Quick Reference Guide to County Process

Clark County Community Services
Developmental Disabilities Program

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MISSION STATEMENT & GUIDE OVERVIEW

The mission of Clark County government is to enhance the quality of life in our diverse community by providing services with integrity, openness and accountability.

Clark County Developmental Disabilities Mission Statement
Clark County will assist all people with developmental disabilities to achieve full, active, and productive lives.

We value our partners and providers!

This guide was created to support our providers by providing a quick reference to County processes and procedures.

COUNTY CONTACT INFORMATION

Office Aide
Alex Koval - 564.397.7829
alex.koval@clark.wa.gov

Office Assistants
Cheri Osterman - 564.397.7833
cheri.osterman@clark.wa.gov

Trudi Cumberbatch - 564.397.7846
trudi.cumberbatch@clark.wa.gov

Program Coordinators
Angela Gomez – 564.397.7825
angela.gomez@clark.wa.gov

Kristin Wade – 360.635.3370
kristin.wade@clark.wa.gov

Program Manager
Patricia Buescher - 564.397.7826
patricia.buescher@clark.wa.gov

INFORMATION FOR ALL PROVIDERS

BILLING

On the 1st day of the month or earlier, a billing spreadsheet called the Care Management Information System (CMIS) will be uploaded to the County file sharing system (Serv-U) to complete and submit to the county to bill for services provided to each customer.

Per contract, contractors are required to submit their CMIS **with a county-issued invoice** by the 10th day of each month for the prior month.

Unless otherwise requested, IE, CI and ITA providers, do not need to submit additional billing documents with billing (i.e. internal invoices, etc.).

*For Employment and Community Inclusion providers - a list of customers which contractor did not have face to face contact, identifying the reason no services were provided and a plan for reengagement for that billing month is also required to be submitted with billing.

**Training or other types of reimbursement must have prior approval from your assigned County Coordinator and supporting documentation requested by coordinator. Details of documentation necessary will be provided to you in advance. If clarification is needed, please connect with your assigned County Coordinator.

Monthly Billing Email/Submission
When your billing is uploaded, an email will be sent with the following instructions.

1. Please review the spreadsheet as soon as possible. If someone appears on your spreadsheet that should not be or if someone needs to be added, please send an encrypted email to your county contact person, and CC Cheri Osterman, with the person's name, ADSA ID number and the change needed before filling out the billing and service information. We will update our records, your spreadsheet, and resend.

2. Complete the billing and service information, per your data dictionary. If you do not have a data dictionary or need a new one, please contact Cheri Osterman.

3. Upload the completed/revised/renamed file to Serv- U, by the 10th of the month.

    Due to multiple CMIS files being kept in one folder please use the following file naming structure:

    [Contractor Name] [Type of Service] [MthYY] [Sender Initials] [Date Sent]
    EXAMPLE - EO IE JAN23 ZZ 1.10.23

    The file name structure is already set when it is uploaded by Clark County, to have the Contractor Name, Type of Service, Month & Year, ORG (indicating it's the original of the month).

    All that the contractors need to change is the *ORG* to the *[Sender Initials] [Date Sent]*

4. Upload your Invoice and any other required reports or documents to Serv-U by the 10th of the month.

5. Once you have downloaded the file(s) from Serv-u, you may delete the file(s).

COUNTY INVOICE

The county invoices are provided to you by your assigned County Coordinator. Each invoice has a unique/assigned CV#, which is specific to each monthly billing submission. Each county invoice is tracked within the internal finance systems and can only be used one time.

If you require additional copies of invoices, please email your request to your assigned county coordinator.

*Per contract, invoices shall adequately identify services being billed, the month and year of service, the contract number, and be categorized by statement of work/work order.

See the sample invoice below for details.

INVOICE

CONTRACT # __Enter County Contract #__

Billing Period __Enter Billing Month__

Provider Name and Remit To Address:

Date _____

CV#   0000

CV# IS ASSIGNED AND SHOULD BE DIFFERENT EACH MONTH

Date received by DCS

Bill to:
Clark County Community Services
PO Box 5000
Vancouver, WA 98666

Description of Services Provided (Use separate invoices for each contract or Statement of Work)		TOTAL
IDENTIFY SERVICE	**IDENTIFY BILLING CATEGORY/BARS CODE**	
Training/Professional Development	.31	
Early Intervention/Child Dev Services	.61	
Individual Employment Services	.64	
ITA Services	.65	
Community Inclusion Services	.67	
Job Foundation Report OSPI	.96	
Job Foundation Outcome Payment	.98	

PROVIDER CERTIFICATION
I certify the services rendered or labor performed described herein constitute a just, due, and unpaid obligation against Clark County in accordance with the referenced contract.

