

Quality is Everyone's Business

ACCOUNTABILITY REPORT

DIVISION OF DEVELOPMENTAL
DISABILITIES

2007



AGING AND DISABILITY SERVICES ADMINISTRATION

Artwork reprinted by permission of Martha Perske from PERSKE: PENCIL PORTRAITS 1971-1990 (Nashville: Abingdon Press, 1998).

October 2008

October 1, 2008

Dear Colleagues and Interested Citizens,

We are pleased to provide you with the second annual Quality Assurance Report for 2007 for the Division of Developmental Disabilities (DDD), Aging and Disabilities Services Administration (ADSA). This report provides information on the services we provide and on the outcomes that are important to the health, safety and quality of life of people who rely on the division for services and supports. The information is gathered from numerous quality assurance systems that DDD has in place across the state and is a snapshot of the quality assurance efforts currently in place.

This Quality Assurance Report allows you to look critically at what we are doing and how we are performing. Each year offers new challenges and opportunities for DDD to provide supports and services that are innovative and creative and meet peoples' needs. With the introduction of the DDD Assessment in 2007 a new way of assessing need has been established that provides an accessible picture of the needs of people we serve.

The division and its stakeholders can be proud of the quality of supports provided each day to thousands of individuals. We must, however; always strive to improve services and supports.

I remain committed to a partnership with our stakeholders and staff in continuing to support and improve the health, safety and quality of life of those individuals that rely on DDD for support. I trust that this report will be used to further our shared goals and continue an open, candid dialogue focusing on improvement.

Thank you.

Sincerely,

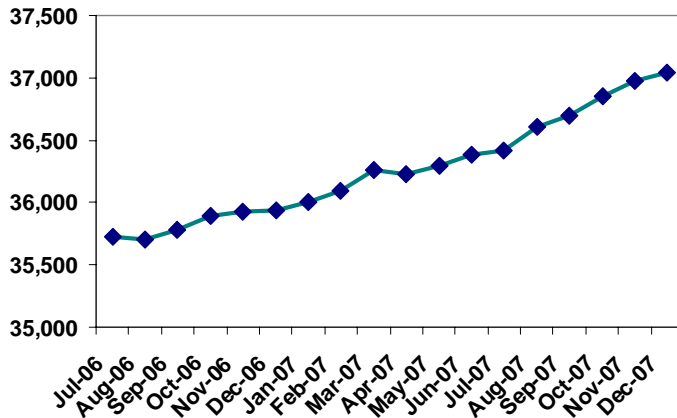
A handwritten signature in cursive script that reads "Linda Rolfe". The signature is written in black ink and is positioned above the printed name and title.

Linda Rolfe,
Director

Executive Summary:

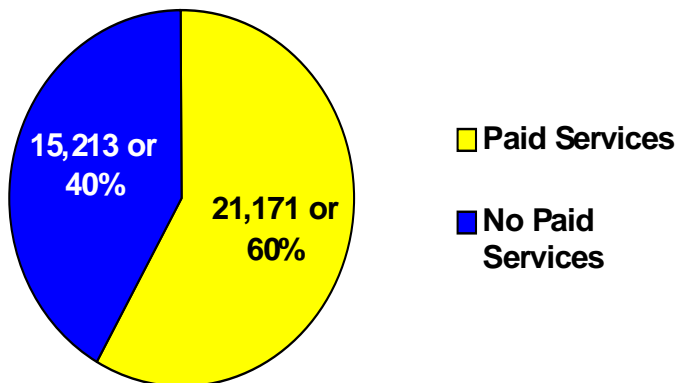
This is the second Quality Assurance Report from the Division of Developmental Disabilities (DDD). It provides a way for the division to share with its Stakeholders the many activities that are occurring on behalf of those whom the division serves.

Clients Enrolled for DDD Services



This report provides information on the individuals who are served by DDD; as well as information about the services they receive. The emphasis of the report is on the activities to make sure services are provided by qualified providers in using the best information and technology available.

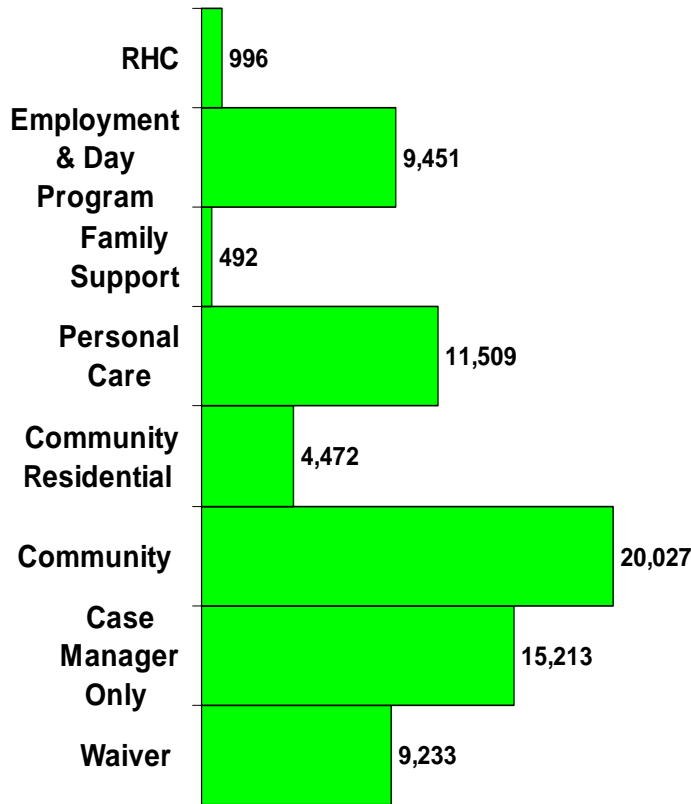
DDD Services Provided - June, 2007



We consider it a mandate to provide services that emphasize the following:

- Power and Choice over one's environment;
- Relationships with families and friends;
- Status in the community and among peers;
- Integration into the fabric of the community;
- Competence in completing tasks with needed assistance, and
- Prioritizing the health and safety of each individual.

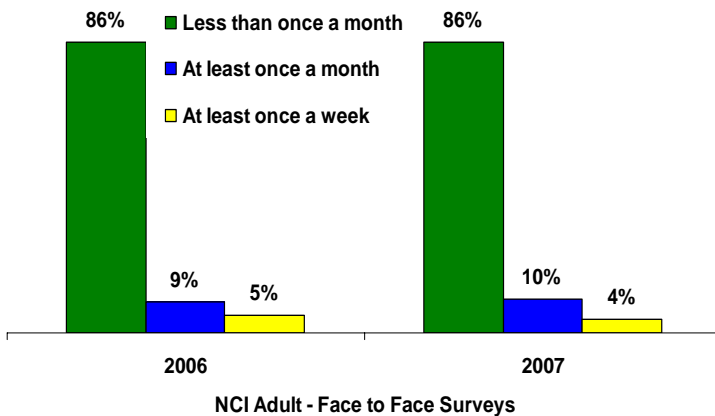
**People in DDD Services
December 2007**



This report contains statistical data for 2007, as well as descriptions of services offered by DDD. For example, the chart to the left indicates that over 20,000 clients receive community services and some clients may receive more than one service. It also contains information on the many activities that DDD undertakes to continually train, monitor, and improve services.

Assuring the quality of services provided by DDD is the goal of all DDD staff, beginning with the Case Manager, who is the primary contact for individuals, to the Regional and State staff who work to ensure services and supports are offered competently and in ways that are requested.

How often does client need medical care?



DDD continually seeks active feedback and suggestions to improve the system that serves people with developmental disabilities.

If you are interested in serving on a committee that focuses on quality improvement, please let Janet Adams at adamsje@dshs.wa.gov know and when there are vacancies on current committees or needs for additional committee work, she will contact you.

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**Washington State: Aging & Disability Services
Administration, Division of Developmental Disabilities**

Quality is Everyone's Business

The Division of Developmental Disabilities (DDD) believes that the quality of programs and services delivered to people with developmental disabilities in Washington State is everyone's business. With this in mind, this report is the second annual report to the public and stakeholders.

The [Residential Service Guidelines](#) issued in 1988 and the [County Guidelines](#) issued in 1992, also provides our vision. (See mission and values on the next page.) These core guidelines were developed by a workgroup made up of consumers and their families, residential service providers, Counties and employment providers, advocates, and DDD staff.

The goal is for the following *Core Guidelines* to direct all residential and vocational services delivered to people with developmental disabilities.

Developmental Disabilities Core Guidelines	
Power and Choice	Making our own choices and directing our own lives.
Relationships	Having people in our lives whom we love and care about and who love and care about us.
Status/Contribution	Feeling good about ourselves and having others recognize us for what we contribute to others and our community.
Integration	Being a part of our community, through active involvement. This means doing things we enjoy as well as new and interesting things.
Competence	Learning to do things on our own or be supported to do things for our self.
Health and Safety	Feeling safe and secure, and being healthy.

The Core Guidelines charted above were taken from the [Division of Developmental Disabilities Internet](#). To visit DDD's website or learn more about the Core Guidelines go to www.dshs.wa.gov/ddd.



The mission of the Division of Developmental Disabilities (DDD)

is to endeavor to make a positive difference in the lives of people eligible for services, through offering quality supports and services that are: individual/family driven; stable and flexible; satisfying to the person and their family; and able to meet individual needs. Supports and services shall be offered in ways that ensure people have the necessary information to make decisions about their options and provide optimum opportunities for success.

These core values guide us in fulfilling our mission:

Individual worth and development: People will be served with dignity and with respect for individual differences and be supported to experience: the benefits of relationships with friends and families; personal power and choice; personal value and positive recognition by self and others; integration; competence to manage daily activities and pursue personal goals; and health and safety.

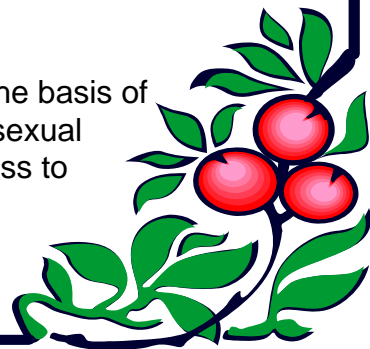
Continuity and coordination of services: Services will be provided in a flexible system, which enables people to remain in their own homes and communities wherever possible.

Community participation and partnership: Services and supports will promote the participation and partnership of consumers, parents, service providers, advocates, local governments, citizens, and businesses.

Respect for Employees: Employees are treated as the division's most valuable resource.

Services quality and performance accountability: The division is accountable to the public for effective and prudent use of resources. The division will conduct regular review, evaluation and modifications of programs and services.

Nondiscrimination: The division will not discriminate on the basis of gender, race, color, religion, national origin, age, disability, or sexual orientation/perceived sexual orientation in admission and access to services, treatment, or employment.



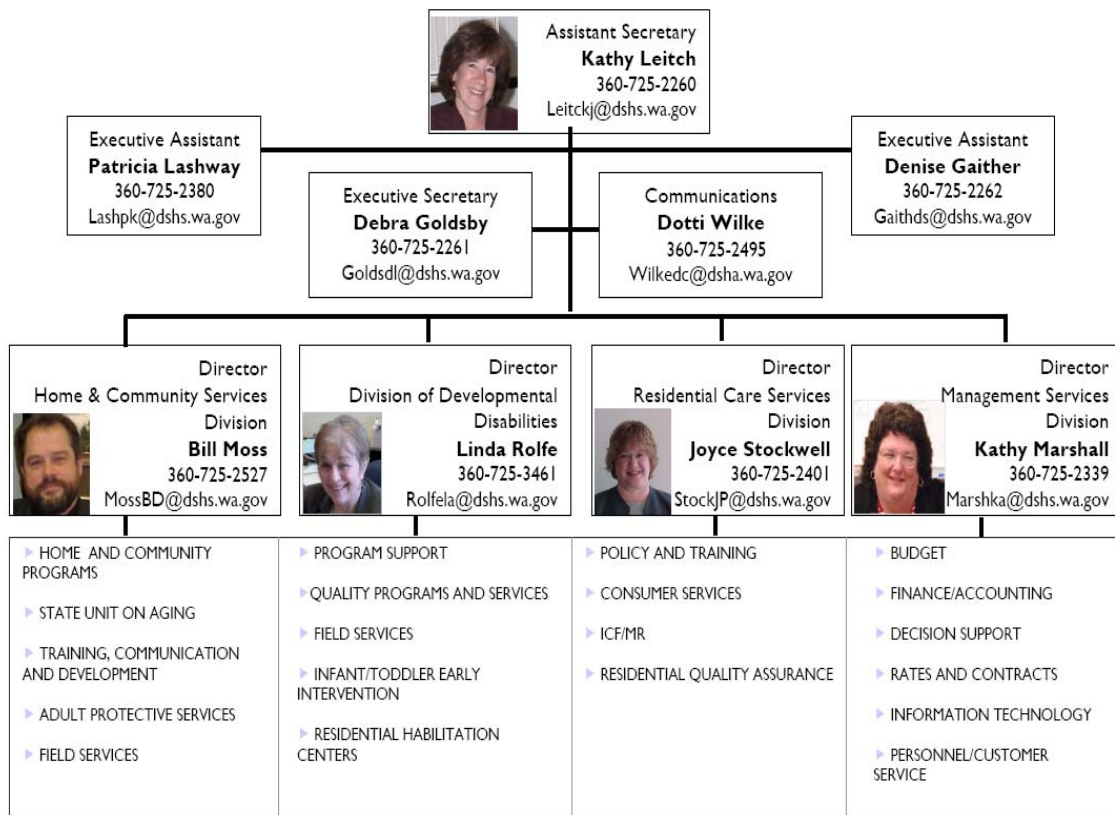
ORGANIZATIONAL STRUCTURE

The **Division of Developmental Disabilities (DDD)** is part of the Aging and Disability Services Administration (ADSA) within the Department of Social and Health Services (DSHS).

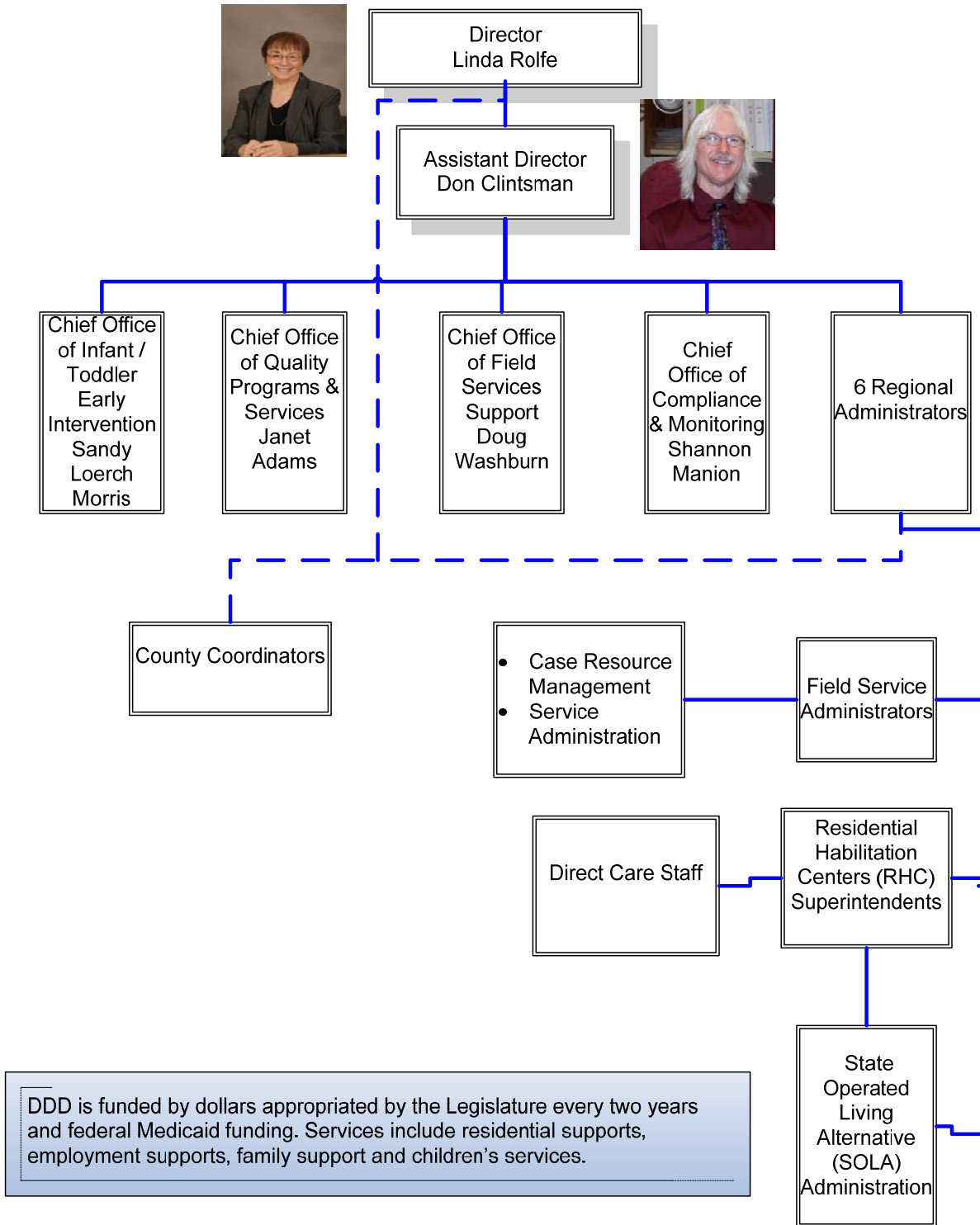
Kathy Leitch is the Administration's Assistant Secretary

- Bill Moss is the Director of Home and Community Services (HCS)
- Linda Rolfe is the Director of the Division of Developmental Disabilities (DDD)
- Joyce Stockwell is the Director of Residential Care Services (RCS)
- Kathy Marshall is Director of Management Services Division (MSD)

Aging and Disability Services Administration 12/4/2007



Division of Developmental Disabilities



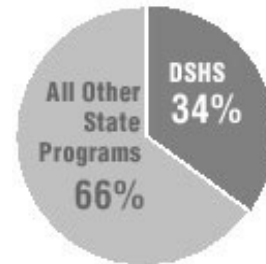
BUDGET INFORMATION

DSHS BUDGET INFORMATION

The Department of Social and Health Services is funded at approximately **\$8 billion a year** and represents approximately one-third of the state budget. Annually, the agency serves one in three state residents, **2.1 million people**, and one out of two state children and youth.

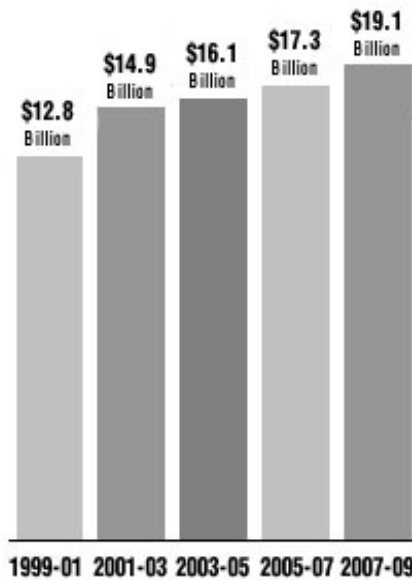
Our Percent of the State Budget

2007-09 All Funds



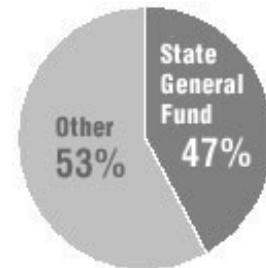
Funding Level

All Funds



DSHS Funding Sources

2007-09 All Funds



ADSA/DDD BUDGET INFORMATION

Department of Social and Health Services

ADSA Budget Summary 2005-2007 Biennium

Developmental Disabilities Budget

Services	Total clients with paid services (Oct 06)	05-07 biennium allotment (Includes 2006 Supplemental)	Percent of total cost
		(number rounded)	
Residential Services	5,911	\$529 million	36.2%
Residential Habilitation Centers	988	\$320 million	22.0%
Other Community Services including Family Support and Medicaid Personal Care	11,481	\$391 million	26.8%
Employment and Day Programs	8,052	\$121 million	8.3%
Field Services	N/A	\$69 million	4.7%
Voluntary Placement	210	\$4 million	0.3%
Program Support	N/A	\$7 million	0.5%
Infant Toddler Early Intervention Program	7,957 (FFY06)	\$17 million	1.2%
DDD total (unduplicated client count)	20,140	\$1.46 billion	100%
ADSA total		\$4 billion	

SOURCES: ADSA BUDGET OFFICE, EMIS

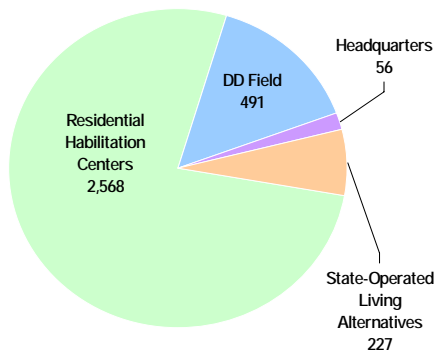
NOTE: A client may receive service in more than one program; for example, an adult may receive both residential and employment services

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Department of Social and Health Services

Profile of DDD Staffing – FY07

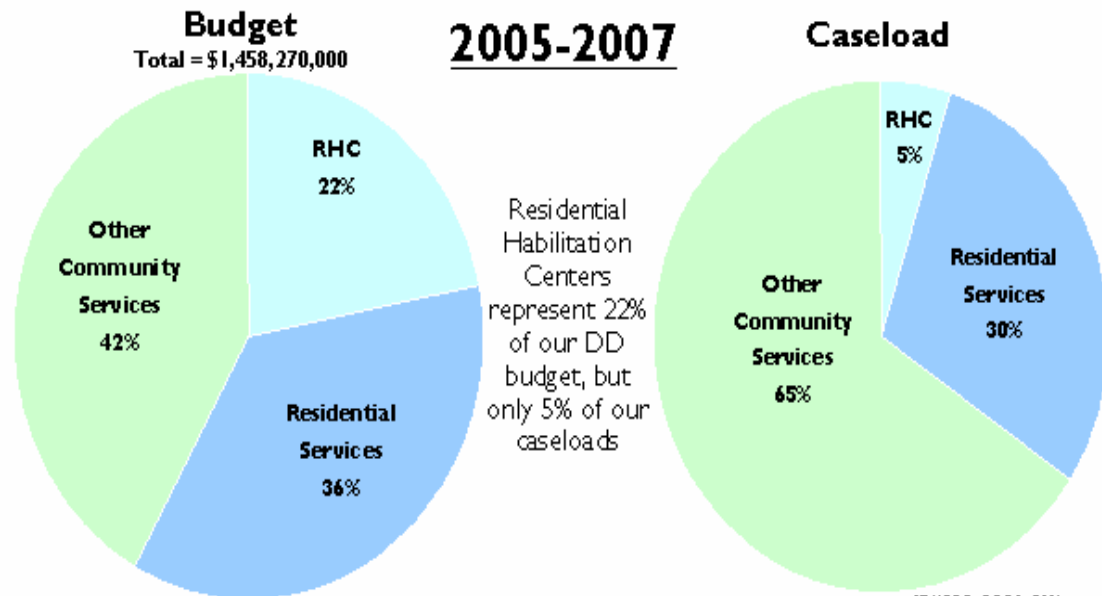
DDD Staff (FTE count)



SOURCE: ADSA BUDGET OFFICE, DEC 2006

5

Developmental Disabilities Budget and Caseload



SOURCE: CCDB, 2006
Average monthly counts

	FY07 Allotment	2006	2009
Dollars in Thousands		Governor's Proposed	
GPS	\$393,667	\$424,206	\$447,539
GFF	\$347,009	\$397,534	\$423,675
Other	\$6,685	\$10,277	\$10,278
Total	\$747,361	\$832,017	\$881,492
FTEs	3,341.3	3,365.8	3,396.7

Source: OFM, Verisys Reporting System, January 2007

CLIENT INFORMATION

Age and Gender

Below is a snapshot of persons who were enrolled in 2007 and a comparison with the U.S. Census data for Washington State.

