



*King County Parent Coalition for Developmental Disabilities*

## **DDD Assessment for Children**

**October 6, 2010 Revision**

### **Nov 2, 2009 UPDATE for individuals 16 years and older.**

On every initial assessment, case managers must use the “directed” interview style for the Supports Intensity Scale (SIS) module of the DDD assessment. They may use a “conversational” interview style for the next two (subsequent) annual reviews of the SIS. Then for the next annual review they must revert to the “directed” interview style and the cycle begins again. So the series would look like this

2009 – Directed  
2010 – Conversational  
2011 – Conversational  
2012 – Directed  
2013 – Conversational  
2014 – Conversational  
2015 – Directed  
Etc.

The “Conversational” style interview is basically a review. Every question must be dealt with but the question may be “has anything changed?” and if nothing has changed, the case resource manager may go on to the next question.

In between “directed” style interviews, if there is a significant change in the person’s circumstances and the parent requests an assessment, the CRM must use the “directed” interview style for that segment of the assessment that relates the significant change.

### **Definition and Purpose of Medicaid Personal Care (MPC) and Waiver Personal Care (WPC).**

“MPC/WPC services are available to address the **unmet personal care needs** of individuals who meet functional and financial eligibility criteria.” If your son/daughter is on a waiver, then this personal care is called Waiver Personal Care. If your son/daughter is not on a waiver, then their personal care is called Medicaid Personal Care. “In 2004, when DDD implemented its four new Home and Community Based Waivers, personal care services were included in three of them as a waiver service. These Waiver Personal Care (WPC) services are governed by the same rules as MPC.” (MPC Program Summary, August 2009, DDD)

### **OTHER IMPORTANT INFORMATION:**

One of the modules in the DDD assessment is called the Support Assessment Module. This module will be used with all DDD clients. It will give DDD information about potential waiver eligibility and identify persons receiving or approved for paid services who will need the additional two assessment modules.

This module includes a specialized section for clients age 16 and older called the Supports Intensity Scale (SIS). The SIS is a nationally recognized tool used in many states to measure the support needs of people with disabilities. It is the only test that is “normed” for individuals with D.D.

This module also includes an assessment of caregiver needs, behavior issues, and protective supervision. If the person is not currently eligible for paid services, the DDD Assessment ends after gathering this information. The person is given a copy of the results.

Federal rules state that Medicaid Personal Care (MPC) is not to be used for several purposes. In the past, MPC may have replaced other services which were frequently relied upon by families. These include:

1. **CHILDCARE:** MPC is not to be used for childcare. Parents are expected to provide childcare for their children. MPC cannot be used after school while the parent is at work if the child is under age 12. Children over the age of 12 may receive MPC after school hours if they have a documented personal care task that needs to be completed during that time frame. If a child is over the age of 12 and attends daycare, MPC can be used only for the additional personal care assistance that allows the child to participate in a daycare program. Parents will still be responsible for the typical childcare expenses incurred. Need for personal assistance after school hours will need to be documented in the child's CARE plan (or Plan of Care if the child is on a waiver). Children under the age of 12 that have documented *extraordinary* personal care needs that prevent them from attending a childcare setting may request an exception to rule. (ETR)
2. **RESPIRE:** MPC is not to be used for respite. (Respite as approved by a case manager is a separate service.)
3. **SCHOOL HOURS:** MPC can not be used during the hours the child is in school. Children are expected to be in school, and the school is responsible for the needs of the child during these hours.
4. **BEHAVIOR SUPPORT:** MPC cannot be used as behavior support.
5. **HABILITATION:** MPC cannot be used for habilitation (teaching your child new skills).
6. **SUPERVISION:** MPC hours cannot be given for general supervision that is not related to a personal care need. In the past many families were given extra hours for general supervision. Now the supervision time is built into the CARE tool and is directly related to each of the individual personal care tasks.