Subtotal

Tax

TOTAL

Signature   Date

SERVICE DESCRIPTION
Some services will use the same code for billing (i.e. Mentoring/QA for concurrent services is also .31). You will need to add the correct service name for billing and align it to bars code.

BARS CODES
These are the most frequently used codes, but there are more codes for other services. Please connect with your county coordinator if code you need for billing is not listed

FOR COUNTY USE ONLY BELOW THIS LINE

County Certification	Accounting	
I certify the claim as described herein is a just, due, and unpaid obligation of the referenced contract against Clark County	SCN	
	REC	
	SI	
BH Reviewer/Date	Date entered	
	Approved	
Certifier/Date		

Spend Cat	Grant	Cost Center	Fund/Sponsor	BASUB	Program	Activity Code
S	GR	CC		B	PG	A
S	GR	CC		B	PG	A
S	GR	CC		B	PG	A
S	GR	CC		B	PG	A
S	GR	CC		B	PG	A
S	GR	CC		B	PG	A
S	GR	CC		B	PG	A

- Contractors will utilize individual case notes created for each service/customer to correlate with all service hours billed to the County.

- The Contractor certifies that work for services billed under this Contract does not duplicate any work to be charged to any other source.

COUNTY SERVICE AUTHORIZATIONS (CSA)

County contractors will receive County Service Authorizations (CSA) to begin services with customers. These Authorizations are sent to contractors via email and provide details about customer, including contact information, number of authorized hours and date service is authorized. See sample CSA on next page for reference.

The CSA is created after DDA authorizes services for customers and must be maintained in your customer file system. The same CSA will be sent to the county when services are terminated for the customer.

Upon receipt of the CSA, the Contractor will:
 review AND:

- Download CSA from file sharing program (Serv-U) then delete the document from the folder.
- If approving new referral, sign and return to County within 5 business days via file sharing program (Serv-U).
- CSAs electronic file name remains the same as when it was sent. The CSA file names consist of the following information (in the following order) and are kept in the county customer e-file:
  1. the customer ADSA #
  2. the customer initials
  3. the service type (IE, CI, ITA or CDS)
  4. name of document (CSA)
  EXAMPLE – 123456 AA IE CSA
- If contractor prints the CSAs to sign and scans to email to county, please ensure that CSAs are **not** scanned together in one batch. CSAs must be scanned individually and uploaded separately with the correct file name (see above), as the county saves each CSA separately in customer e-files.

Additional Information for IE/CI/ITA CSAs Only
The DDA Person Centered Service Plan (PCSP) created by the assigned DDA Case Resource Manager (CRM) is the driver for service. The amount of service the customer receives should match the County Service Authorization and updated Planned Hours information.

A new CSA will not be provided if hours change. Notification of hours changes will be sent to provider via email and may be updated by provider by writing it on the CSA or within internal databases.

Additional Information for ITA CSAs Only
For ITA Contractors, the number of units per month on the county service authorization indicates the **total hours** for the authorization period. If the Contractor identifies a need for additional hours or to extend the timeframe, see ITA provider section on pages 18-19.

Date Printed: 01/01/2022

Developmental Disabilities Administration (DDA) **County Service Authorization**	AUTHORIZATION NUMBER: 1234567

CLIENT NAME: Doe, John	ADSA CLIENT ID: 123456

ADDRESS:
123 Home Street Vancouver, WA 98666

RESIDENCE COUNTY: Clark	BIRTH DATE: 01/01/2020	TELEPHONE NUMBER: (360)397-1234

CONTACT PERSON: Doe, Jane	RELATIONSHIP TO CLIENT: Parent	TELEPHONE NUMBER: (360)600-1234

SERVICE TYPE: Individual Employment	RAC: 3602 - Basic Plus Waiver	FUNDING SOURCE: Non-proviso

PROVIDER NAME: Great Provider		FROM DATE: 01/01/2022	TO DATE: 12/31/2022

UNIT TYPE: H=Hour	SERVICE COUNTY: Clark	STATUS: Open

# UNITS / MONTH Maximum:	UNIT RATE Maximum:	MONTHLY BUDGET:
15.00	$ 84.00	

DDA CASE MANAGER: Manager, Case	LAST UPDATED DATE: 01/01/2022

COMMENT:

Guardian Name: __Jack Doe__

Guardian Contact Number: __Cell: 360-607-8965__

POC Month: __January__

*Approval Start Date: _____
*Equals Auth "From Date" unless otherwise indicated here.