2007 DDD data indicate:

- 21,683 or 60% Male
- 14,676 or 40% Female

2007 Washington State data indicate:

- 50% Male
- 50% Female

There are 36,359 DDD clients enrolled.

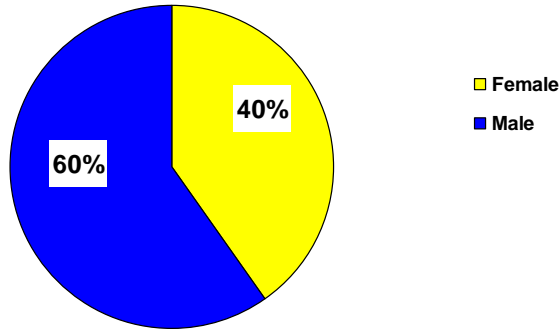
DDD data indicate:

- 4% are 62 and over
- 52% are 18 to 61
- 37% are 3 to 17
- 7% are Birth to 2

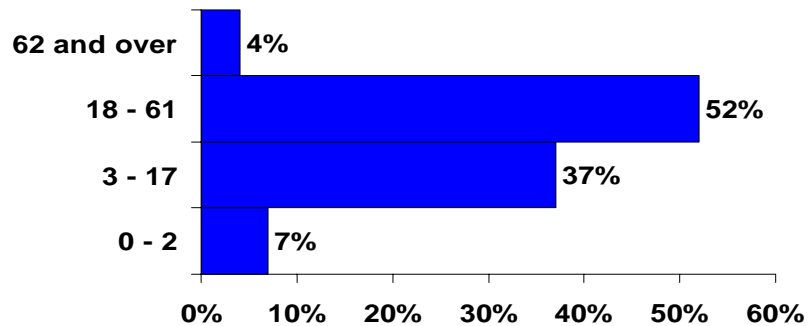
Washington State data indicate:

- 13.3% are 62 and over
- 61% are 18 to 61
- 21.7% are 3 to 17
- 4% are Birth to 2

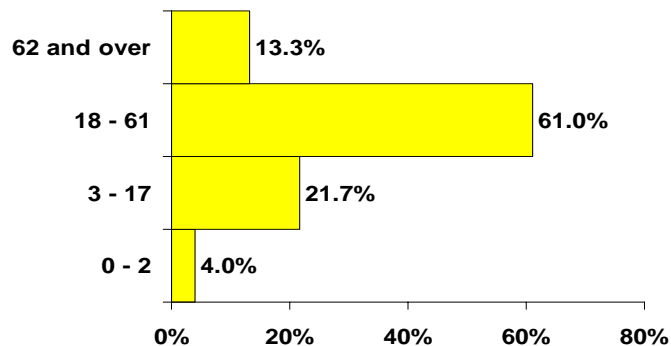
DDD Data - Gender - December, 2007



DDD Clients December, 2007 - Age Group



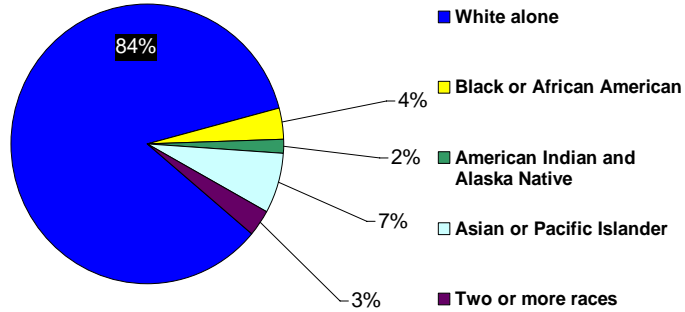
U.S. Census Data - Washington State 2000



Ethnicity Information

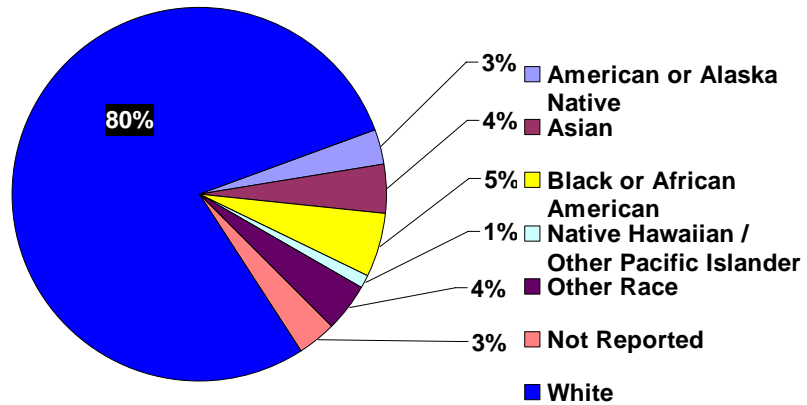
Data from the 2006 US Census indicate that 84% of Washington State is "White alone, with the next largest population being "Asian or Pacific Islander".

U.S. Census Bureau - 2006 Census
Race - Washington State



DDD data from 2007 indicate that 80% of the DDD population is White, with the next largest population being African American.

DDD Clients
Race - December, 2007



Clients Receiving Services

As of June 2007, DDD had 36,384 clients enrolled. 60% were receiving paid services and 40% were not receiving paid services other than Case Management.

Data from the Executive Management Summary (EMIS), June 2008.

Data indicate that:

- 9,403 clients receive waiver services
- 6,471 clients receive personal care or Medicaid services
- 5,220 clients receive services that are funded by the state only funds.

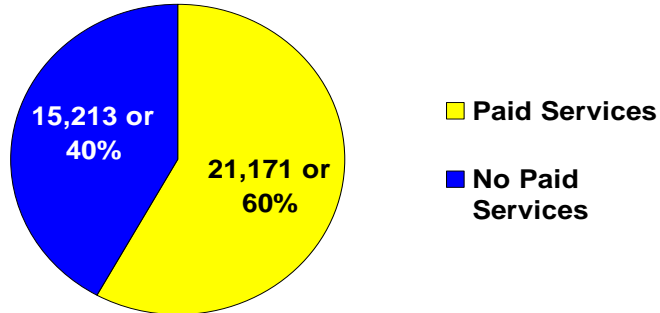
Data from the Executive Management Summary (EMIS), June 2008.

People receiving services through waivers include:

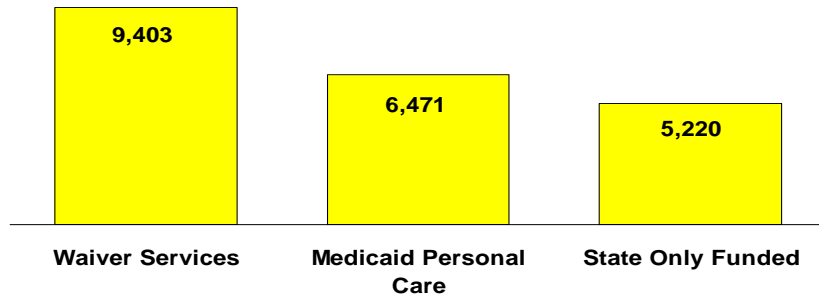
- 434 on the Community Protection Waiver
- 3,991 on the Core Waiver
- 2,073 on the Basic Plus Waiver
- 2,905 on the Basic Waiver

Data from the Executive Management Summary (EMIS), June 2008.

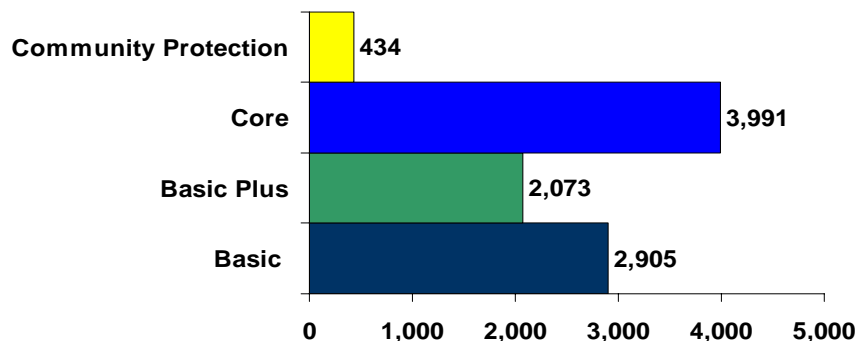
DDD Services Provided - June, 2007



DDD Services Provided - June, 2007

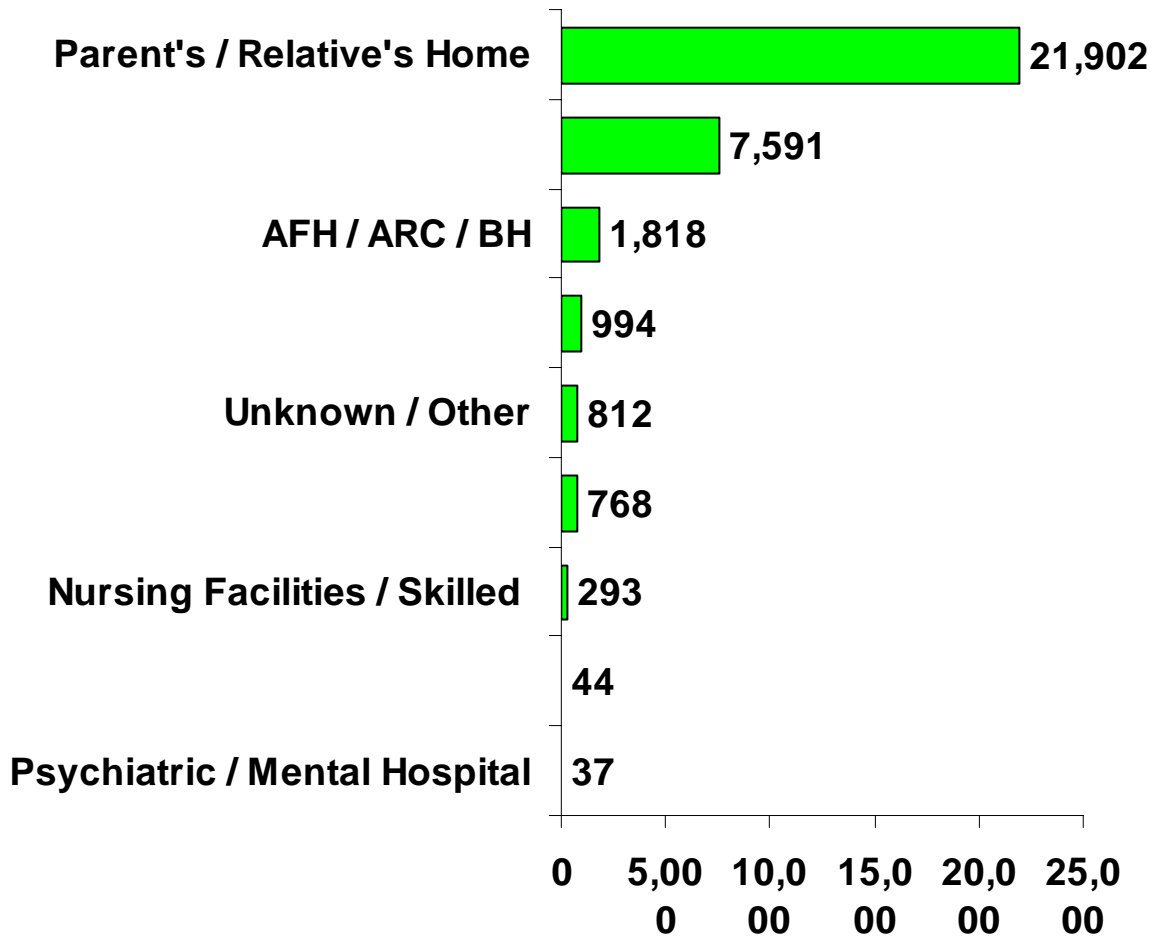


Clients on DDD Waivers June, 2007



Foundation of Our Service System is Our Families - June 2007

Place of Residence for DDD Clients

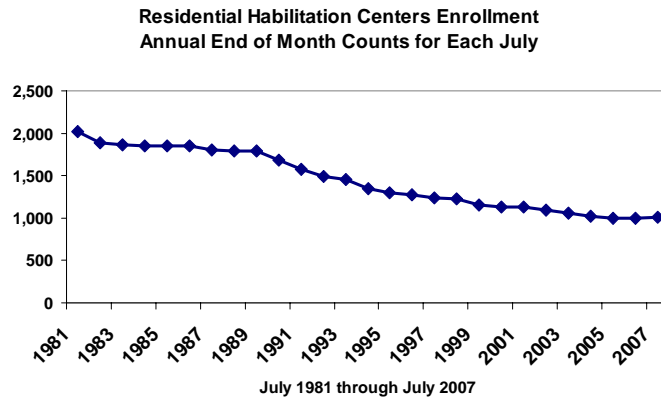


Data from the CCDB – Glenda Lee – Clients during June 2007.

Residential Habilitation Centers (RHCs or Institutions) Admission Information

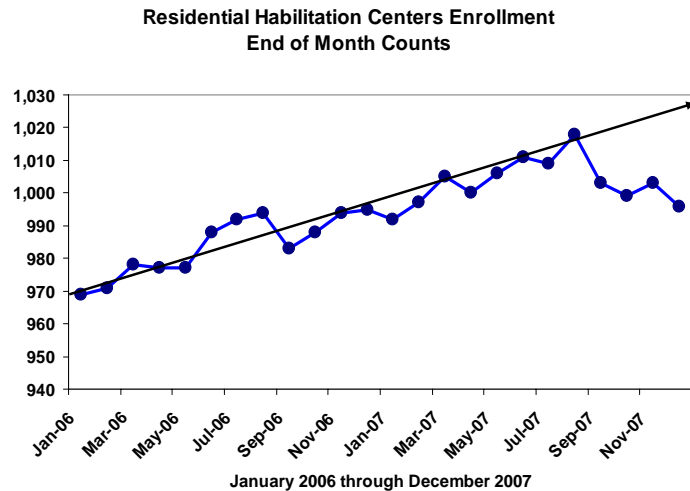
In July 1981, the RHC enrollment was 2,024 and by July 2007, enrollment was 1,009 a decrease of 1,015 clients.

Data from the Executive Management Summary (EMIS), June 2008.



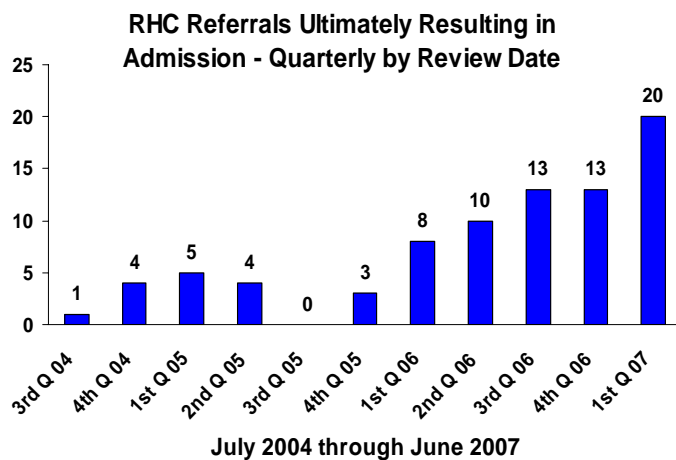
From January 2006 to December 2007, RHC enrollment increased from 969 clients to 997 clients, a net increase of 2.7%. This increase appears to be related to the RHC being used as a short term stay during a crisis that eventually leads to a request for admission.

Data from the Executive Management Summary (EMIS), June 2008.



Families can request respite in an RHC for their family member. The chart shows the quarterly count of those choosing to use RHC services through the first quarter of 2007.

Note: Data are from the Executive Management Information System (EMIS) reports and the Admission team.





SUPPORTS AND SERVICES

Medicaid Personal Care (MPC)

Services	Medicaid State Plan personal care for adults and children. Services can be authorized by Home and Community Services (HCS), Division of Developmental Disabilities (DDD), or Area Agencies on Aging (AAA).
Client Profile	<ul style="list-style-type: none">▪ Children and adults who have functional limitations based on medical issues and an unmet need for personal care.▪ Children can be living in their own home, relative's home or a Children's Administration (CA) foster home.▪ Adults can be living in their own home or a licensed/contracted boarding home or adult family home.
Funding Sources	Title XIX Medicaid program and state funding
FY07 Costs and Cases	<ul style="list-style-type: none">▪ <i>DDD expenditures = \$89,820,791</i>▪ DDD average monthly cost per client = \$1,186▪ <i>DDD average monthly clients = 6,314</i>▪ LTC expenditures = \$193,100,000▪ LTC average monthly cost per client = \$1,203.53▪ LTC average monthly clients = 13,369
Oct 07 Costs and Cases	<ul style="list-style-type: none">▪ DDD average cost per client = \$1,265▪ DDD number of clients = 6,363▪ LTC average cost per client = \$1,336.59▪ LTC number of clients = 14,089
Eligibility	Unmet need for assistance with activities of daily living and income at or below SSI, per WAC 388-106-0210 and WAC 388-106-0213.
Providers and Rates	In-home rates, per hour: <ul style="list-style-type: none">▪ Agency provider \$16.62▪ Individual provider \$9.73 to 10.77▪ Adult Family Homes \$48.32 to \$91.73▪ Boarding homes with Adult Residential Care \$48.95 to \$92.94
Legal Authorization	<ul style="list-style-type: none">▪ RCW 74.09.520 (2)▪ WAC 388-106-0210 and WAC 388-106-0213
Quality Oversight	<ul style="list-style-type: none">▪ Program monitoring by HCS Quality Assurance Unit and DDD Quality Control & Compliance Unit;▪ Residential Care Services Compliance monitoring;▪ Home Care Agency Monitoring by AAAs & ADSA.
Partnerships	<ul style="list-style-type: none">▪ AAAs▪ Centers for Medicare and Medicaid Services (CMS)
Fact Sheet References	N/A

Outstanding Issues

- MPC services for children served by Children’s Administration (CA) were transitioned to DDD January 1, 2008.
 - Following the 2007 Home Care Agency Procurement, nine home care agencies are operating on provisional 2008 contracts. ADSA staff will be monitoring for compliance and quality of client services.
-

Infant Toddler Early Intervention Program (ITEIP)

Services

DSHS serves as the Governor appointed state lead agency. ITEIP is located within the Division of Developmental Disabilities, of the Aging and Disability Services Administration.

- ITEIP administers, supervises, and monitors the statewide, multi-agency, community-based and family-centered early intervention program and direct services, for infants and toddlers with disabilities or developmental delays and their families;
- Ensures and maintains an active functioning State Interagency Coordinating Council for Infants and Toddlers with Disabilities or Developmental Delays and Their Families;
- Maintains local contracts in each geographic area of the state for direct services and local program oversight. Each contractor also ensures County Interagency Coordinating Councils are maintained and actively advise and assist with service delivery and system improvements;
- Maintains contracts to support infrastructure and training, as the budget will allow;
- Participates in and guides activities and early intervention policies, by coordinating, collaborating, and linking with partnering agencies;
- Collects and disseminates, as required, an unduplicated daily and annual count, and aggregate information relating to eligible infants and toddlers and families served throughout the state.

Client Profile

Early Intervention Services are an entitlement for each eligible infant and toddler with developmental delays or disabilities, birth to three, and their family.

Funding Sources

- DSHS ITEIP receives at least \$8.1 million annually, as enhancement funding, for ITEIP early intervention services;
- These funds must be used as payor of last resort. Private insurance, Medicaid, school districts, Department of Health (DOH), DDD and county child developmental services funding, etc., must be used prior to this federal IDEA, Part C, funding, for any early intervention service defined on the Individualized Family Service Plan, for each eligible child and their family;
- In order to continue to participate in the federal program and receive these enhancement funds, the state must demonstrate that at least the same amount budgeted in the preceding fiscal year is maintained by each state and local program.

FY07 Costs and Clients

- FFY 07 cost = \$8.1 million
 - Total cases = 8,214 (10/01/06 - 09/30/2007)
-

Oct 07 Costs and Client

- ITEIP served 8,214 infants, toddlers and their families as defined on their Individualized Family Service Plans.

Eligibility

- A child is eligible if he/she demonstrates a 1.5 standard deviation or 25% of chronological age delay in one or more developmental areas (cognitive; physical, including vision, hearing, fine and gross motor; communication; social or emotional; or adaptive), as measured by appropriate evaluation tests or procedures, and administered by qualified personnel;
- Or is diagnosed with physical or mental condition that has a high probability of resulting in a developmental delay.

Providers and Rates**Legal Authorization**

- Public Law 105-17: The Individuals with Disabilities Education Act (IDEA), Parts C and B;
- RCW 28A.155.065 Early Intervention Services
- RCW 74.14A.025 and 70.195: Public Health and Safety (Family Policy) and Early Intervention Services – Birth to Six;
- RCW 71A.12.030 and 120: Department of Social and Health Services, Division of Developmental Disabilities
- RCW 74.18.190: Department of Services for the Blind, Child and Family Program;
- EO-01-04: Establishing the State Interagency Coordinating Council for Infants and Toddlers with Disabilities and Their Families.

