.64 TEACHING AND COUNSELING SERVICES FOR THE ADULT BLIND

The law provides for "teaching of subjects to assist visually handicapped persons in the ease and enjoyment of daily living."

The primary aim of the Home Teaching and Counseling Program is to develop self-reliance in a blind person, to assist him in understanding his assets and liabilities and to help him to adjust to his blindness.

Personal Adjustment Services--The teacher/counselor gives instruction on orientation of his home environment, foot travel in the home and immediate yard. She teaches skills necessary to meet the demands of daily living, for example, homemaking. She also teaches common handicrafts, embossed prints pencil writing, typing, Braille, and recreational devices. Along with the teaching of skills, the teacher assists the applicant with his personal problems of adjustment.

When the goals for services agreed upon by the Teacher/Counselor and the student have been reached, or if further progress cannot be sustained, service is discontinued. Relatives, friends and community groups are assisted in understanding some of the problems faced by blind persons and appropriate ways of helping are suggested. Often this means providing greater opportunity for the blind person to take responsibility and act independently.

The Teaching and Counseling Program relies on the assistance of volunteers in the local community to provide services to many visually handicapped persons. The Teacher-Counselor therefore, works directly with groups of volunteers, training them to effectively meet the needs of visually handicapped persons in the local community. Many of the volunteers may be visually handicapped themselves. The teacher/counselor may also meet with groups of visually handicapped persons towards the end of consumer participation in the program.

42.66 VOCATIONAL TRAINING AND REHABILITATION

The Rehabilitation Center for the Blind provides the blind person realistic evaluation and help in formulating a plan for his life that will be most beneficial to him. This is accomplished through the association with other blind persons, counseling with the various instructors at the Center, work tryouts, orientation and travel training and tryouts, and the help of professional persons in their specialized fields. With this background, the blind person is better able to plan towards a specific vocational goal with his counselor.

Early emphasis is placed on travel orientation. During the stay at the Center, guidance is given on personal management, work habits, employer-employee relations, and other personal and social contacts. Physical assets of the individual are tested through the use of hand and power tools in an acutal work situation and work tolerance, coordination and finger dexterities are determined. At the same time, attitudes toward the job, his fellow workers and supervisors are noted.

42.68 THE REHABILITATION CENTER

This does not provide specific job training. However, specialized training, if desired by the vocational rehabilitation officer and the client, can be provided at the Training Center if the training falls within the scope of its activities.

42.70 TRAINING CENTER FOR THE BLIND

Special vocational training is provided in those fields in which community resources for training are not available or practical for blind persons. Training may be given in general vocational field or for a specific job to which the student will be referred. Training is provided by the regular staff of the Training Center with the assistance, when deemed advisable, of instructors from vocational schools or specialists from the trades. Special training is provided for those who wish to establish their own business. Eligibility follows standards set forth in Section 42.94.

42.72 MAINTENANCE WHILE ATTENDING TRAINING CENTER

Transportation, incidental expenses, and board and room, if living beyond commuting distance, are provided the trainee when he is financially unable to meet these costs. A person receiving public assistance is expected to apply part of his grant toward maintenance. The arrangement is worked out on an individual basis with the VRO, ESSO service worker and the trainee. The PA grant is not terminated during the training period. Any additional training expense is provided from Vocational Rehabilitation funds and is not to be considered a resource.

42.74 PLACEMENT

While attending the Training Center the trainee works with his VRO and the placement counselor toward a specific vocational goal.

42.76 VENDING STANDS

The vending stand program provides blind persons having the desire and ability an opportunity to operate a small business. Preference shall be given to blind persons licensed by the State in the operation of vending stands in public buildings owned by the Federal Government, the State of Washington, or any county, city, or political subdivision. Vending stands may be located in privately owned buildings where arrangements can be made with the owners of such buildings. Eligibility follows standards in Section 42.94.

42.78 LICENSING VENDING STANDS

The licensing agency licenses only qualified applicants, giving preference to blind persons who are in need of employment, and who have resided for at least one (1) year in the State of Washington. Licenses are issued only to persons who are determined by Services for the Blind to be:

1. Blind or whose vision with best proper correction is 20/200 or less in the better eye, or when the peripheral field has contracted to within twenty (20) degrees of the fixation point in all quadrants;

2. Citizens of the United States;

3. At least 21 years of age; and

4. Certified by the State Vocational Rehabilitation Agency as qualified to operate a vending stand.

42.80 SELECTION

The VRO provides the names of qualified applicants interested in becoming vending stand operators. Preference is given those seeking training in

the order of application. Placement in a vending stand depends upon the abilities and desires of the applicant after training.

42.82 TRAINING AND PLACEMENT

Six months intensive training for vending management is given in Seattle by the vending stand supervisor. Subsequent training is also given the operator after placement in his stand. The vending stand operator's earnings begin with his "on the job" training.

42.84 MAINTENANCE DURING VENDING STAND TRAINING

Maintenance will be provided according to the policy in Section 42.72.

42.86 EQUIPMENT AND STOCK

The equipment and initial stock may be furnished from Vocational Rehabilitation Case Service Funds; in such instances SFB retains title to the equipment and to the amount equal to the initial stock.

42.88 SUPERVISION

A contractual agreement is entered into between the management of the building and SFB for the establishment and maintenance of a vending stand. A separate contractual agreement is entered into between the vending stand operator and SFB, establishing rules for operation of the vending stand. A representative of the Department visits each stand regularly to provide supervision necessary to insure a successful operation.

42.90 FAIR HEARING

A fair hearing shall be afforded in the manner established by Section 74.08.070 RCW to an operator dissatisfied with any action arising from the operation or administration of the vending stand.

42.92 VOCATIONAL REHABILITATION SERVICES FOR THE BLIND

Vocational Rehabilitation Services for the Blind are provided within the broad framework of the Vocational Rehabilitation Administration of the USDHEW. Services available for the blind include all services offered by other Vocational Rehabilitation agencies to disabled persons.

The objective of this program is a remunerative occupation. It includes practice of professions; self-employment; employment in competitive labor

market; homemaking; farming or family work (including work for which payment is in kind rather than in cash); sheltered employment and home industry or other homebound work of a remunerative nature.

42.94 ELIGIBILITY FOR VRSB

Eligibility for VRSB is determined on the basis of the following criteria:

1. Vision - A person is eligible who has 20/200 or less (Snellen notation) vision in the better eye with proper correction or a limitation in the field of vision of 20 degrees of the fixation point in all quadrants; or has vision better than 20/200, but has an eye condition of a progressive nature which may lead to blindness, and for whom a vocational handicap exists.

2. Substantial handicap - The existance of a substantial handicap to employment caused by the limitations resulting from such disability.

3. Reasonable Expectation of Remunerative Occupation - A reasonable expectation that vocational rehabilitation services will enable the individual to engage in a renumerative occupation.

4. Residence - An applicant must be a resident of the state for other than temporary purposes.

5. Economic need - Certain services are conditioned on economic need. Other services are provided irrespective of the financial circumstances of the client. The services not conditioned on economic need are: diagnostic services, training costs, counseling and guidance, and placement services. All other services listed above are conditioned on establishment of economic need by the VRO.

42.96 NON-DISCRIMINATION

No discrimination shall be shown with respect to sex, race, creed, color or national origin of individual.

42.98 REFERRAL FOR VRSB

The ESSO shall refer to SFB any person who may be interested in and who appears to be eligible for VRSB. The SFB provides necessary rehabilitation services to each eligible individual found by the diagnostic study to require such services, including:

1. Medical examinations for the diagnosis of the extent of disability and for the determination of the applicant's physicial capacity to undertake vocational rehabilitation services.

2. Counseling and guidance to help the disabled person select and attain a vocational goal.

3. Medical, surgical, drugs, physchiatric and hospital care as needed to remove or reduce the disability.

4. Prosthetic applicances such as hearing aids, artofoca; eyes, braces, etc., to increase the client's ability to work.

5. Training in vocational school, college or university, on-the-job training, tutoring, correspondence courses, and readers' services.

6. Maintenance and transportation when needed while undergoing treatment or training.

7. Occupational tools, equipment and licenses as necessary to enable the client to start in his vocational endeavor.

8. A job placement which the client has the ability and training to handle competently.

9. Follow-up after placement.

42.100 TARGET CLIENT GROUPS

1. For the Prevention of Blindness program the target group is composed of persons of all ages who have eye problems which threaten vision and who do not have financial resources to provide specialized medical eye care. If there is reason to believe a client has an eye problem beyond a refractive error (e.g., eye injury, pain, very poor vision, sudden loss of vision, seeing halos around lights, a child whose eyes cross or who tilts his head to see), the ESSO can authorize an eye examination at the expense of SFB. For generalized complaints, such as headaches, a person should ordinarily consult his family physician first.

   a. Financial Eligibility - An individual receiving public assistance from the Department either as payee of a grant or as a dependent of a payee is eligible to receive treatment and services for the prevention of blindness and restoration of vision. No further determination of eligibility is required. It is essential Services for the Blind be provided with information relative to age of patient and assistance category. Nonrecipients must meet standards set forth in WAC 388-72-225 thru 235.

2. For the program of consultation to the parents of blind children the target group is all blind or significantly visually impaired children in the state.

3. For the Teaching/Counseling Program the target group is composed of persons who are blind or significantly visually impaired irrespective

of financial resources who need counseling in relation to loss of vision, who need to acquire basic skills in order to adapt to blindness, or who need activities to have a more satisfying life style.

4. The target group for Vocational Rehabilitation services is: Significantly visually impaired high school students who will require vocational rehabilitation services in order to enter employment; other visually impaired persons who will require vocational rehabilitation services in order to enter or reenter employment; or visually impaired persons who need rehabilitation services in order to determine their rehabilitation potential; or those who require rehabilitation services to continue their role as a homemaker or family worker.

   a. Vending Stands - According to the 1954 amendments to the Randolph-Sheppard Act, the selection of an operator of a vending stand must be made from persons who are Vocational Rehabilitation Clients of the Services for the Blind Unit.

42.102 SPECIAL PROBLEMS

The characteristics of visually-handicapped persons are as varied as are those of other persons. In working with blind persons the service worker should be aware of some general problems that the blind person might experience:

1. A blind person who was previously sighted may have attitudes about himself similar to the attitudes he had about blindness when he was sighted.

2. Sometimes he may regard himself as less capable than he really is.

3. A blind person may be frustrated because of the lack of opportunity for employment, recreation, etc.

4. A blind person may need training in activities which he previously performed with ease such as traveling from point to point, performing household tasks, writing, reading, etc.

42.104 INTER RELATIONSHIPS WITH OTHER PROGRAMS

1. Exchange of Case Information - The exchange of case information between the VR and the ESSO staff shall be to provide the best possible service to the client, based on a full understanding of the pertinent information relating to his needs and potentialities.

2. Allotment for Blind Student Attending College or Univeristy - Section 28.76.130 RCW authorizes the State Board of Education to allot to a blind student attending a college or university within the State of Washington a sum not to exceed $200 per quarter, or so much thereof as may be necessary, as determined by the State Board of Education.

In order to receive benefits, the blind student must have been admitted to the institution of higher learning, must have been a resident of the State of Washington for one year, and must provide evidence that he does not have sufficient resources to finance his education.

Approval of an allotment to a blind student is dependent upon a certificate from the institution of higher learning that tuition and laboratorty fees will be waived for the blind student.

The State Board of Education makes the decision on eligibility and amount granted to the student.

3. Staff Ophthalmologist - Services for the Blind employs an opthalmologist who has been certified by the American Board of Ophthalmology. His appointment is recommended by the Physician's Eye Advisory Committee for a three-year term.

   It is his responsibility to review all recommendations made by the ophthalmologists participating in the program. These recommendations are reviewed jointly with the Medical Social Work Consultant from the Services for the Blind staff. He may ask for additional information from the examining physician to assist in evaluating the recommended services.

42.106 SERVICES EXCLUDED

Certain eye conditions which are degenerative and not subject to amelioration, and most conditions pertaining to tear ducts and eye lids rather than the eye itself are excluded; for example, macular degeneration, conjunctivitis, chalazion, blepharitis, and ulcer of the eyelid. Tear duct surgery (dacryocystectomy, dacryocystorhinostomy) is provided under this program only when it precedes surgery on the eye. Plastic surgery and orthoptics (muscle training) are not provided. X-rays of the skull are not included. Glasses to correct refractive errors are not provided.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-240
ISSUED: 12/24/85

FROM: COMMUNITY SERVICES
Thelma Struck, Asst. Sec. OB-44

SECTIONS REVISED:
New

EFFECTIVE: 01/01/86
FOR INFORMATION CALL:
Samuel H. Koshi
SCAN 234-1241 or
Non-SCAN 753-1241

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: COST OF LIVING CHANGES AND CLARIFICATION FOR CHORE SERVICES

Place this notice in the front of Chapter 42, Manual G, and note on the Green Notice Control Sheet the date Notice No. G-240 was entered.

BACKGROUND

1. The 1985 legislature authorized a 3% vendor rate increase for chore services effective January 1, 1986. Increases are made in attendant care and contract unit rates. There will be no change in the lid, because this increase was factored in at the time of the initial allocation.

   SSPS will not send out mass printouts to reflect the unit rate changes for contracted chore service clients as in the past.

   a. To accommodate this change, service workers will no longer be required to complete Item 41 and Item 43 in the SSPS forms, DSHS 14-154(X)/159, Social Services Authorization/Change of Service Authorization.

b. All other aspects of completing the forms, such as submitting with CRQs to authorize service to the AAAs and contractors, entering the number of hours authorized, continue to be required.

c. Also, the forms will continue to generate count points for social services workload standard purposes and for tracking authorization levels such as for encumbrance information for the lid.

d. Codes 4220 and 94220 will cease to be payment codes and will become nonpayment codes.

2. SMI chart has been updated effective January 1, 1986. The new dollar figures are based on information received from the budget office.

3. A number of questions have been raised about duties and responsibilities of attendant care providers in the individual provider program. Revisions are made to clarify this matter and the fact that the clients are employers of their care providers is re-emphasized.

4. The 1983 chore services legislature required referral of certain chore service applicants/recipients to the volunteer chore service program. The volunteer chore service program is funded by the Senior Citizens Services Act (SCSA) which serves only clients who are over age 60. Revision is made to make referrals consistent with the SCSA.

5. Questions have been raised about the income level of a couple when one receives SSI and the other does not. This is clarified.

6. Questions concerning the use of DSHS 14-139(X), Social Service Eligibility Document and Face Sheet, have been raised. This is clarified.

ACTION REQUIRED

1. Rate increases

a. Attendant care

Use the following rate chart for new IPP attendant care clients beginning January 1, 1986 and increase rates for current clients, at the time of review beginning January 1, 1986, as appropriate. (Replace amounts shown in chart, Manual G, 42.35 B 3.)

(1)

Hours of service/day	Payment/day	Base monthly rate (30 days per mo.)
16-24	up to $18.50	up to $555.00
12-15	up to $16.50	up to $495.00
8-11	up to $13.50	up to $405.00
4-7	up to $ 9.00	up to $270.00
2-3	up to $ 6.00	up to $180.00
1	up to $ 3.40	up to $102.00

(2) Up to $75.00 a month for each additional person in a household approved for chore services.

(3) No change is made in the following individual provider program rates:

(a) Maximum IPP hourly rate of $3.95 an hour.

(b) Room and board allowance of $83.50 a month.

(c) Meal allowance of $2.50 a day.

(d) Transportation allowance of 20¢ a mile. Maximum of 60 miles a month per client.

(e) Waivered amounts in 42.45 B. 1.

SS Manual - 1662
David v.

b. Contract unit rates

Use the following contract unit rates for your area to compute the reductions for attendant care clients whose income exceeds 30% SMI, after January 1, 1986.

2. Service workers are required to update SSPS authorization for all attendant care clients (4202, 4205, 94202, and 94295), as appropriate. The increases do not apply to grandfathered clients who:

a. Had income above 30% through 56% SMI and had approved waivers prior to August 23, 1983, to prevent reduction or termination of payment when the 1983 law was applied; and

b. Had income in excess of 57% SMI, and had approved waivers prior to August 23, 1983 for department to pay part or all of the clients share of the attendant care costs.

3. Attached SMI chart is effective January 1, 1986 and replaces the chart on pages 22, 23 and 24, Manual G, 42.25 B.

4. Revisions clarifying duties and responsibilities of attendants become effective on receipt of this green notice.

   a. 42.12 A 2
      Add: During the hours attendant care is authorized, the client as employer, may instruct the attendant(s) about activities and tasks to perform.

   b. 42.12 C
      Add: #5: Requires attendant care services. This service may be provided while he or she is away from the home.

   c. 42.12 D 8
      Add; or laundry, except for attendant care clients.

   d. 42.31 D 18 (a)
      Add as third paragraph: The attendant care provider may accompany the client away from the home during the hours attendant care is authorized, to perform tasks, as necessary and requested by the client.

5. Revision concerning referral of certain clients to the volunteer chore service program becomes effective on receipt of this notice.

   a. 42.05 A 5 and 42.05 A 6
      Add: Refer only applicant/recipient who is over 60 years of age.

   b. 42.14 A 4 k
      Add: Refer only applicants/recipients who are over 60 years of age and wish referral.

6. Revision to clarify situations when a non-SSI and SSI couple are both chore service applicants/recipients becomes effective on receipt of this notice.

   42.22 C
   Add #6: Income level for non-SSI applicant/recipient for chore service, whose spouse receives SSI, is the combined income of the couple, according to the SMI chart by family size.

7. Revisions are made to clarify that DSHS 14-139(X) is to be used for all chore service applicants and recipients.

   a. 42.22 A 1
      Delete "non-SSI" and add "all."

   b. 42.25 - second paragraph
      Reword first sentence to read "The eligibility category of all applicants/recipients are documented on . . . ."

STATE MEDIAN INCOME CHART - EFFECTIVE JANUARY 1, 1986

Percent State Median Income	GROSS FAMILY INCOME						
	Family Size 1	Family Size 2	Family Size 2	Family Size 4	Family Size 5	Family Size 6	* Hours of Reduction
1	13	17	21	25	29	34	
2	26	35	43	51	59	67	
3	40	52	64	76	88	101	
4	53	69	85	102	118	134	
5	66	86	107	127	147	168	
6	79	104	128	152	177	201	
7	92	121	149	178	206	235	
8	106	138	171	203	236	268	
9	119	155	192	228	265	302	
10	132	173	213	254	294	335	
11	145	190	235	279	324	369	
12	158	207	256	305	353	402	
13	172	224	277	330	383	436	
14	185	242	298	355	412	469	
15	198	259	320	381	442	503	
16	211	276	341	406	471	536	
17	224	293	362	432	501	570	
18	238	311	384	457	530	603	
19	251	328	405	482	559	637	
20	264	345	426	508	589	670	
21	277	362	448	533	618	704	
22	290	380	469	558	648	737	
23	304	397	490	584	677	771	
24	317	414	512	609	707	804	
25	330	432	533	635	736	838	
26	343	449	554	660	766	871	
27	356	466	576	685	795	905	
28	370	483	597	711	824	938	
29	383	501	618	736	854	972	
30	396	518	640	761	883	1005	0
31	409	535	661	787	913	1039	1
32	422	552	682	812	942	1072	2
33	436	570	704	838	972	1106	3
34	449	587	725	863	1001	1139	4
35	462	604	746	888	1031	1173	5
36	475	621	768	914	1060	1206	6
37	488	639	789	939	1089	1240	7
38	502	656	810	965	1119	1273	8
39	515	673	832	990	1148	1307	9
40	528	690	853	1015	1178	1340	10

*For attendant care clients, multiply the number of reduced hours by the contract unit rate in your area.