Information in comment section will ONLY be added for ADULT authorizations

COUNTY OPTIONAL

PROVIDER AGENCY SIGNATURE: If provider approves starting services – Provider will sign HERE	DATE: Provider dates HERE
COUNTY SIGNATURE: Program Coordinator will sign HERE	DATE: 01/01/2022

Service Termination Section
Provider will complete this section when terminating services

Customer Termination Date: _____   **Provider Signature**

Reason for Termination: _____
Provider will select from list of termination reasons   _____

ADDITIONAL CONTRACT REQUIREMENTS REGARDING CSAs

- Upon receipt of the county service authorization, the Contractor shall contact the customer to complete intake information. Releases of information shall be requested for previous service providers.
- Contractor shall obtain information about previous services within 15 days of the authorization start date.

CSA – TERMINATION OF SERVICES

When services end for customers, the Contractor will complete the *Service Termination Section* on the original CSA and will

- Upload to county file sharing program (Serv-U)

- Ensure the CSAs electronic file name remains the same as when it was received/approved (see CSA on pg. 2 for file name example)

- Use one of the listed termination reasons (if none apply, please contact assigned coordinator) as these are options in the county database.

- Per contract, providers are to submit CSA termination within 5 days of termination of services (for ITA providers, a final report (or the PCP) needs to be sent with the CSA termination.

Termination Reason List
• Active authorization
• Authorization denied
• Authorization in process
• Changed service to community inclusion
• Changed Service to community protection
• Changed service to individual employment
• Closed in error & reopened - no approval needed
• Closed in error/reopened-see new authorization
• Customer aged out of program
• Customer changed providers
• Customer decision
• Customer lost funding
• Customer met goals
• Customer moved out of area
• Customer moved out of state
• Customer passed away
• Customer retired
• Guardian choice
• Health reasons
• Non-Participation
• Parent decision
• Service complete
• Service inappropriate at this time
• Service opened with incorrect provider
• Service opened with incorrect service type listed

INCIDENT REPORTS

Complete notification and a written incident report within the timeframes indicated in DDA Policy 6.08 and submit to Clark County, DDA case management, and other agencies as appropriate. The report shall be filed on the Clark County Incident Reporting form.

View DDA Policy 6.08

Incident reports timelines are different based on the reason for reporting and Policy 6.08 outlines these requirements. Incident reports must be made to the county within the timeline identified in policy and on the county approved form.

Submit incident reports to dd.reporting@clark.wa.gov, your assigned county coordinator and the DDA CRM. Notification/submission may need to include other entities based on the nature of the incident. The form requires that you identify who has received the report and if it required a call to CPS/APS/law enforcement.

GENERAL COMMUNICATION & CONFIDENTIALTY

Ensuring we are compliant with confidentiality is essential in email and phone communication. Encrypted email supports emailing customer names and ADSA ID **within the body of the email, but not in the subject line.** Please do not list customer name in the subject line, instead use the following examples to ensure confidentiality in communication with partners.

Email Subject Line
Customer Initials – what the email is regarding
> **EXAMPLE**
> AB – STE Request

Phone Communication
If you are calling regarding a customer and need to leave a message, do not use the full customer name. Instead you may provide customer initials.

*Data Security Contract Requirements - Phones: when leaving messages only use initials. Minimal necessary info.

County Response
The county strives to respond to your requests/questions within 2 business days. If the person you are sending a request or question to is out, you will receive an automated response providing details of who to contact in their absence. If you do not hear back with 2 business days or do not receive an out-of-office message, please resend your request/question again. Please consider urgency of the matter and follow-up accordingly. Contact information is listed on page 2 of this guide.

Provider Response
Contract requirements regarding communication are as follows – Contractor communicates directly with the assigned County Program Coordinator on issues related to service provision and/or funding for supported customers. All required submissions regarding this Contract shall also be directed to the assigned County Program Coordinator, including communication regarding planning, exceptions to policy, and incidents. The Contractor shall return all phone calls and emails within 2 business days.

DOCUMENT SUBMISSION – FILE SHARING PROGRAM

The county has a file-sharing program (currently Serv-U) that allows you to upload and download documents, however each type of document submission is covered in this guide and will be specific to that type of document and process. The county document submission process allows for the team to process and file documents as they are submitted to the county in a secure way.