Quality Oversight

- DSHS is charged with supervision, monitoring, and administration of the Part C state multi-agency program. There is a defined annual audit, monitoring, and technical assistance process within ITEIP that includes purchasing formal audits from DSHS, Operations Review and Consultation;
- ITEIP adheres to OFM, DSHS, ADSA, and DDD administrative policies and procedures. The program is audited, by the state auditor, every several years. Other agency's administrative policies also enter into administration functions, as ITEIP collaborates on interagency activities and outcomes;
- In addition, DSHS, through ITEIP, has a comprehensive State Performance Plan (SPP), and must submit an Annual Performance Report to the U.S. Department of Education, Office of Special Education Programs (OSEP) on compliance and performance targets in the SPP. Multiple federal data reports are also due annually. There is a continuous monitoring process implemented between OSEP and each state that includes onsite monitoring visits and audits;
- ITEIP developed and uses a compliance-based Data Management System (DMS). DMS follows the prescriptive federal requirements and timelines for individualized early intervention services. All early intervention services contractors are required to use the system.

Partnerships

- Partnerships must include other state agencies, Tribes (as they wish to participate), and all DSHS divisions serving children, birth to three, and their families;
 - Local agencies; parents and families who wish to assist in the state system, policy development and improvement processes; members
-

of the SICC and its working committees; early intervention services providers and therapists.

Fact Sheet References Infant Toddler Early Intervention Program

Outstanding Issues

- ITEIP, as defined by IDEA, Part C, is an entitlement program without forecasting or a state or federal mechanism to adequately fund the number of children and their families eligible for this program. To date, we have done everything possible to use existing resources available to meet this entitlement, without requesting a supplemental budget;
- Last year's annual count reached 8,214, an increase of 257 children and families served in the prior year (7,957). While the requirement to find and serve every eligible child has been in place since 1994, we have reached the limits of serving more children, without additional state and other funding;
- At the same time, the federal government needs to increase the funding for this critical Part C/ITEIP entitlement program;
- Without additional funding, services will decline in quality or some children will not receive their needed early intervention services. These children will then be at risk of further delay or disability. In the future, there may be increased costs to provide necessary supports. It will also put the state at risk of litigation, for not meeting the entitlement nature of the program.

Individual and Family Services Program (formerly Family Support)

DESCRIPTION:

The Legislature has asked DDD to consolidate its three existing Family Support programs into a single program. The intent is:

To ***partner with families*** as care providers for children with developmental disabilities and adults who choose to live in the family home;

That individual and family services be ***centered on the needs*** of the person with a developmental disability and the family; and

To the maximum extent possible, individuals and families must be given ***choice of services*** and exercise control over the resources available to them.

SERVICES:

The Individual and Family Services (IFS) Program allows participants to use their award to pay for any of the following services related to, and resulting from, their disability and identified and agreed to in your DDD Assessment Individual Support Plan (ISP):

- Respite Care; Therapies; Architectural and vehicular modifications; Equipment and supplies;
 - Specialized nutrition and clothing; Excess medical costs not covered by another source;
-

- Co-pays for medical and therapeutic services; Transportation; Training; Counseling;
- Behavior management; Parent/Sibling education; and Recreational opportunities.

NEED BASED ALLOCATION

To receive funding in the new Individual and Family Services program a DDD assessment must be administered to determine the person's need. Once the need has been established the funding amount will be based on the person's level of need. There are four allocations:

- Level 1 = \$2000
- Level 2 = \$3000
- Level 3 = \$4000
- Level 4 = \$6000

WAC/PROGRAM REQUIREMENTS

Emergency rules (WAC 388-832) have been developed for this program. Current Family Support participants started transitioning to the IFS program beginning in July 2007. Starting in October 2007, new participants were brought onto the IFS program over a period of time. Families and individuals who are known to have emergent and/or high needs situations and families and individuals who have been waiting the longest will be assessed for participation in the program.

The family member must:

- Be determined eligible for DDD services;
- Require assistance in meeting their needs;
- Have the eligible family member living with her/his family; and
- Have a DDD Assessment administered to determine need level.

When the person's eligibility for the program is determined, the continuing eligibility may be time limited and subject to review.

Funding Sources	General Fund State services
FY07 Costs and Cases	<ul style="list-style-type: none"> ▪ <i>Total expenditures = \$2,068,319</i> ▪ Average monthly cost per client = \$510 ▪ Average monthly clients = 340
Oct 07 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client = \$272 ▪ Number of clients = 369
Allocation	Allots funding based on need resulting from the DDD Assessment.
Providers and Rates	Varies within each service.
	<p>IFS program participants may choose a qualified individual, agency or licensed provider within the guidelines described in WAC 388-825-300 through 400. These WACs describe:</p> <ul style="list-style-type: none"> ▪ Qualifications for individuals and agencies providing DDD services in the client's residence or the provider's residence or other settings; ▪ Conditions under which DDD will pay for the services of an individual provider or a home care agency provider or other

	provider.
Quality Oversight	<ul style="list-style-type: none"> ▪ IFS Program has a Contract Compliance Plan that is implemented regionally. ▪ Quality Control team members meet quarterly with the IFS Coordinators.
Partnerships	Families of clients, Parent to Parent, ARC of Washington, and other advocacy organizations throughout the state.
Fact Sheet References	Individual and Family Services Program
Outstanding Issues	There are more than 9,900 clients waiting for Individual and Family services.
	PROGRAM MANAGER Debbie Couch, 360-725-3415, couchdg@dshs.wa.gov
	REGIONAL FAMILY SUPPORT COORDINATORS: Region 1: Lorna Morris, 509-329-2906, morrill@dshs.wa.gov Region 2: Sandy Powers, 509-526-2584, powersk@dshs.wa.gov Region 3: Theresa Responde, 425-339-1968, respotl@dshs.wa.gov Region 4: Heather Moline, 253-372-5773, molinhm@dshs.wa.gov Region 5: Terry Hehemann, 253-404-6566, hehemtl@dshs.wa.gov Region 6: Dee Nelson, 360-537-4357, nelsodl@dshs.wa.gov

County Contracted DDD Employment and Day Programs

Services	<p>County contracted Employment and Day program services include:</p> <ul style="list-style-type: none"> ▪ Child Development Services ▪ Group Supported Employment ▪ Pre-Vocational Services ▪ Individual Supported Employment ▪ Person to Person ▪ Community Access ▪ Community Information and Education
Client Profile	People eligible for county contracted services are children age 2 or younger and eligible for early intervention services, or adults age 21 and over.
Funding Sources	<ul style="list-style-type: none"> ▪ General Funds State; General Funds Federal ▪ Non-reimbursable (private or other)
FY07 Costs and Cases	<ul style="list-style-type: none"> ▪ <i>Total expenditures = \$55,589,831</i> ▪ <i>Average monthly cost per client = \$490</i> ▪ <i>Average number of clients = 9,454</i>
Oct 07 Costs and Cases	<ul style="list-style-type: none"> ▪ <i>Average monthly cost per client = \$457</i> <p>Number of clients = 9,299</p>
Eligibility	Person has a developmental disability described in WAC 388-825-030.

Providers and Rates	Contracts are developed in the regions for each county. The counties select and contract with service providers and negotiate the rates to be paid to these service providers.
Legal Authorization	RCW 71A
Quality Oversight	<ul style="list-style-type: none"> ▪ ADSA contract monitoring and risk assessment process ▪ Contractual requirements for monitoring providers ▪ Provider Qualifications in Policy 6:13
Partnerships	The Department solicits input from the stakeholders to update program requirements. These stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers.
Fact Sheet References	Policy 4.11
Outstanding Issues	More than 1,292 students with a developmental disability are expected to graduate in the 2009-11 Biennium (688 in 2009 and 604 in 2010). Funding will be needed to provide services to these transition students that will enable them to build upon skills they obtained in school, become employed, and increase their economic and social independence. Priority consideration for funding will be young adults with developmental disabilities living with their families who need employment opportunities and assistance after high school graduation. DDD continues to focus on strategies aimed at finding work for people who are more difficult to employ.

Community Residential Services - Supported Living

Services	Division of Developmental Disabilities Supported Living (SL) services offer instruction and support to persons who live in their own homes in the community. Supports may vary from a few hours per month up to 24 hours per day of one-on-one support. Clients pay their own rent, food, and other personal expenses. DDD contracts with private agencies to provide Supported Living services. SL services are also offered by State Operated Living Alternatives (SOLA) program (see SOLA program description for details).
Client Profile	Clients who may receive Supported Living services must be 18 years of age or older and have been assessed as needing Supported Living services to meet their health and welfare needs.
Funding Sources	General State and Federal funds (Medicaid)
FY07 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures = \$222,858,812 (excludes SOLA) ▪ Average cost per client = \$5,537 (excludes SOLA) ▪ Average number of clients = 3,354 (excludes SOLA)
Oct 07 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client = \$6,074 (excludes SOLA) ▪ Number of clients = 3,340 (excludes SOLA; includes 201 children in Child Licensed Staffed Residential and Child Foster Home/Group Care)

Eligibility	Supported Living services recipients must be: <ul style="list-style-type: none"> ▪ Eligible clients of DDD; ▪ 18 years of age or older; ▪ Assessed as needing Supported Living services to meet their health and welfare needs.
Providers and Rates	<ul style="list-style-type: none"> ▪ 141 contracted providers ▪ Average monthly cost per client = \$6,074 (Oct 07)
Legal Authorization	RCW 71A, Chapter 388-101 WAC
Quality Oversight	<ul style="list-style-type: none"> ▪ The Department uses a formal review and evaluation process to determine whether a service provider has complied with certification requirements outlined in Chapter 388-101 WAC and the department contract. ▪ In April 2004, Residential Care Services (RCS) was given the responsibility of certifying Supported Living. ▪ Complaint investigation by RCS.
Partnerships	The Department solicits input from stakeholders to update program requirements. Stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers.
Fact Sheet References	<ul style="list-style-type: none"> ▪ Certified Community Residential Services and Support ▪ Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings and Programs
Outstanding Issues	Continued development and implementation of consistent statewide certification standards and investigation of complaints related to services provided to vulnerable adults in supported living programs.

Community Residential Services - Group Homes

Services	Division of Developmental Disabilities (DDD) Group Homes are community-based residences serving two or more adult clients in a licensed facility. Group Homes are licensed as either a boarding home or an adult family home. Group Homes contract with DDD to provide 24-hour support and training. The provider owns or leases the facility. Clients participate toward room and board expenses. DDD pays for the client's cost-of-care.
Client Profile	Clients who receive Group Home residential services must be 18 years of age or older, and must be assessed as needing group home services to meet their health and welfare needs.
Funding Sources	General State and Federal Funds (Medicaid)
FY07 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures = \$17,063,309 ▪ Average monthly cost per client = \$4,098 ▪ Average monthly clients = 347
Oct 07 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client = \$4,713 ▪ Number of clients = 308

Eligibility	Group Home residents must be: <ul style="list-style-type: none"> ▪ Eligible clients of DDD ▪ 18 years of age or older ▪ Assessed as needing group home services to meet their health and welfare needs
Providers and Rates	<ul style="list-style-type: none"> ▪ 50 facilities, 4 to 20 adults per facility ▪ Average monthly cost per client = \$4,713 (Oct 07)
Legal Authorization	RCW 71A, Chapter 388-101 WAC
Quality Oversight	<ul style="list-style-type: none"> ▪ DSHS uses a formal review and evaluation process to determine whether a service provider has complied with certification requirements outlined in WAC 388-101 and the department contract ▪ Compliance for the licensing standard is done through the Residential Care Services licensors ▪ DDD Case/Resource Managers make on-site visits
Partnerships	Stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers and community entities.
Fact Sheet References	<ul style="list-style-type: none"> ▪ Certified Community Residential Services and Support ▪ Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings and Programs
Outstanding Issues	The Department is conducting a rate study for these services to establish a new methodology to establish provider rates.

Community Residential Services - Companion Homes

Services	Division of Developmental Disabilities Companion Homes provide residential services and supports in an adult foster care model to no more than one adult who is a client of DDD. The services are offered in a regular family residence approved by DDD to assure client health, safety and well-being. DDD reimburses the provider for the instruction and support service. Companion homes provide 24-hour available supervision. The client pays the provider directly for room and board costs from client's personal resources.
Client Profile	Clients who receive companion home residential services must be 18 years of age or older, and have been assessed as needing companion home services to meet their community living needs that include health and welfare needs.
Funding Sources	General State and Federal Funds
FY07 Costs and Cases	<ul style="list-style-type: none"> ▪ <i>Total expenditures = \$2,060,943</i> ▪ Average monthly cost per client = \$3,994 ▪ Average number of clients = 43
Oct 07 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client = \$4,494 ▪ Number of clients = 42

Eligibility	<ul style="list-style-type: none"> ▪ Eligible clients of DDD ▪ 18 years or age or older ▪ Assessed as needing Companion Home services to meet their health and welfare needs
Providers and Rates	<ul style="list-style-type: none"> ▪ 43 providers ▪ Average monthly cost per client = \$4,494 (Oct 07)
Legal Authorization	RCW 71A, 388-829C WAC
Quality Oversight	<ul style="list-style-type: none"> ▪ DDD uses a formal review process to determine whether a Companion Home provider has complied with requirements outlined in Chapter 388-829C WAC and the Department contract. Contract monitoring is done every 12 months or more frequently if DDD deems necessary; ▪ DDD Case/Resource Managers complete on-site visits.
Partnerships	Stakeholders include individuals receiving services, parents/guardians, advocacy organizations, and providers.
Fact Sheet References	Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings & Programs
Outstanding Issues	Providers ability to find liability insurance

Adult Family Homes

Services	<ul style="list-style-type: none"> ▪ Privately operated residential homes licensed to care for up to six residents; ▪ Provide room, board, laundry, supervision, assistance with activities of daily living, and personal care; ▪ Some homes provide specialized care for persons with disabilities, dementia, or mental health issues; ▪ Some residents may also receive home health services or delegated nursing care.
Resident Profile	<ul style="list-style-type: none"> ▪ 18 years of age or older ▪ At a minimum, functional or cognitive disability requiring support and supervision
Funding Sources	Approximately 60% of residents pay privately. The majority of the others are Medicaid funded. Division of Developmental Disabilities uses Medicaid funds to support clients referred by DDD. "State only" funds are used to support a small number of clients who are not Medicaid eligible.
FY07 Costs and Cases	<ul style="list-style-type: none"> ▪ <i>DDD expenditures = \$27,002,457</i> ▪ DDD average monthly cost per client = \$1,430 ▪ DDD average monthly clients = 1,574 ▪ <i>LTC expenditures = \$60,258,269</i> ▪ LTC average monthly cost per client = \$1,275.15 ▪ LTC average monthly clients = 3,938

Oct 07 Costs and Cases	<ul style="list-style-type: none"> ▪ DDD average cost per client = \$1,531 ▪ DDD number of clients = 1,591 ▪ LTC average cost per client = \$1,401.99 ▪ LTC number of clients = 4,114
Eligibility	Medicaid eligibility = 300% SSI (\$1,911/month); assets less than 2,000 for single person, \$3,000 married.
Providers and Rates	<ul style="list-style-type: none"> ▪ 2,631 licensed facilities, average 5.5 beds (Oct 07) ▪ Rate = \$48.32 - \$91.73 per day
Legal Authorization	<ul style="list-style-type: none"> ▪ RCW 70.128 ▪ WAC 388-76
Quality Oversight	<ul style="list-style-type: none"> ▪ Required by law to be inspected at least every 18 months (with a statewide average of 15 months) by Residential Care Services ▪ Complaint investigation by RCS ▪ Quality Assurance and Assistance by RCS
Partnerships	<ul style="list-style-type: none"> ▪ Long Term Care Ombudsman Program ▪ Developmental Disabilities Division ▪ Mental Health Division ▪ Law Enforcement ▪ Adult Family Home Associations
Fact Sheet References	<ul style="list-style-type: none"> ▪ Adult Family Homes ▪ How Washington Medicaid Home and Community Residential Rates Are Set ▪ Insurance Liability for Contracted Adult Family Homes ▪ Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings and Programs
Outstanding Issues	<ul style="list-style-type: none"> ▪ Cost and coverage issues related to liability insurance ▪ Investigation of allegations of actions against vulnerable adults, by employees of adult family homes and/or boarding homes ▪ Earlier inspections of adult family homes initially licensed (90 days from initial licensing) ▪ Development of operating Memorandums of Understanding with law enforcement for investigative activities

Community Residential Services - Alternative Living

Services	Division of Developmental Disabilities (DDD) Alternative Living services are instructional services provided by an individual contractor. The service focuses on community-based individualized client training to enable a client to live as independently as possible in the community. Alternative Living services may be authorized for up to 40 hours per month.
Client Profile	Clients who may receive Alternative Living Services must be 18 years of age or older, and have been assessed as needing alternative living services to meet their community living needs that includes health and welfare and training assistance.

Funding Sources	General State and Federal funds
FY07 Costs and Cases	<ul style="list-style-type: none"> ▪ <i>Total expenditures = \$1,583,450</i> ▪ Average monthly cost per client = \$419 ▪ Average monthly clients = 315
Oct 07 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client = \$455 ▪ Number of clients = 293
Eligibility	<p>Alternative Living Services recipients must be:</p> <ul style="list-style-type: none"> ▪ Eligible clients of DDD; ▪ 18 years of age or older; ▪ Assessed as needing Alternative Living services to meet their residential needs.
Providers and Rates	<ul style="list-style-type: none"> ▪ 178 providers ▪ Average monthly cost per client = \$455 (Oct 07)
Legal Authorization	RCW 71A. Chapter 388-829A WAC
Quality Oversight	DDD case manager must meet with the client to review the individual's Alternative Living services plan to ensure the services are meeting the client's residential support needs.
Partnerships	The Department solicits input from the stakeholders to update program requirements. Stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers.
Fact Sheet References	Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings and Programs
Outstanding Issues	N/A

Voluntary Placement Services (VPS)

Services	<p>The Voluntary Placement Service (VPS) offers a variety of supports to a child living in a licensed setting outside the family home, when the placement is due solely to the child's disability (RCW 74.13.350). Services include:</p> <ul style="list-style-type: none"> ▪ Residence in a Division of Licensed Resources (DLR) foster home, group care facility or Staffed Residential Home; ▪ Respite care to the licensed foster care provider; ▪ Medically intensive services under WAC; ▪ Safe, developmentally appropriate care; ▪ Participation in community activities within the child' community; ▪ Therapies and behavior management supports not already covered through Foster Care Medical Unit (FCMU) or schools, specific to the child's disability; ▪ Shared Parenting Plan with the provider and the child's biological/adoptive parents is designed and implemented to support the family unit while the child lives outside the family home as well as outline the responsibilities of the parent while their child is
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	<ul style="list-style-type: none"> in placement; ▪ Case management by Division of Developmental Disabilities social worker.
Client Profile	<p>VPS recipients are eligible children or youth clients of DDD, who:</p> <ul style="list-style-type: none"> ▪ Are under 18 years of age; ▪ Have no open case of abuse/neglect issues in the child welfare system; ▪ Have a disability, and solely due to the disability, parents request out-of-home placement. Is in the custody of birth/adoptive parents; ▪ Is enrolled in a school program, usually in Special Education, and is on an Individual Education Plan.
Funding Sources	<ul style="list-style-type: none"> ▪ General Fund State and General Fund Federal (Medicaid); ▪ Medical care is obtained through Foster Care Medical Unit, (FCMU) with a foster care med coupon when the child is living out-of-home in a licensed setting.
FY07 Costs and Cases	<ul style="list-style-type: none"> ▪ <i>Total expenditures = \$13,419,218</i> ▪ Average monthly cost per client = \$5,130 ▪ Average monthly clients = 218
Oct 07 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client = \$6,186 ▪ Number of clients = 193
Eligibility	<p>WAC 388-826- is eligible for the voluntary placement program? Children who:</p> <ol style="list-style-type: none"> (1) Are determined eligible for DDD services under RCW 71A.16.040; (2) Are under 18 years of age when the request for services through VPP is made; (3) Have no unresolved issues of abuse or neglect pending with DSHS Children's Administration; (4) Are in the legal and physical custody of their parent or legal guardian; and (5) The request is made solely due to the child's disability RCW 74.13.350 and parents have used all other appropriate; (6) Parents have used all other appropriate and available services for their child through DDD.
Providers and Rates	Varies with each service
Legal Authorization	RCW 74.13.350
Quality Oversight	<p>Children and youth in VPS live in Division of Licensed Resources (DLR) licensed foster homes, group care facilities or Staffed Residential Homes. Oversight includes:</p> <ul style="list-style-type: none"> ▪ Each provider is paid through a contract specific to a foster care home, group care facility or staffed residential home; ▪ Each child in foster care provider is assessed annually or as their need change utilizing the Foster Care Assessment tool, to determine payment for specialized support of the child; ▪ Each child in group care is assessed with a group care packet and placement is accessed through CA regional placement desks; ▪ Formal proposal for care in a Staffed Residential Home is

completed using standardized forms (accessed on line) and approved regionally and at HQ; proposal approved and sent to contracts for execution;

- Each contract requires the provider to have an appropriate license, approved background check and insurance. The renewal of the contract is linked to a current and valid license;
- Contracts are monitored as a part of a VPP Contract Compliance Plan, implemented regionally;
- Each youth/child in the identified licensed settings is visited by a DDD social worker every 90 days; results included in DDD Regional Quarterly Reviews; information on visits can be linked back to DLR regional licenser if appropriate and necessary;
- DDD QA team member assigned to meet with VPS supervisors on quarterly basis to follow up on outstanding findings as a result of the most recent Quality Assurance Review;
- Court oversight, initially within 180 days of placement, and then annually thereafter to confirm that the out-of-home placement is and continues to be in the best interest of the child.

Partnerships

- DDD has a formal Intra-Agency Agreement (revised 2002) with Children's Administration. The Agreement outlines and identifies the activities and responsibilities of each division and subsequent actions under specific conditions;
- DDD has an informal partnership with Juvenile Rehabilitation Administration (JRA) and the Mental Health Division;
- DDD has formal partnerships with Office of Superintendent of Public Instruction;
- The Department also solicits input from other stakeholders. These stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers.

