**ESF Licensing- Development, Cost and Bed Rates**

Q: Where is the greatest need for ESF development?

A: Our current focus is on finding placements for clients who are ready to discharge from Western State Hospital; development of an ESF along the I-5 corridor is a priority.

Q: How much does it cost to license an ESF bed?

A: $1,040 per bed at the time of license application and $1,040 per bed annually at the license renewal.

Q: What is the daily rate?

A: $455

Q: Are there other fees or costs?

A: ESF providers must pay an application fee to Department of Health/Construction Review Services. This fee is based on the initial project cost associated with your project. More information is available on the [Construction Review Services Website](http://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/ConstructionReviewServicesCRS/PlanReviewProcess/DeskReferenceManuals/EnhancedServiceFacility).

Q: Is there funding available for capital costs?

A: Not from DSHS; however, the Legislature has provided grant opportunities through the Department of Commerce; please check the Department of Commerce website for more details.

Q: How long does it take to become licensed and contracted?

A: There are many factors to consider, such as local zoning ordinances, unique physical plant requirements, required staff trainings, and inspection processes.

Q: Can an ESF be part of another facility or on the same grounds as another facility?

A: An ESF may hold only one license but, to the extent permitted under state and federal law and Medicaid requirements, a facility may be located in the same building as another licensed facility, provided that:

(a) The ESF is in a location that is totally separate and discrete from the other licensed facility; and

(b) The two facilities maintain separate staffing.

**Physical Plant Requirements**

Q: What’s the maximum number of residents per ESF?

A: 16

Q: How many residents per room?

A: 1

Q: How many bathrooms, showers or tubs must be in the ESF?

A:

* One toilet and handwashing sink for every four residents;
* At least one bathing unit for every four residents;
* Access to at least one bathing device for immersion; and
* Access to at least one roll-in shower on each resident care unit.

Q: Does an ESF have to include a commercial kitchen?

A: The facility must provide food service on the premises or by contract with a commercial kitchen. If the facility provides food service on-site, the facility must ensure food service areas are in compliance with chapter [246-215](http://apps.leg.wa.gov/wac/default.aspx?cite=246-215) and [246-217](http://apps.leg.wa.gov/wac/default.aspx?cite=246-217) WAC, state board of health rules governing food service sanitation.

**Staffing and Operations**

Q: What are the staffing expectations?

A:

* At least two staff are awake and on duty in the facility at all times if there are any residents in the facility.
* When residents are in the facility, there must be at least one staff for every four residents present.
* A registered nurse must be available to meet the needs of the residents as follows:
* On duty in the facility at least twenty hours per week;
* When not present, available on-call and able to respond within thirty minutes by phone or in person, and must be available to respond in-person at the facility within thirty minutes if needed.
* A licensed nurse must be on duty in the facility whenever a registered nurse is not on site.
* A mental health professional must be available to meet the needs of the residents as follows:
* On duty in the facility at least eight hours per day; and
* When not present, available on-call and able to respond within thirty minutes by phone or in person, and must be available to respond in-person at the facility within thirty minutes if needed.

Q: Are there unique training expectations for ESF staff?

A: Many of the ESF training requirements are consistent with what is expected for other residential settings licensed or certified by Residential Care Services. However there are four trainings which must occur prior to the staff working in the facility to include De-escalation Training, Mental Health Specialty Training, Dementia Specialty Training and Home and Community Based Services Training.

**ESF Clients and Program Support**

Q: Where are potential residents currently living?

A: ESFs are designed to serve individuals transitioning from state or local psychiatric hospitals.

Q: How are residents identified?

A: The local HCS Transition Coordinator will identify and refer potential residents.

Q: Who will provide behavior health services?

A: The behavioral health organization (BHO) or managed care organization (MCO) will provide professional behavior health services through contract with a local community mental health organization.

In addition, the ESF staffing model includes on-site mental health professionals, who will provide consultation to other staff members, work with the resident and other staff to implement the behavior support plan, and work directly with the resident to provide behavior support services.

Q: Who provides case management services?

A: Each client has an assigned HCS Case Manager.

Q: Are ESF staff and administrators mandated reporters?

A: Yes, ESF staff and administrators are mandated reporters. The facility must ensure that each staff person report to the department's Aging and Long-Term Support Administration Complaint Resolution Unit (CRU) hotline consistent with chapter [74.34](http://app.leg.wa.gov/RCW/default.aspx?cite=74.34) RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred.

Q: Does the state provide any additional technical assistance once an ESF is licensed?

A: The state provides a series of technical on-site visits to provide education and support within the first three months of licensure. Contract monitoring is then conducted on a regular basis.