The designated individuals at your agency will receive an email notification when documents are uploaded to specific folders and subfolders. If you are receiving notifications that you should not be, please email DDTechSupport@clark.wa.gov

Serv-U Process & Notifications
Each agency should have access to the folders shown below when logged in to Serv-U (it may look different for some agencies). You should be able to open each one and upload (share to county)/download (sent from county) to each folder. See the user guide created by IT for details on how to navigate/upload/download within these folders.

Folder Descriptions/Information
- **Once you have downloaded** a file, we ask that **you delete** it from the folder.
- All files in all folders will expire after 30 days of upload.

Billing – This folder will be used by agencies to download all files/documents sent by the county regarding billing. Agencies will upload billing documents including but not limited to (completed CMIS, invoice, supporting documentation, etc.)

County Service Authorizations (CSA) – This folder has the following subfolders (it is the only folder that contains subfolders)

1 - Unsigned (new) CSAs – This folder will be used by the county to provide agencies with CSAs – agencies will download the files in the folder, then delete the document.
2 - Signed (approved) CSAs – This folder will be used by agencies to return signed/approved CSAs – the county will download the files, then delete the document.
3 - Termination CSAs – This folder will be used by agencies for Terminated CSAs – the county will download the documents, then delete the document.

Customer Documents – This folder can be used by the county and agencies to share customer documents including but not limited to Employment Plans, STE/ETR requests, ITA requests, Incident Reports, etc.

TECHNICAL SUPPORT – FILE SHARING PROGRAM

If you are experiencing technical difficulties with the file sharing program (currently Serv-U), the county has set up an email address to support your work within this system.

Send email to - DDTechSupport@clark.wa.gov if you are…
- experiencing any technical issue(s)
- need to add or remove users
- require password support
- changes to email notifications
- having issues with documents within folders
- or any other support needs

The county IT department has shared a User Guide for additional support and technical information, and it has been provided to all contractors. Updates and copies can be accessed at https://clark.wa.gov/community-services/provider-resources

For more information about operating within the file sharing program, please refer to the user guide.

INTERPRETER REQUESTS

For Interpreter Services the county works with NWI Global.

For all requests for interpreters (spoken language requests) agencies will designate one individual within their agency to make these requests.

Interpreter requests should be sent to angela.gomez@clark.wa.gov and dd.reporting@clark.wa.gov Include your assigned county coordinator, if that is not Angela and include the following minimal information (more information will need to be provided once approved, see details below):

Email subject line: Customer Initials -Interpreter Request
- o Customer Initials
- o Date of Encounter
- o Language Requested
- o Start Time
- o End Time
- o Location of Encounter
- o General description supporting the need for interpreter

EXAMPLE
Email subject line - **AB - Interpreter Request**
- o Customer Initials – **AB**
- o Date of Encounter – **1/1/2025**
- o Language Requested – **Russian**
- o Start Time – **2pm**
- o End Time – **3pm**
- o Location of Encounter – **Customer Home – 123 Home Street, Vancouver, WA**
- o General description supporting the need for interpreter – **Review of service plan with customer and guardian**

- If approved, the County Contact will respond to request and include NWI Global. NWI Global will then begin working to assign an interpreter to ensure timelines are met.

- A link for the requester to access the NWI Global secure portal to enter the request with confidential/additional information for the interpreter. Requests on portal should be completed soon after receiving the approval email and will need to include the customer name and more details about the request, if necessary.

- If you receive an out-of-office reply from County Contact, please forward the request to the identified individual to contact in the out of office message.

- 3 business days' notice should generally be sufficient to make arrangements for an interpreter, but the further in advance the notice, the better.

- NW Interpreters typically responds within 24 hours to requests.

- NW Interpreters will bill the county for service.

TRANSLATION REQUESTS

For Translation Services the county works with WISE.

For all requests for translation (written language requests) agencies will designate one individual within their agency to make these requests.

Translation requests should be sent to your assigned county coordinator and be sent using the following information:

Email Subject Line: Translation Request – Customer Service Plan

- Attach the document that you would like to have translated. Please ensure that you are sending an editable version of the document (i.e. Word Document without restrictions, instead of PDF)
- Identify the translation language(s) requested
- General description of the need for translation

The county will review the request and approve, then submit to WISE for translation (if not approved, we will connect and discuss options for translation support). Documents will be submitted and returned to you within **10-15** business days.