Fact Sheet References

Outstanding Issues

The most significant issues facing VPS:

- In late fall, 2001, a cap was placed in VPS;
 - No new children who meet the criteria outlined in the WAC have been able to enter VPS since 2003;
 - Youth who graduate from school or their placement disrupts, or who turn 21 years of age, must leave the service and their support dollars follow them to fund their adult placement;
 - Children's Administration does not have statutory authority to place these children. Since 2003, DDD has entered into a "cost-share" agreement with Children's Administration when children are in critical or life-threatening circumstances. DDD places the children under RCW 74.13 and shares the cost of the placement with CA since there is no budget for these placements;
 - There is a need for trained behavioral consultants for children with significant behavioral challenges.
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Residential Habilitation Centers

Services	<p>Residential Habilitation Centers (RHC) are residential settings that provide habilitation training, 24-hour supervision, and medical/nursing services for eligible clients. Persons eligible for Division of Developmental Disabilities services must meet Medicaid eligibility and need either the active treatment services provided in an Intermediate Care Facility for the Mentally Retarded (ICFMR) facility or the nursing level of care provided in a nursing facility.</p> <p>RHCs also provide short-term stay (STS) services for eligible persons from the community. STS are either emergent or planned and are accessed through the DDD Regional Offices statewide.</p>
Client Profile	<p>Recipients of RHC services are DDD eligible individuals assessed to be in need of 24-hour support in a structured residential facility.</p>
Funding Sources	<p>Title XIX Medicaid, 50% match</p>
FY07 Costs and Cases	<ul style="list-style-type: none">▪ <i>Total expenditures = \$171,712,982</i>▪ <i>Average monthly cost per client = \$14,359</i>▪ <i>Average monthly clients = 996</i>
Oct 07 Costs and Cases	<ul style="list-style-type: none">▪ <i>Average cost per client = \$15,080</i>▪ <i>Number of clients = 999</i>
Eligibility	<p>Meet Medicaid and DDD eligibility and need active treatment or nursing level of care as defined in CFR.</p>
Providers and Rates	<ul style="list-style-type: none">▪ Five facilities with 55 to 391 clients per facility▪ Average monthly cost per client = \$15,080 (Oct 07)
Legal Authorization	<ul style="list-style-type: none">▪ RCW 71A.20▪ CFR 440.150 and 440.155
Quality Oversight	<ul style="list-style-type: none">▪ Center for Medicare and Medicaid Services (CMS) delegates to ADSA Residential Care Services that certifies annually and investigates incident reports and complaints.▪ The Department conducts complaint investigation activities.
Partnerships	<p>The Department solicits input from the stakeholders to update program requirements. These stakeholders include individuals receiving services, parents, advocacy organizations, and affected unions (WFSE, 1199), as well as county employment service providers.</p>
Fact Sheet References	<ul style="list-style-type: none">▪ Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings and Programs▪ Residential Habilitation Centers
Outstanding Issues	<p>Continued Certification and Olmstead implementation</p>

Home and Community Based Waiver Programs

Waiver Overview

The Division of Developmental Disabilities (DDD) has renewed its four Medicaid Home and Community Based Services (HCBS) waivers effective April 1, 2007. The four waivers - Basic, Basic Plus, Core, and Community Protection provide an array of services.

Waiver services provide additional support when Medicaid state plan services and other supports are not sufficient. For more information about the waiver program, contact your Case Resource Manager, Social Worker, or regional DDD office.

Home and Community Based Services (HCBS) Waivers

HCBS Waivers are designed to allow the provision of ICFMR (institutional) level services to clients in community settings. DDD offers services under 4 Medicaid HCBS waivers:

- Basic Waiver;
 - Basic Plus Waiver;
 - Core Waiver; and
 - Community Protection Waiver.
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Basic Waiver

Services

Home and Community Based Services waivers are designed to allow the provision of Intermediate Care Facility for the Mentally Retarded (ICFMR) level services to people in community settings. There are limitations to services in this waiver. Basic waiver services include:

- Behavior management and consultation
- Community guide
- Environmental accessibility adaptations
- Specialized medical equipment/supplies
- Occupational therapy
- Specialized psychiatric services
- Physical therapy
- Speech, hearing and language services
- Staff/family consultation and training
- Transportation

(\$1,454 per year on any combination of above services)

- Person to person
- Supported employment
- Community access
- Pre-vocational services

(May not exceed \$6,737 per year for the four services above.)

- Mental health stabilization services. Limits determined by Mental Health or Division of Developmental Disabilities:
 - Behavior management and consultation
 - Mental health crisis diversion bed services
 - Specialized psychiatric services
 - Skilled nursing
-

	<ul style="list-style-type: none"> ▪ Respite care. Limits determined by the DDD assessment. ▪ Personal care. Limits determined by the CARE tool as part of the DDD assessment. ▪ Emergency Assistance. \$6,000 per year; pre-authorization required.
Client Profile	The individuals on this waiver live with family or in their own homes. They meet ICFMR level of care guidelines, but have a strong natural support system. The family/caregiver's ability to continue caring for the individual is at risk, but their care can be continued with the addition of services. The individual does not need out-of-home residential services.
Funding Sources	<ul style="list-style-type: none"> ▪ General Fund, State ▪ General Fund, Federal (Title XIX-Medicaid)
FY07 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures = \$46,837,589 ▪ Average monthly cost per client = \$1,323 ▪ Average monthly clients = 2,950
Oct 07 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client = \$1,273 ▪ Number of clients = 2,735
Eligibility	<ul style="list-style-type: none"> ▪ The individual is a client of the Division of Developmental Disabilities; ▪ The individual has a disability according to criteria established in the Social Security Act; ▪ The individual's gross income does not exceed 300% of the SSI benefit amount, and the individual's resources do not exceed \$2,000 or the individual is enrolled in the Healthcare for Workers with Disabilities (HWD) Medicaid program. Parental income is not considered for children; ▪ The individual needs the level of care provided in an (ICFMR); ▪ An Individual Support Plan (ISP) which shows how the individual's health, safety and habilitation needs will be met in the community has been prepared; and ▪ The individual has agreed to accept home and community-based services as an alternative to institutional services.
Providers and Rates	Waiver services are provided by many different providers whose rates are dependent on the service offered.
Legal Authorization	RCW 71A.12.120.
Quality Oversight	<ul style="list-style-type: none"> ▪ DDD developed Centers for Medicare and Medicaid Services (CMS) approved Quality Assurance (QA) plan utilizing the CMS QA protocols for HCBS waivers. In addition DDD utilizes Quality Compliance team members and Regional Management to complete periodic file reviews. ▪ The Department conducts complaint investigation activities. ▪ The Department participates in National Core Indicators, which enables DDD to track system performance and outcomes on a consistent annual basis.
Partnerships	The Department solicits input from stakeholders to update program requirements. Stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers.

Fact Sheet References	DDD Waiver Plan
Outstanding Issues	The Department must ensure that the health and welfare needs of waiver participants are met and cannot deny services available to waiver participants under their assigned waiver due to lack of funding; therefore, monitoring waiver expenditures is an issue.

Basic Plus Waiver

Services	<p>Home and Community Based Services waivers are designed to allow the provision of Intermediate Care Facility for the Mentally Retarded (ICFMR) level services to people in community settings. There are limitations to services in this waiver. Basic Plus waiver services include:</p> <ul style="list-style-type: none"> ▪ Behavior management and consultation ▪ Community guide ▪ Environmental accessibility adaptations ▪ Specialized medical equipment/supplies ▪ Skilled nursing ▪ Occupational therapy ▪ Specialized psychiatric services ▪ Physical therapy ▪ Speech, hearing and language services ▪ Staff/family consultation and training ▪ Transportation. <p><i>(\$6,192 per year on any combination of the above services.)</i></p> <ul style="list-style-type: none"> ▪ Person to person ▪ Supported employment ▪ Community access ▪ Pre-vocational services <p><i>(May not exceed \$9,846 per year for the four services above. In some situations, this limit may be increased to a maximum of \$19,691 based on assessed client need and only with prior authorization.)</i></p> <ul style="list-style-type: none"> ▪ Mental health stabilization services. Limits determined by Mental Health or Division of Developmental Disabilities: <ul style="list-style-type: none"> ▪ Behavior management and consultation ▪ Mental health crisis diversion bed services ▪ Specialized psychiatric services ▪ Respite care. Limits determined by the DDD assessment. ▪ Personal care. Limits determined by the CARE tool as a part of the DDD assessment. ▪ Adult Foster Care (Adult Family Home). Determined per Department rate structure in CARE. ▪ Adult Residential Care (Boarding Home). Determined per Department rate structure in CARE. ▪ Emergency Assistance. \$6,000 per year; pre-authorization required.
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Client Profile	<ul style="list-style-type: none"> ▪ The individuals on this waiver live with family or in another setting with assistance. ▪ Individuals may live in an adult family home or adult residential care facility. ▪ They meet ICFMR guidelines and are at high risk of out-of-home placement or loss of current living situation. ▪ Individuals in this waiver require a higher level of services than those in the Basic Waiver and/or nursing services.
Funding Sources	<ul style="list-style-type: none"> ▪ General Fund, State ▪ General Fund, Federal (Title XIX-Medicaid)
FY07 Costs and Cases	<ul style="list-style-type: none"> ▪ Total expenditures = \$44,962,697 ▪ Average monthly cost per client = \$1,815 ▪ Average monthly clients = 2,064
Oct 07 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client = \$1,689 ▪ Number of clients = 2,030
Eligibility	<ul style="list-style-type: none"> ▪ The individual is a client of DDD; ▪ The individual has a disability according to criteria established in the Social Security Act; ▪ The individual's gross income does not exceed 300% of the SSI benefit amount, and the individual's resources do not exceed \$2,000 or the individual is enrolled in the Healthcare for Workers with Disabilities (HWD) Medicaid program. Parental income is not considered for children; ▪ The individual needs the level of care provided in an Intermediate Care Facility for the Mentally Retarded (ICFMR); ▪ An Individual Support Plan (ISP) which shows how the individual's health, safety and habilitation needs will be met in the community has been prepared; and ▪ The individual has agreed to accept home and community-based services as an alternative to institutional services.
Providers and Rates	Waiver services are provided by many different providers whose rates are dependent upon the service offered.
Legal Authorization	RCW 71A.12.120
Quality Oversight	<ul style="list-style-type: none"> ▪ DDD developed a Centers for Medicare and Medicaid Services (CMS) approved Quality Assurance (QA) plan utilizing the CMS QA protocols for HCBS waivers. In addition, DDD utilizes Quality Compliance team members and Regional Management to complete periodic file reviews. ▪ The Department conducts complaint investigation activities. ▪ The Department participates in National Core Indicators, which enables DDD to track system performance and outcomes on a consistent annual basis.
Partnerships	The Department solicits input from stakeholders to update program requirements. These stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers.

Fact Sheet References	DDD Waiver Plan
Outstanding Issues	The Department must ensure that the health and welfare needs of waiver participants are met and cannot deny services available to waiver participants under their assigned waiver due to lack of funding; therefore, monitoring waiver expenditures is an issue.

Core Waiver

Services	<p>Home and Community Based Services (HCBS) waivers are designed to allow the provision of Intermediate Care Facility for the Mentally Retarded (ICFMR) level services to people in community settings. The Core waiver is limited to the average cost of an ICFMR for any combination of services necessary to meet assessed client need. Core waiver services include:</p> <ul style="list-style-type: none"> ▪ Behavior management and consultation ▪ Residential habilitation ▪ Community guide ▪ Environmental accessibility adaptations ▪ Specialized medical equipment/supplies ▪ Skilled nursing ▪ Occupational therapy ▪ Specialized psychiatric services ▪ Physical therapy ▪ Speech, hearing and language services ▪ Staff/family consultation and training ▪ Transportation ▪ Person to person ▪ Supported employment ▪ Community access ▪ Pre-vocational services ▪ Respite care – limits determined by the DDD assessment ▪ Personal care – limits determined by the CARE tool as a part of the DDD assessment <p>Mental health stabilization services:</p> <ul style="list-style-type: none"> ▪ Behavior management and consultation ▪ Mental health crisis diversion bed services ▪ Specialized psychiatric services ▪ Skilled nursing
Client Profile	The individuals on this waiver require residential habilitation services or live at home, but are at immediate risk of out-of-home placement.
Funding Sources	<ul style="list-style-type: none"> ▪ GF-S; ▪ GF-F (Title XIX-Medicaid)
FY07 Costs and	<ul style="list-style-type: none"> ▪ <i>Total expenditures = \$257,786,053</i>

Cases	<ul style="list-style-type: none"> ▪ <i>Average monthly cost per client = \$5,345</i> ▪ <i>Average monthly clients = 4,019</i>
Oct 07 Costs and Cases	<ul style="list-style-type: none"> ▪ Average cost per client = \$5,403 ▪ Number of clients = 3,964
Eligibility	<ul style="list-style-type: none"> ▪ The individual is a client of DDD; ▪ The individual has a disability according to criteria established in the Social Security Act; ▪ The individual's gross income does not exceed 300% of the SSI benefit amount, and the individual's resources do not exceed \$2,000 or the individual is enrolled in the Healthcare for Workers with Disabilities (HWD) Medicaid program. Parental income is not considered for children; ▪ The individual needs the level of care provided in an ICFMR; ▪ An Individual Support Plan (ISP) which shows how the individual's health, safety and habilitation needs will be met in the community has been prepared; and ▪ The individual has agreed to accept home and community-based services as an alternative to institutional services.
Providers and Rates	Waiver services are provided by many different providers whose rates are dependent upon the service offered.
Legal Authorization	RCW 71A.12.120
Quality Oversight	<ul style="list-style-type: none"> ▪ DDD developed a Centers for Medicare and Medicaid Services (CMS) approved Quality Assurance (QA) plan utilizing the CMS QA protocols for HCBS waivers. In addition, DDD utilizes Quality Compliance team members and Regional Management to complete periodic file reviews. ▪ The Department conducts complaint investigation activities. ▪ The Department participates in National Core Indicators, which enables DDD to track system performance and outcomes on a consistent annual basis.
Partnerships	The Department solicits input from stakeholders to update program requirements. These stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers.
Fact Sheet References	DDD Waiver Plan
Outstanding Issues	The Department must ensure that the health and welfare needs of waiver participants are met and cannot deny services available to waiver participants under their assigned waiver due to lack of funding; therefore, monitoring waiver expenditures is an issue.

Community Protection Waiver

Services	<p>Home and Community Based Services (HCBS) waivers are designed to allow the provision of Intermediate Care Facility for the Mentally Retarded (ICFMR) level services to people in community settings. The Community Protection waiver is limited to the average cost of an ICFMR for any combination of services necessary to meet assessed client need. Residential services are provided only by Division of Developmental Disabilities Community Protection Certified Supported Living Providers. Client must be at least 18 years old and agree to a Community Protection Individual Support Plan (ISP). Services include:</p> <ul style="list-style-type: none">▪ Behavior management and consultation▪ Residential habilitation▪ Environmental accessibility adaptations▪ Specialized medical equipment/supplies▪ Skilled nursing▪ Occupational therapy▪ Specialized psychiatric services▪ Physical therapy▪ Speech, hearing and language services▪ Staff/family consultation and training▪ Transportation▪ Person to person▪ Supported employment▪ Pre-vocational services▪ Mental health diversion services:<ul style="list-style-type: none">▪ Behavior management and consultation▪ Crisis respite care▪ Specialized psychiatric services▪ Skilled nursing
Client Profile	<p>Individuals on this waiver meet the criteria for ICFMR level of care, and:</p> <ul style="list-style-type: none">▪ Live or are moving into the community; and▪ Require 24-hour, on-site, staff supervision to ensure the safety of others; and▪ Require therapies and/or other habilitation services; and▪ Meet the DDD criteria for "community protection."
Funding Sources	<ul style="list-style-type: none">▪ General Fund, State▪ General Fund, Federal (Title XIX-Medicaid)
FY07 Costs and Cases	<ul style="list-style-type: none">▪ <i>Total expenditures = \$46,079,760</i>▪ Average monthly cost per client = \$9,018▪ Average monthly clients = 426
Oct 07 Costs and Cases	<ul style="list-style-type: none">▪ Average cost per client = \$9,189▪ Number of clients = 432
Eligibility	<ul style="list-style-type: none">▪ The individual is a client of DDD;▪ The individual has a disability according to criteria established in the Social Security Act;

	<ul style="list-style-type: none"> ▪ The individual's gross income does not exceed 300% of the SSI benefit amount, and the individual's resources do not exceed \$2,000 or the individual is enrolled in the Healthcare for Workers with Disabilities (HWD) Medicaid program; ▪ The individual needs the level of care provided in an ICFMR; ▪ An Individual Support Plan (ISP) which shows how the individual's health, safety and habilitation needs will be met in the community has been prepared; and ▪ The individual has agreed to accept home and community-based services as an alternative to institutional services.
Providers and Rates	Waiver services are provided by many different providers whose rates are dependent upon the service offered. Residential providers must be Community Protection Certified Supported Living providers.
Legal Authorization	RCW 71A.12.120
Quality Oversight	<ul style="list-style-type: none"> ▪ DDD developed a Centers for Medicare and Medicaid Services (CMS) approved Quality Assurance (QA) plan utilizing the CMS QA protocols for HCBS waivers. In addition, DDD utilizes Quality Compliance team members and Regional Management to complete periodic file reviews. ▪ The Department conducts complaint investigation activities. ▪ The Department participates in National Core Indicators, which enables DDD to track system performance and outcomes on a consistent annual basis.
Partnerships	The Department solicits input from stakeholders to update program requirements. These stakeholders include individuals receiving services, parents, advocacy organizations, county and service providers.
Fact Sheet References	<ul style="list-style-type: none"> ▪ Community Protection Program ▪ Certified Community Residential Services and Support ▪ DDD Waiver Plan ▪ Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings & Programs
Outstanding Issues	The Department cannot deny services to people on the waiver due to lack of funding; therefore, monitoring waiver expenditures is an issue.

Private Duty Nursing

Services	Private Duty Nursing is a medically intensive alternative to hospital or nursing facility care for clients 18 years of age and older who have complex medical conditions with skilled nursing care needs that cannot be managed within the scope of intermittent home health and other available services and resources.
Client Profile	<ul style="list-style-type: none"> ▪ Ages 18 to 71; ▪ Primarily used for younger severely disabled clients;

	<ul style="list-style-type: none"> ▪ Services can be provided in the client's home or an RN owned and operated adult family home with a contract addendum.
Funding Sources	<ul style="list-style-type: none"> ▪ State Plan service ▪ Title XIX funded, with state funding provided by the Legislature
FY07 Costs and Cases	<ul style="list-style-type: none"> ▪ <i>Total expenditures = \$10,576,474</i> ▪ Average monthly cost per client = \$12,282.21 ▪ Average monthly clients = 72
Oct 07 Cost and Cases	<ul style="list-style-type: none"> ▪ Average cost per client = \$14,311.60 ▪ Number of clients = 65
Eligibility	<ul style="list-style-type: none"> ▪ Categorically Needy, Medically Needy, or Medical Care Services, 18 years of age or older; ▪ Medically intensive alternative to hospital or nursing facility care; ▪ Complex medical conditions with skilled care needs that cannot be met through intermittent home health or other services such as self-directed care and nurse delegation; ▪ Require at least four continuous hours of skilled nursing care up to 16 hours for clients in their own home or eight in an RN-owned adult family home. Determination is made through the CARE assessment, the skilled task log, and other documentation necessary to determine eligibility and hours; ▪ Must be technology dependent – on a ventilator, have a tracheostomy and require sterile suctioning, require intravenous/parenteral administration of multiple medications, or intravenous/parenteral administration of nutritional substances; ▪ Require skilled nursing services that are medically necessary; ▪ Require family or other support to provide part of the care in-home; ▪ A program of last resort, not intended to replace informal supports or other available services or programs; ▪ Clients may be eligible to receive personal care through COPES, MPC, MNIW, and MNRW.
Providers and Rates	<ul style="list-style-type: none"> ▪ Client's own home or RN-owned adult family home ▪ Rates: RN \$34.94/hour; LPN \$26.96/hour (holiday add-on: RN \$12.23 per hour; LPN \$9.41 per hour)
Legal Authorization	<ul style="list-style-type: none"> ▪ State Plan Optional Service ▪ WAC 388-106-1000 through WAC 388-106-1055
Quality Oversight	<ul style="list-style-type: none"> ▪ Eligibility and case management by Home and Community Services and the Division of Developmental Disabilities ▪ Program audits and monitoring by ADSA Headquarters; quality assurance at headquarters; RCS compliance in adult family homes
Partnerships	<ul style="list-style-type: none"> ▪ Division of Developmental Disabilities of ADSA ▪ Residential Care Services of ADSA
Fact Sheet References	N/A
Outstanding Issues	Increasing number of clients and maintaining costs within budget allocation.

Medically Intensive Home Care Program

Services	The Medically Intensive Home Care Program (MIHCP) provides in-home private duty nursing services and medical equipment to children who have medically intensive needs.
Client Profile	The child must be age 17 or younger and have complex medical needs (e.g., ventilator dependent, tracheotomy care) that require continuous skilled care and can be provided safely in the home.
Funding Sources	State plan Medicaid requiring prior authorization
FY07 Costs and Cases	<i>Data not available</i>
Oct 07 Costs and Cases	<ul style="list-style-type: none">▪ Average cost per client = \$10,500▪ Number of clients = 220
Eligibility	Present Medical card with one of the following identifiers: <ul style="list-style-type: none">▪ Categorically Needy Program (CNP)▪ CNP-Children's Health Insurance Program▪ Limited Casualty Program-Medically Needy Program
Providers and Rates	<ul style="list-style-type: none">▪ Licensed Home Health Agencies▪ Rates: RN \$35.32 per hour; LPN \$27.24 per hour
Legal Authorization	WAC 388-551-3000
Quality Oversight	<ul style="list-style-type: none">▪ DDD Case Resource Manager and Nursing Care Consultant;▪ Health and Recovery Services Administration, Division of Medical Management - Health Care Improvement & Measurement Section
Partnerships	<ul style="list-style-type: none">▪ Medical Assistance Administration▪ Clients▪ Families/guardians▪ Community nurses▪ Schools
Fact Sheet References	
Outstanding Issues	Provider One Phase One Implementation.



ENSURING QUALITY SYSTEMS

Case Resource Managers and Social Workers

The DDD Case Resource Manager and Social Worker is the First Line of Quality Assurance for Participants.

DDD Case Resource Managers (CRMs) and Social Workers (SWs) manage caseloads of varying size in Washington State depending upon the services provided. The typical Waiver CRM currently manages a caseload of 75. Case management is provided to all individuals enrolled with DDD.

The CRM or SW is the primary contact for individuals enrolled within DDD. She/he performs assessments, develops, implements and monitors Individual Support Plans; works with contracted providers; and authorizes payment for service. As the first line of contact for clients and families CRMs and SWs must understand state and federal regulations governing the programs and services for which they authorize payment. Additionally, they provide information about, and make referrals to, other community, state and federal programs available to people with developmental disabilities in Washington State.

- The DDD CRM provides the primary oversight and monitoring of the Individual Support Plan (ISP).