Percent State Median Income	GROSS FAMILY INCOME Family Size 1	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6	* Hours of Reduction
41	541	708	874	1041	1207	1374	11
42	554	725	895	1066	1237	1407	12
43	568	742	917	1091	1266	1441	13
44	581	759	938	1117	1296	1474	14
45	594	777	959	1142	1325	1508	15
46	607	794	981	1168	1354	1541	16
47	620	811	1002	1193	1384	1575	17
48	634	828	1023	1218	1413	1608	18
49	647	846	1045	1244	1443	1642	19
50	660	863	1066	1269	1472	1675	20
51	673	880	1087	1295	1502	1709	22
52	686	898	1109	1320	1531	1742	24
53	700	915	1130	1345	1561	1776	26
54	713	932	1151	1371	1590	1809	28
55	726	949	1173	1396	1619	1843	30
56	739	967	1194	1421	1649	1876	32
57	752	984	1215	1447	1678	1910	34
58	766	1001	1237	1472	1708	1943	36
59	779	1018	1258	1498	1737	1977	38
60	792	1036	1279	1523	1767	2010	40
61	805	1053	1301	1548	1796	2044	42
62	818	1070	1322	1574	1826	2077	44
63	832	1087	1343	1599	1855	2111	46
64	845	1105	1365	1624	1884	2144	48
65	858	1122	1386	1650	1914	2178	50
66	871	1139	1407	1675	1943	2211	52
67	884	1156	1429	1701	1973	2245	54
68	898	1174	1450	1726	2002	2278	56
69	911	1191	1471	1751	2032	2312	58
70	924	1208	1492	1777	2061	2345	60
71	937	1225	1514	1802	2091	2379	62
72	950	1243	1535	1828	2120	2412	64
73	964	1260	1556	1853	2149	2446	66
74	977	1277	1578	1878	2179	2479	68
75	990	1295	1599	1904	2208	2513	70
76	1003	1312	1620	1929	2238	2546	72
77	1016	1329	1642	1954	2267	2580	74
78	1030	1346	1663	1980	2297	2613	76
79	1043	1364	1684	2005	2326	2647	78
80	1056	1381	1706	2031	2355	2680	80
81	1069	1398	1727	2056	2385	2714	82
82	1082	1415	1748	2081	2414	2747	84

*For attendant care clients, multiply the number of reduced hours by the contract unit rate in your area.

Percent State Median Income	GROSS FAMILY INCOME						
	Family Size 1	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6	* Hours of Reduction
83	1096	1433	1770	2107	2444	2781	86
84	1109	1450	1791	2132	2473	2814	88
85	1122	1467	1812	2158	2503	2848	90
86	1135	1484	1834	2183	2532	2881	92
87	1148	1502	1855	2208	2562	2915	94
88	1162	1519	1876	2234	2591	2948	96
89	1175	1536	1898	2259	2620	2982	98
90	1188	1553	1919	2284	2650	3015	100
91	1201	1571	1940	2310	2679	3049	102
92	1214	1588	1962	2335	2709	3082	104
93	1227	1605	1983	2361	2738	3116	106
94	1241	1622	2004	2386	2768	3149	108
95	1254	1640	2026	2411	2797	3183	110
96	1267	1657	2047	2437	2827	3216	112
97	1280	1674	2068	2462	2856	3250	114
98	1293	1691	2089	2487	2885	3283	116
99	1307	1709	2111	2513	2915	3317	118
100	1320	1726	2132	2538	2944	3350	120

*For attendant care clients, multiply the number of reduced hours by the contract unit rate in your area.

DSHS CHORE SERVICES PROGRAM
CONTRACTING AGENCIES

AREA AGENCY	CONTRACTOR(S)	TYPE OF AGENCY	HOURLY RATE	EFFECTIVE DATE	GEOGRAPHICAL AREA SERVED	SSPS PROVIDER NUMBER
PSA 1 Olympic	Grays Harbor Community Action Council	Private, Nonprofit	$6.16	01/01/86	Grays Harbor	087661
	Clallam Jefferson Community Action	Private, Nonprofit	$6.16	01/01/86	Clallam, Jefferson	087650
	Pacific Aging Council Endeavors (PACE)	Private, Nonprofit	$6.16	01/01/86	Pacific	099563
PSA 2 Northwest	Visiting Nurse - Home Health Care	Private, Nonprofit	$5.99	01/01/86	Whatcom, Skagit, San Juan, Island	087672
PSA 3 Snohomish	Visiting Nurses Association of Snohomish County	Private, Nonprofit	$6.16	01/01/86	Snohomish	087423
PSA 4 King	Seamar Community Health Center	Private, Nonprofit	$6.16	01/01/86	Rainier, Burien, West Seattle, Eastside, Kent, Federal Way CSOs	103173
	Fremont Public Association	Private, Nonprofit	$6.16	01/01/86	King North CSO	103184
	Central Seattle Chore (Catholic Community Services)	Private, Nonprofit	$6.16	01/01/86	Capitol Hill, Belltown CSOs	019603
PSA 5 Pierce/Kitsap	Catholic Community Services	Private, Nonprofit	$6.16	01/01/86	Pierce, Kitsap	087627

AREA AGENCY	CONTRACTOR(S)	TYPE OF AGENCY	HOURLY RATE	EFFECTIVE DATE	GEOGRAPHICAL AREA SERVED	SSPS PROVIDER NUMBER
PSA 6 Lewis/Mason/ Thurston	Catholic Community Services	Private, Nonprofit	$6.16	01/01/86	Lewis, Mason, Thurston	087683
PSA 7 Southwest	Community Direct Manpower Services, Inc.	Private, Nonprofit	$6.16	01/01/86	Clark	087694
	Lower Columbia Community Action Council	Private, Nonprofit	$6.16	01/01/86	Cowlitz, Wahkiakum	087707
	Klickitat County Senior Services	Public	$6.16	01/01/86	Klickitat	087741
	Skamania County Senior Services	Public	$6.16	01/01/86	Skamania	087718
PSA 8 North Central	Grant County Seniors	Private, Nonprofit	$6.13	01/01/86	Grant, Lincoln, Adams	087649
			$6.15	01/01/86	Okanogan	087649
	Chelan-Douglas Council on Aging	Private, Nonprofit	$6.11	01/01/86	Chelan, Douglas	285906
PSA 9 Southeast	Benton-Franklin Council on Aging, Inc.	Private, Nonprofit	$6.16	01/01/86	Kittitas, Yakima, Benton, Franklin, Columbia, Garfield, Asotin, Walla Walla	087729
PSA 11 Eastern	Benton-Franklin Council on Aging, Inc.	Private, Nonprofit	$6.16	01/01/86	Spokane, Ferry, Stevens, Whitman, Pend Oreille	485038

MANUAL G: CHAPTER

OB-31H OFFICE OF EVALUATION & PROGRAM REVIEW
3=4,5=4,8=18,9=3,13=19

DE. ... OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-248
Issued: 06/03/86

FROM: Thelma Struck, Assistant Secretary
Community Services

SECTIONS REVISED:
42.05, 42.12, 42.14,
42.22. 42.25, 42.33,
42.35, 42.37, 42.38,
42.40, 42.45

EFFECTIVE DATE: 07/01/86
FOR INFORMATION CALL:
Samuel H. Koshi
SCAN 234-1241 or
Non-SCAN 753-1241

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT, MS OB-16

SUBJECT: CHANGE IN CHORE SERVICES LAW

Place this notice in front of Chapter 42, Manual G, and note on the Green Notice Control Sheet the date Notice No. G-248 was entered.

BACKGROUND

The 1986 Legislature changed the chore services law. The changes: (1) delete the "grandfathering" clause; (2) clarify that only clients age 60 or over be referred to the volunteer chore service program; (3) clarify that recipients of limited casualty program medical care (LCP) at the time of eligibility determination are eligible for chore services without reduction; (4) change hourly and monthly rate lids to a dollar lid based on the allocation; and (5) allow for across the board ratable when dollar lidding is not sufficient to stay within the allocation.

Changes relating to deletion of grandfathering and changing of hourly and monthly lids to a dollar lid require SSPS service and reason code changes. Additionally, two new service codes are added to the individual provider program to accept situations (Agency Services) when FICA, FUTA, W-2 and SSN are no longer required.

ACTION REQUIRED

1. Delete or change all sections or portions of sections referring to grandfathering:

   a. 42.14 A 1 i - delete;

   b. 42.14 A 2 d (3) and (4) - delete;

   c. 42.22 C 2 - delete "clients applying or reapplying after August 22, 1983" and replace with "applicants";

   d. 42.25 A - delete "Beginning August 23, 1983, the" and replace with "The";

   e. 42.25 B - delete;

   f. 42.38 - delete in its entirety;

   g. 42.45 - reword beginning paragraph to read "Waivers may be requested to authorize chore services to exceed ceiling hours or to exceed attendant care base rates. CSO/DDD service workers will submit waiver requests to their respective regional office for review and action."

   h. 42.45 A 5 - delete.

   i. At time of next scheduled eligibility redetermination, discontinue grandfathering each client who is grandfathered. Use current sliding scale to determine new hours or payment authorization. Waiver or exception to policy may not be requested to make up the reduced hours or payment.

2. Refer only clients age 60 or over to the volunteer chore service program:

   a. G-240 issued December 24, 1985, which became effective January 1, 1986, reflects this change (42.05 A 5 and A 6; 42.14 A 4 k).

   b. Additional revisions are made in 42.05 B. Last sentence is revised to read ". . . make referrals of clients age 60 or over for volunteer chore services."

   c. 42.12 A 3 - first sentence to read in part "Referral is made to the volunteer chore service program when the chore service client is age 60 or over and is eligible for 5 hours. . ."

d. 41.14 A 7 - before a add "Serves only clients who are age 60 or over."

e. 42.22 C 1 add at end of sentence "who is age 60 or over."

3. Change the following for Limited Casualty Program Medical Care situations:

a. 42.05 A 1 - Reword to read "Continues to provide for full services to recipients of Limited Casualty Program medical care (LCP), provided the individual is a recipient at the time of eligibility determination for new clients and eligibility redetermination for review clients."

b. 42.25 A 2 - second paragraph to read in part "recipients of LCP at time of eligibility determination or redetermination receive chore services. . ." and, delete a, b, c, and d.

4. Change following to delete monthly rate for attendant care:

a. 42.14 A 1 e - change to read "Establishes an hourly and daily rate ceiling."

b. 42.14 A 2 d (2) - delete "or monthly."

c. 42.22 E 2 - reword first sentence, in part, to read "IPP-Hourly and attendant care may not. . ." and last line, in part, to read ". . .maximum of $2.50 a day."

d. 42.33 B 5 - change "month" to "day" in second line.

e. 42.33 B 6 - change "(monthly or daily rates)" to "(daily rate)" in second line; and delete "monthly or" on 6 a.

f. 42.35 B 3 - add "/Supervision of Children" to title.

g. 42.35 B 3 a - restructure to read "Attendant care for Adults (protective supervision or assistance with unscheduled tasks) and supervision of children are paid by the day (SSPS code 4205 or 94205). The maximum daily payment rate without a waiver is derived using the following chart, effective January 1, 1986:

Hours of Service Per Day		Payment Per Day
16-24	up to	$18.50
12-15	" "	16.50
8-11	" "	13.50
4-7	" "	9.00
2-3	" "	6.00
1	" "	3.40"

h. 42.35 B 3 b - delete.

i. 42.35 B 3 c - last part of sentence change wording to ". . . hourly or daily services receives up to $2.50 per day. . ."

j. 42.35 B 4 a - change room and board rate to $2.75 per day and change SSPS service code to 4207.

k. 42.37 B - delete 1 and 3.

l. 42.37 C 2 - change to $2.75 a day.

m. 42.40 B 6 - delete "/monthly" from % paid by the Department.

n. 42.40 B 8 - delete "or monthly."

o. 42.45 B - reword to read "Attendant care for Adults/Supervision of children to exceed the daily rate payment."

p. 42.45 B 1 - delete "monthly or" and from chart, delete "(30 DAYS PER MONTH)" and "ADDITIONAL PAYMENT PER MONTH (UP TO 30 DAYS PER MONTH)" column.

q. 42.45 B 2 - delete "monthly or."

r. 42.45 B 3 - delete "monthly or" twice.

s. 42.45 B 4 - delete a, and in b delete "(through 27 days)."

t. Use only attendant care code 4205 or 94205 as appropriate.

(1) For all new attendant care clients and use appropriate daily rate of pay for the hours per day or service required.

(2) At time of next eligibility review or change of monthly attendant care clients, close service code 4202 or 94202 and reauthorize using service code 4205 or 94205.

(3) No mass SSPS change will occur because of the many variations in determining rate of pay per month for monthly care clients.

u. Refer to instructions for completing the CRQ in the forms chapter, Example "C", to reduce daily rate when client income exceeds 30% SMI.

5. The across the board ratable will allow the department to apply ratable reductions equally to all clients receiving chore services. This will keep adverse affect on chore service clients to a minimum. No ratable reduction is planned at this time.

6. Make changes in use of following SSPS codes on DSHS 14-154(X)/159, Social Services Authorization/Change of Service Authorization:

   a. 4201 (9) - Do not use reason code H for new or review/change hourly IPP clients.

   b. 4202 (9) - Discontinue using this code for new or review/change attendant care clients.

   c. 4203 (9) - Do not use reason code H, I, or J for new or review/change hourly IPP clients.

   d. 4204 (9):

      (1) Do not use this service code for new or review/change attendant care clients.

      (2) Use newly established 4207 (9) service code to authorize room and board for attendant care when provider "lives-in," for new or review/change attendant care client.

   e. 4205 (9):

      (1) Enter the number of hours per day or service attendant care client requires in Item 21 of DSHS 14-154(X)/159 (1 through 24).

      (2) Do not use reason codes H, I, or J for new or review/change attendant care client.

      (3) Maximum number of authorizable units for attendant care in Item 42 of DSHS 14-154(X)/159 is increased to 31.

   f. 4207 (9) - New code for room and board allowance by the day.

   g. 4220 (9) - Do not use reason code F for new or review/change contract client.

   h. 4233 (9) - Do not use reason code H for new or review/change IPP hourly client.

   i. 4234 (9) - Do not use reason code H, I, or J for new or review/change attendant care client.

7. Add two (2) new SSPS payment codes to the individual provider program. Use the code which is appropriate when an individual provider recipient chooses to hire an agency to provide services rather than an individual. Always mark "No OASI withholding" on SSPS Service Authorization, DSHS 14-154/159. The agency which employs the provider assigned the recipient pays the FICA taxes, FUTA and provides that employee a W-2 form after the end of the calendar year. In these instances the department does not have to take any action regarding FICA, FUTA, or W-2 forms.

   a. 4241 or 94241 - IPP Hourly Care - Agency Service

   b. 4245 or 94245 - IPP Attendant Care - Agency Service

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-244
Issued: March 4, 1986

FROM: Thelma Struck, Assistant Secretary
Community Services

SECTIONS REVISED:
42.25 and 42.87

EFFECTIVE: Immediately
FOR INFORMATION CALL:
Samuel H. Koshi
SCAN 234-1241 or
Non-SCAN 753-1241

IF NOT DELIVERABLE RETURN TO: WP/MANUAL SECTION MS OB-16

SUBJECT: Corrections to and Clarification of G-240 issued December 24, 1985 and G-231 issued September 16, 1985

Place this notice in front of Chapter 42, Manual G, and note on the Green Notice Control Sheet the date Notice No. G-244 was entered.

BACKGROUND

G-240 made changes in contract unit rates and attendant care rates, and changed the SSPS contract chore services code 4220 from a payment to a nonpayment status in an effort to relieve the service workers of the responsibility of completing Items 41 and 43 on DSHS 14-154(X)/159. We regret the nonpayment process cannot be implemented. Payment codes cannot be changed from payment to nonpayment status.

This left us with two alternatives, to return to the original status or delete the 4220 code and establish a new, nonpayment code. The decision was to return to the original status as it has a significantly smaller workload impact on field staff.

This notice is to supplement the terminal alert issued by SSPS on January 21, 1986 pertaining to the problem, to correct errors and to clarify implementation of the new attendant care rates.

Also as a result of the review made of the original chore service expenditure lid in G-231 issued September 16, 1985, the lid allocation is revised.

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ACTION REQUIRED

1. The SSPS code 4220 is restored to a payment status and again requires completion of Items 41 (rate/unit) and 43 (auth. amount) for:

   a. All new contract chore service clients.

   b. All continuing contract chore service clients, when a change is submitted on the 14-159 or a new 14-154(X).

   c. It is not necessary to make mass changes for contract clients.

   This restoration of procedure applies only to the contracted program.

   For individual provider program clients, hourly and attendant care, no change in procedure is made in G-240 and no change is made in this notice.

2. Corrections:

   a. Page 3 - Action required #2.

      Change code #94295 to 94205.

   b. Page 4 - Action required #6.

      Change manual reference 42.22 C to 42.25 A.

   c. DSHS Chore Services Program Contracting Agencies. Page 1.

      1) PSA 2 - change hourly rate to $5.98 and the SSPS provider number to 765413 from 087672.

      2) PSA 5 - Change SSPS provider number to 352721 from 087627.

3. Attendant Care:

   New attendant care rates may be considered for all new clients and at the time of review, or when change in service authorization is necessary, for continuing clients. Do keep in mind that attendant care rates are negotiated "up to" the rates quoted.

4. Chore Service Lid (G-231)

   a. Delete first two sentences in Action Required B (page 2) and replace with "the attached table shows the current lid for each region and DDD."

   b. Delete "approximately eight months into the Biennium, the lid will be reviewed for adjustment. Additional ..." in Action Required I (page 3) and change "reviews" to "Reviews."

c. Delete all material following the "Chore Service Expenditure Lids by DSHS region and DDD" and replace with the following allocation which becomes effective February 1, 1986.

CHORE SERVICE EXPENDITURE LIDS BY DSHS REGION AND DDD

Effective February 1, 1986

REGION	MONTHLY LID
1	$ 451,758
2	215,373
3	325,686
4	530,553
5	222,727
6	493,782
DDD	202,330
TOTAL	$2,442,209

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-226
Issued: 07/24/85

FROM: Bruce Ferguson, Assistant Secretary
Community Services

SECTIONS REVISED:
N/A

EFFECTIVE: 07/01/85
FOR INFORMATION CALL:
Samuel H. Koshi
SCAN 234-1241 or
Non-SCAN 753-1241

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: CHANGE IN CHORE SERVICE CONTRACT UNIT RATE

Place this notice in front of Chapter 42, Manual G, and note on the Green Notice Control Sheet the date Notice No. G-226 was entered.

BACKGROUND

There have been two (2) last minute changes in chore service contract unit rates, effective July 1, 1985. SSPS provider file changes have been made to accept the increase of rates to $5.98 per hour; therefore, it is not necessary to update DSHS 14-159s for all contract clients.

ACTION REQUIRED

Because of the changes in unit rates for Catholic Community Services affecting Lewis, Mason and Thurston Counties, and for Grant County Seniors affecting Grant, Lincoln, Adams, Okanogan, Chelan and Douglas Counties, the following action is required effective July 1, 1985:

1. For all new applicants approved for chore service, after June 30, 1985, authorize $5.98 per hour for contract services.

2. For all reviews done for recipients of chore service, increase authorization per contract hour to $5.98.

3. For all other recipients, make changes as reviews for continuing services are completed. Payment to Area Agencies on Aging will be made according to the rates effective July 1, 1985.

4. For all attendant care clients, applicants/recipients, for whom reduction in payment rate is required because income exceeds 30% of the state median income, deduct $5.98 per hour.

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

COMMUNITY SERVICES DIVISION
Olympia, Washington

TO: ALL HOLDERS OF MANUAL G

NOTICE NO: G-222
ISSUED: June 21, 1985

FROM: Bruce Ferguson, Asst. Secretary
COMMUNITY SERVICES OB-44

SECTIONS REVISED:
42.40, 42.45, 42.51

EFFECTIVE: July 1, 1985
FOR INFORMATION CALL:
Samuel H. Koshi
SCAN 234-1241 or
non-SCAN 753-1241

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: CHANGES IN CHORE SERVCE PROGRAM EFFECTIVE JULY 1, 1985

Place this notice in the front of Chapter 42, Manual G, and note on the Green Notice Control Sheet the date Notice No. G-222 was entered.