### **The Children's CARE tool formula is based on several assumptions:**

The parent\* is the primary care provider for the child and is obligated to provide care for their child with disabilities, as they would for their typical developing child. Activities for which parents are considered fully responsible to provide or arrange provision for (i.e. "met") until age 18 are transportation, housework, laundry, shopping, meal preparation, wood supply, finances, pet care, foot care needs, skin care needs, telephone use and medication management. After age 18, some of these activities may be considered "partially met," "unmet," or "met". When your child reaches his 18<sup>th</sup> birthday, contact your case manager to ask if they should schedule an interim assessment.

1. Parents are responsible for providing or arranging for the provision of personal care needs which are age appropriate for a child. For example, a parent is responsible for changing the diapers of a 1-2 year old child; because they would do this for their typical child (i.e. the activity is "met"). Please see the "Age guidelines for personal care" chart at the end of this document. The younger the child, the more tasks that are expected to be preformed by the parent which reduces the amount of available paid hours.
2. Parents of children under the age of 18 (including other informal supports) are considered to be available for at least three-fourths of the time spent on activities of daily living (ADL-see chart), including the extraordinary needs due to the child's disability.
3. Hours for MPC are based upon the support needed by a person who cannot complete personal care tasks by themselves. Hours are determined based upon the "unmet" *extraordinary* needs due to the disability of the child.

\*parent means the natural, step or adoptive parents, and does not apply to legal guardians or primary non-parent custodial caregivers who do not have the same legal responsibilities for care-giving. Individuals in these circumstances may be scored as having their needs “un-met” depending upon each individual circumstance.

You may be asked to assist the case manager in filling out an “assistance available” schedule that shows the times that your child is in school, childcare or other activities and the times that the parent(s) and/or other informal supports are available to care for the child. The CARE tool will look at the support provided in the last 7 days.

If your family has special circumstances, particularly around the abilities of one of the parental caregivers, such as health, mental health or other issues that may prevent them from participating in the care of the child, it is important to share this information with your case-manager. These things will be kept confidential. If you do not share this information the need will be assumed “met”.

Extraordinary circumstances may be considered for an exception to rule (ETR). Examples of possible extraordinary circumstances are: an adolescent who needs a 2-person lift, a child who needs supervision or interventions because of significant behaviors that impact the parent’s or provider’s ability to assist with completion of personal care tasks, or the parent is caring for more than one individual with a disability in the family. To receive an ETR, families will need to demonstrate that the child’s needs or the family’s circumstances are *extraordinary*. Families may be asked to assist the case manager in filling out an “assistance available” form before an ETR can be submitted. ETRs will need to be re-submitted on an annual basis. ETRs are reviewed at the Regional level and then sent to the Aging and Disability Services Administration central office in Lacey for evaluation by a committee. The case manager has the authority to apply for an ETR but may not always agree to request one.

Personal Care is now a service of the Basic, Basic Plus, Core, and CIIBS Waivers. If your child is on the Basic, Basic plus, Core or CIIBS Waiver, the CARE tool will be used to assess his personal care needs. In addition, your child will now receive a separate assessment for his respite needs. The assessment will ask the number of caregivers available to the child, the severity of behaviors of the child, and the physical and mental health of the parents/guardians. The minimum hours on the respite assessment is 20 hours a month.

## Age guidelines for personal care (WAC 388-106-0213)

“Met” means that these activities are assumed provided by informal (unpaid) support (i.e. family members, friends, school, etc.)

AGE	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
<b>ACTIVITIES</b>																		
<b>Locomotion in room</b>																		
independent	met	met	met	met														
supervision	met	met	met	met														
limited	met	met	met	met														
extensive	met	met	met	met														
total	met	met																
<b>Locomotion outside room</b>																		
Independent	met	met	met	met	met	met												
supervision	met	met	met	met	met	met												
limited	met	met	met	met														
extensive	met	met	met	met														
total	met	met																
<b>Walk in Room</b>																		
Independent	met	met	met	met														
supervision	met	met	met	met														
limited	met	met	met	met														
extensive	met	met	met	met														
total	met	met																
<b>Bed Mobility</b>																		
independent	met	met	met															
supervision	met	met	met															
limited	met	met	met															
extensive	met	met	met															
total	met	met																
<b>Transfers</b>																		
independent	met	met	met															
supervision	met	met	met															
limited	met	met	met															
extensive	met	met	met															
Total and under 30 lbs	met	met	met															
Total and Over 30 lbs- no age limit																		
<b>Toilet Use</b>																		
Independent	met	met	met	met	met	met												
supervision	met	met	met	met	met	met												
limited	met	met	met	met	met	met												
extensive	met	met	met	met	met	met												
total	met	met	met	met														