In 2007, the caseloads for DDD were distributed in the following manner:

- Waiver caseload – 1 Case Resource Manager (CRM) to 75 clients
- MPC or state only caseload – 1 CRM to 105 clients
- No Paid Services caseload – 1 CRM to 500 clients
- Voluntary Placement Services caseload – 1 SW to 35 clients
- Mental Health Crisis caseload – 1 CRM to 30 clients

Case Resource Managers and Social Workers assist individuals and their families to

- Identify interests and support needs; and
- Access DDD services and/or other community resources for which they are eligible and have a need.

DDD ASSESSMENT

The DDD Assessment

The new DDD Assessment is a comprehensive, computerized assessment. It evaluates the specific, individual support needs of both children and adults with developmental disabilities who live in the community.

It provides information to develop service plans when resources are available.

Why was it developed?

A legislative committee audited DDD and identified the need for an assessment process that would:

- Be consistent
- Be fair
- Be equitable
- Use an existing system
- Clarify policies and standardize practices

How will it help a Person with Developmental Disabilities?

The DDD Assessment evaluates:

- The supports needed to perform personal care tasks and to participate in the activities of daily living as fully as possible.
- The person's support needs for employment, behavior interventions, medical help and caregiver needs.

Who has helped create The DDD Assessment?

DDD has worked with many different groups to develop this new assessment:

- Individuals with developmental disabilities
- Parents
- Advocates
- Service Providers
- DDD Staff in the regions
- National Authorities

What are its Benefits?

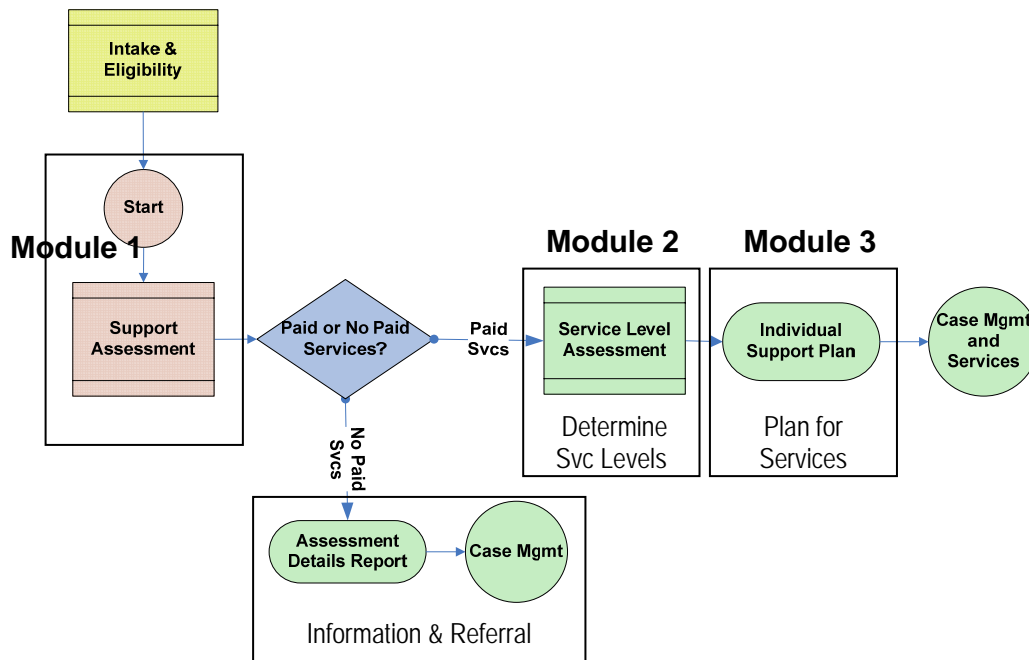
1. Designed for people with developmental disabilities
2. Asks the same information about all people who are enrolled in DDD

3. Creates common data about all of DDD clients for use with the legislature
4. Will be completed annually to maintain current information
5. Creates an integrated, consistent assessment tool

There are 3 Parts of the Assessment

Part (Module)	Who Gets it?
Support Assessment (Module 1)	Everyone
Service Level Assessment (Module 2)	People receiving paid services
Individual Support Plan (Module 3)	People receiving paid services

The DDD Assessment Process



Module 1: The Support Assessment

- Contains the Supports Intensity Scale (SIS) Assessment for people age 16+
- Contains the current Children’s Support Needs Assessment for children under age 16
- Has additional questions about Exceptional Medical and Behavior Supports, and Family Caregiver Needs

The assessment ends here if the person does not receive any paid services.

Module 2: Service Level Assessment

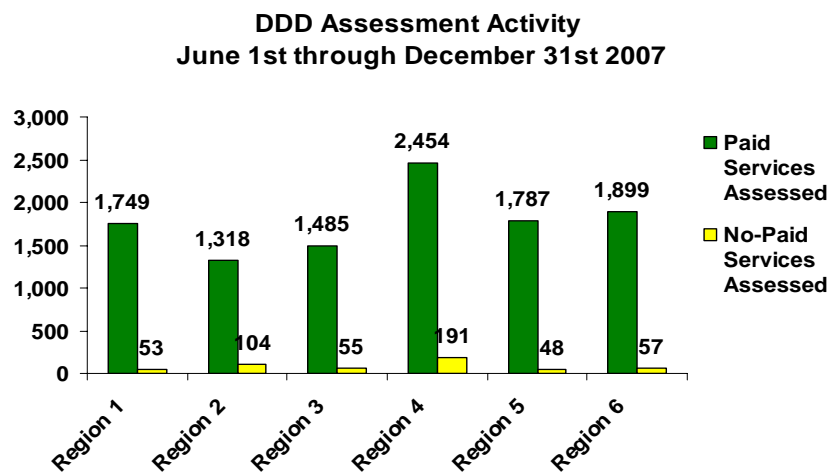
- Used to determine the service levels and number of hours for personal care (using the CARE system)
- Collects seizure and allergy information
- Identifies employment support levels for individuals receiving county services
- Asks additional questions, depending on which services the person is considered for

Module 3: Individual Support Plan

- Creates a written plan
- Authorizes the DDD paid services that a person is approved to receive
- Documents referral information
- Identifies health and welfare needs
- Identifies service providers and describes DDD's expectations of them

Our Performance: June 1, 2007 through December 31, 2007

DDD Assessment Activity	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Totals
Clients with Paid Services Assessed	1,749	1,318	1,485	2,454	1,787	1,899	10,692
Clients with No-Paid Services Assessed	53	104	55	191	48	57	508
Total	1,802	1,422	1,540	2,645	1,835	1,957	11,200



INCIDENT REPORTING SYSTEM

Between 4,000 and 6,000 alleged incidents of concern are managed through an electronic incident reporting system each year. Field services staff use the system to send critical incidents to supervisors, resource managers and to Central Office.

The DDD Central Office Incident Report Review Team meets monthly and represents a broad range of expertise. The team reviews and analyzes data pulled from the Incident Reporting Database with the goal of identifying the cause and ensuring appropriate follow-up.

The IR Team reviews seven key indicators from RHCs, Regions and Community programs: they are overall monthly counts of physical abuse, sexual abuse, mental abuse, financial exploitation, neglect, staff to client incidents, and client to client incidents as well as evaluations of high profile single incidents.



Front row: Left to right

Shaw Seaman	– Companion Home / Alternative Living Program Manager
Saif Hakim	– Residential Services Program Manager
Dave Langenes	– Waiver Requirements Program Manager
Branda Matson	– County Services Program Manager
Katherine McKinney	– Management Analyst

Second row: Left to right

Marci Arthur	– Mental Health Program Manager
Shirley Everard	– Community Protection Program Manager
Janet Adams	– Quality Programs and Services (QPS) Office Chief
Charlotte McDowell	– Performance and Quality Improvement Program Manager
Harlan Solomon	– Residential Habilitation Center Program Manager
Jeannie Johnson	– Incident Reporting Program Manager

Missing:

Dave Davis	– Special Investigation Unit
Shannon Manion	– Compliance and Monitoring Office Chief

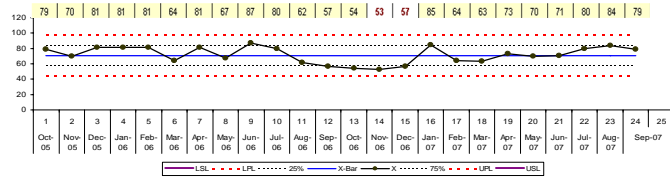
Reports are produced from data extracted from DDD's electronic IR system. Examples of tracking are provided on the right.

Outside investigation from Adult Protective Services (APS) and Residential Care Services (RCS) substantiate only a small number of these incidents as meeting the RCW definition of abuse or neglect.

DDD tracks trends and patterns as well as individual incidents of special concerns. Action is taken as needed and tracked by the IR Review Committee.

The information is shared with the DDD Full Management Team for further action.

Health and Safety | Division of Developmental Disabilities | Quality Assurance
Divisional Report – Alleged Physical Abuse

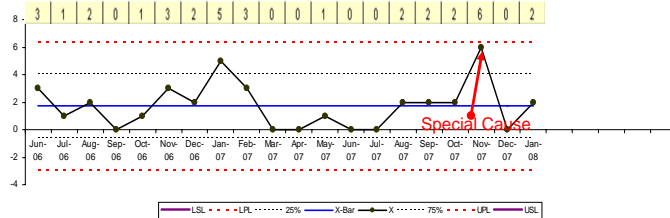


Situation: The data starts with October 2005 and continues through September 2007.

Control Charts are used to analyze trends in the data.

DATA NOTES: SOURCE: Incident Database- All DDD Central Office reports and DDD aware - Summary Reports
 Charlotte McDowell 10-1-07

Health and Safety | Division of Developmental Disabilities | Quality Assurance
Region 1 - Financial Exploitation – Alleged Incidents Reported to Central Office



Situation: The data begins with the month of June 2006 and ends with January 2008.

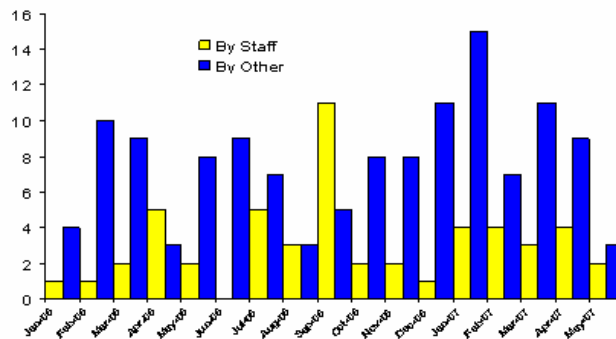
Analysis: The process is not stable and in November "hit" the Upper Process Limit of 6. 2 cases were inappropriately identified as financial exploitation (1 captured under sexual abuse, 1 self neglect). 4 involved the same staff person at a SL agency.

Action: APS still investigating those appropriately marked. Other still waiting for RCS, law enforcement outcome.

ACTIONS	WHO	TARGET DATE
Investigate November 07.	Kim Abe-Gunter	March 7 - 08 - Completed

DATA NOTES: SOURCE: Incident Database- All DDD Central Office reports and DDD aware - Regional Summary Reports
 Charlotte McDowell 2-08

Alleged Financial Exploitation (All Settings)



MORTALITY REVIEWS

Mortality Review Committee:
Janet Adams,
Jeannie Johnson, Chris Coleman, Dave Davis, Harlan Solomon, Marci Arthur, Saif Hakim, Doris Barret, and Shaw Seaman.

Mortality reviews are conducted for deaths that occur at DDD's state facilities known as Residential Habilitation Centers (RHC) as well as for deaths of clients receiving community based residential services. As indicated in the chart, the death rates in facilities and community based programs are similar.

* AFH=Adult Family Home, GH=Group Home, SL=Supportive Living,

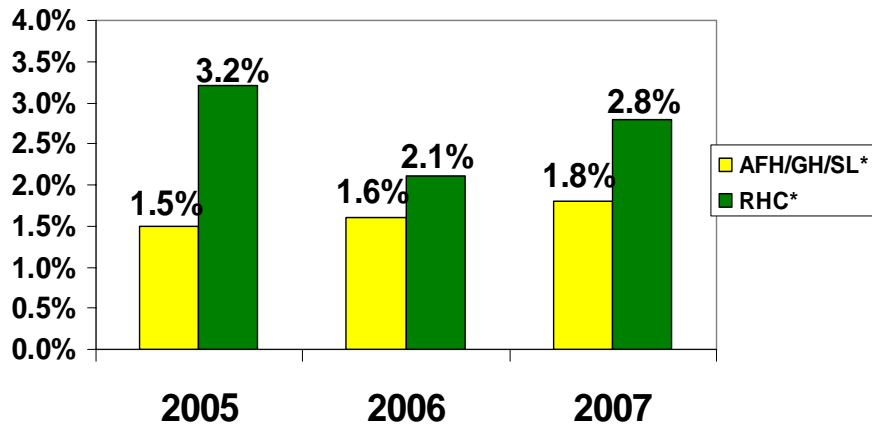
* RHC=Residential Habilitation Centers

Death Comparison between RHCs and AFH/SL/GH

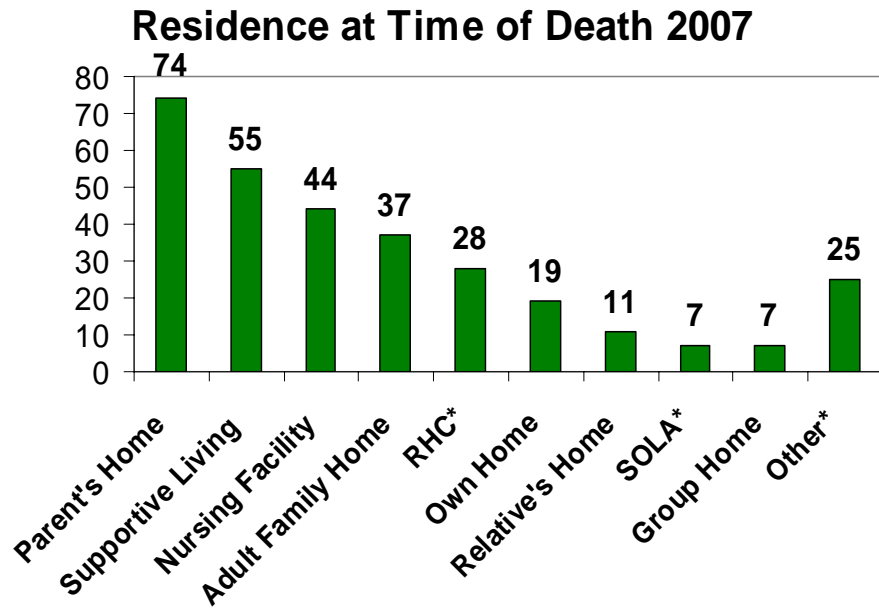
2005 DEATHS		2006 DEATHS		2007 DEATHS	
AFH	25	AFH	32	AFH	37
SL	54	SL	49	SL	55
GH	3	GH	4	GH	7
TOTAL	82	TOTAL	85	TOTAL	99
RHC	32	RHC	21	RHC	28
POPULATION		POPULATION		POPULATION	
AFH	1599	AFH	1632	AFH	1681
GH	296	GH	296	GH	296
SL	3358	SL	3375	SL	3393
	5253		5303		5370
RHC	992	RHC	992	RHC	994

	PERCENTAGE		PERCENTAGE		PERCENTAGE	
	AFH/GH/SL		AFH/GH/SL		AFH/GH/SL	
	RHC		RHC		RHC	
	2005	2006	2006	2007	2007	2007
AFH/GH/SL*	1.5%	1.6%	1.6%	1.8%	1.8%	1.8%
RHC*	3.2%	2.1%	2.1%	2.8%	2.8%	2.8%

Number of Adult Deaths Reported / Number of Clients Enrolled



*Other = Medical
Hospital
Community
ICFMR
Child Foster
Home/Group
Care
Child Licensed
Staff Residential
Adult Residential
Care
Unknown



* RHC =
Residential
Habilitation
Center

* SOLA = State
Operated Living
Alternatives

DDD conducts a systematic review of the deaths of individuals served by residential programs funded or authorized by the Division of Developmental Disabilities (DDD).

For community deaths the mortality review process includes a report from the provider, a report from the Regional Quality Assurance staff, signatures from the case manager and regional administrator and a final review by a multidisciplinary committee at Central Office.

Mortality reviews conducted at the state's five Residential Habilitation Centers (RHCs) involve a medical doctor and must adhere to institutional regulations. Once complete, RHC reviews are sent to the Central Office Mortality Review Committee.

System issues or other areas of concern are shared with the Full Management Team (FMT) at quarterly management meetings.

Division of Developmental Disabilities

LEADING CAUSES OF DEATH IN 2006

RANK	WA DDD*	WA STATE**	USA***
1	HEART DISEASE	CANCER	HEART DISEASE
2	DISEASES OF NERVOUS SYSTEM	HEART DISEASE	CANCER
3	CHRONIC LOWER RESPIRATORY DISEASES	STROKE	STROKE
4	CANCER	CHRONIC LOWER RESPIRATORY DISEASES	CHRONIC LOWER RESPIRATORY DISEASES

Data Sources:

*CCDB/IR DB, /DOH Data 2006

**DOH Data 2006

***CDC Preliminary Data for 2006

The major causes of death in 2006 (the last year comparison data is available) for persons with developmental disabilities and the general population of WA and the United States are shown above.

In 2006, the leading cause of death for persons with developmental disabilities was heart disease. In the general population heart disease and cancer are the number one and two killers. This is important information for people providing support.

DDD SPECIAL INVESTIGATIONS UNIT (SIU)

PURPOSE:

The Special Investigation Unit (SIU) was created by the Division of Developmental Disabilities (DDD) to provide independent investigations of the most serious classifications of incidents occurring at the five (5) Residential Habilitation Centers (RHC). The unit will also maintain an incident tracking and data analysis system.

SIU STAFF

The independent investigation unit is comprised of eight investigators who are supervised and directed by a Program Manager. The manager is located in the DDD Central Office. The investigators themselves will be located in the DDD Regional Offices in Regions 1 (two staff), Region 2 (one staff), Region 4 (two staff) and Region 5 (three staff).

INCIDENT CLASSIFICATION:

Incidents occurring in RHCs that require investigation are classified into two investigative categories.

Category I Incidents (investigated by the SIU only)

- Suspicious or unusual death (including suicides)
- (Allegation of) Physical or mental abuse
- (Allegation of) Neglect
- (Allegation of) Financial exploitation
- (Allegation of) Sexual assault or exploitation of a client
- Medication errors causing injury/harm as assessed by a medical or nursing professional
- Reported patterns of medication errors
- Physical intervention or restraint resulting in injury requiring treatment beyond first aid
- Suicide attempt
- Client to client altercation(s) when there is suspected staff or facility neglect

Category II Incidents (may be investigated by RHC designated staff or SIU)

- Death (other than suspicious or unusual)
- Client who leaves the grounds of the RHC without needed support or supervision
- Physical intervention or restraint resulting in injury to the client requiring minor first aid
- Vehicular accident with client injury when operated by state employee
- Client to client altercation(s) when there is reasonable cause to believe abusive treatment resulting in physical or psychological harm has occurred.

Note: When facility/staff neglect is suspected, refer to the SIU

PROCESS:

RHCs will refer critical incidents, including all Category I Incident types, to the SIU for investigation. All investigations will be conducted in a timely and thorough manner consistent with state and federal law. Investigators will complete an investigation within the five (5) day time period. A Quality Assurance system will be used involving the review of all investigation reports to ensure they are timely and thorough; a thirty day follow-up review of the status of corrective actions; and a system to track trends and

patterns. The SIU will cooperate with all other mandated investigative entities (Residential Care Services, Washington State Patrol and local law-enforcement) in assisting those entities to perform their investigative processes.

REPORTING ABUSE AND NEGLECT

For any life-threatening situation, first call 911

- 1-866-EndHarm can be used to report any abuse or neglect in Washington State.
- For physical or sexual abuse *you must also call law enforcement.*

Residential Care Services investigates allegations of abuse, neglect, abandonment, and financial exploitation against vulnerable adults in licensed facilities and community based certified residential programs.

Report Suspected or Alleged Abuse & Neglect occurring in residential facilities or community based residential programs to:

Residential Care Service's Complaint Resolution Unit (CRU)

Statewide Number: **1-800-562-6078**

Adult Protective Services (APS) investigates allegations of abuse, neglect, abandonment, and financial exploitation against vulnerable adults **who live in their own homes**, not in residential facilities or community based certified residential programs.

Report Suspected or Alleged Abuse & Neglect occurring outside of residential facilities or community based residential programs to:

Adult Protective Services (APS)

Region 1: 1-800-459-0421 Region 2: 1-877-389-3013

Region 3: 1-800-487-0416 Region 4: 1-866-221-4909

Region 5: Kitsap 1-888-833-4925 Pierce 1-800-442-5129

Region 6: 1-877-734-6277

Children's Administration investigates allegations of abuse and neglect defined as injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child.

The general public can report child abuse or neglect through DSHS' 24 hour hotline, 1-866-EndHarm.

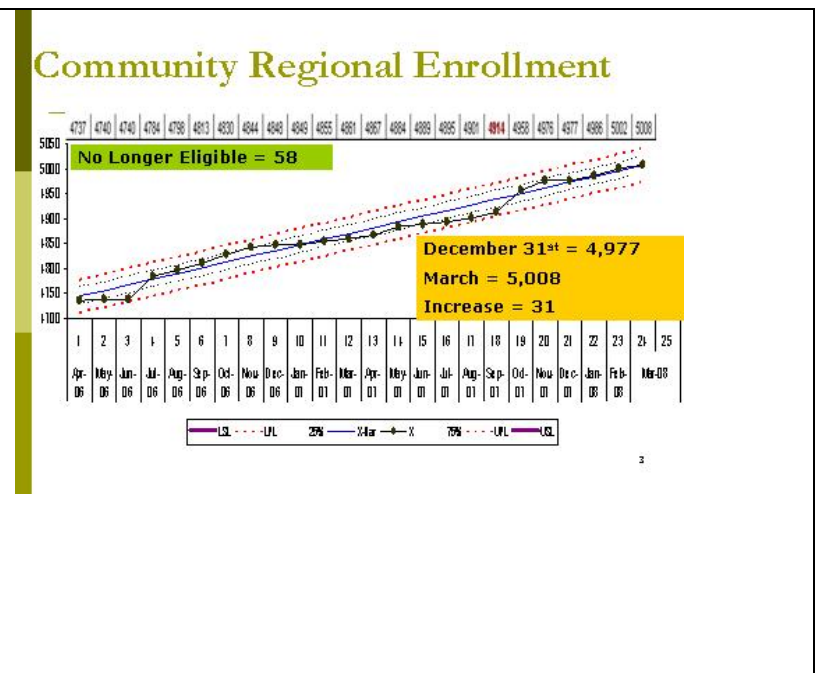
PERFORMANCE AND ACCOUNTABILITY

Quarterly Reviews

Each quarter the management team from each region meets with the management team from central office to review specific indicators to evaluate performance in key activities. This includes the Division Director, Assistant Director, Regional Administrators, and Office Chiefs along with Support Staff. The regional data/charts, along with narrative are reviewed in a PowerPoint presentation created by central office support staff and the regions. The budget information is also reviewed.