BACKGROUND

Legislative allocation for chore services is less than department request to maintain current service level. Therefore, frequency of reviewing continuing need and eligibility is being extended for recipients of the service. Requirement for home visits to review continuing need and eligibility is being discontinued for a segment of the clientele.

Accounting services require Refugees approved for Chore Services be identified in the Source of Fund Item (31) of DSHS 14-154(X) or 14-159 by Code 3, Federal Refugee "R", so the department may capture federal funding which is at a higher rate of reimbursement for Refugees. Continue to refer to definition in the SSPS Manual, Special Program Area Field B, Item 30, Refugee (Code 2), and Manual G, Chapter 68 to identify a Refugee.

Changes in contractors have occurred in two (2) Planning and Service Areas (PSA).

ACTION REQUIRED

A. Effective July 1, 1985, to reduce workload of chore service staff, changes are being made in Manual G to read as follows for all new clients and at time of next review for continuing clients:

1. 42.40 C 2 e

In situations where the client has stable monthly income and work expenses, he/she may choose to waive monthly submission of the DSHS 7-42(X) and DSHS 6-59(X). The service worker may authorize payment on the DSHS 14-154(X)/159 for up to 18 months. Clients who choose this method must be reviewed once every 18 months or whenever their income or work-related expenses change.

2. 42.45

a. Fourth paragraph

Waiver requests and approvals (unless otherwise specified) are for 18 months.

b. 42.45 B 5

Beginning July 1, 1985, waiver renewal process for grandfathered clients will include the following and will be for each 18-month period.

c. 42.45 B 5 b (3)

The complete packet is to be submitted every three years to either the RO or BAAS. Client need, income level, and current expenses are to be reviewed at this time to redetermine eligibility and continuing need for grandfathering and reauthorization of the service.

3. 42.51 A is revised as follows:

a. Administer the Chore Services Client Review Questionnaire (CRQ) face-to-face every 18 months for each non-contract or non-case management client.

b. Complete a CRQ every 18 months by telephone for a contract or case management client, or when the contractor, client, or case manager contacts the service worker about a change in condition or residence.

c. On a reassessment which results in a reduction of hours, notify the client of the reduction on DSHS 14-154(X)/159 at least ten days before effective date of action and inform

him/her of the procedure for making a request for more hours, payment, or fair hearing. If the client makes a request or files for a fair hearing before the effective date of the action, the hours cannot be reduced until the outcome is decided.

d. Make further contacts with relatives, friends, community, programs, physicians, contractors, aging network, individual providers, and others as appropriate to assist in the determination of continuing need for chore services and level of hours to be authorized (refer to page 1 of the CRQ).

4. DSHS 14-139(X), Social Services Eligibility Document and Face Sheet, is also to be completed at 18-month intervals. This change will be reflected in the forthcoming revision to the form and instruction.

B. Enter either Code 3, Federal Refugee "R" or Code 5, State Funds Only, in Item 31 of DSHS 14-154(X) or DSHS 14-159 for all chore service applicants/recipients.

1. For all APPLICANTS coded 02 in Item 30B, enter Code 3 in Item 31.

2. For all other APPLICANTS, enter Code 5, in Item 31.

3. At time of review or when changing any other information, for current RECIPIENTS who are refugees, enter Code 3 in Item 31 of DSHS 14-159.

4. For all other RECIPIENTS, enter Code 5 in Item 31.

C. Contractors for chore services have changed in PSA 2 and PSA 5. SSPS will terminate the current chore services (Service Code 4220) and will reauthorize the service to reflect the new contractor information and send new DSHS 14-159s to the CS/DD Offices affected.

1. The CS/DD Offices will need to make copies of the new DSHS 14-159's to provide the Area Agencies on Aging and/or contractors with the updated information.

2. For recipients whose service authorizations expire prior to June 30, 1985, SSPS will terminate those services. If the service is needed after the end date, it may be authorized by the service worker.

The changes are as follows:

AREA AGENCY	CONTRACTOR(S)	TYPE OF AGENCY	HOURLY RATE	EFFECTIVE DATE	GEOGRAPHICAL AREA SERVED	SSPS PROVIDER NUMBER
PSA 2 Northwest	Visiting Nurse - Home Health Care	Private, Nonprofit	$5.98	07-01-85	Whatcom, Skagit, San Juan, Island	765413
PSA 5 Pierce/Kitsap	Catholic Community Services	Private, Nonprofit	$5.98	07-01-85	Pierce, Kitsap	087627

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-231
Issued: 09/16/85

FROM: Bruce Ferguson, Assistant Secretary
Community Services

SECTIONS REVISED:
42.35/42.45

EFFECTIVE: 10/01/85
FOR INFORMATION CALL:
Samuel H. Koshi
SCAN 234-1241 or
Non-SCAN 753-1241

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: CHORE SERVICE EXPENDITURE LID

Place this notice in front of Chapter 42, Manual G, and note on the Green Notice Control Sheet the date Notice No. G-231 was entered.

BACKGROUND

We are required to ensure that chore expenditures do not exceed the allotment and have chosen to do this through the establishment of Regional/DDD expenditure lids. These will be monthly expenditure lids, allotted to each Region and to the Division of Developmental Disabilities. DDD will monitor expenditures under their own program. The lids will cover the entire program under a single lid (including contracted hourly, individual provider hourly, and attendant care) which should provide service workers with the greatest flexibility in matching services to needs within limited resources.

Beginning October 1, 1985, CSO regions will no longer approve chore service waivers for DDD clients. In order to give DDD maximum control in managing their own lid, waiver approvals will rest with their regional offices. Manual G, Chapter 42, is revised to reflect this change.

ACTION REQUIRED

A. DSHS Regions and DDD will be expected to establish lids for local offices and monitor them to ensure lids are not exceeded and that funds are, to the extent possible, made available to meet needs from one location to another.

B. The attached table shows the percent of total encumbrances occurring in each Region and DDD from March through May 1985. That percentage is used to distribute the allotment. Regions and DDD will operate the program under these lids using the following client priorities:

Priority 1
Those eligible persons coming out of hospitals or nursing homes or returning to the chore service program from hospitals or nursing homes or who are identified as adult protective service clients are to be accepted according to their assessed level of need regardless of the lid.

Priority 2
Current clients who have a critical change in their situation which requires an increase in service to prevent less appropriate out-of-home placement and non-clients who have a serious change in their living situation (e.g., death of primary caregivers) will be served as allowed under the lid. Within this category, new applicants may be given priority since current clients are already receiving some services.

Priority 3
New applicants requiring personal care will be served as allowed under the lid.

Priority 4
New applicants requiring household tasks only will be served as allowed under the lid.

C. October expenditures and expenditures for each succeeding month must be at or below the established lids. When the lid is reached, NO new clients can be added nor can service to current clients be increased (with the exception of priority one cases) until expenditures are below the lid.

When lids have been reached, new chore service applicants should have an assessment (CRQ) completed and their names placed on waiting lists by priority level and by location. This information will be requested by the Bureau prior to the legislative session and on an as-needed basis thereafter.

D. Referral to the Volunteer Chore Service Program of eligible individuals age sixty or older is encouraged if this service benefits the client.

E. Under expenditures in one month are not added to the lid for the following month. Lids are not adjusted until a statewide reallotment is done.

F. If under-expenditures occur in some areas while others are at their lids, adjustment may be granted by the office or agency which established the lid until sufficient data are obtained to allow a reallotment. We will work with regions and DDD to monitor encumbrances and expenditures to ensure the most equitable distribution of funds. Approximately eight months into the biennium, the lids will be reviewed for adjustment. Additional reviews will occur as deemed necessary to ensure the greatest possible access to services by those who need it across the state.

G. The attached lids are expenditure lids. There are differences between authorized and expended levels, particularly for the contracted program. These differences should be taken into account if authorization lids are established by the regions for CSOs and by DDD headquarters for field services offices. The Bureau will assist in the development of local office/field service office lids if requested.

CHORE SERVICE EXPENDITURE LIDS BY DSHS REGION AND DDD

Effective October 1, 1985

REGION	PERCENT*	MONTHLY LID
1	18.30	$ 437,114
2	9.41	224,757
3	13.92	332,551
4	23.40	559,251
5	9.33	222,833
6	19.62	468,803
DDD	6.02	143,899
TOTAL	100.00	$2,389,208

*These percentages were derived from the Community Services Division All Services Summary report (SSPS 184B) and the Division of Developmental Disabilities All Services report (SSPS 185-RPT). The months used were March, April, and May.

H. The following revisions are made in Manual G to incorporate change in the waiver request and approval process:

1. 42.35 A 3 delete ". . .from the regional office."

2. 42.35 B 2 c First sentence delete ". . .from the CSO regional office."

3. 42.45 Add as paragraph 2 CSO service workers will submit waiver requests to the CSO regional office for review and action. DDD service workers will submit waiver requests to the DDD regional office for review and action.

4. 42.45 A 3 Change "community services" to "appropriate."

5. 42.45 A 4 Delete "community services" and change "Office" to "Offices."

6. 42.45 B 2 Delete "community services" and change "Office" to "Offices."

7. 42.45 B 5 c Delete "community services" and change "Office continues" to "Offices continue."

CHAPTER 42

CHORE SERVICES

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CHAPTER 42
CHORE SERVICES

42.00 PROGRAM AUTHORITY

Federal: 45 CFR Subtitle A, Part 96

State: RCW 74.08.530 through 74.08.570
WAC 388-15-207 through 388-15-217
WAC 388-15-020

42.05 BACKGROUND/HISTORY

A. In 1983, the legislature liberalized the financial eligibility requirements for chore services. Effective August 23, 1983, the changes:

1. Added recipients of limited casualty program medical care as being eligible for full services.

2. Made applicants/recipients with income above 40% of the state median income (SMI) eligible for reduced level of services.

3. Required the department to develop a sliding scale of participation considering a portion of income between 30 and 50% SMI and all income above 50% SMI.

4. Authorized the department to continue, without reduction, (grandfather) benefits provided to persons receiving chore services on August 23, 1983.

5. Required referral to the volunteer chore service program of individuals at risk of being placed in a residential care facility, but eligible for five hours of chore services per month or less, rather than have those services paid for by the department.

6. Required referral to the volunteer chore service program of individuals at risk of being placed in a residential care facility, but not eligible for chore services or eligible for a reduced level of service where such program exists, for needed hours or services not paid for by the department.

B. Community Services Office/Division of Developmental Disabilities

CSO/DDD service workers determine financial eligibility; assess need for services of applicants for or recipients of chore services; authorize contract or individual provider services (hourly, attendant care) for eligible persons, or authorize services for employed disabled persons, and/or, if appropriate, make referrals for volunteer chore services.

42.10 POLICY

42.11 PURPOSE OF SERVICE

The purpose of chore services is to maintain elderly, chronically ill, developmentally disabled or otherwise disabled adults in their own homes and prevent unnecessary residential care placement; to enable disabled recipients to become employed and not lose chore service benefits because of income from employment.

42.12 SERVICE DESCRIPTION

A. Chore services are delivered through either the contract, the individual provider, or the volunteer programs.

1. The contract chore program is administered by the DSHS Bureau of Aging and Adult Services (BAAS) through the Area Agencies on Aging (AAA). The AAA's (see 42.85 for listing) contract with community agencies (see 42.87 for listing) to provide hourly chore services, (not IPP hourly or attendant care). These community agencies are responsible for recruiting, hiring, orientation, scheduling, supervising, and paying the chore service providers they employ.

2. The Individual Provider Program is administered by the DSHS Bureau of Aging and Adult Services through the Regional Offices. The chore service client is responsible for recruiting, hiring, scheduling, supervising and paying his/her chore service provider. DSHS pays the client for chore services (hourly or attendant care) provided and the client in turn pays the chore service provider.

3. After August 22, 1983, referral is made to the volunteer chore service program when the chore service client is eligible for 5 hours of service per month or less, is eligible for a reduced level of service because of income level, is ineligible for service because income exceeds need level, or needs services not provided by the department, such as yard care. Determination of availability or nonavailability of volunteer services is necessary before department paid services are authorized for new applicants requiring 5 hours of services per month or less (see 42.22 C for referral process).

B. Chore services are authorized only if services are not available from the informal support system (relatives, friends, neighbors, volunteers, or community programs). Service workers should consider other programs in the community for older persons, families, children, and developmentally disabled persons.

1. If applicant/recipient lives with other persons, the degree or level of assistance he or she receives, must be determined before department paid services are authorized.

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2. If other persons in the household cannot or refuse to assist applicant/recipient to meet his or her needs, enter reason why other members of the household cannot or will not provide assistance, in the service record.

C. Chore services may be provided to an eligible adult who:

1. Is frail, ill, or disabled; AND

2. Is in need of the services for health or safety reasons and is at risk of residential care placement; AND

3. Has no other way to obtain chore or similar services; AND

4. Receives the services in his/her own home.

D. Chore services cannot be authorized for:

1. Providing companionship. Companionship means being with a person in his or her home for the purpose of preventing loneliness or to accompany him or her outside the home, except on basic errands or medical appointments or activities of daily living for attendant care clients;

2. Teaching or developing social, behavioral, recreational, communication or other kinds of living skills;

3. Skilled nursing care;

4. Performing tasks which by law must be delivered by a licensed health practitioner unless the individual chore service provider is a licensed health practitioner (for example, RN or LPN);

5. Performing tasks for others who live with the client but who are not authorized chore services;

6. Providing chore services to clients living in a licensed boarding home, group home, congregate care facility, intermediate care facility, or skilled nursing facility, hospital or other institution, adult family home, or child foster family home. Shared living arrangements are not considered group homes;

7. Persons younger than 18 years of age except as a part of family care;

8. Providing personal care outside the home, unless the provider is accompanying client for essential shopping or doctor's appointment;

9. Performing of tasks for hourly care clients when they are not in the home, for example, because of hospitalization. In an emergency, however, limited services may be provided to enable the client to return home;

10. Provision of attendant care to clients when they are not in the home, for example, because of hospitalization. If necessary, however, up to seven days of service a month may be provided to enable client to return home;

11. Persons who are authorized Community Options Program Entry System (COPES) services;

12. Persons who are authorized DDD Community Alternatives Program (CAP), unless there is no duplication of service or payment.

42.13 APPROPRIATE PROGRAM/SERVICE OUTCOMES

A. Client remains in his/her home in a safe and healthy environment rather than moving to a more restrictive environment.

B. Client is released earlier from a hospital or nursing home and returned to his/her own home.

C. Employed disabled client is able to find and maintain employment.

42.14 GENERAL POLICIES RELATED TO THIS SERVICE

A. Chore Service Program Responsibilities

1. Bureau of Aging and Adult Services

a. Provides statewide coordination of the program with SSPS, block grant planning, and other program areas affected by the chore service program.

b. Provides ongoing review of the reliability and validity of the Chore Services Client Review Questionnaire (CRQ), DSHS 15-126(X) and revise the form as needed.

c. Establishes ceilings on the number of hours to be authorized for specified CRQ scores.

d. Makes regular review of chore service expenditure and develops policies and procedures to stay within the chore service program budget.

e. Establishes an hourly, daily, and monthly rate ceiling.

f. In coordination with Regional offices, monitors the CSOs' and DDD Field Services offices' authorization and provision of chore services.

g. Monitors Area Agencies on Aging for compliance with the terms of their contracts with DSHS.

h. Monitors balance of state volunteer chore services for compliance with terms of their contract with DSHS.

i. After August 22, 1983, approves, modifies, denies attendant care requests for grandfathered recipients whose gross family income is over 57% of the State Median Income (SMI) (see 42.38).

2. DSHS Regional Offices

a. Monitor that CSOs/DDDs follow established chore service policies and procedures.

b. Work with Area Agencies on Aging to resolve any chore service contractor or CSO/DDD issues. (See 42.85 for AAA addresses.)

c. Develop a procedure which enables CSO and DDD staff to make a joint decision on the number of hours to be authorized when a DDD client and a CSO client live in the same household.

d. Approve, modify, or deny waiver requests and maintain a monthly log of approved requests to provide information to BAAS, when requested, of the reasons, numbers, and financial affect of approved waiver requests to:

(1) Exceed the Client Review Questionnaire ceiling hours.

(2) Exceed Individual Provider Program (IPP) daily or monthly payment rates.

(3) Continue attendant care waiver to recipient with gross income over 57% of the SMI, provided waiver for this purpose was approved prior to August 23, 1983.

(4) Continue reimbursement of client's share of daily or monthly attendant care rate, provided waiver for this purpose was approved prior to August 23, 1983.

3. CSO Administrators/DDD Field Services Supervisors

a. Supervise and support CSO/DDD staff as they carry out their chore service program responsibilities and monitor staff for adherence to program policies and procedures.

b. Endorse waiver and exception to policy requests to be forwarded to regional or state office.

4. CSO/DDD Service Workers

a. Determine individual client chore service financial eligibility.

b. Determine appropriateness of relative as paid chore service provider when such request is made by contractors. See 42.24 B.

c. Complete Chore Services Client Review Questionnaire, determine number of hours of service needed, determine authorizable services depending on income level and authorize service on DSHS 14-154(X)/14-159, Social Services Authorization/Change of Service Authorization. Give copy of both forms to client and provider.

d. Explain the chore service program to the client/applicant and inform him/her of the procedure to request a waiver or ETP to exceed ceiling hours or the IPP payment rate when authorizable hours or payment rate is inadequate to hire a provider.

e. Authorize only those services which are not available from the informal support system (family, volunteers, community programs, or combination).

f. Be informed of alternative community services such as volunteers and private agencies.

g. Complete necessary recording and documentation.

h. Act as CSO/DDD liaison with chore service providers in the IPP and with contract program chore service supervisors unless otherwise indicated by local policy.

i. Authorize and assist as appropriate, in the provision of any other services needed by the client. May arrange for or provide ongoing case management (CM) services per CM standards, as appropriate.

j. Assist in recruitment of chore service providers and maintain list of names of persons who call or come to the CSO or DDD office indicating they want to be IPP chore service providers, as appropriate.

k. Make referrals to volunteer chore service programs (VCSP) for persons who are eligible for 5 hours of service per month or less, persons who are eligible for reduced level of service because of income, persons who are ineligible because of income and need levels, and persons who need services not provided by the department.

l. Refer for COPES or CAP assessment if appropriate.

m. For hourly care clients, enter in the comment section of the CRQ when week-end services are needed and authorized. In an emergency, when appropriate, notify the contractor.

5. Area Agencies on Aging

a. Monitor chore service contractors for contract compliance.

b. Monitor volunteer chore service contracts, where applicable, for contract compliance.

c. Audit billings submitted by the contractor to ensure they are only for services actually provided and that hours billed do not exceed hours authorized.

d. Work with CSO and/or Regional Offices to resolve any chore service issues.

e. Be a party to any agreements, whether formal or informal, between the CSO/DDD office and the chore service contractor.

6. Chore Service Contractors

a. Comply with all terms of their contracts with the AAA.

b. Accept monitoring and evaluation of the chore services program in relation to contract requirements and client services by the AAA and appropriate DSHS staff.

c. Provide only those services which have been authorized by CSO/DDD service workers and allowable in the chore services contract.

d. Provide services not in excess of the amount authorized by CSO/DDD service workers.

e. Provide essential services such as meal preparation, feeding, and personal care on week-ends when no other resource is available to assist the client who heads such services. Service worker must authorize provision of week-end services.

f. Inform the CSO/DDD service worker if information becomes available which indicates the amount and type of service authorized is not appropriate.

g. Request approval from CSO/DDD on DSHS 15-160, Request to Hire a Relative, if consideration is being given to hire a relative to provide chore services (see 42.24 B). This form may be requested from forms and records, OB 22G, Olympia, WA 98504.