AGE	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
<b>ACTIVITIES</b>																		
Night time wetting only (includes independent, supervision, limited, and extensive supports)	met	met	met	met	met	met	met	met										
<b>Bladder/Bowel</b>																		
Support provided for nighttime wetting only – Individual Mgmt = does not need/use	met	met	met	met	met	met	met	met	met	met	met	met						
Support provided for daytime wetting – Individual Mgmt = does not need/use	met	met	met	met	met	met												
<b>Eating</b>																		
Independent	met	met	met															
supervision	met	met	met															
limited	met	met	met															
extensive	met	met	met															
total	met	met	met															
<b>Bathing</b>																		
Independent	met	met	met	met	met	met	met	met	met	met	met	met						
supervision	met	met	met	met	met	met	met	met	met	met	met	met						
Physical assistance, all/part	met	met	met	met	met	met	met	met										
total	met	met	met	met	met													
<b>Dressing</b>																		
independent	met	met	met	met	met	met	met	met	met	met	met	met						
supervision	met	met	met	met	met	met	met	met	met	met	met	met						
limited	met	met	met	met	met	met	met	met										
extensive	met	met	met	met	met	met	met	met										
total	met	met	met	met	met													
<b>Personal Hygiene</b>																		
Independent	met	met	met	met	met	met	met	met	met	met	met	met						
supervision	met	met	met	met	met	met	met	met	met	met	met	met						
limited	met	met	met	met	met	met	met	met										
extensive	met	met	met	met	met	met	met	met										
total	met	met	met	met	met													

AGE	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
<b>ACTIVITIES</b>																		
<b>Speech/Hearing</b> Score comprehension as understood	met	met	met															
<b>Memory</b>																		
Short term, memory ok	met	met	met	met	met	met	met	met	met	met	met	met						
Long term, memory ok	met	met	met	met	met	met	met	met	met	met	met	met						
<b>Depression</b> Select interview=unable to obtain	met	met	met	met	met	met	met	met	met	met	met	met						
<b>Decision Making</b> Rate how client makes Decisions=independent	met	met	met	met	met	met	met	met	met	met	met	met						
<b>Treatment</b> Passive range of motion Need=no	met	met	met	met														

**Definitions in WAC 388-106-0010**

**Independent:** Child needs no help or oversight or assistance is only needed 1-2 times in last 7 day period

**Supervision:** Child needs verbal assistance or reminders 3 or more times in the last 7 day period.

**Limited:** Child needs some physical assistance 3 or more times in the last 7 day period.

**Extensive:** Child needs extensive physical assistance 3 or more times in the last 7 day period.

**Total:** Child needs complete physical assistance with the activity including all subtasks during the last 7 days. This means the child did not participate in any part of the task.

The information on this chart was taken from the MPC Washington Administrative Code (WAC) Section 388-106-0213

<http://www.leg.wa.gov/WAC/index.cfm?section=388-72A-004&fuseaction=section>

**WHAT CAN YOU DO TO EDUCATE YOUR ELECTED OFFICIALS ABOUT MEDICAID PERSONAL CARE (MPC) OR WAIVER PERSONAL CARE (WPC)?**

During these difficult economic times, our state could choose to significantly limit MPC/WPC. Both MPC and WPC are not “essential” services. They are “optional” services which our state has chosen to fund.

If you are interested in parent advocacy, please contact Betsy McAlister (see footer).

**(You can find your legislative district and Legislators at <http://www.leg.wa.gov> )**

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Note: We have made every effort to research this carefully. If new information is available, please pass it along to us. We commit to making updated revisions. ~King County Parent Coalition staff.