WAC 388-845-1910  Are there limitations to the specialized psychiatric services you can receive? (1) Clinical and support needs for specialized psychiatric services are limited to those identified in your DDA assessment and documented in the person-centered service plan/individual support plan.

(2) Specialized psychiatric services are excluded if they are available through other Medicaid programs.

(3) DDA and the treating professional will determine the need and amount of service you will receive in the IFS, basic plus, core, CIIBS, and CP waivers, subject to the limitations in subsection (4) of this section.

(4) The dollar amounts for aggregate service in your basic plus waiver or the dollar amount of your annual allocation in your IFS waiver limit the amount of specialized psychiatric services you are authorized to receive, unless provided as a behavioral health stabilization service.

(5) Specialized psychiatric services require prior approval by the DDA regional administrator or designee.