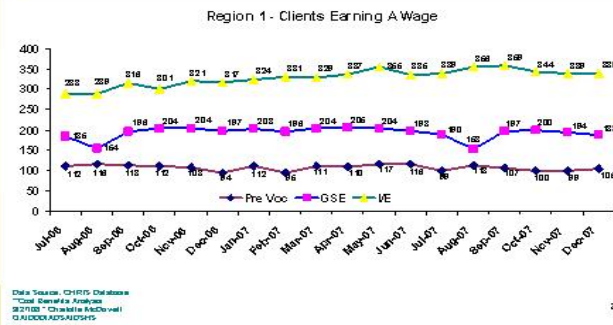
Listed below are the major topics and examples of charts covered in each regional review:

1. Regional Enrollment
2. Eligibility Reviews
3. Provisos – Residential Vacancies
4. Individual and Family Services Program
5. State Hospital Outplacements
6. Voluntary Placement
7. Community Protection
8. Individual Providers
9. Employment
10. ITEIP Report
11. Waiver Report – Plans of Care
12. MPC Report
13. Human Resource Development



- 14. Health Care for Worker with Disabilities
- 15. Spending Plan Updates
- 16. Payments made in advance of Contracts
- 17. Hot Spots
- 18. Accomplishments

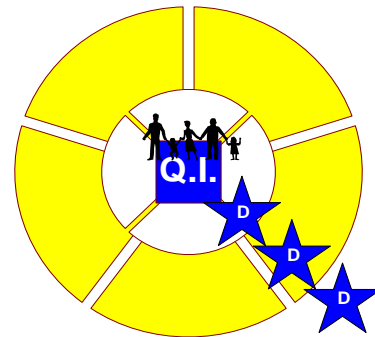
Employment Programs



At the conclusion of each round of quarterly reviews an “action items” list is completed and is used to track implementation of recommendations during the Quarterly Reviews. The Regional Quarterly reviews are then posted for internal review.

Performance Accountability and Quality Improvement (QI)

This process has been part of DDD's activities for decades. With the implementation of the Governor's Executive Order 97-03, a statewide effort was launched to coordinate the implementation of Performance and Quality Improvement. The mission of Performance Accountability and Quality Improvement is to promote, encourage, empower and support the division's employees in continuous improvement. All employees have the opportunity to submit suggestions for improvement. The suggestions are reviewed by management and depending upon resources and priorities, a Process Improvement Team is chartered. Listed below are some of the teams chartered during 2007.



Process Improvement Teams (PIT) at Work during 2007

1) Client to Client PIT – Implementation Plan in Place

Purpose: Reduce client to client physical assault and trauma by designing preventative systems and an infrastructure that will reduce the risk of severe client to client physical assault or trauma.

Developed and will be implementing in 2008 a provider training for all residential providers. The “train–the–trainer” materials include a DVD with Linda Rolfe presenting the history of DDD and Tom James, Ph.D. explaining how to support clients with challenging behaviors with emphasis on positive behavior support systems.

2) Employment PIT – Implementation Plan in Place

Purpose: To develop an action plan that specifies the methodologies that will assist clients who are difficult to serve in finding jobs.

The team concluded activities in August, 2007. A transition manager has been working with the various “small working groups”. They are all working to implement the activities defined in the action plan.

3) RHC Nursing Shortage PIT – Implementation Plan in Place

Purpose: The purpose of this team was to define methods to mitigate the nursing shortage at the RHCs.

The team researched all issues raised including statutory, collective bargaining agreements and work processes. The final deliverable for this project was a written final report that included recommendations and an implementation plan. The team presented their findings, recommendations to the full management team.

4) Physical Intervention PIT - Implementation Plan in Place

Purpose: Recommend one protocol for physical intervention for all RHCs. Evaluate and analyze client and staff injuries, making recommendations based on the analysis.

Most of the recommendations were approved and Therapeutic Options was selected to be the technique and trainer for all physical intervention trainings at the RHCs.

NOTE: Other Regional PITs are not listed here with statewide efforts.

OFFICE OF COMPLIANCE AND MONITORING

Quality Compliance Coordinators (QCC) Team

In the late 1990s and early 2000s, DDD experienced several federal and state audits. These audits identified areas where business processes and practices required improvement and would benefit from consistent application and oversight. DDD implemented many changes as a result of these audits. One significant change was the establishment of the Quality Control and Compliance (QCC) team in November 2002.

This seven-member team is comprised of a Unit Manager and six QCC coordinators, one coordinator per each DSHS region. The unit members are headquarters employees with assigned workstations in each of the six regions. The purpose of the team is to facilitate the creation and consistent application of policy and procedures to help ensure a more reliable DDD service system.

This team conducts required annual audits of DDD’s four Home and Community Based Services (HCBS) Waivers. In addition to the annual waiver audits, the team completes at least one additional audit during the year. Past audits have included: Intake and Eligibility, Community Protection Program, Medicaid Personal Care, the Voluntary

Placement Program and a 2008 review of DDD Assessments completed for individuals who were not Waiver participants.

While auditing is a primary duty, the team has additional roles and responsibilities. Team members are designated specialists for various programs/services. Among these are: DDD's HCBS Waivers, Personal Care, Individual and Family Services Program, DDD Residential Services, Intake and Eligibility, Social Service Payment System, Case Management Information System, DDD Assessment, County Services, Contracts and Administrative Hearings. As specialists team members are expected to work collaboratively with Headquarters Program Managers and the field to ensure programs and services are implemented correctly.

The QCC team is also a training team for DDD. Members of the team develop and conduct training for the DDD Academy. The DDD Academy provides four weeks of training to new Case Resource Manager, Social Workers and Supervisors. In addition to training at the Academy, team members provide on-site consultation and training to field services staff.

Left to Right: Art Gomez, Dave Harding, Shannon Manion, Loren Gomez, Karen Malisani, Theresa Dominic, and Sandy Eklo.



NURSING CARE CONSULTANTS



QUALITY ASSURANCE NURSING NURSING CARE CONSULTANTS (NCCs)

Regions 1 and 2 - Lynn Medina

➤ Spokane – 509/329-2926

Regions 3 and 4 - Esther Dibble

➤ Seattle – 206/568-5739; Everett 425/339-1802

Regions 5 and 6 - Melvina Powell

➤ Tacoma – 253/597-3670

NCCs-What do they do?

- Consult and work with Regional staff about medical and nursing issues;
- Provide technical assistance to Regional staff in completion of CARE assessments and new DDD Assessment;
- Train staff, providers and others on skin care, prediction and prevention of pressure ulcers;
- Complete Private Duty Nursing reviews and authorize hours as needed every 6 months;
- Complete Medically Intensive Home Care Program reviews and recommend nursing hours and reevaluation time frames; work with Program Manager, families, nursing agencies and other health care providers to increase / decrease / terminate nursing as appropriate, plugging in alternate services as required;
- Perform nursing assessments as needed;
- Work with agencies, community, etc., toward better and more comprehensive and consistent health care for DDD clients;
- Participate in investigations, monitoring and technical assistance for Nurse Delegation and other programs;
- Complete annual VPP Quality Reviews for staffed residential homes that serve children with medically intensive needs;
- Work on special work groups and assignments as requested; and
- Attend statewide NCC meetings.

JOINT REQUIREMENTS PLANNING (JRP) TEAM

In 2003, a performance audit by the Joint Legislative Audit and Review Committee (JLARC) recommended that DDD develop and implement:

- A comprehensive assessment tool that is designed to measure the unique support needs of individuals with developmental disabilities that is consistently applied in all parts of the state for all clients prior to service determination.
- A Case Management Information System (CMIS) to support the essential functions of the division to manage its entire caseload.

In response to these needs, the Joint Requirements Planning (JRP) Team was formed. This seven member team is comprised of a program manager located in central office with one JRP representative located in each of DDD's six regions. JRP team members are the regional experts on the administration of the division's comprehensive assessment and all associated software applications within ADSA's CARE system.

The JRP Team is responsible for training all field services staff regarding the use of multiple applications within the CARE system. These include: CMIS, the division's comprehensive assessment process, and the American Association on Intellectual &

Developmental Disability's (AAIDD) Supports Intensity Scale (SIS). Training is provided at both the DDD Field-Services Academy and in the region on a monthly basis. JRP also conduct software testing of CARE system enhancements to ensure that the software is designed according to documented business requirements and that it is working correctly before deployment.

While training and software testing are the JRPs primary duties, the team has additional roles and responsibilities. JRP members conduct shadow reviews regarding the administration of the SIS for all new CRMs and annual shadow reviews on a representative sample to evaluate CRM use and understanding of "Best-Practices" standards to promote assessment inter-rater reliability. JRP also facilitate regional work group meetings, conduct in-service trainings, and provide presentations to field services staff and stakeholders about the CARE system, associated features, and future enhancements.



Left to right: Vanessa Stanley, Ron Bryan, John Albert, Mark Eliason, Nancy Tolan, Mark Bennett, and Lisa Phelps.

CONTRACTED AND CERTIFIED PROVIDERS



All providers must meet licensing, certification, or contracting requirements, depending on the service they offer. All have background checks.

DDD is proud of the people who provide supports and services for individuals with developmental disabilities. They work hard to provide those supports in ways that empower and support people to live the best possible lives.

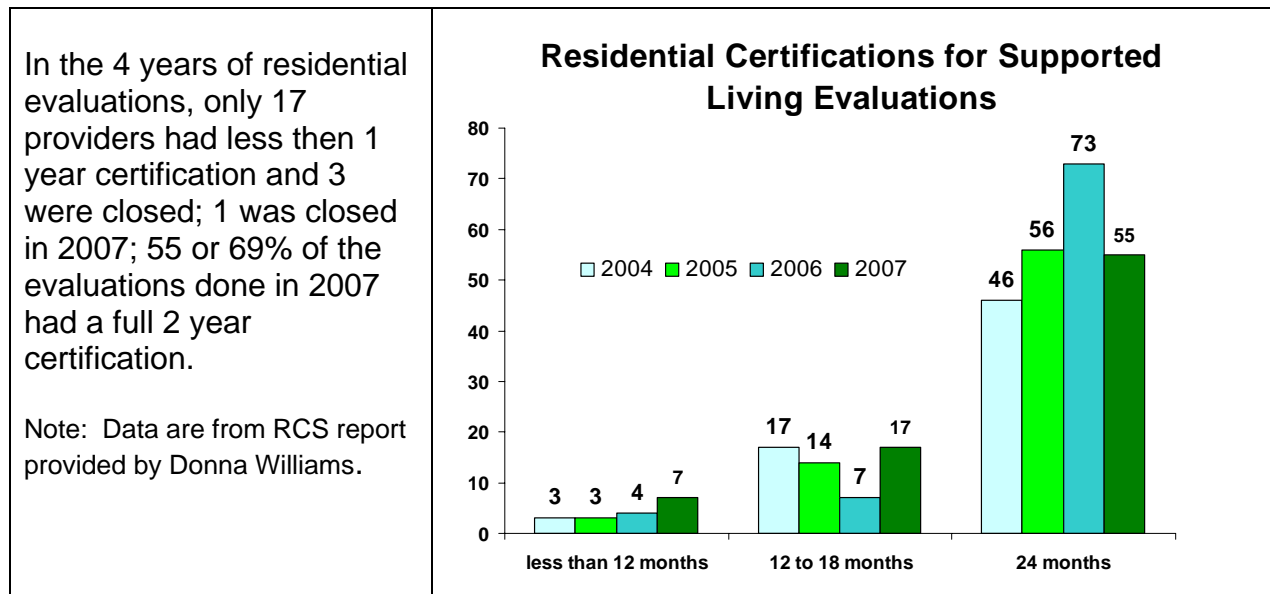
Individual Providers who work independently or through home care agencies are the backbone of MPC services, respite and other person-centered services. They are trained by ADSA and selected by the individual needing services.

ADSA contracts with:

- 150 certified residential agencies who support 3,800 clients
- 48 companion home providers

ADSA has approximately 1,300 Adult Family Homes that have received a Developmental Disabilities specialty designation and 1,700 DDD clients are being served in Adult Family Homes.

DDD also operates five Residential Habilitation Centers (RHC) and four State Operated Living Alternatives (SOLA) programs serving 1,102 clients.



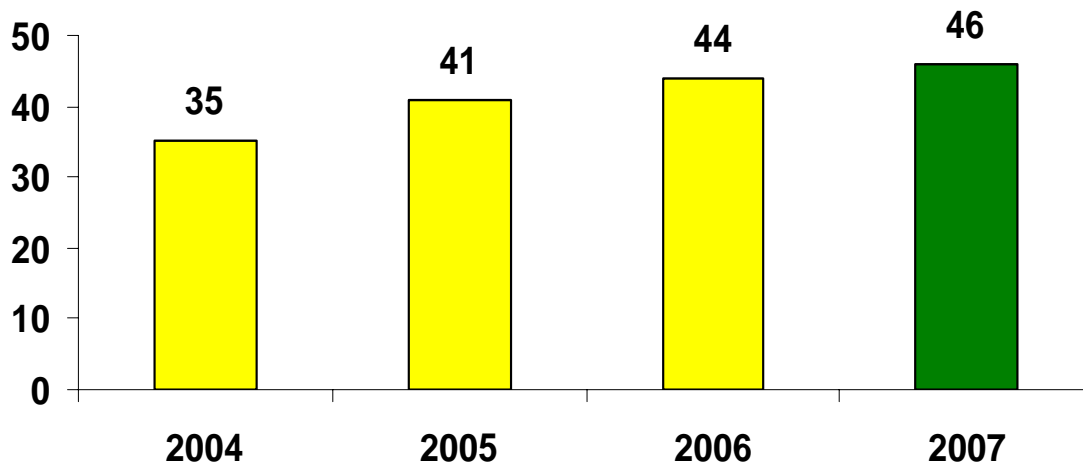
COMPANION HOME QUALITY ASSURANCE AND OVERSIGHT

Currently the Division contracts with 48 Companion Home Providers across the state. Each Companion Home serves no more than one client in their home. Companion Home providers must meet contract requirements; the requirements of Companion Home [WAC 388-829C](#); and DDD Service Rules described in [WAC 388-825-300 through WAC 388-825-400](#). The Companion Home WAC was written and implemented in September 2007.

- Companion Homes (CH) are subject to an evaluation no less than annually. This regulatory review is conducted by an independent contractor to ensure compliance with contract and applicable WAC.

- DDD Regional Resource Managers participate in evaluation exit meetings and the development of Corrective Actions as needed. The Evaluation and length of certification is reviewed and signed by Central Office Program Management.
- The Resource Manager tracks completion of Corrective Actions on the Corrective Action Report maintained at Central Office.
- DDD Regional Resource Managers also provide and/or coordinate technical assistance, training, and other resources as needed.
- Additionally, an in-home comprehensive assessment (DDD Assessment) of the Companion Home client is conducted by the DDD Case Manager at least annually.

Number of Clients in Companion Homes July 2004 - July 2007



ADDITIONAL RESIDENTIAL SAFEGUARDS FOR SPECIAL POPULATIONS

Community Protection Program

The **DDD Community Protection Program** provides intensive 24-hour supervision for individuals who have been identified as being a danger to their community due to the crimes they have committed. This program is an opportunity for participants to live successfully in the community and continue to remain out of prison or other justice system settings. Environmental and programmatic safeguards are in place to protect neighbors and community members, to the extent possible, from behaviors that endanger people or property and/or interfere with the rights of others. This structured,

specialized environment gives participants the opportunity to make positive choices to resolve or contain the behaviors that require intensive intervention and supervision.

Program Manager:

Shirley Everard, 360-725-3444, everash@dshs.wa.gov

Regional CPP Coordinators:

Region 1 - Tracey Bozanich, 509-329-2955, Bozantl@dshs.wa.gov

Region 2 - Sharon Cloninger, 509-225-4622, clonisl@dshs.wa.gov

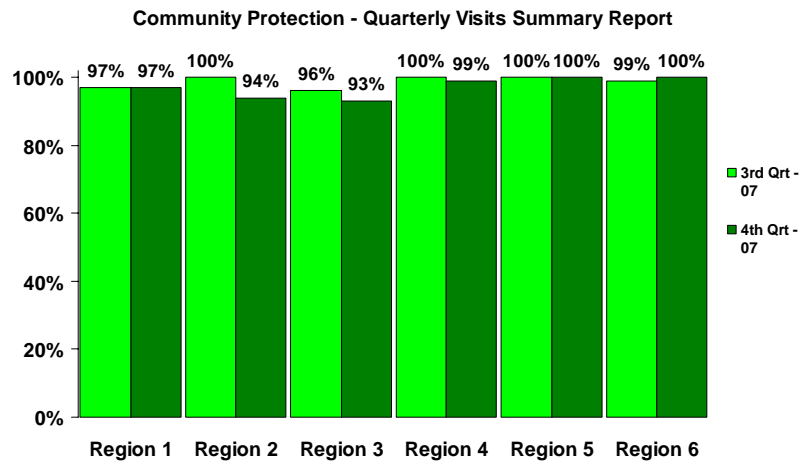
Region 3 - Mary Larson, 425-339-4835, Larsomf@dshs.wa.gov

Region 4 - Lori Gianetto Bare, 206-568-5752, GianelC@dshs.wa.gov

Region 5 - Brenda Yormark, 253-404-6528, Yormabg@dshs.wa.gov

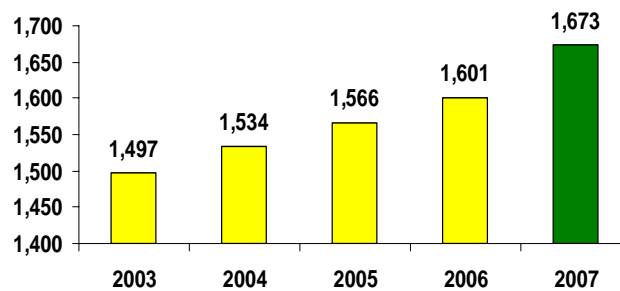
Region 6 - Kelly Hampton, 360-725-4300, HamptKF@dshs.wa.gov

Community Protection clients receive added Quality Assurance measures. The Case Manager and the treatment team meet with the client every 90 days to protect both the rights of the client and the safety of the community.



Regional Quality Assurance staff visit each new home before it begins serving people with developmental disabilities to assess the quality of the home. All homes are licensed and evaluated by Residential Care Services.

Number of Clients in Adult Family Homes July 2003 - July 2007

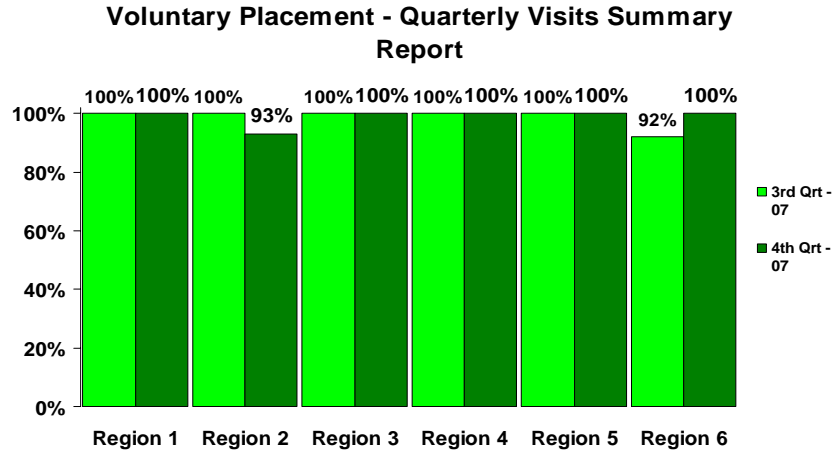


Children in placement must have a face-to-face visit at least every 90 days with their social worker.

The social worker reviews health and safety needs during the visit and requires corrective actions when needed.

As of October 2007 there were 193 children enrolled in the program.

NOTE: Chart - Region 2 missed one visit because the family had an emergency, and in Region 6 the courtesy visit being done by a child residing in Region 1. Both were made up the next month.



Allen / Marr Comprehensive Community Reviews

What are the Allen and Marr lawsuits?

In 1997, the Washington Protection and Advocacy System (WPAS), now Disability Rights of Washington (DRW), filed a class action lawsuit against DSHS in federal court in Tacoma. This became known as the *Allen* lawsuit and was based on issues raised by DRW regarding individuals with developmental disabilities who were admitted to Western State Hospital (WSH). At that time there were approximately 130 individuals at WSH who were enrolled with DDD. These individuals were housed throughout the hospital, and plaintiffs alleged that many of them had been at the hospital for extended periods of time with little or no active discharge planning. In 1999, a similar class action lawsuit was filed in federal court in Spokane on behalf of people with developmental disabilities residing at Eastern State Hospital. This became known as the *Marr* lawsuit.

As of December 2007, a total of 43 individuals enrolled with DDD were in a state hospital (10 at ESH and 33 at WSH).

What was the outcome of the Allen and Marr lawsuits?

A settlement agreement was reached in the *Allen* lawsuit based on DSHS' development and implementation of the Collaborative Work Plan between DDD and MHD. Subsequently a similar settlement was reached in the *Marr* lawsuit. Both settlement

agreements involve outside monitoring by independent experts agreed upon by the parties.

What does the Collaborative Work Plan involve?

- Improve services at the state psychiatric hospitals (Western and Eastern State).
- Develop units at WSH and ESH specifically for people with developmental disabilities to provide habilitation services.
- Develop a community support infrastructure with:
 - Enhanced crisis services
 - Improved diversion services
 - Psychiatric evaluation and medication services
 - Cross System Crisis Planning for at-risk individuals
 - In-home stabilization services
- Develop secure facility options for long-term treatment

How was the settlement monitored?

From 1999-2005, teams of independent experts selected by the parties in both *Allen* and *Marr* monitored services provided to class members at the two state hospitals and in the community. As part of a revised settlement agreement with DRW, DSHS agreed to develop its own quality assurance program to monitor implementation of the settlement agreement.

How is the settlement currently monitored?