7. Volunteer Chore Service Program (VCSP) Contractor

a. Comply with all terms of the DSHS contract for volunteer chore services.

b. Accept monitoring and evaluation of the VCSP in relation to contract requirements.

c. Respond to and provide services within time frame agreed upon with service worker at the time of telephone referral for emergency situations; and inform service worker of the availability or nonavailability of a volunteer to meet the service need.

d. Provide only services for which VCSP is requested and allowable within the contract within two (2) weeks of receipt of request for nonemergency clients.

e. Coordinate provision of service with other appropriate agency representatives to prevent duplication of service and to reduce confusion to the client.

f. Notify the CSO/DDD if volunteer is not available for new clients or review clients by completing bottom portion of DSHS 15-184(X), Referral to Volunteer Chore Services Program.

g. Refer client back to referring agency if a volunteer terminates and replacement is not available for continuing service for DSHS eligible clients.

h. Give priority to clients referred by DSHS.

42.20 PROGRAM STANDARDS

42.21 PROGRAM EXPECTATION/RESPONSE TIME

A. Chore services should be authorized only when services are not available through family, friends, neighbors, volunteers, or community resources, or combination (informal support system). The service worker shall develop the best Chore Service Plan to meet the needs of the client, using the following guidelines:

1. Determine how many of the tasks the client can do for him/herself;

2. Determine availability and appropriateness of services from the informal support system;

3. Refer to a more appropriate available community or volunteer service, such as Home Health Services, Transportation, or department services such as COPES, CAP, etc.

4. Authorize chore services when no other resources are available, or total needs of the client are not met by the informal support system.

5. Refer client to VCSP when appropriate.

6. Refer for comprehensive assessment if it appears client meets CM target population criteria.

B. Emergency Situations

1. If it is reasonable to expect the client will be placed out of the home or suffer a distinct threat to health or safety, intake assessment should be completed and services authorized, if eligible, within 24 hours. Examples of services that may be needed within 24 hours are meal preparation, personal care, attendant care, adult protective services, or client returning home from the hospital or nursing home.

2. The service worker should telephone the chore service contractor per D.2. below, when appropriate.

C. Nonemergent Situations

1. If there is no imminent danger to the client, but his/her health or safety may in the near future be threatened, or he/she may need placement, intake assessment should be completed and services authorized within five days.

2. In all other situations, intake assessment should be completed and services authorized within two weeks.

3. It is the responsibility of the service worker to determine with the client, when services are to begin, but in any event, provision of chore services shall begin within 30 days of application, taking into consideration the additional time required for contracted clients.

D. Contracted Situations

1. The AAA and contractor are required to begin services within 24-hours for emergency situations, date specified on the SSPS form, within three working days after receipt of SSPS form and CRQ, or for other situations as entered in the comment section of the CRQ.

   Response time has been added for service workers to check to provide contractors, at a glance, what priority is placed on the beginning of service and should coincide with the begin date on DSHS 14-154(X)/159 (SSPS forms). SSPS forms continue to be the authorization document and must continue to be forwarded to the AAA and contractors with the CRQ. Twenty-four (24) hours (a) and three (3) days (b) are self-explanatory. Use other (c) when a. or b. do not apply, for unusual situations or circumstances.

2. Telephone authorizations are acceptable. Whenever authorization is made by telephone, it is important the service worker forward appropriate SSPS forms and CRQs together to AAA and contractor within 24-hours of the telephone authorization. Specify in comment sections date telephone authorization given and date forms forwarded.

3. The begin date on the DSHS 14-154(X) or the change effective date on the DSHS 14-159 is the date client and service worker agree chore services are to begin or change and should take into consideration such factors as:

   a. When services should begin or change as set up at the time of chore service authorization taking into consideration the client's health or safety.

   b. The time it takes for the paperwork to reach the contractor.

   c. When the paperwork is received by the contractor.

   d. Allowing necessary time for contractors to contact the client to begin services or adjust the change of hours.

4. When a review results in a reduction of service, both the client and the contractor should be given a 10-day notice. Whenever possible and change does not negatively affect the client, the reduction should be made, effective the first of the following month.

42.22 CHORE SERVICE PROGRAMS

Chore service providers should not serve clients who have contagious diseases without being fully apprised of the possible consequences of being in contact with these clients. The provider has the right to refuse service to a client with a contagious disease.

A. Contract Chore Service Program

All hourly care (household and personal care) clients are to be referred to the contracted program except those listed in B and E below. Forward copy of the CRQ and SSPS form to the AAA and contractor.

1. After determining the client's eligibility on DSHS 14-139(X), Social Service Eligibility Document and Face Sheet for non-SSI applicants/recipients, level of need, allowable and authorizable hours on the CRQ, the service worker completes the DSHS 14-154(X) or DSHS 14-159.

2. The authorization (DSHS 14-154(X)/159) and CRQ must both be sent together as soon as possible to the contractor and appropriate AAA for:

   a. Initial assessments

   b. Review assessments

   c. Changes or corrections

   Only DSHS 14-159 is sent for terminations.

3. Service Delivery Days

   Chore services are usually provided during weekdays. However, essential services such as meal preparation, personal care, and attendant care (for protective supervision, unscheduled tasks and supervision of children in a temporary basis) may need to be provided on week-ends when authorized by CSO/DDD service worker.

B. Individual Provider Program

1. The following clients are to be referred to the Individual Provider Program:

   a. Attendant care clients;

   b. Clients who require personal care services with the restrictions listed in 42.31 D;

   c. Clients who because of justified and documented reasons cannot be served by the contracted program (refer to 42.50);

   d. Clients whose spouses will be providing chore services;

   e. Employed disabled clients;

   f. Adult caretakers needing family care when they are temporarily out of the home because of hospitalization and supervision of children is required (limited to two weeks during any six-month period).

2. The following personal care tasks require the providers to have higher training and skill levels than for other chore services:

   a. Turning or positioning in bed;

   b. Completely washing/bathing a client;

   c. Lifting into or out of a bed, tub, or wheelchair, or on to or off of a toilet or bedpan;

d. Diapering an adolescent or adult;

e. Assisting with exercises;

f. Assisting with skin care;

g. Applying ointments or dressings;

h. Changing bandages or dressings;

i. General maintenance of a catheter or colostomy;

j. Giving a prescribed oral medicine to a client who cannot take his/her own medication (medicine must be packaged by unit dose method by a pharmacist);

k. Administering eye drops.

l. Turning on, turning off, or adjusting oxygen intake.

3. Although utilization of a trained provider is not a service eligibility requirement, service workers should advise clients that it is to their advantage to employ providers who are trained and have a willingness to provide personal care.

4. Personal care providers should seek training appropriate to the client he/she serves. The client and service worker should support the provider in exploring resources for training.

5. The service worker should help the client identify resources within the community where trained providers may be found. Ultimately, however, the client has the final choice in deciding who provides personal care services. This includes the decision whether or not a given provider is competent to render the specific kinds of nonprofessional personal care assistance which are authorized.

6. The following tasks may be performed only by a chore service provider who is a licensed health practitioner or a member of the client's immediate family (spouse, mother, father, son or daughter):

   a. Giving a prescribed medicine by injection, putting pills in a client's mouth, or applying ointment to the skin;

   b. Providing foot care beyond washing of feet and filing of toenails;

   c. Any task requiring sterile procedures.

   Prior to providing these services, members of the immediate family should receive specific instructions on injections and foot care from a licensed health practitioner.

C. Volunteer Chore Service Program

1. Referral is made to the volunteer chore service program agency (VCSPA) when a chore service applicant:

   a. Is eligible for 5 hours of service per month or less, without reduction (SSI, state supplementation, LCP, at or below 30% SMI).

   b. Is eligible for a reduced level of service because income is above 30% of the SMI (includes those eligible for five hours or less of service after reduction).

   c. Is ineligible for chore service because income exceeds need level.

   d. Requests tasks not paid for by the department, e.g., yard care.

2. Determination of availability or nonavailability of volunteer chore services (VCS) is necessary before department paid services are authorized for clients applying or reapplying after August 22, 1983 who require 5 hours of service per month or less.

   a. If it is important for services to begin within seven (7) days of assessment, determine availability or nonavailability of VCS via telephone. If VCS is not available, department paid services may be authorized. Then forward completed Referral to Volunteer Chore Service Program, DSHS 15-184(X), to VCSPA.

   b. If services may be delayed for seven (7) days or longer after assessment, complete DSHS 15-184(X) and forward to the VCSPA to determine if VCS is or is not available, before authorizing department paid services.

   c. Within fourteen (14) days of referral, the VCSPA must notify CSO/DDD whether or not VCS will be provided.

      NOTE: It is usually preferable to call the VCSPA to determine if VCS can or cannot be provided so a decision can be made to refer new clients to the VCSPA or to authorize department paid services. At any rate, complete DSHS 15-184(X) and forward to the VCSPA for completion of the lower portion of the form to confirm VCS is or is not available.

      (1) It is necessary for VCSPA to complete the lower portion of the form and return two (2) copies to the referring agency (CSO/DDD), keeping one copy for agency record.

(2) The CSO/DDD then forwards one (1) copy of the form received from the VCSPA to the Bureau of Aging and Adult Services, OB-43G, Olympia, WA 98504.

(3) The second returned copy is filed in the service record.

3. For continuing clients eligible for 5 hours of service per month or less, explain referral process for VCSPA service. Continue department paid services until VCSPA begins services. If client does not desire referral, so state on DSHS 15-184(X) and forward copy to BAAS. Do not send copy to VCSPA. Services may be authorized to continue without interruption.

4. For clients eligible for reduced level of service because of income, explain referral process for VCSPA service to supplement department paid services. If client does not desire referral, so state on DSHS 15-184(X) and forward copy to BAAS. Do not send copy to VCSPA.

5. If the client is ineligible for chore services because income exceeds need level, explain referral process for VCSPA to provide needed services. Complete and forward DSHS 15-184(X) to the VCSPA. When form is returned by VCSPA, forward one copy to BAAS and file other copy in service record, or if no record is established, in a separate folder entitled "Volunteer Chore Service Program Referrals." It is not necessary only for this activity to open SSPS form for applicants for whom there is no case record. If the client does not desire referral for service, so state on DSHS 15-184(X) and forward to BAAS. Do not send copy to VSPA.

6. It is necessary for CSO, DDD, VCSPA and chore services contractor, when appropriate, to formulate a written working agreement to assure clients described in C above receive or are considered for VCS.

The working agreement is to be cooperative and mutually developed by appropriate CSO/DDD and VCSPA and Aging Network staff, when appropriate, to meet local needs. The agreement shall include procedures for referring back to the CSO/DDD, clients who can no longer by served by the VCSPA. For example, volunteer cannot be found or terminates. The agreement will most effectively, efficiently, and expeditiously enable service workers to document efforts made to refer chore service assessed individuals to the VCSPA; to enable the volunteer chore service agency to provide chore services to referred clients; and to enable the referred clients to receive services that have been determined they need.

D. Senior Citizen Information and Assistance

Refer to senior citizen I&A vulnerable elderly ineligible for chore services because income level exceeds need level, or assets exceed resource limits, in communities where this resource exists.

E. Mutually Exclusive Programs

1. No client may be authorized services through both the contract and Individual Provider Programs unless there is an extremely unusual reason for use of both. When more than one person in a household is authorized for chore services, and one person is eligible for the contracted program and the other is not, all persons in the household authorized for chore services usually must be served by the Individual Provider Program.

2. IPP-Hourly care service and attendant care (monthly or daily rate) may not be authorized in the same household or to the same person at IPP hourly rates. The person with the greatest need is authorized the larger amount of attendant care payment, and the client with the lesser need, even if only for task-related services, is authorized up to a maximum of $50.00 a month.

3. COPES recipients may not be authorized chore services.

4. CAP recipients may not be authorized chore services unless there is no duplication of service or payment and this fact is clearly explained in the service record.

F. Case Management

1. CSO/DDD service workers continue CRQ assessment, reassessment, authorization, and reauthorization of services.

2. The Aging Network provides ongoing case management services for chore service clients age 60 and above who require this service.

3. The Community Services Office (CSO) provides ongoing case management services for chore service clients under age 60 who require this service.

See Case Management procedures for guidelines.

42.23 PRIORITIES RELATED TO THIS SERVICE

Assessment and authorization of chore services to applicants shall be given priority in the following order:

A. Individuals requiring adult protective services (APS) or attendant care

B. Individuals requiring personal care

C. Employed disabled

D. Individuals requiring household tasks.

42.24 PROVISION OF CHORE SERVICES

A. Definition of Client's Home and Relative

1. The client's home is his/her intended place of residence. The client may live alone or in a shared living arrangement, in a building totally or partially owned or rented by the client or in a building owned or rented by another household member.

2. A relative is defined as a person related to the client by blood or marriage in the following degrees: spouse, father, mother, son or daughter.

B. Eligible Chore Service Providers

1. A client's relative may be authorized to provide chore services only when this relative:

   a. Will not provide the service unpaid, and

   b. Must give up paid full-time employment (more than 30 hours per week) to give the service, or

   c. Would need to take paid full-time employment (more than 30 hours per week), or

   d. Would be financially eligible to receive general assistance to meet his/her own need.

2. It may be in the client's best interest to have a relative provide chore services. Payment to a spouse shall be a one-person standard for GAU ($304.00 effective July 1, 1984). Payment in excess of the GAU standard requires an ETP request with documentation of why a higher rate is necessary. Nonspouse relatives meeting the stipulations in 1. above may be paid the usual chore service rate for nonrelatives.

3. Chore service contractors who wish to hire a father, mother, son, or daughter will submit the Request to Hire a Relative form to the appropriate CSO/DDD service worker who will indicate approval or disapproval of the contractor's request and return the form to the contractor within five working days. Conditions of #1 above need to be met in order to approve the request.

C. Shared Living Arrangement

1. In a shared living arrangement where the building is totally or partially owned or rented by the client, a nonrelative or relative may be authorized as an hourly, daily, or monthly rate chore service provider.

2. If the client lives in a house or apartment owned or rented by a relative as defined above, the relative may be authorized as an hourly, daily, or monthly rate chore service provider.

3. If the client lives in a house or apartment owned or rented by a nonrelative, the nonrelative should not be authorized to provide chore services. The nonrelative should instead be licensed as an adult family home sponsor and provide services under that program. If the nonrelative cannot meet adult family home licensing requirements for reasons other than inadequacy of care, then chore services may be provided by that person (see Chapter 46).

42.25 FINANCIAL ELIGIBILITY

Chore services are provided to eligible adults regardless of race, creed, color, national origin, sex, sexual preference, marital status, age or the presence of any sensory, mental or physical handicap.

The applicant/recipient's eligibility category is documented on DSHS 14-139(X), Social Services Eligibility Document and Facesheet. The current State Median Income (SMI) chart is used to determine the income level of non-SSI recipients.

A. Beginning August 23, 1983, the following are the financial eligibility criteria for chore services:

1. Adult recipients of supplemental security income and/or state supplementation are eligible for service with no reduction (SSPS service eligibility codes 4, 5, or 6).

2. Adult recipients of Limited Casualty Program medical care as defined by RCW 74.09.010 are eligible for service with no reduction (SSPS service eligibility Code 11).

   It is necessary to assure applicants/recipients who are recipients of LCP receive chore services at no cost (without reduction) only during the time they are "recipients."

   a. During the spend-down time, chore service clients are not considered "LCP recipients" and the hours of service or payment for chore services are to be reduced according to their income level, until they again become recipients.

b. It is not necessary to give the ten days' advance notice for these reductions. WAC 388-33-385(7) states that advance notice of action to. . .reduce assistance is not required when: "Eligibility for assistance or an additional requirement is determined to exist for a specific limited period of time and the recipient has been so advised." WAC 388-15-030(6) states notice to reduce. . .shall be in accord with WAC 388-33-385. LCP recipients are given an award letter which specifies the eligibility period.

c. It is, however, essential that service workers discuss (1) the LCP eligibility period with the chore service applicant/recipient, and the direct relationship of the LCP eligibility period to the time chore services may be authorized at no cost, and (2) that during the period of "spend-down" and ineligibility, chore services will be reduced according to income level, but will be restored to the "at no cost" level when eligibility for LCP is regained and service worker is informed of the new eligibility period.

d. The chore service clients will need to keep the service worker up to date about their LCP status so the following changes can be made in a timely manner:

(1) To authorize services without reduction to recipients of LCP, or

(2) To authorize reduced services while individuals are not recipients of LCP, or

(3) To restore services to the "at no cost" level.

3. Adults who have gross family income, adjusted for family size, not in excess of thirty percent of the state median income (SMI) are eligible for service with no reduction. (SSPS service eligibility code 11) (non-SSI recipients)

4. Adults who have income above thirty percent of the SMI are eligible to receive reduced services according to their income and need levels. See Table 1 "Hours of Chore Service to be Authorized Based on Income Level and Level of Services Needed". (8/83).

a. For any income above the amount shown on the chart, use the next higher income level. For example, for a 1 person family $394.01 = 31% SMI and $657.01 = 51% SMI.

b. For hourly care clients, one (1) hour is deducted for each percentage point income is over 30% of the SMI and an additional hour is deducted for each percentage point income is over 50% of the SMI.

c. For attendant care clients, an equivalent to the unit rate for contracted clients in their locale, is deducted for each percentage point income is over 30% of the SMI and an additional unit rate is deducted for each percentage point income is over 50% of the SMI. (SSPS service eligibility code 11)

5. Adult Protective Services (APS) clients, without regard to income, if these services are an integral but subordinate part of the service plan. These services are limited to 90 days during any 12-month period. (WAC 388-15-209(2)(d) (SSPS service eligibility code 9)

B. At time of review, if application of the 1983 Chore Services Law causes reduction or termination of service or payment for persons who were receiving chore services as of August 23, 1983, it will be necessary to grandfather these individuals per 42.38 using the 1981 chart, 42.38 C. Following are instances when grandfathering may be necessary:

1. Hourly care clients (IPP Hourly or Contract) whose income was between 30 and 40% of the SMI and remain in this income group.

2. Attendant care clients (Monthly or Daily Rate) whose income was between 30 and 57% of the SMI and for whom waiver had been approved prior to August 23, 1983 for the department to pay part or all of the client's share of the cost of care.

3. Attendant care clients who, prior to August 23, 1983, had income above 57% of the SMI and had a waiver approved for the department to pay part or all of the cost of care.

STATE MEDIAN INCOME CHART - EFFECTIVE JANUARY 1, 1985

Percent State Median Income	GROSS FAMILY INCOME						
	Family Size 1	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6	*Hours of Reduction
01	13	17	21	25	29	33	
02	26	34	42	51	59	67	
03	39	52	64	76	88	100	
04	53	69	85	101	117	133	
05	66	86	106	126	147	167	
06	79	103	127	152	176	200	
07	92	120	149	177	205	234	
08	105	137	170	202	235	267	
09	118	155	191	227	264	300	
10	131	172	212	253	293	334	
11	145	189	234	278	322	367	
12	158	206	255	303	352	400	
13	171	223	276	329	381	434	
14	184	241	297	354	410	467	
15	197	258	318	379	440	500	
16	210	275	340	404	469	534	
17	223	292	361	430	498	567	
18	237	309	382	455	528	600	
19	250	327	403	480	557	634	
20	263	344	425	505	586	667	
21	276	361	446	531	616	701	
22	289	378	467	556	645	734	
23	302	395	488	581	674	767	
24	315	412	509	607	704	801	
25	329	430	531	632	733	834	
26	342	447	552	657	762	867	
27	355	464	573	682	792	901	
28	368	481	594	708	821	934	
29	381	498	616	733	850	967	
30	394	516	637	758	879	1,001	0
31	407	533	658	783	909	1,034	1
32	421	550	679	809	938	1,068	2
33	434	567	701	834	967	1,101	3
34	447	584	722	859	997	1,134	4

*For attendant care clients, multiply the number of reduced hours by the contract unit rate in your area.