For Service Plans, the document should be completed in English and submitted for content translation. Clark County has had the service plan templates translated to Spanish and Russian, which will only require the content translation for Service Plans. If you require the document in another language, then it may take a few more days for the translation.

INFORMATION FOR ADULT SERVICE PROVIDERS

LONG TERM SUPPORTS

Customers that are DVR only may require ongoing services to be successful on the job. If this occurs with a customer at your agency, and you do not know if they are connected with DDA, you will need to submit a Long Term Supports Inquiry to the County. DVR will also send long term supports inquiries to the County if they are unsure if DDA is involved.

Send long term supports email to dd.reporting@clark.wa.gov and CC Kristin Wade
>   Email Subject Line - Customer Initials Long Term Supports Inquiry
>   - o Attach a signed release of information to County DD program
>   - o Include customer name and date of birth in the request

>   **EXAMPLE**
>   Email Subject Line – **AB - Long Term Supports Inquiry**
>   - o Attach a signed release of information to County DD Program
>   - o Include customer name and date of birth in the request

The county will respond to your request within 5 business days. If you do not receive a response within 5 business days, follow-up by sending a reminder to the request.

SHORT TERM EXCEPTION (STE) & EXCEPTION TO RULE (ETR) REQUESTS

Customers may require support hours beyond what has been authorized. If this is the case, a STE or ETR should be requested.

ETR requests are made when the customer has a long-term need and STE has been utilized 3 consecutive times.

All requests (including STE extensions) should be submitted by the **1ˢᵗ day of the month prior** to the month when it is needed.

Requests that are submitted within the last 10 days of the month, are considered urgent. Mark requests as **URGENT** in the subject line and ***address why it's urgent in the email and form***.

It is also important to have one individual assigned at your agency to review requests and be the primary contact for these requests.

STE/ETR request process
1. Complete the County-approved request form.
2. Submit **request form** and **current employment plan** via encrypted email to CRM, assigned county coordinator and dd.reporting@clark.wa.gov
3. Submit the request using the following subject line
   Customer Initials – STE Request or ETR Request (add urgent, if necessary)
   i.e. AB – URGENT STE Request
4. STE hours may not be provided nor billed for until written approval has been received from the CRM or county.

The case manager can proceed with the request process assuming the county agrees. The county will respond prior to finalization of the hours. Check in with your assigned county coordinator and DDA Case Resource Manager if you do not receive a response within **2 weeks**.

Check in with the county contact and case manager if no response within **5 days** or before the end of the month.
* If an ETR is completed at the annual assessment or the request is coming from a 3ʳᵈ party, such as a guardian, residential, etc., then no form is required.

ADDITIONAL HOURS REQUESTS

Email assigned DDA Case Resource Manager AND CC COUNTY CONTACT to request additional hours (no form needed). See the hour allocation chart for additional details about max hours to meet customer needs.

DDA Acuity Scale Chart

Employment

Employment Support Level	Employment Status	Service Level	Base Hours per Month	Add-on Hours per Month	DDA MAY AUTHORIZE THE USE OF ADD-ON HOURS IN ADDITION TO MONTHLY EMPLOYMENT SERVICE BASE HOURS WHEN EMPLOYMENT SUPPORT PLAN IDENTIFIES A NEED FOR ADDITIONAL SERVICE HOURS RELATED TO:
None	Working	A	0	0	
	Not Working	B	0	0	
Low	Working	C	4	5	1. Work schedule. 2. The number of jobs. 3. The appropriateness of job match. 4. Natural support available on the job.
	Not Working	D	7	7	
Medium	Working	E	7	5	5. Health limitations. 6. Provider travel time and distance. 7. Behavioral or physical needs that may affect customer and others safety while at work.
	Not Working	F	9	7	
High	Working	G	11	12	8. Other factors detailed in employment plan which indicate a need for add-on hours to help find or maintain a job.
	Not Working	H	12	14	

CAN A CUSTOMER RECEIVE FEWER THAN THE NUMBER OF HOURS ALLOCATED IN EMPLOYMENT SERVICE LEVEL?
Yes, they may be authorized to receive fewer than the number of hours allocated if one or more of the following factors is detailed in the employment plan.
1. Can independently find and maintain employment.
2. Employment is stable and they need few support hours to maintain it.
3. Have natural supports from co-workers, family, friends or others who support in finding and maintaining a job.
4. Job schedule does not require the full amount of supports allocated to supported employment service level.
5. Customer chooses to receive fewer hours of support than are allocated for supported employment service level.
6. There are other factors in employment plan which indicate customer can find and maintain a job with fewer support hours.