The DSHS Internal Oversight Review Team (IORT) began conducting community comprehensive reviews in August 2005. This team consists of a Psychiatrist, DDD's Clinical Director, Program Administrator from MHD and DDD's Mental Health Program Manager.

The IORT now provides support and training to Regional Review Teams (RRTs) to conduct these reviews. The current settlement agreement requires reviews annually for a 10 percent random sampling of class members in each of the six DDD Regions. As of December 2007, there were 272 *Allen* members and 130 *Marr* members.

Reviews conducted by region per year:

Region 1 = 10 reviews
Region 2 = 4 reviews
Region 3 = 4 reviews
Region 4 = 6 reviews
Region 5 = 10 reviews
Region 6 = 7 reviews

As of December 2007, a total of 19 reviews had been conducted statewide.

What does the Regional Review involve?

The review is designed to look at key components of developmental disability and mental health services and the collaboration between systems. The *Allen/Marr* Internal

Oversight Review Tool is used to conduct the review. The format for the review includes the following components:

- Cross Systems Crisis Plan
- Individual Support Plan
- Functional Assessment/Positive Behavior Support Plan
- Residential Program
- Employment/Vocational/Day Program
- Incident Reports
- Outpatient Mental Health Services
- Psychiatric Hospitalization
- Enhanced Crisis Stabilization Services
- Cross System Collaboration

What happens after the regional review?

The RRT writes a report containing its findings and identifying any required follow-up. The report is submitted to the DDD Regional Administrator and the RSN Director. The report with regional responses will then be sent to the DDD and MHD Program Managers. DDD Quality Control and Compliance staff will follow up to determine whether the RRT's recommendations are implemented.

These regional reviews are designed to support quality services to *Allen* and *Marr* class members and to assist DSHS in making systemic changes that will continue to improve services to this population.

REVIEW OF COUNTY QUALITY ASSURANCE PROCESSES

The Division of Developmental Disabilities began a Quality Assurance Process in 2006 to review county quality assurance processes as outlined in the "Criteria for Evaluations" attached to each county contract. The second annual sampling occurred in 2007. Each county was asked to submit all records of the last review conducted with the businesses in the sample to the Division of Developmental Disabilities Office of Quality Programs and Services. Thirty programs statewide were selected for review.

- All materials submitted were evaluated on specific questions from the contractual "Criteria for Evaluations".
- Each review was discussed by the group and recommendations were developed where needed.
- Best practices were also noted.

COMMENDATIONS

- Every county had done an evaluation within the last two years as required by the contract and responded with the requested information.
- Elements of the "Criteria" were part of most of the evaluations.

- Many evaluations are very thorough and require much more than required in contract.
- Many evaluations include CARF certification, which is above and beyond what is required in contract.
- Several counties are well qualified to provide technical assistance in quality assurance reviews if asked.

RECOMMENDATIONS FOR SYSTEM IMPROVEMENT

- The “Criteria for Evaluation” has been updated for the new contract. We recommend all counties look at the changes and adjust tools accordingly.
- We recommend consideration of adopting the 18-hour DDD Specialty Training as a required training for all staff of agency providers. The DDD Specialty Training is currently offered as an optional training that county providers may attend. It is a training meant to help ground the person in the principles and values of the Division of Developmental Disabilities.
- Some counties have very sophisticated tracking documents and methods. We recommend the County Association consider devising a way of mentoring those counties that would like some technical assistance in designing an evaluation system.

MAKING EMPLOYMENT A REALITY IN WASHINGTON STATE

DDD believes that all working age people have the right and responsibility to work. Funding employment supports for individuals with developmental disabilities to obtain gainful employment creates opportunities to fully participate in community life. The benefits of this participation result in:

- Increased power and choice,
- Improved quality of life,
- Greater community status,
- Individual fulfillment & satisfaction, and
- A higher degree of independence.

Gainful employment also allows people with developmental disabilities to move towards earning a living wage that allows them to become a contributing member of society resulting in less dependence on public service systems.

Working Age Clients on Waiver Receiving Employment Services



Not Receiving Employment Services

Receiving Employment Services

Working Age Clients Receiving State-Only Employment Services



Not Receiving Employment Services

Receiving Employment Services

Annual Earnings of People with Developmental Disabilities



* As reported by Employment Security, there was an increase in earnings of \$3,322,804 from 423 more workers with developmental disabilities in 2007.

TRAINING FOR DDD STAFF



Field Services Training Academy

- The plan began in July 2007.
- Training plan focuses on providing necessary tools to accomplish job duties before the following employees begin to work:
 - **new case/resource managers,**
 - **social workers and supervisors**

The Division of Developmental Disabilities has created a comprehensive plan to train newly hired case/resource managers titled the Field Services Training Academy. This plan began in July 2007. The training plan focuses on providing new case/resource managers, social workers and supervisors with the necessary tools to accomplish their job duties before they begin to work. The training is organized as follows:

- Week 1 Online training conducted in the new employee’s Region
- Week 2 Support Intensity Scale (SIS) Module 1, Policy & Application; Interview skills
- Week 3 Core Training three times/year, other Programmatic topics during **non Core months**
- Week 4 Waiver policy, SIS Modules 2 & 3 (including Personal care); Necessary Supplemental Accommodation (NSA) / Planned Action Notice (PAN) / Exception To Rule (ETR) notification

Core Training occurs during **week three, as indicated on schedule** and focuses on staff development, while weeks two and four address assessment and programmatic material.

TRAINING FOR PROVIDERS

Type of Provider	Training Required?	Training Hours and Subject	DSHS Pays for tuition?	Reimburse for Time in Training?	Who Tracks Completion of Training
Individual Provider (IP) – Personal Care - Adults (Non-Parent Provider)	Yes	➤ 2 hrs - Caregiver Orientation	Yes	Yes	DDD contract staff document in Agency Contracts Database (ACD)
		➤ 4 hrs - Safety Training	Yes	Yes	
		➤ 28 hrs - Revised Fundamentals of Care giving training (RFOC)	Yes	Yes	
		➤ 10 hrs - Continuing Education each calendar year - mandatory	No	Yes	
IP – Personal Care - Adults - Parent Prov.	Yes	➤ 6 hrs - parent provider training with ARC parent trainers OR 28 hrs – RFOC	Yes	Yes	DDD contract staff document in ACD
		➤ 4 hrs - Safety Training	Yes	Yes	
		➤ 10 hrs - Continuing Education each calendar year - optional	No	Yes	

Type of Provider	Training Required?	Training Hours and Subject	DSHS Pays for tuition?	Reimburse for Time in Training?	Who Tracks Completion of Training
IP - Personal Care - Children	Yes *	<ul style="list-style-type: none"> ➤ 4 hrs - Safety Training ➤ 10 hrs - Continuing Education each calendar year – optional ➤ *no orientation or RFOC required for providers of children under 18 yrs of age 	Yes Yes	Yes Yes	DDD contract staff document in ACD
Agency – Personal Care	Yes	<ul style="list-style-type: none"> ➤ Caregiver Orientation – provided by Home Care Agency to their own staff ➤ 28 hrs – RFOC ➤ 10 hrs - Continuing Education each calendar year – mandatory 	No Yes**	Yes; **agency bills DDD HQ via A-19	Agency keeps records which are available during monitoring visits
IP - Respite	Yes	<ul style="list-style-type: none"> ➤ 4 hrs - Safety Training ➤ No requirements for Continuing education 	Yes N/A	Yes N/A	DDD contract staff document in ACD
Agency - Respite	As required by license	<ul style="list-style-type: none"> ➤ Must have current home care or home health license from Dept of Health 	No	No	DDD tracks license in ACD
Adult Family Homes (AFH)	Yes	<ul style="list-style-type: none"> ➤ 28 hrs – RFOC ➤ 18 hrs – DDD Specialty Training ➤ First Aid and Cardiac Pulmonary Recitation (CPR) ➤ 10 hrs - Continuing Education each calendar year - mandatory 	Yes No No	No - it's part of their rate	Residential Care Services (RCS)
Adult Residential Care (ARC) Facilities	Yes	<ul style="list-style-type: none"> ➤ 28 hrs – RFOC ➤ 18 hrs – DDD Specialty Training ➤ First Aid and CPR ➤ 10 hrs - Continuing Education each calendar year - mandatory 	Yes Yes No No	No - it's part of their rate	RCS
Alternative Living Providers	Yes	<ul style="list-style-type: none"> ➤ 18 hrs - DDD Specialty Training ➤ 10 hrs - Continuing Education each calendar year – mandatory ➤ First Aid and CPR 	Yes No No	Yes No No	DDD contract staff document in ACD

Type of Provider	Training Required?	Training Hours and Subject	DSHS Pays for tuition?	Reimburse for Time in Training?	Who Tracks Completion of Training
Companion Home Providers	Yes	<ul style="list-style-type: none"> ➤ 18 hrs - DDD Specialty Training; ➤ First Aid and CPR ➤ 10 hrs - Continuing Education each calendar year – mandatory ➤ 2-6 hrs - Infection Control/Blood Borne Pathogens 	Yes No No No	No - it's part of their monthly rate	DDD contract staff document in ACD
Group Homes	Yes	<ul style="list-style-type: none"> ➤ 28-hrs – RFOC ➤ 18 hrs - DDD Specialty Training ➤ First Aid and CPR ➤ Food Handlers Permit (required for employment) 	Yes Yes No No	Yes No No – it's in their rate	RCS
Supported Living Services	Yes	<ul style="list-style-type: none"> ➤ First Aid and CPR ➤ 2-6 hrs - Infection Control/Blood Borne Pathogens ➤ 32 hrs - training topics as defined in WAC 	No No No	No – it's in their rate No	RCS
Community Protection (CP) Program	Yes	<ul style="list-style-type: none"> ➤ 32 hrs – same training topics as SL providers ➤ CP training as described in DD Policy 15.04 	No No	No – it's in Their Rate	RCS
Nurse Delegation – Training for all Providers who will complete delegated tasks	Yes	<ul style="list-style-type: none"> ➤ 9 hrs - nurse delegation core training for nursing assistants (NA). ➤ 28 hrs - RFOC (Group Home, Adult Family Home, Adult Residential Care, In-home) or 32-hrs - DDD training (Supported Living); ➤ Contracted delegating nurses must go through an all day orientation offered by ADSA. ➤ Nursing Assistant must renew NA registration each year. 	Yes Yes Yes No	Yes Yes Yes No	RCS tracks for GH, SL, AFH, ARC; DDD tracks in ACD for Individual Provider's who do Nurse Delegation in-home

BACKGROUND CHECKS

In August 2000, DSHS created a Background Check Central Unit to process background checks from all of the different administrations in a more efficient manner. As required by law, [chapter 296, laws of 2001](#), effective July 22, 2001, the new central unit conducts background checks on current state employees and applicants who have

or may have unsupervised access to children, juveniles or vulnerable adults. Questions about the law or the DSHS process should be directed to the BCCU, Lamona Foster 360-902-7823, fosterlj@dshs.wa.gov.

For questions and concerns about policy and procedure for the Division of Developmental Disabilities contact: Shaw Seaman, 360/725-3443, SeamaSC@dshs.wa.gov

Background Check Central Unit (BCCU)

Our staff process over 23,000 background check requests as well as 800 fingerprint based checks each month. BCCU conducts background checks for agencies providing services to vulnerable adults, juveniles, and children such as:

- Nursing homes, boarding homes, and adult family homes;
- Adult in-home care providers;
- Child care centers, in-home child care providers;
- Residential programs for children and youth;
- Services for people with developmental disabilities; and
- DSHS contracted services.



Welfare Fraud Notification

As of February 15, 2008, the department will treat convictions for welfare fraud (theft-welfare) in the same way as a conviction for a theft crime on the Secretary's List of Crimes and Negative Actions. ([Read the notice](#))



New Requirements

Effective February 1, 2008, the [Background Authorization form](#) is revised for easier use.

- The BCCU is rejecting and returning the old (07/2005) authorization form.
- Old forms received on or after May 1, 2008 will be rejected and returned.
- The electronic form is available to download in English and several other languages.

BCCU also provides helpful updates using the [BCCU ListServ](#). This email method provides information on various background checks processed (current policy issues, helpful hints to assure proper form completion, system downtimes, turnaround times for processing background checks, etc.) To receive tips and information about BCCU, join our [ListServ](#).

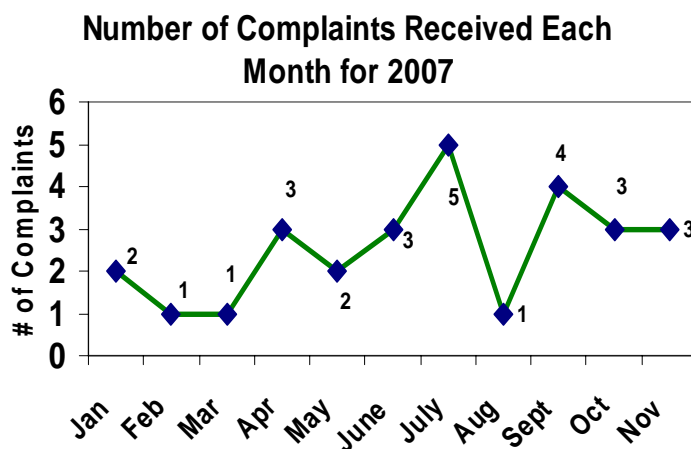
If you are from outside DSHS and would like to receive this information, please email your request to bccuinquiry@dshs.wa.gov.

COMPLAINTS

DDD has a Complaint Policy for Everyone to Use – People can make a complaint to DDD through a case manager or if it involves a case manager, you can ask for a supervisor or go directly to the Region and ask for the Regional Administrator. Refer to Appendix 2 for regional numbers. If it is a complaint against the Region, then call DDD Central Office and let them know about your concerns.

DDD's complaint policy is a means for persons who have concerns about services or staff to let DDD know.

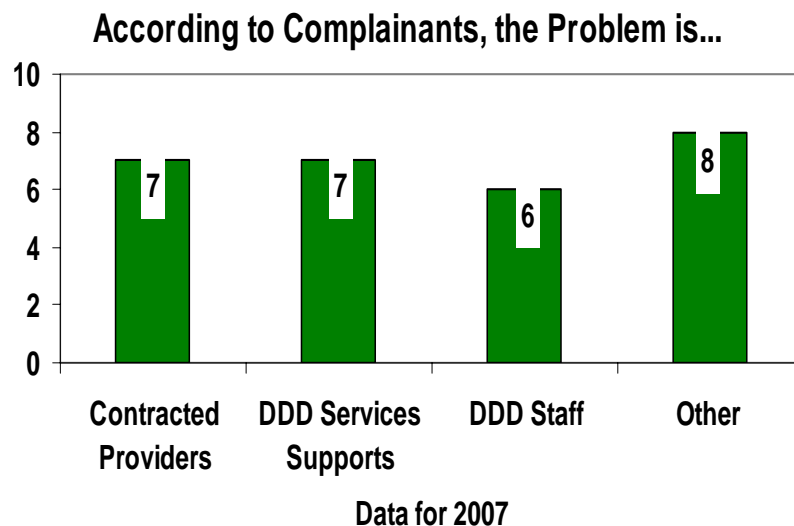
These are complaints that rise to the Regional Administrator or DDD Director level. Complaints that are solved at the case manager or supervisor level are not included. There were a total of 28 complaints received during 2007.



Of those 28 complaints, 4 different categories were defined.

Of the 28 reasons:

- 8 or 29% were related to the category of "Other".
- 7 or 25% were related to contracted providers.
- 7 or 25% were related DDD services and / or supports
- 6 complaints or 21% were related to DDD staff.



Data Source: DDD Complaint Database

PROTECTING THE RIGHTS OF CLIENTS

Do YOU Know Your Rights?

YOU have:

THE RIGHT to be free from any kind of abuse or punishment (verbal, mental, physical, and/or sexual); or being sent to a place by yourself, if you don't choose to be alone.

THE RIGHT to meet with and talk privately with your friends and family.

THE RIGHT to personal privacy and confidentiality of your personal and other records.

THE RIGHT to choose activities, schedules, and health care that meets your needs.

THE RIGHT to be free from discrimination because of your race, color, creed, national origin, religion, age, disability, marital status, or sexual orientation.

THE RIGHT to set your own rules in your home and to know what rules your providers have when you are living in their house or working in their facility.

THE RIGHT to request information regarding services that may be available from DDD.

THE RIGHT to know what your doctor wants you to do or take and to help plan how that will happen.

THE RIGHT to be free from unnecessary medication, restraints and restrictions.

THE RIGHT to vote and help people get elected to office.

THE RIGHT to complain and not have someone "get even" with you.

THE RIGHT to have your provider listen to your concerns including those about the behavior of other people where you live.

THE RIGHT to help from an advocate.

THE RIGHT to manage your money or choose other persons to assist you.

THE RIGHT to be part of the community.

THE RIGHT to make choices about your life.

THE RIGHT to wear your clothes and hair the way you want.

THE RIGHT to be paid to work just as everyone else is.

THE RIGHT to decide whether or not to participate in research after the research has been explained to you, and after you or your guardian gives written consent for you to participate in the research.

RIGHTS ARE PROTECTED IN THE FOLLOWING WAY

If clients or families do not feel that they have received fair treatment from DDD there are STATE LAWS for them to use. The Division of Developmental Disabilities (DDD) is committed to making sure that the rights of clients and families are protected. These have been implemented to assure your rights.

- *Nondiscrimination: It is the policy of the Department of Social and Health Services that no person shall be subjected to discrimination in this agency or its contractors because of race, color, national origin, gender, age, religion, creed, marital status, disabled or Vietnam Era Veteran status, or the presence of any physical, mental, or sensory handicap.*
- DDD clients must have a representative who can talk with them about the meaning of any change in supports or services, as well as appeal rights. If a client doesn't have a representative, DDD will help in finding one.
- DDD will send you and your representative Planned Action Notices (PANs) every time there is a change in your services or eligibility. The notice will let you know what is happening, how to appeal if you disagree, and the timelines for appealing the decision.
- Administrative Hearing (formerly know as Fair Hearings) rights allow you to appeal decisions regarding service changes. This information will be included in your Planned Action Notice (PAN).

Administrative Hearings are filed when someone disagrees with a decision made by the department. From July 2007 through June 2008, 324 hearings were filed; of that number 226 were closed for various reasons. The data in this chart reflects the outcome of those hearings that were closed.

July 2007 - June 2008												
TOTAL PENDING AND CLOSED CASES				DISPOSITION OF CLOSED CASES								
REGION	TOTAL OPEN CASES	TOTAL CLOSED CASES	TOTAL CASES	INITIAL DECISIONS						REVIEW DECISIONS		
				Withdrawn*	Failed Appearance	No Jurisdiction	Upheld	Reversed	Modified	Upheld on Appeal**	Reversed on Appeal**	Remanded
1	10	50	60	40	4	0	3	2	0	0	1	0
2	4	19	23	9	0	1	7	1	0	1	0	0
3	18	14	32	12	1	0	1	0	0	0	0	0
4	38	50	88	39	6	0	3	0	2	0	0	0
5	12	45	57	29	6	2	8	0	0	0	0	0
6	16	48	64	22	7	0	11	4	1	1	0	2
TOTALS	98	226	324	151	24	3	33	7	3	2	1	2

*Includes all cases resolved prior to hearing or at hearing.

**All three review decisions (both those upheld and reversed) were made in the Department's favor.

STAKEHOLDER INVOLVEMENT AND GRANTS

Importance of Stakeholders in Determining and Evaluating Quality Services



DDD believes that people who use our services, their family members and advocates must have input into decisions made on the services they receive and the policy decisions that are made.

To accomplish this, DDD has several avenues:

- The State Advisory Committee (SAC) meets with Linda Rolfe, director of DDD. This committee meets quarterly to give her advice on DDD services and policies. The committee is made up of clients, family members and DDD staff.
- The State Quality Assurance Advisory Task Force meets twice a year to provide input and receive information on the quality assurance work of DDD.
- The DDD Grants Advisory Committee is a group of participants, family members, advocates, and providers who meet with state staff on a regular basis. Their role is to advise DDD on the development of the DDD Assessment, the Case Manager Information System; and the Roads to Community Living Grant.
- DDD asks individuals, family members, advocates and providers to serve on all workgroups that are formed to plan for future services or policies.
- DDD is partnering with the Developmental Disabilities Council, the Arc of Washington State and People First to provide information and education to families on a regular basis.
- Regions convene Regional Advisory Committees to gather regional input.

STAKEHOLDER INVOLVEMENT

The Division of Developmental Disabilities (DDD) is involved in several efforts to provide information and education to participants and families:

- DDD has a website located at <http://www1.dshs.wa.gov/ddd/index.shtml> which is designed to provide information and links that are useful for participants. Take time to bookmark it and let us know what else you would like to see on it.

- The Infant Toddler Early Intervention Program (ITEIP) also has a very comprehensive website at: <http://www1.dshs.wa.gov/iteip/>
- DDD, in partnership with the WA State Developmental Disabilities Council and the Arc of Washington State has developed several DVDs that are available at no cost through the DDC. They include:
 - DDD's Complaint Process
 - DDD's Fair Hearing Process
 - The Working Age Adult Policy
 - The DDD Assessment
 - Informing Families Building Trust

You can email the DDC to get copies at: <http://www.informingfamilies.org/>

- DDD has initiated mailings to individuals who are clients of the division, but who are currently receiving case manager only services in order to keep in closer contact and provide vital information.
- DDD has updated several of its brochures and informational handouts, which are listed on DDD's website. <http://www1.dshs.wa.gov/ddd/publications.shtml>
- DDD does periodic Caregiver Alerts on health care and emergency topics that are on the DDD website above also.

FOCUS AREAS FOR IMPROVEMENT

Completed in 2007

In 2006, DDD in collaboration with the State Quality Assurance Advisory Team, identified several areas where improvement was needed. DDD developed a plan of action and spent the year working on those goals. Below is a list of the identified areas where changes were needed and the actions taken by DDD.

Identified Need	Actions taken in 2007
Clients on 'No Paid Services' caseloads need to have some contact with DDD	Develop a "Family Matters" brochure and accompanying information for each client/family on the No-Paid Services Case Loads and make contact with that person or family 3 times a year.