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Percent State Median Income	GROSS FAMILY INCOME						
	Family Size 1	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6	*Hours of Reduction
35	460	601	743	885	1,026	1,168	5
36	473	619	764	910	1,055	1,201	6
37	486	636	785	935	1,085	1,234	7
38	499	653	807	960	1,114	1,268	8
39	513	670	828	986	1,143	1,301	9
40	526	687	849	1,011	1,173	1,334	10
41	539	705	870	1,036	1,202	1,368	11
42	552	722	892	1,061	1,231	1,401	12
43	565	739	913	1,087	1,261	1,434	13
44	578	756	934	1,112	1,290	1,468	14
45	591	773	955	1,137	1,319	1,501	15
46	605	791	977	1,163	1,349	1,535	16
47	618	808	998	1,188	1,378	1,568	17
48	631	825	1,019	1,213	1,407	1,601	18
49	644	842	1,040	1,238	1,436	1,635	19
50	657	859	1,061	1,264	1,466	1,668	20
51	670	876	1,083	1,289	1,495	1,701	22
52	683	894	1,104	1,314	1,524	1,735	24
53	697	911	1,125	1,339	1,554	1,768	26
54	710	928	1,146	1,365	1,583	1,801	28
55	723	945	1,168	1,390	1,612	1,835	30
56	736	962	1,189	1,415	1,642	1,868	32
57	749	980	1,210	1,441	1,671	1,902	34
58	762	997	1,231	1,466	1,700	1,935	36
59	775	1,014	1,253	1,491	1,730	1,968	38
60	789	1,031	1,274	1,516	1,759	2,002	40
61	802	1,048	1,295	1,542	1,788	2,035	42
62	815	1,065	1,316	1,567	1,818	2,068	44
63	828	1,083	1,337	1,592	1,847	2,102	46
64	841	1,100	1,359	1,617	1,876	2,135	48
65	854	1,117	1,380	1,643	1,906	2,168	50
66	867	1,134	1,401	1,668	1,935	2,202	52
67	880	1,151	1,422	1,693	1,964	2,235	54
68	894	1,169	1,444	1,719	1,993	2,268	56

*For attendant care clients, multiply the number of reduced hours by the contract unit rate in your area.

Percent State Median Income	GROSS FAMILY INCOME Family Size 1	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6	*Hours of Reduction
69	907	1,186	1,465	1,744	2,023	2,302	58
70	920	1,203	1,486	1,769	2,052	2,335	60
71	933	1,220	1,507	1,794	2,081	2,369	62
72	946	1,237	1,528	1,820	2,111	2,402	64
73	959	1,255	1,550	1,845	2,140	2,435	66
74	972	1,272	1,571	1,870	2,169	2,469	68
75	986	1,289	1,592	1,895	2,199	2,502	70
76	999	1,306	1,613	1,921	2,228	2,535	72
77	1,012	1,323	1,635	1,946	2,257	2,569	74
78	1,025	1,340	1,656	1,971	2,287	2,602	76
79	1,038	1,358	1,677	1,997	2,316	2,635	78
80	1,051	1,375	1,698	2,022	2,345	2,669	80
81	1,064	1,392	1,720	2,047	2,375	2,702	82
82	1,078	1,409	1,741	2,072	2,404	2,735	84
83	1,091	1,426	1,762	2,098	2,433	2,769	86
84	1,104	1,444	1,783	2,123	2,463	2,802	88
85	1,117	1,461	1,804	2,148	2,492	2,836	90
86	1,130	1,478	1,826	2,173	2,521	2,869	92
87	1,143	1,495	1,847	2,199	2,551	2,902	94
88	1,156	1,512	1,868	2,224	2,580	2,936	96
89	1,170	1,529	1,889	2,249	2,609	2,969	98
90	1,183	1,547	1,911	2,275	2,638	3,002	100
91	1,196	1,564	1,932	2,300	2,668	3,036	102
92	1,209	1,581	1,953	2,325	2,697	3,069	104
93	1,222	1,598	1,974	2,350	2,726	3,102	106
94	1,235	1,615	1,996	2,376	2,756	3,136	108
95	1,248	1,633	2,017	2,401	2,785	3,169	110
96	1,262	1,650	2,038	2,426	2,814	3,203	112
97	1,275	1,667	2,059	2,451	2,844	3,236	114
98	1,288	1,684	2,080	2,477	2,873	3,269	116
99	1,301	1,701	2,102	2,502	2,902	3,303	118
100	1,314	1,719	2,123	2,527	2,932	3,336	120

*For attendant care clients, multiply the number of reduced hours by the contract unit rate in your area.

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C. Income

1. Income from SSA, VA (including aid and attendant allowances), SSDIB, retirement, rental, dividend, or interest from savings and other investment are considered unearned income.

2. Income from employment is considered earned income.

3. Earned income of "employed disabled" is considered according to 42.40.

D. Resource Limitations:

1. Except for APS clients, applicants/recipients must not have resources valued in excess of $10,000 for one person, $15,000 for a two-person family and $1,000 for each additional member of the family. Persons with higher value resources are not eligible for chore services.

2. The following are included when assessing resources and determining eligibility:

   a. Checking account balances.

   b. Liquid assets: such as cash, gold, silver and other items of an investment and negotiable value.

   c. Savings account balances.

   d. Certificates of deposit.

   e. Money Market certificates.

   f. Negotiable stocks and bonds.

   g. The market value of a boat(s), recreational vehicle(s) and excess automobile(s).

   h. The latest assessed value of lots or property not attached to the residence.

      (1) If lots or property can be rented, they must be listed for rent at a fair market rate within three months of the eligibility determination. Net rental income is considered income and the property is not counted as a resource.

      (2) If the lots or property cannot be rented or applicant/recipient will not rent, a good faith effort must be made to sell the property. That is, it must be listed with a realtor or advertised at a fair price. This must be reviewed at time of reassessment to ensure effort to sell continues.

3. The following are not included when determining resources:

   a. A home and lot normal for the community where the client or applicant resides;

   b. Used and useful household furnishings, personal clothing, and one automobile per client;

   c. Personal property of great sentimental value;

   d. Real or personal property used by the applicant or recipient to earn income or to rehabilitate himself or herself; e.g., net rental income is counted as income;

   e. One cemetery plot for each member of the family unit;

   f. Cash surrender value of life insurance.

42.30 SERVICE PROCEDURES

42.31 INTAKE/ASSESSMENT OF NEED/RISK

A. The following characteristics describe an applicant/recipient who is at risk of institutionalization or at risk of being placed in a residential care facility:

   1. In greatest social and economic need:

      a. Financially eligible for chore services (has combined resources below $10,000 for a one person family or $15,000 for a two person family. Another $1,000 is allowed for each additional family member.)

      b. 75 years of age or older.

      c. Homebound.

      d. Chronic physical health problems.

      e. Chronic mental health problems.

      f. Confused.

      g. Socially isolated.

      h. Living alone.

      i. Developmentally disabled.

      j. Minority.

k. Non-English speaking.

l. Adult Protective Services

(i, j, and/or k alone or in combination do not qualify client as being in greatest social and economic need.)

2. Is unable to perform one or more activities essential to daily living.

3. Informal support system will not meet all chore service needs.

4. Conditions under 1, 2, and 3 must be met and so documented on page 2 of the CRQ before client is eligible for chore services.

B. The service worker must:

1. Administer the CRQ face to face in the client's home, to assess the need for chore services and to determine the types and level of service needed. Assessment may be made in another setting such as the hospital or nursing home to authorize provision of service upon applicant/recipient's return home.

   a. After the CRQ identifies a chore service need, points are assigned to that need in accordance with the degree of assistance required.

   b. After completing the CRQ, the service worker totals all points and converts the points to service hours using the CRQ Authorization Ceilings chart. (See 42.33 B.)

   c. Instructions for completing DSHS 15-126(X) are in the Forms Section of the manual.

2. Contact the client's relatives, friends, neighbors, physician, aging network case management, and other community resources used by the client, as necessary, to obtain additional information about the client's need for chore services.

3. Determine whether chore services is the most appropriate service to meet the client's needs. Other services to be considered in making this determination are informal or community support, COPES, Home Health Aide, DDD CAP, Home-Delivered Meals, Congregate Meals, Visiting Nurse Services, Home Maintenance Services, and Volunteer Services. (See 42.70, 42.80, and 46.19.)

4. Make referrals to other agencies as appropriate and follow-up to be sure the referral is working. (DSHS 2-306 Communication/ Referral)

C. Assessment of Need for Attendant Care for Adults/Supervision of Children

1. Applicants must be in need of protective supervision or need assistance with unscheduled tasks (see definition in D below) or need supervision of children.

2. This need must be documented in the service record by either a statement from the client's physician that they need attendant care and are at risk of placement (DSHS 15-161(X)) or other written medical statement.

3. See Section 42.25 for financial eligibility rules.

D. Chore Services Tasks

Chore services are household, personal care tasks, and attendant care required to prevent out-of-home placement or to protect adults whose health and safety are threatened because they cannot care for themselves.

HOUSEHOLD TASKS

1. Escort/Transport to Medical Services - Going with a client who cannot travel alone or transporting a client to medical services.

2. Essential Shopping and Errands - The chore service provider accompanies a client to shop for food, clothes and other essentials or to run essential errands, such as picking up prescription medicines or going to the bank. The chore service provider does essential shopping and errands only when the client is unable to shop or run errands. Whenever possible, the chore service provider and client must shop at the nearest full service supermarket. These tasks should be limited to one trip per week. Transportation to hair cutting appointments shall not be included more often than once a month.

3. Laundry - Washing, drying, ironing and mending clothes and linens used by the client or helping the client perform these tasks. Ironing is limited to that required to make clothes presentable.

4. Splitting/Stacking/Carrying Wood - Splitting wood used by the client as the sole source of fuel for heating and/or cooking. This is limited to splitting wood which the client has or makes available at his/her own home. Client should buy or have wood cut into appropriate lengths for his/her stove. Chore service providers should not be required to use chain saws or fell trees.

5. Housework - Performing or helping the client perform those periodic tasks required to maintain the client in a safe and healthy environment. Activities performed include such things as cleaning the kitchen and bathroom, sweeping, vacuuming, mopping, shoveling snow, cleaning oven, defrosting freezer. Washing inside windows and walls is limited to twice a year. The chore service program is not a maid service; household tasks performed through the chore service program are limited to tasks necessary to protect the client's health and safety in those areas of the home actually used by the client; i.e., kitchen, bathroom, living room, dining room, and bedroom.

PERSONAL CARE TASKS

6. Cooking - Preparing or readying a meal for the client to eat or helping the client prepare a meal. If the client has a refrigerator or freezer and is able to heat meals previously prepared, the chore service provider should cook more than one meal at a time and store the extra meal(s) in the refrigerator or freezer. Planning of meals and cleaning up after meals are included in this definition, as is preparation of a special diet prescribed by a physician. Any canning or freezing fruits, vegetables, or meats is not included in this definition.

7. Feeding - Assisting the client to eat. May range from cutting food to complete feeding.

8. Dressing/Undressing - Assisting the client to dress and undress. May range from tying shoes and buttoning to completely dressing and undressing the client. Lifting the client in order to dress or undress is provided in the Individual Provider Program only.

9. Care of Appearance - Assisting the client with care of hair, teeth, dentures, shaving, filing of nails, etc.

10. Body Care - Assisting the client with exercises, skin care, applying ointments or lotions, changing bandages or dressings, providing foot care beyond washing of feet and filing of toenails. All body care is provided by the Individual Provider Program only. Foot care beyond washing of feet and filing of toenails can be provided in the Individual Provider Program only if the provider is a licensed health practitioner or a member of the client's immediate family. Clients needing body care should be referred to a Health Maintenance Service whenever such services exist, or to a Home Health Agency for services whenever possible.

11. Bed Transfer - Assisting the client to get in and out of bed by providing support and steadying or lifting, turning or positioning the client. Lifting and turning or positioning are provided in the Individual Provider Program only.

12. Ambulation - Assisting the ambulatory client to walk by providing support and steadying or supervision, or assisting a nonambulatory client by pushing a wheelchair or supervising the client as he/she propels the wheelchair. Includes assisting client in transporting wheelchair.

13. Wheelchair Transfer - Assisting the client to get in and out of a wheelchair by providing support and steadying, supervision or lifting. Lifting the client is provided in the Individual Provider Program only.

14. Bathing - Assisting the client to wash his or her body. May range from providing support and steadying or supervision while the client washes to completely washing a client unable to bathe. Lifting the client into the tub or shower and completely washing a client are provided in the Individual Provider Program only. Whenever possible clients needing bathing should be referred to a Health Maintenance Service whenever such services exist, or to a Home Health Agency for service.

15. Toileting - Assisting the client to take care of his/her toileting needs by providing support and steadying, supervision, lifting the client onto a toilet or bedpan, giving a bedpan to a bedfast client, diapering an adolescent or adult, and performing general maintenance of a catheter or colostomy.

    Lifting the client for any of these tasks, diapering an adolescent or adult, and general maintenance of a colostomy or catheter are provided in the Individual Provider Program only. Whenever necessary, clients needing assistance with these tasks should be referred to a Home Health Agency.

16. Remind to Take Medicines/Medication Assistance - Assisting the client to take prescribed medicines at the right time and/or in the right dosage. May range from reminding the client of when it is time to take a prescribed medication, including delivering the proper dosage into the client's hands if client is unable to do so. Administering eye drops and giving a client a prescribed medication by injection may only be done by a licensed health practitioner (e.g., RN or LPN) or a member of the client's family. Reminding a client to take a prescribed medicine may be provided through the contract program. All other tasks are provided only through the Individual Provider Program.

17. Family Care - Supervising and/or performing tasks for children when the normal caretaker (parent or guardian) is physically unable to perform these tasks or is temporarily absent from the home because of a medical emergency. Tasks which may be performed for children are similar to tasks performed for adult clients: laundry, cooking, feeding, dressing, bathing, toileting, etc.

If in the home and able to do so, the normal caretaker will retain as much responsibility as possible for directing and supervising the children. If the normal caretaker is temporarily out of the home or is unable to take responsibility for directing and managing the children, this responsibility must be assumed by another family member or a close friend of the normal caretaker.

The chore service provider may provide the kind of daily supervision of children's activities that would be provided by a babysitter, but may not act as a parent-substitute and make major decisions affecting the children. The service worker should explore the use of home-maker services, in-home day care, regular day care, or other family services prior to authorizing chore services.

ATTENDANT CARE

18. Attendant Care for Adults/Supervision of Children

a. Attendant care for adults: Attendant care is providing protective supervision or assisting client with unscheduled personal care tasks. Protective supervision is watching of a person who cannot safely be left alone, because of confusion, forgetfulness. Bed transfer, ambulation, wheel chair transfer, and toileting are examples of personal care tasks which may not be adequately scheduled.

Attendant care services may also include scheduled tasks, such as cooking and housework. The attendant care provider should perform any necessary household or personal care tasks or assist as necessary with activities of daily living during the authorized hours of attendant care.

Attendant care is provided through the Individual Provider Program only. A statement from a licensed physician or DSHS 15-161(X), Chore Services Physician Statement for Attendant Care, signed by a physician, is required prior to approval of attendant care.

b. Supervision of Children: Supervising the child(ren) when the normal caretaker is temporarily absent from the home because of a medical reason. This service may be authorized for a period not to exceed two weeks, and is limited to once during a six-month period. Any household or personal care tasks or assistance with activities of daily living are performed during the hours supervision of children (attendant care), are authorized.

If adult caretaker is in the home, but is unable to care for him or herself and has documentation of incapacity, service may be authorized on an ongoing basis.

42.33 AUTHORIZATION OF SERVICE

A. All chore services whether delivered by contract or individual providers shall be authorized on the DSHS 14-154(X), Social Services Authorization, or DSHS 14-159, Change in Service Authorization. See also Social Service Payment System Manual, for detailed instructions and codes.

B. Authorization Levels

1. Authorize services in an amount which does not exceed ceiling hours for the client's CRQ score:

CRQ SCORE	CEILING HOURS PER MONTH	CRQ SCORE	CEILING HOURS PER MONTH
1-4	5	125-129	87
5-9	8	130-134	90
10-14	11	135-139	93
15-19	14	140-144	97
20-24	18	145-149	100
25-29	21	150-154	103
30-34	24	155-159	106
35-39	28	160-164	110
40-44	31	165-169	113
45-49	34	170 and above	116
50-54	37		
55-59	41		
60-64	44		
65-69	47	HOURLY MAXIMUM IS 116	
70-74	51		
75-79	54		
80-84	57		
85-89	60		
90-94	64		
95-99	67		
100-104	70		
105-109	74		
110-114	77		
115-119	80		
120-124	83		

2. If client requires less service than assessment allows, a lesser amount of service should be authorized. Enter reason for the authorization of less service in the comment section of the CRQ.

3. If the client lives with others, authorize only the household and personal care services required to meet the client's needs. Supervision of children required because of temporary hospitalization is limited to two weeks during any six-month period.

4. If the client provides information that additional hours are necessary, request a waiver for approval to exceed ceiling hours using the DSHS 15-134(X), Chore Services Waiver Request (see 42.45), but not to exceed a total of 116 hours a month.

5. The attendant care for adults and supervision of children authorization is the total number of hours per month required by the client as determined by Item 18 on the CRQ.

6. Personal care, household task (hourly rate) and attendant care for adults/supervision of children (monthly or daily rates) clients whose gross income is over 30 percent of the SMI receive services based on a sliding scale of reduced hours and reduced payments. Use the scale on the chart on the following two pages to determine the amount of reduced hours/payment.

   a. Payment reduction of the monthly or daily rate is based on the contracted unit rate in effect for the locale in which the client resides.

   b. For multiple member households where spouses are both eligible to receive chore services, and their combined income is above 30% of the SMI, reduce services (hours or payment) for only one client.

   c. The reduction should be made from the person with the greatest need. Should needed reduction exceed the needs of one person, continue reduction from the second person's needs until the required reduction is made. It is particularly important that effort be made to refer this household to the VCSP for supplemental services.