Community Inclusion

Community Access Support Level	CI Hours
A	3
B	6
C	9
D	12
E	15
F	18
G	20

Short-Term Employment Supports

SHORT-TERM EMPLOYMENT SUPPORTS IS A SERVICE THAT ALLOWS DDD TO APPROVE ADDITIONAL SERVICE HOURS IN ADDITION TO THE AMOUNT OF YOUR EMPLOYMENT SERVICE BASE HOURS AND ADD-ON HOURS WHEN:
1. Beginning a new job; or
2. There is a planned or unexpected change in job or job duties; or
3. Current employment is at risk and short-term supports are needed to assist in maintaining current job.

SHORT-TERM EMPLOYMENT SUPPORTS MAY BE AUTHORIZED FOR A MAXIMUM OF 3 MONTHS AT A TIME AND MAY BE RE-AUTHORIZED WHEN:
1. The circumstances identified; continue evidenced by, receipt of a current employment work plan or review describing the need; and
2. Both employment provider and county recommend continuing the use of Short-term Employment supports.

H:\DD\County\Process Forms\Process_Coordinator\DDA Acuity Scale Chart   Revised 02/2022

INDIVIDUALIZED TECHNICAL ASSISTANCE (ITA)

Clark County has 5 providers of ITA services:

- Employers Overload
- Monica Meyer Consulting, Inc.
  https://monicameyer.com/
- Tangible Systems Inc.
- Trillium Employment Services
- WISE
  https://www.gowise.org/consulting-services/individuals-families-ita/

DDA ITA Service Level Guidelines for Employment

Person Centered Plan (PCP)
Hours - 10 hour is typical. Not to exceed 15.
Dates - 3 months is typical
*Virtual PCP may require additional time and 15-hour request is recommended.

Behavior Support
Support staff/family consultation should be accessed first. Assure that BHO (for Positive Behavior Supports) is not an option before ITA is requested.
Hours - 30 hour is typical.
Dates - 6 months is typical
This number will be very individualized but should typically not exceed 30.

Customized Employment
Hours - 30 hour is typical.
Dates - 6 months is typical
This number will be very individualized and will vary more but should typically not exceed 30. Connect with preferred ITA provider about availability and time needed prior to finalizing the referral.

Communication Plan
Hours – 10 hours is typical – not to exceed 15
Dates - 6 months is typical

If another ITA service is recommended during ITA consultation, the referring agency (employment/community inclusion provider) will need to submit another referral for those recommended services.

If more than 30 hours are requested, a breakdown of the service hours should be requested from the subject matter expert (SME)/ITA Consultant.

ITA EXTENSIONS/ADDITIONAL HOURS

When/If the ITA Provider identifies a need for additional hours or to extend the timeframe of the authorization, the ITA provider shall make a request via email to the DDA Case Resource Manager and the County Coordinator (please **DO NOT** include dd.reporting@clark.wa.gov), cc'ing the provider.

Requests for additional hours or an extension, need to include the following:
- *Customer Initials*
- *Type of ITA Service currently being provided (PCP, Behavioral Supports, etc.)*
    - *Date of discussion with customer/guardian/provider*
    - *Date extension requested (include current end date and proposed end date)*
  AND/OR
    - *Additional number of hours requested*
    - *Justification/Details on why extension and/or additional hours are needed (This can be in the form of an attached proposal or outlined in the email request).*

EXAMPLE
- *Customer Initials* **- AB**
- *Type of ITA Service currently being provided (PCP, Behavioral Supports, etc.)* – **Behavior Supports**
    - *Date of discussion with customer/guardian/provider* – **1/1/2023**
    - *Date extension requested (include current end date and proposed end date)* – **Current - 6 months 1/2023– 6/2023 - Proposed – 3 additional months 1/2023 – 9-2023**
    - *Additional number of hours requested* – **Current – 30 hours – Proposed 10 additional hours**
    - *Justification/Details on why extension and/or additional hours are needed (This can be in the form of an attached proposal or outlined in the email request).* – **Customer was unavailable for 2 months due to medical issue or more needs identified**

If ITA Provider recommends another service entirely while providing services under current authorization, a new referral will be required to be made by the employment or community inclusion provider.

If you have questions about the process, please contact Angela Gomez at angela.gomez@clark.wa.gov