

REPORT TO THE LEGISLATURE

Transforming State-Operated Intermediate Care Facilities

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Transforming Lives

Table of Contents

EXECUTIVE SUMMARY.....	1
A NOTE ABOUT PLAIN LANGUAGE.....	1
PART I.....	1
PART II.....	2
PART III.....	3
CONCLUSION.....	3

Executive Summary

In 2021 the Washington State Legislature took critical steps toward implementing the 2019 [report](#) about developmental disability service reform. One step, which is described in greater detail below, was to direct work advancing the report's recommendation to transform the way state-operated intermediate care facilities (ICFs) function. The Legislature made clear its desire for stays in state-operated ICFs to be temporary and for the transient nature of the service to be well understood by clients and their guardians. The Legislature also stressed that when crisis stabilization services are available in the community, the client should be presented with those options before admission to a state-operated ICF.

The Developmental Disabilities Administration (DDA) is preparing a comprehensive state-operated ICF admissions policy supported by a suite of accessible communication tools designed to clearly explain ICF service requirements to clients, guardians, and families. DDA will also issue guidance to its staff on how to supplement these written documents with straightforward conversations to answer questions and ensure understanding.

A Note About Plain Language

We want this report to be understood by as many people as possible, so we did our best to use plain language. That means this report will not sound the way government reports usually do. Using plain language is hard because there are not simple words for every idea. This report uses plain language wherever it can because plain language helps more people understand ideas that matter. The ideas in this report matter, and we want everyone to understand them.

Part I

Describe the development of procedures ensuring that clear, written, and verbal information is provided to the individual and their family member explaining that:

- a. Placement in the intermediate care facility is temporary; and*
- b. What constitutes continuous aggressive active treatment and its eligibility implications.*

DDA's new comprehensive state-operated ICF admissions policy requires DDA staff to ensure that clients requesting state-operated ICF services are informed that services in state-operated ICFs are temporary and are given a clear, thorough explanation of the legal and practical requirements of continuous aggressive active treatment, including its implications for continued ICF eligibility. As part of this effort, DDA policies 3.04 and 4.01 will be repealed. Standard operating procedures will be harmonized with the new policy.

DDA is preparing a comprehensive suite of accessible communication tools, including brochures, that will complement conversations between case managers, clients, guardians, and family members to achieve this result.

Part II

Describe the development of procedures ensuring that:

Discharge planning begins immediately upon placement of an individual within the intermediate care facility;

- 1. The individual and their family member is provided clear descriptions of all placement options and their requirements; and*
- 2. When the individual has not achieved crisis stabilization after 60 days of initial placement in the intermediate care facility, DSHS convenes the individual's team of care providers including, but not limited to, the individual's case manager, the individual's community-based providers, and, if applicable, the individual's Apple Health (Medicaid) plan to review and make any necessary changes to the individual's crisis stabilization care plan.*

To satisfy the Legislature's directive while remaining in compliance with federal funding requirements and person-centered planning principles, DDA is implementing standard operating procedures and necessary policy changes.

Federal ICF regulations require that ICF clients be discharged from the facility for good cause and that—absent an emergency—the client is given reasonable time to prepare for discharge (see 42 C.F.R. § 483.440(b)(4)(i)). Federal guidance establishes that good cause for discharge exists when:

1. The facility cannot meet the client's needs;
2. The client no longer requires treatment in an ICF;
3. The client chooses to reside elsewhere; or
4. A determination is made that another level of service or living situation would be more beneficial to the client.

Beginning in 2022, DDA will require that each state-operated ICF client's interdisciplinary treatment team meet no more than 60 days after admission and again every 120 days thereafter, to evaluate whether the client meets discharge criteria. If the client does not meet discharge criteria, the team will make necessary changes to the treatment plan and continue treatment. If the client does meet discharge criteria, the facility will begin working with the client to identify appropriate service settings outside the ICF and begin the discharge process. Meeting these deadlines requires the treatment team to begin the discharge planning discussion with the client immediately upon admission.

Under the new model, the goal of discharging the resident to an appropriate setting will begin during the admissions process and continue throughout the client's stay at the state-operated ICF. Throughout this process, clients and guardians will be presented with appropriate service alternatives. During these conversations, DDA staff will explain the nature of each alternative service, including the relevant requirements for each setting.

Part III

Describe the development of procedures ensuring that when crisis stabilization services are available in the community, the individual is presented with the option to receive services in the community prior to placement in an intermediate care facility.

It is already standard procedure at DDA to ensure that clients in crisis are offered available community-based crisis stabilization services before being admitted to a state-operated ICF. This standard procedure will also be included in the new comprehensive state-operated ICF admissions policy.

Conclusion

Implementing the recommendations in the 2019 [report](#) remain a top priority for DDA, and the steps described in this report summarize some of those efforts. DDA remains committed to meeting each client's needs through person-centered service delivery, and to ensuring the quality of these efforts through a plan-do-check-act quality assurance framework.