HOURS OF CHORE SERVICE TO BE AUTHORIZED ON INCOME AND LEVEL OF SERVICE NEEDED

HOURS OF CHORE SERVICE TO BE AUTHORIZED BASED ON INCOME AND LEVEL OF SERVICE NEEDED

HOURS AUTHORIZED BY CRQ	INCOME ELIGIBILITY LEVEL (PERCENT OF STATE MEDIAN INCOME)																																										
	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	75	80	85	90	95
1	0																																												
2	1	0																																											
3	2	1	0																																										
4	3	2	1	0																																									
5	4	3	2	1	0																																								
6	5	4	3	2	1	0																																							
7	6	5	4	3	2	1	0														One (1) hour deducted for each percentage point over 30% SMI and an additional hour deducted for each percentage point over 50% SMI																							
8	7	6	5	4	3	2	1	0																																					
9	8	7	6	5	4	3	2	1	0																																				
10	9	8	7	6	5	4	3	2	1	0																																			
11	10	9	8	7	6	5	4	3	2	1	0																																		
12	11	10	9	8	7	6	5	4	3	2	1	0																																	
13	12	11	10	9	8	7	6	5	4	3	2	1	0																																
14	13	12	11	10	9	8	7	6	5	4	3	2	1	0																															
15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0																														
16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0																													
17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0																												
18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0																											
19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0																										
20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0																									
21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0																								
22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	0																								
23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	1	0																							
24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	2	0																							
25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	3	1	0																						
26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	4	2	0																						
27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	5	3	1	0																					
28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	6	4	2	0																					
29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	7	5	3	1	0																				
30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	8	6	4	2	0																				
31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	9	7	5	3	1	0																			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	10	8	6	4	2	0																			
33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	11	9	7	5	3	1	0																		
34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	12	10	8	6	4	2	0																		
35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	13	11	9	7	5	3	1	0																	
36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	14	12	10	8	6	4	2	0																	
37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	15	13	11	9	7	5	3	1	0																
38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	16	14	12	10	8	6	4	2	0																
39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	17	15	13	11	9	7	5	3	1	0															
40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	18	16	14	12	10	8	6	4	2	0															
41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	19	17	15	13	11	9	7	5	3	1	0														
42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	20	18	16	14	12	10	8	6	4	2	0														
43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	21	19	17	15	13	11	9	7	5	3	1	0													
44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	22	20	18	16	14	12	10	8	6	4	2	0													
45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	23	21	19	17	15	13	11	9	7	5	3	1	0												
46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	24	22	20	18	16	14	12	10	8	6	4	2	0												
47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	25	23	21	19	17	15	13	11	9	7	5	3	1	0											
48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	26	24	22	20	18	16	14	12	10	8	6	4	2	0											
49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	27	25	23	21	19	17	15	13	11	9	7	5	3	1	0										
50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	28	26	24	22	20	18	16	14	12	10	8	6	4	2	0										
51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	29	27	25	23	21	19	17	15	13	11	9	7	5	3	1	0									
52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	30	28	26	24	22	20	18	16	14	12	10	8	6	4	2	0									
53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	31	29	27	25	23	21	19	17	15	13	11	9	7	5	3	1	0								
54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	32	30	28	26	24	22	20	18	16	14	12	10	8	6	4	2	0								
55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	33	31	29	27	25	23	21	19	17	15	13	11	9	7	5	3	1	0							
56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	34	32	30	28	26	24	22	20	18	16	14	12	10	8	6	4	2	0							
57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	35	33	31	29	27	25	23	21	19	17	15	13	11	9	7	5	3	1	0						
58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	36	34	32	30	28	26	24	22	20	18	16	14	12	10	8	6	4	2	0						
59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	37	35	33	31	29	27	25	23	21	19	17	15	13	11	9	7	5	3	1	0					
60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	38	36	34	32	30	28	26	24	22	20	18	16	14	12	10	8	6	4	2	0					

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HOURS OF CHORE SERVICE TO BE AUTHORIZED ON INCOME AND LEVEL OF SERVICE NEEDED

HOURS OF CHORE SERVICE TO BE AUTHORIZED BASED ON INCOME AND LEVEL OF SERVICE NEEDED

HOURS AUTHORIZED BY CRQ	INCOME ELIGIBILITY LEVEL (PERCENT OF STATE MEDIAN INCOME)																																												
	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	75	80	85	90	95
61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	41	39	37	35	33	31	29	27	25	23	21	19	17	15	13	11	9	7	5	3	1	0				
62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	42	40	38	36	34	32	30	28	26	24	22	20	18	16	14	12	10	8	6	4	2	0				
63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	43	41	39	37	35	33	31	29	27	25	23	21	19	17	15	13	11	9	7	5	3	0				
64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	44	42	40	38	36	34	32	30	28	26	24	22	20	18	16	14	12	10	8	6	4	0				
65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	45	43	41	39	37	35	33	31	29	27	25	23	21	19	17	15	13	11	9	7	5	0				
66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	46	44	42	40	38	36	34	32	30	28	26	24	22	20	18	16	14	12	10	8	6	0				
67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	47	45	43	41	39	37	35	33	31	29	27	25	23	21	19	17	15	13	11	9	7	0				
68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	48	46	44	42	40	38	36	34	32	30	28	26	24	22	20	18	16	14	12	10	8	0				
69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	49	47	45	43	41	39	37	35	33	31	29	27	25	23	21	19	17	15	13	11	9	0				
70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	50	48	46	44	42	40	38	36	34	32	30	28	26	24	22	20	18	16	14	12	10	0				
71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	51	49	47	45	43	41	39	37	35	33	31	29	27	25	23	21	19	17	15	13	11	1	0			
72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	52	50	48	46	44	42	40	38	36	34	32	30	28	26	24	22	20	18	16	14	12	2	0			
73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	55	54	53	51	49	47	45	43	41	39	37	35	33	31	29	27	25	23	21	19	17	15	13	3	0			
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76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	54	52	50	48	46	44	42	40	38	36	34	32	30	28	26	24	22	20	18	16	6	0			
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78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	56	54	52	50	48	46	44	42	40	38	36	34	32	30	28	26	24	22	20	18	8	0			
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81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	59	57	55	53	51	49	47	45	43	41	39	37	35	33	31	29	27	25	23	21	11	1	0		
82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	60	58	56	54	52	50	48	46	44	42	40	38	36	34	32	30	28	26	24	22	12	2	0		
83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	61	59	57	55	53	51	49	47	45	43	41	39	37	35	33	31	29	27	25	23	13	3	0		
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92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	72	70	68	66	64	62	60	58	56	54	52	50	48	46	44	42	40	38	36	34	32	22	12	2	0	
93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	73	71	69	67	65	63	61	59	57	55	53	51	49	47	45	43	41	39	37	35	33	23	13	3	0	
94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	74	72	70	68	66	64	62	60	58	56	54	52	50	48	46	44	42	40	38	36	34	24	14	4	0	
95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	75	73	71	69	67	65	63	61	59	57	55	53	51	49	47	45	43	41	39	37	35	25	15	5	0	
96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	76	74	72	70	68	66	64	62	60	58	56	54	52	50	48	46	44	42	40	38	36	26	16	6	0	
97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	77	75	73	71	69	67	65	63	61	59	57	55	53	51	49	47	45	43	41	39	37	27	17	7	0	
98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	78	76	74	72	70	68	66	64	62	60	58	56	54	52	50	48	46	44	42	40	38	28	18	8	0	
99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	79	77	75	73	71	69	67	65	63	61	59	57	55	53	51	49	47	45	43	41	39	29	19	9	0	
100	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	80	78	76	74	72	70	68	66	64	62	60	58	56	54	52	50	48	46	44	42	40	30	20	10	0	
101	100	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	81	79	77	75	73	71	69	67	65	63	61	59	57	55	53	51	49	47	45	43	41	31	21	11	1	0
102	101	100	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	82	80	78	76	74	72	70	68	66	64	62	60	58	56	54	52	50	48	46	44	42	32	22	12	2	0
103	102	101	100	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	83	81	79	77	75	73	71	69	67	65	63	61	59	57	55	53	51	49	47	45	43	33	23	13	3	0
104	103	102	101	100	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	84	82	80	78	76	74	72	70	68	66	64	62	60	58	56	54	52	50	48	46	44	34	24	14	4	0
105	104	103	102	101	100	99	98	97	96	95	94	93	92	91	90	89	88	87	86	85	83	81	79	77	75	73	71	69	67	65	63	61	59	57	55	53	51	49	47	45	35	25	15	5	0
106	105	104	103	102	101	100	99	98	97	96	95	94	93	92	91	90	89	88	87	86	84	82	80	78	76	74	72	70	68	66	64	62	60	58	56	54	52	50	48	46	36	26	16	6	0
107	106	105	104	103	102	101	100	99	98	97	96	95	94	93	92	91	90	89	88	87	85	83	81	79	77	75	73	71	69	67	65	63	61	59	57	55	53	51	49	47	37	27	17	7	0
108	107	106	105	104	103	102	101	100	99	98	97	96	95	94	93	92	91	90	89	88	86	84	82	80	78	76	74	72	70	68	66	64	62	60	58	56	54	52	50	48	38	28	18	8	0
109	108	107	106	105	104	103	102	101	100	99	98	97	96	95	94	93	92	91	90	89	87	85	83	81	79	77	75	73	71	69	67	65	63	61	59	57	55	53	51	49	39	29	19	9	0
110	109	108	107	106	105	104	103	102	101	100	99	98	97	96	95	94	93	92	91	90	88	86	84	82	80	78	76	74	72	70	68	66	64	62	60	58	56	54	52	50	40	30	20	10	0
111	110	109	108	107	106	105	104	103	102	101	100	99	98	97	96	95	94	93	92	91	89	87	85	83	81	79	77	75	73	71	69	67	65	63	61	59	57	55	53	51	41	31	21	11	1
112	111	110	109	108	107	106	105	104	103	102	101	100	99	98	97	96	95	94	93	92	90	88	86	84	82	80	78	76	74	72	70	68	66	64	62	60	58	56	54	52	42	32	22	12	2
113	112	111	110	109	108	107	106	105	104	103	102	101	100	99	98	97	96	95	94	93	91	89	87	85	83	81	79	77	75	73	71	69	67	65	63	61	59	57	55	53	43	33	23	13	3
114	113	112	111	110	109	108	107	106	105	104	103	102	101	100	99	98	97	96	95	94	92	90	88	86	84	82	80	78	76	74	72	70	68	66	64	62	60	58	56	54	44	34	24	14	4
115	114	113	112	111	110	109	108	107	106	105	104	103	102	101	100	99	98	97	96	95	93	91	89	87	85	83	81	79	77	75	73	71	69	67	65	63	61	59	57	55	45	35	25	15	5
116	115	114	113	112	111	110	109	108	107	106	105	104	103	102	101	100	99	98	97	96	94	92	90	88	86	84	82	80	78	76	74	72	70	68	66	64	62	60	58	56	45	36	26	16	6

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42.35 PAYMENT

The first day of payment is the day when client begins to receive authorized services. The last day of payment is the last day client requires and receives authorized services, provided services are rendered on that day.

A. Contract Program

1. Chore service tasks authorized on the DSHS 14-154(X)/159 in the contract chore service program are paid by the hour and payment is made to the contractor not the client or provider (SSPS Codes 4220 and 94220).

2. The unit rate paid to the chore service contractor is determined by the Area Agency on Aging, subject to approval by the Bureau of Aging and Adult Services.

3. Service to contract chore service clients cannot exceed ceiling hours without an approved waiver from the regional office.

4. Total hours of service per month may not exceed 116 without an approved exception to policy (ETP) request.

5. Payment is not made for time spent by a provider who goes to the client's home and client is not there.

B. Individual Provider Program

1. DSHS pays the IPP client for services provided and the client pays the chore service provider. However, the department may pay the provider directly provided there is no duplication of payment for service:

   a. If client dies before payment is made;

   b. If client moves from community before payment is made;

   c. If client dies after payment is made, upon return of the original warrant;

   d. If client has a history of not paying provider and approved ETP is received; and

   e. If client requests provider be paid directly provided request is on file and approved ETP is received.

2. Household and Personal Care Tasks - Except for attendant care, all chore service tasks authorized under the IPP are paid by the hour.

   a. The maximum hourly rate is $3.95.

b. The hourly rate must not fall below the federal minimum wage guidelines, with the exception that the total payment to a spouse providing hourly chore services cannot exceed the amount of a one-person standard for a continuing general assistance grant (see WAC 388-15-213(2)).

c. Service to hourly care clients cannot exceed ceiling hours without an approved waiver from the CSO regional office. Total hours per month may not exceed 116 without an approved ETP.

3. Attendant Care for Adults

a. Attendant care for adults and supervision of children (protective supervision or assistance with unscheduled tasks) are paid by the month (SSPS Code 4202 and 94202), or by the day (SSPS Code 4205 and 94205). Monthly rate is based on more than 27 days a month of service. Daily rate is based on 27 days a month or less of service. The maximum monthly or daily payment rate without a waiver for attendant care/-supervision of children is derived using the following chart, effective July 1, 1984:

Hours of Service Per Day		Payment Per Day	Base Monthly Rate (30 days Per Month)
16 - 24	up to	$18.00 up to	$540.00
12 - 15	up to	16.00 up to	480.00
8 - 11	up to	13.00 up to	390.00
4 - 7	up to	8.40 up to	252.00
2 - 3	up to	5.40 up to	162.00
1	up to	3.40 up to	102.00

b. Unless a waiver request has been approved, the total monthly payment for attendant care may not exceed $540 per month for full-time care, more than 27 days a month and 16-24 hours per day (for waivers, see Section 42.45).

c. When attendant care is authorized for one client in the home, each additional client in the household requiring hourly, daily, or monthly services receives up to $50 per month (excluding children).

4. Room and/or Board Allowance

When the client provides room and board or meals to the chore service provider, the department may make a payment to the client to partially reimburse the cost of this expense.

a. The room and board allowance is $83.50 per month when provider lives-in on a 24-hour basis (SSPS service code 4204).

b. The meal allowance is $2.50 per day regardless of the number of meals provided, when provider does not live in, but eats meals supplied by the client. The client is reimbursed for each day that meals are supplied (SSPS service code 4203).

5. Federal and State Taxes

In the Individual Provider Program, the chore service client is the employer.

a. Social Security - Federal Insurance Contribution Act (FICA)

(1) Effective January 1, 1983, the department assumed responsibility for making FICA tax payments for both the client and the chore service provider to IRS and to disburse the W-2 forms.

(2) At the end of the calendar year, OAS Disbursement Section will forward W-2 forms to the chore service provider. (W-2 forms which are returned to disbursements will be forwarded to the client. W-2 forms which are returned to disbursements will be forwarded to the CSOs for further forwarding.)

(3) When the cash wages earned by a chore service provider are fifty dollars or more per calendar quarter and the employee is NOT the client's spouse, parent, or child under 21 years of age, the client's share of FICA taxes must be paid.

(4) FICA taxes do not apply to the wages paid to parents of eligible chore service clients unless both (a) and (b) apply.

(a) The chore service client has in his/her home a son or daughter who:

i. is under the age of 18, or

ii. has a physical or mental condition requiring the personal care of an adult for at least four consecutive weeks in the quarter, AND

(b) The chore service client:

i. is a widow, widower or is divorced, or

ii. has a spouse in his/her home who, because of a physical or mental condition, is unable to care for the client's children for at least four consecutive weeks in the quarter.

(5) The OASI section of the DSHS 14-154(X)/159 must be marked if FICA taxes are to be withheld.

(6) The client is responsible for the payment of FICA taxes for the amount paid to the chore service provider, which is above and over the department payment.

b. Federal and State Unemployment Compensation Taxes (FUTA)

The responsibility for paying FUTA taxes is assumed by the department (State Office).

Inquiries concerning FICA or FUTA should be addressed to DSHS Disbursements Section, MS OB-21C, Olympia, WA 98504.

6. Transportation

a. Transportation allowance is made to the client to pay the chore service provider.

(1) Mileage reimbursement is authorized only when the chore service provider uses his/her own car and public transportation is not available.

(2) The reimbursement rate is 20 cents per mile while provider assists the client with authorized tasks of Escort/Transport to Medical Services, Essential Shopping and Errands, and Laundry (SSPS Service Code for IPP-Hourly care is 4233 and 4234 for IPP-attendant care for adults/supervision of children).

(3) The service worker determines the number of reimbursable on-the-job miles per month for the client at the time they complete the CRQ. Authorizations shall not exceed 60 miles per month.

b. Mileage reimbursement determination is not required for clients referred to the contracted program. Mileage reimbursement is included in the contract unit rates.

c. When, under unusual circumstances or emergency, more than 60 miles a month is required, a waiver may be requested. Provide reason in the comment section of DSHS 15-134(X).

7. Protective Payee

a. If required, a protective payee or guardian may be approved. (See Manual G, Chapter 44.34 and 44.35.)

b. A chore service provider cannot be approved as a protective payee except by exception to policy (ETP) since he/she is a vendor of services (WAC 388-33-440(3)(b)(iii)). ETP requests shall follow procedures outlined in WAC 388-20-010 and be submitted on DSHS5-10(X), Policy Exception Request.

8. Chore services are purchased on a post-pay basis. That is, payment is contingent upon documentation of services rendered.

9. Clients who have not received services for thirty days should have their authorization redetermined and terminated within 60 days if services are no longer necessary. Contractors may not terminate services until they receive DSHS 14-159 formally terminating services.

10. SSPS Payments

a. Beginning with September 1984 services, SSPS is making payment for IPP chore services. DSHS 8-141, Service Invoice, is the payment document. The form is sent to each chore service client on or about the 25th of each month, with current authorization imprinted. The client and the provider are required to enter the number of hours, days, or months (units) chore services were provided, and sign the form to validate payment.

Social Services Payment System, Vendor Payment Instruction, DSHS 22-381(X) explains the procedures.

b. DSHS 15-51(X) has been revised and title changed to "Individual Provider Service Verification Worksheet." It is a worksheet for the provider and the client and may also be used to keep COPES record of service.

The form does not have to be submitted to the CSO/DDD unless requested by the service worker for special situations. It is to be kept by the client as a back-up document for the claim for payment and for service worker to review the services provided/received at time of reassessment to help determine appropriate level of service required by the client.

The CSO/DDD service worker is expected to provide the form to the clients.

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42.37 SOCIAL SERVICES PAYMENT SYSTEM (SSPS)

Chore service payments are not prorated by the computer if a change is made during the month, unless days/week and hours/day (Items 39 and 40) are filled in. Therefore, whenever possible, any increase or decrease in payment should be made effective the first of the following month if there will be no negative affect on the client, to avoid potential overpayment. Be sure OASI information is entered on the SSPS form for IPP authorizations when appropriate.

A. SSPS Hourly Care Codes

1. 4201 - Chore Individual Provider - Hourly

2. 4220 - Chore Contract Service

3. 94201 - Chore Individual Provider - Hourly - Use when waiver, exception to policy, and/or fair hearing authorize hours exceeding ceiling or usual allowed hours for persons with income above 30% SMI (ceiling - allowable hours plus waiver/ETP/fair hearing hours).

4. 94220 - Chore Contract Service - Use when waiver, exception to policy and/or fair hearing authorize hours exceeding ceiling or allowed hours for persons with income above 30% SMI (ceiling - allowable hours plus waiver/ETP/fair hearing hours).

B. SSPS Attendant Care Codes

1. 4202 - Chore Attendant Care - Monthly Service

2. 4205 - Chore Attendant Care - Daily Service

3. 94202 - Chore Attendant Care - Monthly Service - Use when waiver, exception to policy and/or fair hearing authorizes payment beyond maximum monthly base rate allowable for the number of days a month and number of hours a day of service required (base rate plus waiver/ETP/fair hearing amount).

4. 94205 - Chore Attendant Care - Daily Rate - Use when waiver, exception to policy and/or fair hearing authorizes payment beyond maximum daily rate allowable for the number of days per month and number of hours per day service is required (base rate plus waiver/ETP/fair hearing amount).

C. Other Payment Codes

Following are rates effective July 1, 1984:

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1. 4203 - Chore service provider Meals

$2.50 a day is allowed when client needs to furnish meal or meals to provider and wishes department payment to defray part of the cost. This allowance is paid to the client when authorized.

2. 4204 - Chore service provider - Board and Room

   $83.50 a month is allowed when client needs to furnish board and room to full-time provider and wishes department payment to defray part of this cost. This allowance is paid to the client when authorized.

3. 4233 - Chore Transportation - IPP Hourly

   Twenty cents a mile may be authorized when provider uses own transportation to provide transportation to/for clients for escort/transport to medical service; essential shopping and errands; and/or laundry, for a maximum of sixty miles a month (transportation is not authorized for contract clients-unit rates include this cost). This allowance is to be paid to the provider by the client when reimbursement is authorized and received.

4. 4234 - Chore Transportation - Attendant Care

   Twenty cents a mile may be authorized when provider uses own transportation to provide transportation to/for clients for escort/transport to medical service; essential shopping and errands; and/or laundry, for a maximum of sixty miles a month. This allowance is to be paid to the provider by the client when reimbursement is authorized and received.

42.38 Grandfathered Clients

A chore service client whose services or payment would be reduced or terminated with the application of the 1983 chore services eligibility requirements, which became effective August 23, 1983, may have services or payment continued without reduction or termination, if application of the 1981 eligibility requirement allows greater benefit. These individuals are considered grandfathered clients.

A. Hourly Care Clients

   IPP and contracted hourly care clients may be grandfathered if their incomes on August 23, 1983 were 31 through 40% of the SMI.

B. Attendant Care Clients

   1. Daily or monthly rate clients may be grandfathered if they had received a waiver prior to August 23, 1983, for the following reasons:

      a. Because their incomes were above 57% of the SMI; or

      b. Because their incomes were above 30% through 57% of the SMI and had approved waivers for the department to pay all or part of the client's share.