Identified Need	Actions taken in 2007
DDD has been informed by the legislature and stakeholders that it needs a consistent and relevant assessment that is specifically for adults and children with developmental disabilities.	Five years of work culminated in the roll out of the new DDD Assessment on June 1, 2007.
Case Resource Managers will need to be thoroughly trained on the new DDD Assessment to be implemented in June.	DDD provided two weeks of intensive training before rolling out the new assessment.
Supported Living rules (WACs) need to be updated.	RCS, worked with DDD updating WACs September 2007.
Alternative Living rules (WACs) need to be written	DDD wrote and implemented new WAC September 1, 2007.
Companion Homes rules (WACs) need to be written	DDD wrote and implemented new WAC in July 2007.
Children who live in staffed residential homes need more intensive health and safety monitoring	DDD: <ul style="list-style-type: none"> ▪ Developed a required form for 90 day face to face visits and enter the information into a data system for evaluation and action; ▪ Implemented a yearly unannounced quality check on all homes.
RHC investigations of critical incidents need to be done by an Independent review unit.	DDD developed an independent Residential Habilitation Center (RHC) investigation team to be supervised out of Central Office and housed in the Regions, not the RHCs. This team was in place by April 2008.
Additional quality assurance measures must be in place for Allen/Marr Clients who either move from a psychiatric hospital or need diversion from one.	DDD is working with legal advocates on a consent decree that includes new Quality Assurance standards.
People residing in an RHC need to have the opportunity to live in the community if they are interested in doing so.	WA State received a "Money Follows the Person" Grant entitled "Roads to Community Living" to help expedite this activity. DDD will develop strategies around people living in institutions who desire community support.

Identified Need	Actions taken in 2007
Case Resource Managers need easy access to client information in order to work more effectively.	DDD is in a several year project to develop a Case Manager Information System (CMIS) to help case managers have access to the information needed. The first phase rolled out in May 2008.
A yearly Quality Assurance report to stakeholders needs to be prepared by DDD.	DDD staff developed a format for annual reporting of Quality Assurance issues of interest to stakeholders, and issued a report in the summer of 2007.

To be Addressed in 2008

The Washington State Developmental Disabilities Council (DDC) convened a panel of self advocates, family members of persons with developmental disabilities and service providers to review the results of two Core Indicators surveys conducted in Washington State during 2005-2006. The Core Indicators is a national study that assesses performance and outcome indicators for state developmental disabilities service systems. The 2007 Core Indicators Review Panel worked to develop recommendations for DDD and the DDC.

Recommendation	DDD's Plan of Action
<i>We recommend the Division reinforce the importance of including individuals as the primary focus in the planning process, along with family members or others of their choosing.</i>	The new DDD assessment, implemented in June of 2007 requires the person to be the primary focus of the process and the one who designates who else is involved.
<i>We recommend the Division and DDC continue to improve access to information about available services and make sure that the information provided is easy to understand.</i>	DDD is continuing to contract with the DDC to produce news releases, DVDs and POD Cast of relevant and easy to understand information.
<i>We recommend the Division, Home and Community Services (HCS) and the Health Care Quality Authority (HCQA) look at the protocols in place to provide adequate quality assurance across settings.</i>	DDD and HCS are both a part of ADSA and work with Residential Care Services (RCS) to provide quality services. RCS, who is tasked with licensing and investigations, is currently restructuring its system for more efficient work.

Recommendation	DDD's Plan of Action
<i>We recommend the Division create a system which proactively prevents emergent situations and improve its 24 hour/7 day a week response to emergent situations when they occur.</i>	DDD is not funded for a 24/7 emergency response system except in 24 hour residential homes. DDD does respond to crisis calls quickly. Funding for responses is bound by availability. DDD has just put in place a new Individuals and Family Service Program that provides emergency funding.
<i>We recommend the Division make a new assessment of the competencies and skills required for its case management positions and design a new system based on these that will (1) Respond to the needs of people now and (2) incorporate advances in information technology.</i>	DDD has inaugurated and is refining a Field Services Academy, which provides in-depth training for new case managers. This system is being continually monitored and improved. On-line training has been incorporated as an integral part of the new training.
<i>The Division, in collaboration with others, needs to facilitate access to the resources for special equipment, assistive technology or accommodations that individuals need.</i>	DDD is exploring new assistive technology and has added the ability to purchase it into the Roads to Community Living grant. DDD will continue to work with the University of WA to increase capability in this area.
<i>We recommend increased choice and control of services for persons.</i>	The DDD Assessment provides the opportunity for the person to choose and control services. Continual training of case managers and others in the use of this tool will enhance this opportunity.
<i>We recommend the Division work with individuals, families, and providers to clarify the parameters of choice and control of service providers.</i>	DDD is currently working on enhancements to DDD's website that will provide more information to individuals and families on residential provider choices.
<i>We recommend the Division be responsible for providing information to individuals and their families about how money is being spent (by the Division) on behalf of the individual.</i>	This is a long term goal of the division. Because of its complexity, when individuals live together and share costs the goal has not yet become a reality. The new DDD Assessment does provide more information about how dollars are expended and what is expected.

Recommendation	DDD's Plan of Action
<i>We recommend that DDD work to identify barriers keeping individuals from participating in community activities and work to help individuals, families and communities address them.</i>	DDD has just begun a new Person Centered Planning grant. It is unique in that it couples good planning along with community integration. Lessons learned from this grant are intended to be shared state wide.
<i>We recommend that DDD work to help individuals use family, friends or neighbors for support needs when they desire.</i>	Rules regarding hiring of individual providers include family and friends as possible employees if that is a person's desire.
<i>We recommend the DDD's Grievance Procedure be clearly explained to both the person and their family members.</i>	DDD is collaborating with the DDC in producing a DVD on planned action notices that describe the rights of the individual any time DDD takes an action.
<i>We recommend the Division continue to work toward capturing the voice of individuals in these surveys by conducting face-to-face interviews of individuals (by an independent third party) about the services they receive and want to receive.</i>	DDD is collaborating with the DDC to do in-person survey for people who are moving from the institutions as a result of the Roads to Community Living grant.

NATIONAL CORE INDICATORS



Washington State is one of more than 30 states that participate in the National Core Indicators (NCI), a survey used by states to measure how an individual state is performing and compare that information with other states. States use these survey responses to make changes in the way they deliver support services and to improve quality of life.

Washington uses the following process:

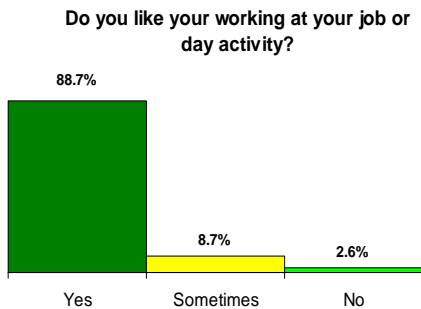
- NCI Mail surveys:
- Children surveys every other year
- Adult parental surveys every other year
- Employment survey yearly
- Residential survey yearly
- Misc. Info survey yearly

- NCI Annual face to face surveys:
 - Sample 325 waiver recipients yearly
 - Both adults and children on all 4 waivers

Reports of survey results do not include names or other information that might identify people who participate.

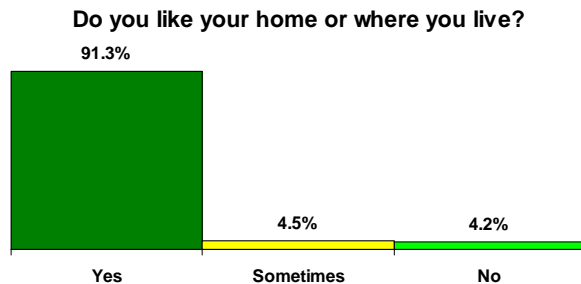
- **Volunteers trained by the Developmental Disabilities Council (DDC)** accompanies State Quality Assurance Managers in making face-to-face visits whenever possible.
 - DDC makes coordination arrangements
 - DDC provides stipends for volunteers
 - DDC has made a 5 year commitment to continue
- Focus groups convened by the DDC evaluate Core Indicators data and make recommendations to DDD.
 - Four groups have been convened to date.
 - DDD in turn provides information to them on the response to their recommendations For more information about the National Core Indicators, visit: www.hsri.org/nci

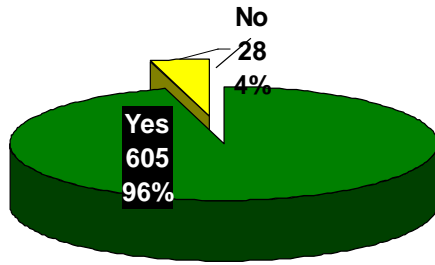
EXAMPLES OF NCI SURVEY DATA



NCI Consumer Outcomes Final Report (2006-07)

NCI Consumer Outcomes Final Report (2006-07)



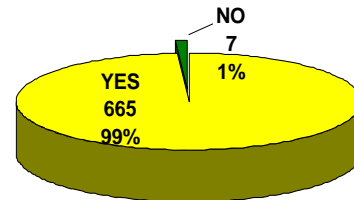


INDIVIDUAL SUPPORT PLAN SURVEYS

Did you receive information on how to make a complaint or ask for a hearing about your Individual Support Plan, services you receive or staff who provide them?

INDIVIDUAL SUPPORT PLAN SURVEYS

Were your concerns discussed and included in your Individual Support Plan?



SERVICES AND SELF-DIRECTION

Power and choice are fundamental values of the Division of Developmental Disabilities. DDD is continually working towards providing supports and services that are individual and family driven. To this end, the division is currently providing the following:

- **Infant and Toddler Early Intervention Program** – based upon one developmental delay; a federal program to provide a family with an assessment, coordination of benefits, supports and services the family chooses to meet the child's needs before the age of 3.
 - The family does not get cash to spend as desired.
 - Services are limited to identified needs.
- **Medicaid Personal Care** – based upon the CARE Assessment allots hours of service to meet the activities of daily living needs.
 - Providers of services are chosen and managed by the person/family, within the training and contracting requirements of the state.
 - The person does not get cash to spend as desired.
 - Services are limited to Activities of Daily Living.
- **Individual and Family Services Program** – provides basic funding (based upon a DDD Assessment) for a large menu of services from which a person/family can choose.
 - Providers of services are chosen and managed by the person/family, within the training and contracting requirements of the state.
 - The person does not get cash to spend as desired.
 - Services are limited to a menu of items.

- **Medically Intensive Children's Program** – provides nursing hours, based upon the assessment of an RN as an alternative to hospital care.
 - Families choose the nurse or nursing service they desire to have the state contract with to perform the service.
 - The person does not get cash to spend as desired.

- **Basic Waiver** - based upon the DDD Assessment provides a benefit package from which a person/family may choose services or supports that are needed. A wide range of services and supports are available to choose among. This includes employment options.
 - Providers of services are chosen and managed by the person/family; within the training and contracting requirements of the state.
 - The person does not get cash to spend as desired.
 - Families of adults may provide waiver personal care support.
 - There are ceiling limits on benefits.

- **Basic Plus Waiver** – based upon the DDD Assessment provides a more generous package of services and supports than the Basic Waiver, plus nursing and access to adult family homes if needed. This includes employment options.
 - Providers of services are chosen and managed by the person/family, within the training and contracting requirements of the state.
 - The person does not get cash to spend as desired.
 - If an AFH is chosen, people generally live in groups of 2-6 people and must share support hours.
 - Families of adults may provide waiver personal care support.
 - There are more generous ceiling limits on benefits than on the Basic Waiver.

- **Core Waiver** – based upon the DDD Assessment provides residential habilitation services and employment supports; as well as services needed to protect a person's health and safety.
 - Providers of services are chosen by the individual/family within the training and contracting requirements of the state.
 - The person does not get cash to spend as desired.
 - If supported living is chosen; people generally live in groups of two to four persons and must share part of their support hours, based on individual needs.
 - Families of adults may provide waiver personal care support.
 - The cost of services must generally not exceed the cost of institutional placement.

- **Community Protection Waiver** – based upon a psycho-social evaluation and the DDD Assessment, provides residential habilitation services and employment supports; as well as other needed support services to individuals who are a

danger to themselves and others. Choice of providers is limited to those who are certified to provide this specialized service.

- Services are limited due to the nature of the waiver.
- The Person does not get cash to spend as desired.
- The cost of services must generally not exceed the cost of institutional placement.

GRANTS

Partnership Project

The Legislature has authorized funding to DDD to create partnerships with school districts and other state and local offices. The intent of the project is to establish a statewide connection between DDD, the counties, and schools to enable students with developmental disabilities to make the most productive use of the supports available in schools to achieve employment or a successful pathway to employment upon leaving school.



Services include:

- **Early connection of students with developmental disabilities to workforce support systems**
- **Increased job experience and training for transition-age students**
- **Use of job market and workforce trends to assist students in preparing for employment at matriculation**
- **Coordination of resources from state and local workforce entities in the objective of employment for transition students**
- **Communication of successful student achievement of jobs**
- **Publication of the results, including, at a minimum, data on jobs achieved, hours worked, and wages earned**
- **Dissemination of information and provision of technical assistance promoting best practices statewide**

The project director is Jane Boone who can be contacted for more information at: boonejs@dshs.wa.gov

Building Community and Careers Grant



Washington has been awarded a Real Choices – Person-Centered Planning grant. The total budget for this project is \$550,000 to cover the costs of designing and testing an informal support network and how to evaluate that network. The grant covers a three year period, starting October 2007 to September 2010.

What we want to accomplish overall

To learn:

- several successful approaches of what it took to assist 36 people with developmental disabilities to secure paid jobs and be connected to their communities through assistance from informal support networks and work on building welcoming/inclusive communities.
- how to assess and describe how informal support networks work naturally, how communities can be more effective to accomplish these goals for people, and what interventions are needed.

To provide:

- other communities lessons and positive examples they can use to advance these same goals.

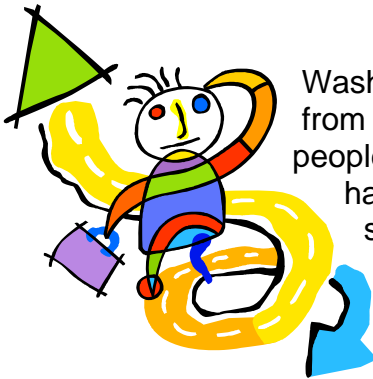
At the end of the project success means:

Each of the 36 people: paid employment, increased satisfaction with their lives, accomplishments on their plan, more connected to their community, a natural support network developed and sustained.

The project director is Carolyn Carlson who can be contacted for more information at: carlscm@dshs.wa.gov

Roads To Community Living Grant

A Grant from the Center for Medicare and Medicaid Awarded to the State of Washington



Washington State is one of the first 17 states that received funding from the Centers for Medicare and Medicaid Services (CMS) to help people move from institutions, back into the community. Washington has been granted \$27 million over a 5 year period to develop supports and services that will help older residents and people with physical, mental or developmental disabilities return to their community homes instead of living in a DDD institution, nursing home or psychiatric hospital.

Funding can be used to purchase services or supports that are not normally available to persons transitioning from institutions and to help them settle into community life during the first year of their move to a community setting.

Some of the additional services could include intensive employment services, person-centered planning, personal agent services, a service dog; assistive technology, Additional staff training, etc. The important thing to remember is after the first 365 days, only services that can be authorized through current waivers will still be available.

Anyone who has lived in a DDD Institution, psychiatric hospital or nursing home for 6 months or more and who wants to move back into the community is eligible to be considered for this opportunity. Children as well as adults are eligible to be considered.

The operating plan for the grant was written in 2007 and actual movement from institutional settings is anticipated to begin spring 2008.

The project director is Elizabeth Prince who can be contacted for more information at: Prince@dshs.wa.gov

REGIONAL INVOLVEMENT

Regional Quality Assurance Manager (QAM) and Performance Quality Improvement (PQI) Staff Activities

Every Region has Quality Assurance staff who are assigned to complete the following activities:

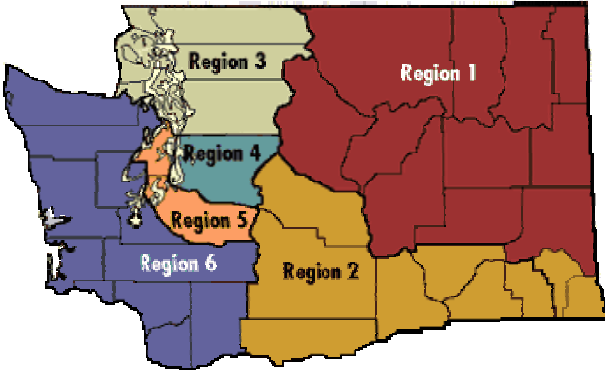
- Manage the Incident Reporting System for the Region; including being prime liaison with Central Office.
- Work with the Attorneys General on guardianship issues.
- Manage the mortality review system for the region including special reviews as required.
- Develop the Quarterly Regional Quality Assurance report, in conjunction with regional management; including analyzing regional quality assurance trends and patterns.
- Fulfill Allen/Marr Settlement responsibilities; which includes random reviews.

Regional PQI Position Expectations:

- Visits to new Adult Family Homes and others as assigned.
- Attend Adult Family Home Orientation Meetings and others as assigned.
- Other AFH assignments including managing the technical assistance process for AFH providers if assigned.
- Schedule/host DDD Specialty Trainings and other trainings as assigned.
- Do the three-part "Mover's Survey" for all Allen/Marr Clients who move from a psychiatric hospital after residing there for 90 days or more.

Regional QAM/PQI Duties as Assigned:

- Complete surveys of movers from the Residential Habilitation Centers – 3 visits in first year of move. Include volunteers in visits 2 and 3 when appropriate.
- Complete annual National Core Indicators surveys of waiver recipients.
- Do quality assurance follow-up on service issues in residential or home situations as requested by Central Office or Regional administration.
- Provide technical assistance for problem situations as requested by Regional administration.
- Participate in yearly reviews of Children's Staffed Residential Homes, along with Licensing staff and Nursing Care Coordinators as indicated.



DDD Regional Quality Assurance Staff

Region 1 Team

Renee Temple (left) Performance and Quality Improvement, Kim Abe-Gunter (Center) Regional Quality Assurance Manager, and Cheryl Alderman (right) Performance and Quality Improvement Specialist.

Kim Abe-Gunter's email address:
AbeGuki@dshs.wa.gov



Region 2 Team

Shiela Hyvonen (left) Quality Improvement Manager and Christine Fox (right) Performance and Quality Improvement Specialist.

Shiela Hyvonen's email address:
HyvonVS@dshs.wa.gov



Region 3 Team – In Transition

Linda Cummings - Clinical Support Supervisor and Quality Assurance Manager.

Linda Cumming's email address:
cummiLI@dshs.wa.gov



Region 4 Team

Martha Gluck (left) Regional Quality Assurance Manager, Ann Maxwell (center) Performance and Quality Improvement Specialist, and Neal Hallmark (right) Performance and Quality Improvement Specialist.

Martha Gluck's email address:
GluckMK@dshs.wa.gov



Region 5 Team

Dennis Kaeser (left) Performance and Quality Improvement Specialist, Susan Duhamel (middle left) data entry and training coordinator, Bob Furman (middle right) Performance and Quality Improvement Specialist and Cathy Andres-Ebbert (right) Quality Assurance Manager.

Cathy Andres-Ebbert's email address:
AndreCA@dshs.wa.gov



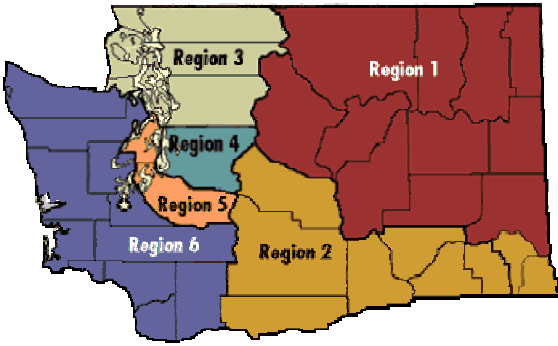
Region 6 Team

Kate Gallagher (left) Performance and Quality Improvement Specialist, Anna Facio (middle), Quality Assurance Program Manager, Andrea Hymas (right), Performance and Quality Improvement Specialist.

Anna Facio's email address:
facioam@dshs.wa.gov



Each regional team is assigned a random sample of waiver clients. Each team is responsible for administering a face to face survey to the clients in their region. These interviews are used to provide state and national data. The regional teams were successful in completing all face to face NCI survey visits on time.



DDD Statewide Contacts

Region 1 Offices

Counties served: Adams, Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Whitman

Region 2 Offices

Counties served: Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Walla Walla, and Yakima

Region 3 Offices

Counties served: Island, San Juan, Skagit, Snohomish, Whatcom

Region 4 Offices

Counties served: King

Region 5 Offices

Counties served: Kitsap, Pierce

Region 6 Offices

Counties served: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum

Appendix 1

Commonly Used Acronyms

ADA	The Americans with Disabilities Act of 1990
ADD/ADHD	Attention Deficit Disorder/Attention Deficit Disorder Hyperactivity
ADSA	Aging and Disability Administration
AFH	Adult Family Home
BH	Boarding Home
CA	Community Access for individuals 62 and above
CH	Companion Home
CHDD	Center on Human Development & Disability
CMIS	Case Management Information System
CMS	Centers for Medicare and Medicaid Services
COPEs	Community Options Program Entering System (aging waiver)
CPP	Community Protection Program
CRM	Case Resource Manager (DDD)
CRSA	Community Residential Services Association
CSO	Community Service Office (Medicaid)
DDC	Developmental Disabilities Council for the State of Washington
DDD	Division of Developmental Disabilities
DOH	Department of Health
DRW	Disability Right of Washington
DVR	Division of Vocational Rehabilitation
ETP	Exception to Policy
ETR	Exception to Rule
FRC	Family Resource Coordinator
GH	Group Home
HCS	Home and Community Services
ICFMR	Intermediate Care Facility for Mentally Retarded (institutions)
IDEA	Individuals with Disabilities Education Act
IE	Individual Employment
IEP	Individual Education Plan
IFS	Individual and Family Services
ISP	Individual Support Plan
ITIEP	Infant and Toddler Early Intervention Program
JLARC	Joint Legislative Audit Review Committee
JRP	Joint Requirements Planning Staff (DDD)

MH	Mental Health Division
MIP	Medically Intensive Program
MPC	Medicaid Personal Care
NH	Nursing Home
NPS	No Paid Services (DDD)
NSA	Necessary Supplemental Accommodation
OT	Occupational Therapy/Therapist
PAN	Planned Action Notice
PC	Parent Coalition (14 statewide)
PT	Physical Therapy/therapist
P2P	Parent to Parent (32 statewide)
P2020	Partnership 2020 (supported employment assoc.)
QCC	Quality Control and Compliance Staff (DDD)
RA	Regional Administrator (DDD)
RHC	Residential Habilitation Center (institution)
SIU	Special Investigation Unit at RHCs
SL	Supported Living
SOLA	State Operated Living Alternatives
SSA	Social Security Administration or Social Security Act
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
WAC	Washington Administrative Code

SPECIAL ACKNOWLEDGEMENTS TO QA REPORT TEAM

Chair: Janet Adams

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