C. The following sliding scales will continue to be used only for grandfathered clients who were recipients of chore services as of August 22, 1983, and application of the law, effective August 23, 1983, reduces or terminates services:

1. Hourly care clients (contract or IPP) whose income is between 31 and 40% of the SMI receive reduced services based on the scale on the following two pages:

TABLE 2: HOURS OF CHORE SERVICE TO BE AUTHORIZED BASED ON INCOME AND LEVEL OF SERVICE NEEDED

HOURS OF CHORE SERVICE TO BE AUTHORIZED
BASED ON INCOME AND LEVEL OF SERVICE NEEDED (CONTINUED)

HOURS AUTHORIZED BY CRQ	INCOME ELIGIBILITY LEVEL (PERCENT OF STATE MEDIAN INCOME)									
	31	32	33	34	35	36	37	38	39	40
61	59	57	55	54	52	50	49	47	45	44
62	60	58	56	55	53	51	50	48	46	45
63	61	59	57	56	54	52	51	49	47	46
64	62	60	58	57	55	53	52	50	48	47
65	63	61	59	58	56	54	53	51	49	48
66	64	62	60	59	57	55	54	52	50	49
67	65	63	61	60	58	56	55	53	51	50
68	66	64	62	61	59	57	56	54	52	51
69	67	65	63	62	60	58	57	55	53	52
70	68	66	64	63	61	59	58	56	54	53
71	69	67	65	64	62	60	59	57	55	54
72	70	68	66	65	63	61	60	58	56	55
73	71	69	67	66	64	62	61	59	57	56
74	72	70	68	67	65	63	62	60	58	57
75	73	71	69	68	66	64	63	61	59	58
76	74	72	70	69	67	65	64	62	60	59
77	75	73	71	70	68	66	65	63	61	60
78	76	74	72	71	69	67	66	64	62	61
79	77	75	73	72	70	68	67	65	63	62
80	78	76	74	73	71	69	68	66	64	63
81	79	77	75	74	72	70	69	67	65	64
82	80	78	76	75	73	71	70	68	66	65
83	81	79	77	76	74	72	71	69	67	66
84	82	80	78	77	75	73	72	70	68	67
85	83	81	79	78	76	74	73	71	69	68
86	84	82	80	79	77	75	74	72	70	69
87	85	83	81	80	78	76	75	73	71	70
88	86	84	82	81	79	77	76	74	72	71
89	87	85	83	82	80	78	77	75	73	72
90	88	86	84	83	81	79	78	76	74	73
91	89	87	85	84	82	80	79	77	75	74
92	90	88	86	85	83	81	80	78	76	75
93	91	89	87	86	84	82	81	79	77	76
94	92	90	88	87	85	83	82	80	78	77
95	93	91	89	88	86	84	83	81	79	78
96	94	92	90	89	87	85	84	82	80	79
97	95	93	91	90	88	86	85	83	81	80
98	96	94	92	91	89	87	86	84	82	81
99	97	95	93	92	90	88	87	85	83	82
100	98	96	94	93	91	89	88	86	84	83
101	99	97	95	94	92	90	89	87	85	84
102	100	98	96	95	93	91	90	88	86	85
103	101	99	97	96	94	92	91	89	87	86
104	102	100	98	97	95	93	92	90	88	87
105	103	101	99	98	96	94	93	91	89	88
106	104	102	100	99	97	95	94	92	90	89
107	105	103	101	100	98	96	95	93	91	90
108	106	104	102	101	99	97	96	94	92	91
109	107	105	103	102	100	98	97	95	93	92
110	108	106	104	103	101	99	98	96	94	93
111	109	107	105	104	102	100	99	97	95	94
112	110	108	106	105	103	101	100	98	96	95
113	111	109	107	106	104	102	101	99	97	96
114	112	110	108	107	105	103	102	100	98	97
115	113	111	109	108	106	104	103	101	99	98
116	114	112	110	109	107	105	104	102	100	99

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HOURS OF CHORE SERVICE TO BE AUTHORIZED BASED ON INCOME AND LEVEL OF SERVICE NEEDED (Cont.)

TABLE 2

HOURS OF CHORE SERVICE TO BE AUTHORIZED
BASED ON INCOME AND LEVEL OF SERVICE NEEDED

HOURS AUTHORIZED BY CRQ	INCOME ELIGIBILITY LEVEL (PERCENT OF STATE MEDIAN INCOME)									
	31	32	33	34	35	36	37	38	39	40
1	1	1	1	1	1	1	1	1	1	1
2	2	2	1	1	1	1	1	1	1	1
3	2	2	2	2	2	2	2	1	1	1
4	3	3	3	3	2	2	2	2	2	2
5	4	4	4	3	3	3	3	2	2	2
6	5	4	4	4	4	3	3	3	2	2
7	6	5	5	5	4	4	4	3	3	2
8	6	6	6	5	5	4	4	4	3	3
9	7	7	6	6	5	5	5	4	4	3
10	8	8	7	7	6	6	5	5	4	4
11	9	8	8	7	7	6	6	5	4	4
12	10	9	8	8	7	7	6	5	5	4
13	11	10	9	8	8	7	7	6	5	5
14	12	11	10	9	8	8	7	6	6	5
15	13	11	11	10	9	8	8	7	6	5
16	14	12	11	10	10	9	8	7	6	6
17	15	13	12	11	10	9	9	8	7	6
18	16	14	13	12	11	10	9	8	7	6
19	17	15	13	12	11	10	10	9	8	7
20	18	16	14	13	12	11	10	9	8	7
21	19	17	15	14	13	12	11	9	8	7
22	20	18	16	15	13	12	11	10	9	8
23	21	19	17	16	14	13	12	10	9	8
24	22	20	18	17	15	13	12	11	10	8
25	23	21	19	18	16	14	13	11	10	9
26	24	22	20	19	17	15	14	12	10	9
27	25	23	21	20	18	16	15	13	11	10
28	26	24	22	21	19	17	16	14	12	11
29	27	25	23	22	20	18	17	15	13	12
30	28	26	24	23	21	19	18	16	14	13
31	29	27	25	24	22	20	19	17	15	14
32	30	28	26	25	23	21	20	18	16	15
33	31	29	27	26	24	22	21	19	17	16
34	32	30	28	27	25	23	22	20	18	17
35	33	31	29	28	26	24	23	21	19	18
36	34	32	30	29	27	25	24	22	20	19
37	35	33	31	30	28	26	25	23	21	20
38	36	34	32	31	29	27	26	24	22	21
39	37	35	33	32	30	28	27	25	23	22
40	38	36	34	33	31	29	28	26	24	23
41	39	37	35	34	32	30	29	27	25	24
42	40	38	36	35	33	31	30	28	26	25
43	41	39	37	36	34	32	31	29	27	26
44	42	40	38	37	35	33	32	30	28	27
45	43	41	39	38	36	34	33	31	29	28
46	44	42	40	39	37	35	34	32	30	29
47	45	43	41	40	38	36	35	33	31	30
48	46	44	42	41	39	37	36	34	32	31
49	47	45	43	42	40	38	37	35	33	32
50	48	46	44	43	41	39	38	36	34	33
51	49	47	45	44	42	40	39	37	35	34
52	50	48	46	45	43	41	40	38	36	35
53	51	49	47	46	44	42	41	39	37	36
54	52	50	48	47	45	43	42	40	38	37
55	53	51	49	48	46	44	43	41	39	38
56	54	52	50	49	47	45	44	42	40	39
57	55	53	51	50	48	46	45	43	41	40
58	56	54	52	51	49	47	46	44	42	41
59	57	55	53	52	50	48	47	45	43	42
60	58	56	54	53	51	49	48	46	44	43

2. For Grandfathered Clients Only attendant care of adults/supervision of children (monthly or daily rate) clients whose income is between 31 and 57 percent of the SMI as of August 22, 1983, receive reduced payments based on the scale below:

% SMIAFS	% of Monthly or Daily Rate Paid by the Department
Above 30 through 31	99
Above 31 through 32	98
Above 32 through 33	97
Above 33 through 34	96
Above 34 through 35	95
Above 35 through 36	94
Above 36 through 37	93
Above 37 through 38	92
Above 38 through 39	91
Above 39 through 40	90
Above 40 through 41	88
Above 41 through 42	85
Above 42 through 43	80
Above 43 through 44	75
Above 44 through 45	70
Above 45 through 46	65
Above 46 through 47	60
Above 47 through 48	55
Above 48 through 49	50
Above 49 through 50	45
Above 50 through 51	40
Above 51 through 52	35
Above 52 through 53	30
Above 53 through 54	25
Above 54 through 55	20
Above 55 through 56	15
Above 56 through 57	10

3. Because of severe financial hardship, it may have been necessary and appropriate that the department pay up to the full monthly or daily rate for attendant care grandfathered persons who had income between 31 and 57 percent of SMI.

   a. Service workers should continue to determine if the department should pay all, or a portion of, the client's share of the monthly or daily rate for attendant care. If such need is documented, submit the request to regional office on DSHS 15-134(X) (See 42.45).

   b. The Regional Office continues to have authority to approve or deny all requests to pay the client's share of attendant care services.

D. The Bureau of Aging and Adult Services continues to approve waivers for grandfathered clients who had income above 57% SMI.

E. If chore services are terminated for 30 consecutive days or longer after August 23, 1983, the 1983 requirements must be applied.

F. At time of review, for grandfathered clients, both the 1981 and 1983 financial requirements must be reviewed to determine under which requirement the client receives the greatest benefit. Enter in the comment section of the CRQ if the client continues to be eligible to be grandfathered or if grandfathering is discontinued.

42.40 EMPLOYED DISABLED

A chore service recipient who secures employment is considered an employed disabled. Employment is any regular work activity for which a client receives monetary compensation.

A. Employed Disabled Applicants

1. RCW 74.08.570 requires a person be permanently and totally disabled to receive chore or attendant care services for the employed disabled.

2. A person's unearned income, such as interest from savings, cannot exceed 40% of the SMI unless the person is an adult supplemental security income recipient and/or state supplementation recipient.

3. Employed disabled persons must have earned income which is less than 40% SMI after deducting from their gross earned income: Work expenses; the cost of their chore services; and any medical expenses not covered through insurance or other source. Such medical expenses must have been incurred to allow the person to work.

4. Allowabled work-related expenses are:

   a. Child care;

   b. Payroll deductions required by law or as a condition of employment, in amounts actually withheld;

   c. The necessary cost of transportation to and from the place of employment by the most economic means, including proportionate share of repairs if own car is used, not to include rental cars; and

   d. Expenses of employment necessary for continued employment, such as tools, materials, union dues, transportation to service customers (if not furnished or reimbursed by the employer), and uniforms and clothing needed on the job but not suitable for wear away from the job.

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B. Assessment of Need for Employed Disabled

1. The employed disabled clients must meet the service and eligibility requirements established in this chapter in order to receive chore services.

2. A person's disability can be documented in one of two ways:

   a. The person is a current recipient of Social Security Disability Income (SSDI) or is a recipient of SSI-related medical assistance based on disability.

   b. The person is a current recipient of GAU and unemployability has thereby been established.

3. The service worker must document in the client's service record the method of disability determination and include supporting documentation for audit purposes (see Chapter 02).

4. Employment should be verified and documented in the service record.

5. Services are authorized and provided to the employed disabled based on their income and needs as determined in the CRQ. Authorizations for hourly service and attendant care are based on a sliding scale.

6. To determine the appropriate percentage of the SMI, subtract work expenses, allowed medical expenses, and the cost of chore services from the client's gross earned income. After determining the applicant's income level, the service worker identifies what percentage of the full service level the department will provide (see SMI chart in 42.25 for income level):

% SMI (After Deductions)	% of Hourly/Daily/Monthly Payment Paid by the Department
0 through 5	95
Above 5 through 10	90
Above 10 through 15	85
Above 15 through 20	80
Above 20 through 25	75
Above 25 through 30	70
Above 30 through 35	65
Above 35 through 40	60

7. Employed disabled recipients must pay their participation of the total owed to the provider for services rendered.

8. At the time of application or review, the service worker must review with the client the procedure for requesting a waiver or ETP, for more hours, or higher daily or monthly rate of pay (see 42.45), in unusual circumstances.

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C. Authorization of Service/Payment for the Employed Disabled

1. Authorization and payment to the employed disabled is made in the same way as other chore service or attendant care clients (DSHS 14-154/159).

2. Employed disabled clients who wish to qualify for this section but are in the contracted program, must first be transferred to the individual provider program.

There are several reporting requirements:

a. The employed disabled client documents his/her monthly work-related expenses on DSHS 7-42(X), Earned Income Report. The service worker should write "Employed Disabled" at the top of the DSHS 7-42(X) to avoid mixing these forms with regular earned income reports. The client may itemize his/her exact expenses or calculate his/her estimated expenses at 20% of the gross income. Work-related expenses may not exceed the client's gross earned income. The client must provide written verification of his/her work-related expenses when using the exact method.

b. Child care expenses may be deducted from gross income, providing the child care is for the hours during which the client is at work or commuting to and from work, and the client receives no reimbursement for child care from another source.

(1) Child care expenses cannot exceed the department's maximum payment rates for Day Care Services for Children (see Division of Children and Family Services Manual).

(2) Child care expenses are reported on DSHS 6-59(X), Report of Child Care.

c. At the beginning of every month, the service worker ensures that each employed disabled client is provided the following documents:

(1) DSHS 7-42(X).

(2) If child care expenses are claimed, DSHS 6-59(X).

(3) Envelope addressed to the service worker.

d. The service worker authorizes payment for the previous month's services on DSHS 14-154(X)/159.

e. In situations where the client has stable monthly income and work expenses, he/she may choose to waive monthly submission of the DSHS 7-42(X) and DSHS 6-59(X). The service worker may authorize payment on the DSHS 14-154/159(X) for up to six months. Clients who choose this option must be reviewed once every six months or whenever their income or work-related expenses change.

f. The portion of the IPP hourly or attendant care for adults/-supervision of children payment required to be paid by the employed disabled client may not be changed by a waiver.

42.45 CHORE SERVICE WAIVERS

Waivers may be requested to authorize chore services to exceed ceiling hours; or to exceed attendant care base rates; and for grandfathered clients, to continue department payment of client share of attendant care when income was over 30% through 57% SMI and to continue authorization of attendant care services for a person with income above 57% SMI, provided such waivers were approved prior to August 23, 1983 (see 42.38).

Waiver requests are not appropriate to replace reduced hours or payment, or to reduce employed disabled's share of cost.

Submit waiver requests on DSHS 15-134(X) accompanied by a copy of the most recent CRQ which shows the service needs and appropriate documentation to support the request or more hours or higher payment.

Waiver requests and approvals (unless otherwise specified) are for 6-12 months.

A. Hourly Care Clients to exceed CRQ ceiling hours.

1. The client or service worker may request approval to exceed ceiling hours determined appropriate by the CRQ score.

2. The service worker may deny any request submitted by the client which, in his/her judgment, does not meet the stated purpose or when there is inadequate written justification to exceed ceiling hours. The CSO Administrator/DDD Field Services Supervisor shall establish procedures for administrative review of requests which are denied by service workers.

3. Requests to exceed ceiling hours endorsed by the service worker must be submitted to the Community Services Regional Office for review.

4. Only the Community Services Regional Office may approve requests to exceed ceiling hours. Requests are individualized; therefore, strict standards of approval, modification or denial are not possible. However, regional staff shall consider the following criteria during their review:

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a. Whether there are circumstances of a demonstrated duration, frequency, or severity which require additional hours of allowable chore services to avoid adverse effects to the applicant's/recipient's health or safety.

b. The need for additional hours is specific and clearly measurable.

c. Chore services are more appropriate than other services such as nursing home care, home health services, COPES or CAP, and will be more cost effective.

d. Relatives or other supportive services are not available to meet this need.

e. The total hourly care authorized will not exceed 116 hours.

5. If more than 116 hours of service are required, an ETP request is necessary.

6. If the waiver and/or ETP is approved, the service worker authorizes the approved amount using SSPS codes 94201 (IPP hourly) or 94220 (contract) (ceiling - authorizable hours plus waiver/ETP hours).

B. Attendant Care for Adults/Supervision of Children (Monthly or Daily Rate) to Exceed the Monthly or Daily Rate Payment

1. The client or service worker may request approval to exceed the base monthly or daily rate payment (see 42.35 B 3). The maximum additional payment that may be requested/approved is determined using the table below:

HOURS OF SERVICE PER DAY	ADDITIONAL PAYMENT PER DAY	ADDITIONAL PAYMENT PER MONTH (UP TO 30 DAYS PER MONTH)
(30 DAYS PER MO)		
16 - 24	Up to $7	Up to $210
12 - 15	Up to $5	Up to $150
8 - 11	Up to $4	Up to $120
4 - 7	Up to $3	Up to $ 90
2 - 3	Up to $2	Up to $ 60
1	Up to $1	Up to $ 30

2. Only the Community Services Regional Office may approve requests to exceed the monthly or daily rate. Regional staff will consider the following criteria during their review:

a. The need for the higher payment is specific and clearly measurable; and

b. The client or applicant provides documentation that services are not available at the established maximum payment rate; and

c. The client or applicant has made a reasonable effort to find a qualified provider at the established maximum payment rate.

3. If more payment than the base monthly or daily rate plus waivered monthly or daily rate is required, an ETP may be requested.

4. If the waiver and/or ETP is approved, the service worker authorizes the total amount approved using SSPS Service Code:

   a. 94202 - For monthly rate (28 or more days);

   b. 94205 - For daily rate (1 through 27 days).

5. Beginning February 1, 1985, waiver renewal process for grandfathered clients will include the following and will be for each six-month period:

   a. Review client's continuing need for chore services and grandfathering by administering the CRQ and applying the chore services financial eligibility requirements which became effective August 23, 1983.

      (1) If chore service needs continue and client would benefit from application of the 1983 chore services law, authorize service accordingly and grandfathering will no longer be necessary.

      (2) If chore services and grandfathering needs to continue because payment would be reduced or terminated, request renewal of the waiver.

   b. Determine need to request renewal of waiver:

      (1) At time of first review after February 1, 1985, submit the following material with DSHS 15-134(X):

         (a) Up to date completed DSHS 15-126(X).

         (b) Copy of physician written or oral statement or signed DSHS 15-161, Chore Services Physician Statement for Attendant Care, from client's physician verifying client's need for attendant care and risk of being placed in a residential care facility.

         (c) An itemized list of monthly income, resources and expenses that clearly shows what part of the care the client can afford to pay.

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(2) Renewal request is submitted on DSHS 15-134(X) with updated information about changes which occurred since previous request.

(3) The complete packet is to be submitted every two years to either the R.O. or BAAS. Client need, income level and current expenses are to be reviewed at this time to redetermine eligibility and continuing need for grandfathering and reauthorization of the service.

c. The Community Services Regional Office continues to approve waivers for which the department is requested to pay part or all of the client's share for clients with income between 31 and 57% SMI, provided waiver had been approved for this purpose prior to August 23, 1983.

d. The state office (BAAS) continues to approve waivers for clients with income over 57% SMI, provided waiver had been approved for this purpose prior to August 23, 1983. Only 30 such persons may receive services at any one time. This includes clients for whom waiver had been approved for the department to pay part or all of the client's share, but with increased income their SMI is now over 57%. If there are no openings for these clients, reduce department payment by the amount income exceeds 57% SMI.

42.50 SERVING DIFFICULT CHORE SERVICE CLIENTS

A. The following procedures clarify the working relationship between chore service contractors and CSO/DDD service workers in regard to "difficult" chore service clients. These are cases where the client rejects a provider for no valid reason or the chore service provider refuses to serve a client because of exceptionally poor working conditions (extremely dirty house, client is hostile or very insulting, client threatens or physically attacks worker, etc.).

1. A client who is eligible for and is in need of chore services may be unable to utilize these services because of environmental or personal problems. Each case will be unique and must be handled on an individual basis. The key concept is that the DSHS service worker is responsible for all assigned clients and is responsible for working with the client and all involved parties to resolve service delivery issues.

2. Rejection of Chore Service Provider By Client - The contractor will immmediately replace a chore service provider rejected by the client for legitimate reasons: poor work performance; rude; undependable; etc.

a. The contractor will immediately inform the service worker if:

(1) The client rejects a chore service provider who is providing services in a satisfactory manner;

(2) The client fails to be at home at the scheduled time; or

(3) The client refuses to allow the chore service provider access to the home.

b. The service worker and contractor will discuss the situation and decide upon the next step. The case manager may have to contact the client and attempt to deal with the reasons for the client's behavior.

c. The contractor must give serious consideration to employing a chore service provider referred by the client.

d. The contractor and service worker may agree to try another chore service provider and if there is another rejection, the service worker will again be informed. After a client has rejected three consecutive chore service providers for no valid reason, the contractor may be justified in refusing to send out additional providers.

e. There will probably be instances where the contractor and the service worker cannot agree on whether the contractor's responsibility to provide a chore service provider has been met. The Area Agency on Aging will then represent the contractor in an attempt to resolve the issue with the CSO/DDD Administrator or Regional Administrator or Bureau of Aging and Adult Services, in that order.

3. Rejection of Case by Chore Service Provider - The chore service provider may refuse to work in a client's home because, for example, it is exceptionally dirty.

a. The contractor must report this to the service worker who will decide if an intensive clean up is needed and possible before regular provision of chore service starts.

b. The service worker will either need to:

(1) Request a short-term waiver to be able to authorize enough hours for a thorough cleaning; or

(2) Arrange to have the cleaning provided through another community agency or volunteer resource; or

(3) The client may have to make his/her own arrangements for a thorough cleaning.

c. The chore service provider may also refuse to work for a client who physically or verbally abuses the provider. The contractor will inform the service worker of the situation who will determine how to assist the client in changing his/her behavior to the point where the chore service provider is willing to give services.

A seriously disturbed client may need to be referred to other DSHS or community resources before he/she is able to use the chore service program.

d. Cases where the Aging Network and the service worker cannot agree on the appropriate course of action will be referred to the CSO or DDD Administrator or Regional Administrator or Bureau of Aging and Adult Services, in that order. The Area Agency of Aging will represent the contractor in all discussions above the service worker level.

B. Referral to Individual Provider Program

When it is determined a client cannot be served by the contractor, the service worker should advise the client that chore services may be available through the Individual Provider Program. Reasons for referral to IPP should be documented in DSHS 2-305(X), Service Episode Record, and the referral or authorization approved by the service worker's supervisor who signs on the bottom of DSHS 14-154(X) or 159.

42.51 REVIEW OF CHORE SERVICE AUTHORIZATION LEVELS

A. The service worker will:

1. Administer the Chore Services Client Review Questionnaire (CRQ) face-to-face every six months or according to service plan for each client. However, the CRQ review can be extended to once a year for "stable cases". A chore service client determined to have a stable situation must meet the following criteria, in addition to Chapter 03, 03.13 N 4.

   a. A client must have received chore services for 12 consecutive months, and

   b. There has been no fluctuation in hours or needs, and

   c. Supervisor has approved the client for twelve-month review.

2. On a reassessment which results in a reduction of hours, notify the client of the reduction on DSHS 14-154(X)/159 at least 10 days before effective date of action and inform him/her of the procedure for making a request for more hours, payment, or fair hearing. If the client does make a request or files for a fair hearing before the effective date of action, the hours cannot be reduced until the outcome is decided.

3. Make a home visit before the end date on cases which were approved/authorized to exceed ceiling hours, or hourly or monthly rate. Complete a CRQ to redetermine the continuing need for chore services as well as for the additional level of service or payment.

4. Complete a CRQ when the contractor or individual provider contacts the service worker about a change in the client's condition or residence which may require either more or less hours of service.

5. Make further contacts with relatives, friends, community programs, physicians, contractors, aging network, individual providers, and others as appropriate to assist in the determination of continuing need for chore services and level of hours to be authorized (refer to page 1 of the CRQ).

B. Change in Hours Authorized

If a reassessment results in a change in the number of hours authorized, whenever possible and there is no negative affect on the client, make the new authorization effective on the first of the following month. This facilitates Area Agencies and CSO/DDD's to monitor hours provided against hours authorized on DSHS 14-154(X)/159.

42.60 REQUIRED SERVICE RECORD DOCUMENTATION

A. All service records should contain current eligibility (DSHS 14-139(X)), needs assessment (DSHS 15-126(X)), and authorization (DSHS 14-154(X)/159) documents.

B. Service records for attendant care for adults clients must contain the DSHS 15-161(X), or other written medical statement.

C. Service records for employed disabled clients should contain one or more of the following (see 42.40):

1. DSHS 6-59(X).

2. DSHS 7-42(X).

3. DSHS 15-155(X).

D. Any case for which a waiver was requested must have a DSHS 15-134(X) filed in the service record.

E. DSHS 2-305(X), Service Episode Record (SER)

Service workers must document the Chore Service Plan on the DSHS 2-305(X) (see Chapter 02). Items listed below that are already on the CRQ or DSHS 14-154(X)/159 and filed in the documents section of the service record, do not need to be repeated on the SER.

1. A description of the client's personal situation, including any health problems or disabilities.

2. Persons contacted to gain additional information about the client.

3. List family and community resources contacted and referrals made.

4. If applicable, justification of payment to a specified relative (individual provider program).

5. Explanation of any special conditions in the provision of chore services.

6. Anticipated review date.

F. Forms required for the program, and applicable instructions are located in the Forms Chapter.

42.70 INTERFACE WITH OTHER DSHS SERVICES

A. Since chore services may be either the primary service plan or an integral, but subordinate, part of a total social service plan, the service must be closely coordinated with other DSHS service sections.

B. Interface may be required with the following services:

1. Financial Services for financial and/or medical assistance.

2. Adult Protective Services as a support service to an Adult Protective Service Plan.

3. Residential Services for Adults for, or as an alternative to, placement planning; COPES services for those eligible for nursing home care.

4. Division of Developmental Disabilities to coordinate provision of services to developmentally disabled clients.

5. Division of Vocational Rehabilitation to coordinate provision of services to physically disabled clients.

6. Case manager if one is assigned.

42.80 INTERFACE WITH NON-DSHS SERVICES

A. Relatives, friends, and others in the community may need to be contacted to obtain additional information about the client's need or continuing need for chore services.

B. Other community programs may appropriately supplement or replace chore services for some clients. Examples are: Mental Health, Home Health, Home Maintenance Service, Senior Companion, Home-Delivered Meals, Congregate Meals, Transportation, Information and Assistance, Adult Day Health, and Community Volunteer Programs, such as the volunteer chore services program.

C. It is necessary for CSO/DDD staff to maintain a close working relationship with the Area Agencies on Aging (AAA) and the community agencies providing contracted chore services. Any problems or questions that cannot be resolved by service workers and contractor staff should be referred through supervisory channels for resolution. The CSO Administrator may designate a staff person to act as liaison with the chore services contractor.

D. Interface with a client's physician may be necessary to obtain more information about a client's need for chore services, particularly attendant care.

E. Employment Service agencies, Area Agency Information and Assistance contractors, and chore service contractors may be resources for clients to find chore service providers in the Individual Provider Program.

F. Chore services clients age 60 and over needing ongoing case management services shall be referred for Aging Network Case Management.

42.85 AREA AGENCIES ON AGING

Address/Telephone	Counties Served
Olympic Area Agency on Aging 2109 Sumner Avenue Aberdeen, WA 98520 Phone: (206) 533-9385 SCAN 325-1385	Clallam, Jefferson, Grays Harbor, Pacific PSA #1

Address/Telephone	Counties Served
Northwest Washington Area Agency on Aging Northwest Regional Council Forest St. Annex of the Whatcom County Courthouse 1000 Forest Street Bellingham, WA 98225 Phone: (206) 676-6749 SCAN 644-6749	Whatcom, San Juan, Skagit, Island PSA #2
Snohomish County Office on Aging 1st Floor, County Courthouse Building Everett, WA 98201 Phone: (206) 259-9586 SCAN 649-9586	Snohomish County PSA #3
King County Area Agency on Aging 400 Yesler Building Seattle, WA 98104 Phone: (206) 625-4711 SCAN 761-4711	King County PSA #4
Pierce County Area Agency on Aging Pierce County Annex 2401 South 35th Street, #5 Tacoma, WA 98409 Phone: (206) 593-4828 SCAN 236-4828, 4834, 4836	Pierce County PSA #5
Lewis/Mason/Thurston Area Agency on Aging 529 SW 4th Olympia, WA 98501 Phone: (206) 753-8229 SCAN 266-8229	Lewis, Mason, Thurston PSA #6
Southwest Washington Agency on Aging P.O. Box 425 Vancouver, WA 98666 Phone: (206) 694-6577	Clark, Klickitat, Cowlitz, Skamania, Wahkiakum PSA #7
North Central Washington Area Agency on Aging 1300 5th Street Wenatchee, WA 98801 Phone: (509) 662-1651, Ext. 276 SCAN 565-1414	Adams, Lincoln, Grant, Okanogan, Chelan, Douglas PSA #8

Address/Telephone	Counties Served
Yakima - SE Washington Area Agency on Aging 2009 S. 64th Avenue Yakima, WA 98903 Phone: (509) 575-4226/4227/4330/4331 SCAN 665-4226	Yakima, Benton, Franklin, Kittitas, Walla Walla, Garfield, Columbia, Asotin PSA #9
Eastern Washington Area Agency on Aging Spokane County Public Health Building Suite 365, West 1101 College Avenue Spokane, WA 99201 Phone: (509) 458-2509 SCAN 272-2509	Spokane, Stevens, Ferry, Pend Oreille, Whitman PSA #11

42.86 VOLUNTEER CHORE SERVICES PROGRAM AGENCIES

REGION 1	COUNTIES
North Central Area Agency on Aging 1300 5th Street Wenatchee, WA 98801 Telephone: (509)662-1651, Ext. 276 or 277 SCAN 565-1414	Adams, Chelan, Douglas, Grant, Lincoln, Okanogan
Catholic Community Services (Balance of State) East 2116 First Spokane, WA 99202 Telephone: (509)456-7173 or 7168	Spokane
% Mount Carmel Hospital P.O. Box 351 Colville, WA 99114 Telephone: (509)684-5671	Ferry, Stevens, Pend Oreille
Southeast 810 High Street Pullman, WA 99163 Telephone: (509)334-2041	Whitman
REGION 2	
Catholic Community Services (Balance of State)	
805 Williams, #109 Richland, WA 99352 Telephone: (509)946-4645	Benton, Franklin

REGION	COUNTIES
418 Drumheller Building Walla Walla, WA 99362 Telephone: (509)525-0572	Walla Walla, Garfield
(509)382-4787	Columbia
(509)758-5326	Asotin
916 Larson Building Yakima, WA 98901 Telephone: (509)453-8263 or 8463	Kittitas, Yakima
REGION 3	
Catholic Community Services 2860 Douglas Bellingham, WA 98226 Telephone: (206)733-5800	Whatcom
Catholic Community Services Northwest 517 South 2nd Street, Suite C Mount Vernon, WA 98273 Telephone: (206)336-6686	Skagit
Senior Services of Island County 2845 East Highway 525 Langley, WA 98260 Telephone: (206)321-1600	Island South Whidbey
(206)675-0311	North Whidbey
(206)387-6201	Camano Island
Catholic Community Services 1410 Broadway Everett, WA 98201 Telephone: (206)259-9188	Snohomish
REGION 4	
Catholic Community Services (Balance of State)	
1715 East Cherry Street P.O. Box 22608 Seattle, WA 98122 Telephone: (206)324-4834	King

REGION	COUNTIES
REGION 5	
Catholic Community Services (Balance of State)	
5410 North 44th Tacoma, WA 98407 Telephone: (206)752-7811	Pierce, Kitsap
REGION 6	
Catholic Community Services (Balance of State)	
1123 East 4th Avenue Olympia, WA 98506 Telephone: (206)754-7811	Thurston
(206)426-6023	Mason
(206)736-2251	Lewis
Our Savior's Lutheran Church 4th and I Streets Aberdeen, WA 98520 Telephone: (206)538-1445	Clallam, Grays Harbor, Jefferson, Pacific
ALSO: Information and Assistance	
Telephone: (206)532-0520	Grays Harbor (Aberdeen)
(206)942-2117	Pacific (Raymond)
(206)642-3634	Pacific (Ilwaco)
(206)374-9496	Clallam (Forks)
(206)452-3221	Clallam (Port Angeles)
(206)385-2552	Jefferson (Port Townsend)
2551 Colorado Longview, WA 98362 Telephone: (206)423-2400	Cowlitz, Wahkiakum

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REGION	COUNTIES
P.O. Box 987 Vancouver, WA 98666 Telephone: (206)693-8127	Clark, Skamania
916 Larson Building Yakima, WA 98901 Telephone: (509)453-8263 or 8463	Klickitat

DSHS CHORE SERVICES PROGRAM
CONTRACTING AGENCIES

AREA AGENCY	CONTRACTOR(S)	TYPE OF AGENCY	HOURLY RATE	EFFECTIVE DATE	GEOGRAPHICAL AREA SERVED	SSPS PROVIDER NUMBER
PSA 1 Olympic	Grays Harbor Community Action Council	Private, Nonprofit	$5.98	07-01-84	Grays Harbor	087661
	Clallam Jefferson Community Action	Private, Nonprofit	$5.98	07-01-84	Clallam, Jefferson	087650
	Pacific Aging Council Endeavors (PACE)	Private, Nonprofit	$5.98	07-01-84	Pacific	099563
PSA 2 Northwest	Homewell Health Services	Private, Nonprofit	$5.98	07-01-84	Whatcom, Skagit, San Juan, Island	087672
PSA 3 Snohomish	Visiting Nurses Association of Snohomish County	Private, Nonprofit	$5.98	07-01-84	Snohomish	087423
PSA 4 King	Seamar Community Health Center	Private, Nonprofit	$5.98	07-01-84	Rainier, Burien, West Seattle, Eastside, Kent, Federal Way CSOs	103173
	Fremont Public Association	Private, Nonprofit	$5.98	07-01-84	King North CSO	103184
	Central Seattle Chore (Catholic Community Services)	Private, Nonprofit	$5.98	07-01-84	Capitol Hill, Belltown CSOs	019603
PSA 5 Pierce/Kitsap	Upjohn Health Care Services	Private, for Profit	$5.98	07-01-84	Pierce, Kitsap	099381

AREA AGENCY	CONTRACTOR(S)	TYPE OF AGENCY	HOURLY RATE	EFFECTIVE DATE	GEOGRAPHICAL AREA SERVED	SSPS PROVIDER NUMBER
PSA 6 Lewis/Mason/ Thurston	Catholic Community Services	Private, Nonprofit	$5.94	07-01-84	Lewis, Mason, Thurston	087683
PSA 7 Olympic	Community Direct Manpower Services, Inc.	Private, Nonprofit	$5.98	07-01-84	Clark	087694
	Lower Columbia Community Action Council	Private, Nonprofit	$5.98	07-01-84	Cowlitz, Wahkiakum	087707
	Klickitat County Senior Services	Public	$5.98	07-01-84	Klickitat	087741
	Skamania County Senior Services	Public	$5.98	07-01-84	Skamania	087718
PSA 8 North Central	Grant County Seniors	Private, Nonprofit	$5.96	07-01-84	Grant, Lincoln, Adams, Okanogan, Chelan, Douglas	087649
PSA 9 Southeast	Benton-Franklin Council on Aging, Inc.	Private, Nonprofit	$5.98	07-01-84	Kittitas, Yakima, Benton, Franklin, Columbia, Garfield, Asotin, Walla Walla	087729
PSA 11 Eastern	Benton-Franklin Council on Aging, Inc.	Private, Nonprofit	$5.98	07-01-84	Spokane, Ferry, Stevens, Whitman, Pend Oreille	485038

42.90 FORMS FOR CHORE SERVICES

FORM NUMBER	FORM NAME	USE	DISTRIBUTION
1. DSHS 2-305(X)	Service Episode Record	CSO/DDD service worker enters narrative of action, including specifics concerning chore services. Especially, in special situations such as when more than one service is provided to client or household.	Filed in service record of each chore service client.
2. DSHS 5-10(X)	Policy Exception Request	CSO/DDD service worker completes to request an exception to chore services policy.	Submitted to secretary of DSHS.
3. DSHS 6-59(X)	Report of Child Care	For employed disabled chore service recipient, when applicable, to document child care expenses for service worker to determine expenses related to employment (to be made available by CSO/DDD).	From employed disabled client to service worker. For service record.
4. DSHS 7-42(X)	Earned Income Report	For employed disabled chore service recipient to complete (or provide service worker the necessary information) in order to determine work related expenses to be deducted from employment income, if claiming actual work-related costs (to be made available by CSO/DDD).	From employed disabled client to service worker. For service record.
5. DSHS 14-139(X)	Social Service Eligibility Document and Face Sheet	CSO/DDD service worker completes for chore service applicant/recipients who are not recipients of SSI, GAU or AFDC, to determine sources and amounts of income and resources available to client.	File in service record.

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FORM NUMBER	FORM NAME	USE	DISTRIBUTION
6. DSHS 14-154(X) and 14-159	Social Services Authorization/ Change of Service Authorization	CSO/DDD service worker completes to authorize and/or change chore service authorization.	-Original to OIS -1 copy to contractor or individual provider (vendor) -1 copy to client -1 copy to AAA (contract clients only) -1 copy for service record (copies to contractor and AAA are to be submitted together with DSHS 15-126(X), CRQ) when appropriate.
7. DSHS 15-51(X)	Individual Provider Service Verification Worksheet	Chore service provider or client enters services provided/received by day and uses this information for completing Service Invoice to confirm, for payment, services provided/received during the month.	Provider or client keeps the form for review by CSO/DDD service worker when reassessment is made to determine continuing need for chore services, or service worker may request periodic submittal of form in special situations (provide prepaid addressed envelope if necessary).

FORM NUMBER	FORM NAME	USE	DISTRIBUTION
8. DSHS 15-126(X)	Chore Services Client Review Questionnaire	Completed by CSO/DDD service worker to: -Assess, record, and document level of need of applicant/recipient for services. -Determine degree of assistance provided by informal support system -Ascertain level of department-paid services	-Original to applicant/recipient -1 copy to chore service provider (contractor or individual provider) -1 copy to Bureau of Aging and Adult Svcs. (OB-43G, Olympia 98504) -1 copy to AAA for contract clients only -1 copy for service record (copies to contractor and AAA are to be submitted together with DSHS 14-154(X)/159)

FORM NUMBER	FORM NAME	USE	DISTRIBUTION
9. DSHS 15-134(X)	Chore Services Waiver Request	To be completed by CSO/DDD service worker for exceeding maximum chore service benefits: 1 To exceed ceiling hours 2 To exceed maximum base attendant care rate 3 Continuation of attendant care for a client whose income was above 57% SMI and who had a waiver because of this prior to 8/23/83. 4 Continuation for department to pay client share of "participation" for recipients who had waiver for this purpose prior to 8/23/83.	-Original and one copy to regional office for approval for reasons 1, 2, and 4 and to BAAS through regional office for reason 3 (2nd copy to be retained by the regional office and original returned to originating office) -1 copy for service record until original returned, then destroyed.

FORM NUMBER	FORM NAME	USE	DISTRIBUTION
10 DSHS 15-160(X)	Request to Hire a Relative	Chore service contractor completes when permission to hire a relative (mother, father, daughter, or son) to provide chore service, is desired. (To be made available by CSO/DDD.)	-Original & one copy sent to appropriate CSO/DDD for action (original returned to contractor, one copy for service record) -1 copy for contractor until original returned, then destroyed.
11 DSHS 15-161(X)	Chore Services Physician Statement for Attendant Care	This is one of the ways for CSO/DDD service workers to secure medical information to document a chore service client's need for attendant care.	Original to applicant/ recipient's physician to confirm need for attendant care. When signed and returned, file in service record.

FORM NUMBER	FORM NAME	USE	DISTRIBUTION
12 DSHS 15-184(X)	Referral to Volunteer Chore Service Program	For CSO/DDD service worker to make referral for volunteer chore services for applicant/ recipient's: -Eligible for 5 or less hours of service per month -Eligible for reduced services because income exceeds 30% SMI -Ineligible for chore services because income level exceeds need level or resources exceed established limits -Requesting services the department does not authorize, such as yard care.	-Original and 2 copies to VCSPA coordinator who completes bottom portion and returns original and 1 copy to referring agency -1 copy for service record. Destroyed when original and copy returned. Forward one copy to BAAS, OB 43G, Olympia 98504, and file one copy in the service record.