

DEVELOPMENTAL DISABILITIES ADMINISTRATION

Olympia, Washington

TITLE:

PLANNED RESPITE PROVIDED BY A NURSING FACILITY AT AN RHC

POLICY 17.05

Authority:	42 C.F.R. 440 42 C.F.R. 483, Subpart B Title 71A RCW Chapter 71A.20 RCW RCW 71A.20.180 Chapter 388-97 WAC Chapter 388-825 WAC	<i>Services: General Provisions</i> <i>Requirement for Long-Term Care Facilities</i> <i>Developmental Disabilities</i> <i>Residential Habilitation Centers</i> <i>Closure of Yakima Valley School—Department</i> <i>duties—Continuation of services</i> <i>Nursing Homes</i> <i>Developmental Disabilities Administration Services</i> <i>Rules</i>
Reference:	DDA Policy 7.03 DDA Policy 9.06 DDA Policy 12.01 DDA Policy 12.02 DDA Policy 16.01 DDA Policy 16.07 DDA Policy 17.04 Engrossed Substitute House Bill 1109, Sec. 203(2)(e)(i)	<i>Informed Consent</i> <i>Health Services: Residential Habilitation Centers</i> <i>Incident Reporting and Management for DDA</i> <i>Employees</i> <i>RHC Incident Investigations</i> <i>Responding to PASRR Program Referrals</i> <i>Planned Action Notices for PASRR</i> <i>RHC Governing Body</i>

BACKGROUND

Clients of the Developmental Disabilities Administration (DDA) may receive planned respite at state-operated Residential Habilitation Centers (RHCs) certified as nursing facilities. Clients who are age 16-20 may be eligible if no service options are available in the community to appropriately meet their needs. Under [RCW 71A.20.180](#), Yakima Valley School offers only planned respite and crisis stabilization services to eligible clients.

PURPOSE

This policy establishes eligibility criteria and referral for clients requesting planned respite provided by an RHC certified as a nursing facility.

Planned respite is provided at the following RHC nursing facilities:

- Yakima Valley School
- Lakeland Village
- Fircrest School

SCOPE

This policy applies to all DDA field services, headquarters, and RHC staff working with clients who request planned respite provided by RHCs certified as a nursing facility. For clients who request admission to an RHC for intermediate care or nursing facility services, see [DDA Policy 17.02](#), *RHC Admissions for Intermediate Care and Nursing Facility Services*.

DEFINITIONS

Comprehensive Assessment and Reporting Evaluation or CARE is a tool under [Chapter 388-106 WAC](#).

CRM means the field services DDA case resource manager or social service specialist

Interdisciplinary team or IDT means a group of people who collaborate to develop the individual plan of care under [RHC SOP 103.3](#), *Interdisciplinary Team: Nursing Facility*.

Legal representative means a parent of a client if the client is under age eighteen, a court-appointed guardian if a decision is within the scope of the guardianship order, or any other person authorized by law to act for the client.

Necessary supplemental accommodation representative or NSA means a person who receives copies of DDA planned action notices and other department correspondence to help a client understand the documents and exercise the client’s rights.

Preadmission Screening and Resident Review or PASRR means a federally mandated program that requires a client be assessed for nursing facility level of care before admission to a Medicaid-certified nursing facility.

PASRR assessor means a regionally designated CRM who completes the PASRR process.

Planned respite means a scheduled break in caregiving to families and primary caregivers of clients.

Residential Habilitation Center or RHC means a state-operated facility under [RCW 71A.20.020](#).

Nursing facility or NF means a nursing facility regulated by [42 C.F.R. 483, subpart B](#), [42 C.F.R., subpart C](#), and [Chapter 388-97 WAC](#).

Treating professional means an individual who specializes in the discipline within their scope of license.

POLICY

- A. A person is eligible to receive planned respite provided by an RHC certified as a nursing facility if the person:
1. Is DDA-eligible under [Chapter 388-823 WAC](#);

2. Is eligible for Medicaid under [Title 182 WAC](#);

3. Is age:

a. 21 or older; or

b. 16-20 and there are no respite options available in the community to appropriately meet the client’s needs;

4. Is assessed to meet PASRR eligibility criteria;

5. Does not require inpatient treatment related to a behavioral health care need, where such treatment is available through Medicaid State Plan and prescribed by the client’s treating professional; and

6.

Is not incarcerated or detained under [Chapter 71.05 RCW](#) or [Chapter 71.09 RCW](#) and any pending civil commitment proceedings are dismissed.
- B.

Before admission to a nursing facility, a PASRR assessor must complete the PASRR determinations and provide a copy of the determinations and planned action notice according to [DDA Policy 16.07](#), *Planned Action Notices for PASRR*.
- C.

Admission to an RHC certified as a nursing facility for planned respite is limited to 30 days in a calendar year, not to exceed 30 consecutive days across two calendar years.
- Note: The discharge day is not considered in the total number of days a client accesses planned respite. Admission to an RHC greater than 30 consecutive days may affect an individual’s financial benefits under the Social Security Administration and could incur participation costs.
- D.

A CRM may submit planned respite requests up to 180 days before the requested start date. The request must identify the specific date of a client’s arrival to the RHC certified as a nursing facility and the date they will leave and return to their primary residence.
- E.

Planned respite provided by an RHC certified as a nursing facility requires approval from the HQ Respite Coordinator or designee.

PROCEDURES

A. REFERRAL

1.

Before submitting a request for planned respite provided by an RHC certified as a nursing facility for a client aged 16-20, the CRM must discuss applicable community-based options.
- Note: For a client age 18-20, the client may be eligible for Overnight Planned Respite Services, respite provided in an Adult Family Home , or respite through a home and community-based waiver. For a client age 16-17, the client may be eligible for Enhanced Respite Services or respite through a home and community-based waiver.
2.

If the client and the client’s legal representative request planned respite at an RHC certified as a nursing facility, the CRM must:
- a.

Complete and submit the following referral packet to their supervisor:
- i.

[DSHS 10-572](#), *Respite Application for Overnight Planned Respite Services and/or Planned Respite Services at an RHC*;
- ii.

[DSHS 14-012](#), *Consent*, identifying any relevant people or entities outside of DSHS to whom confidential information can be shared to plan, provide, and coordinate services;
- iii.

Current DDA assessment details; and
- iv.

Other relevant documents, such as behavior support plan, cross-system crisis plan, evaluations, or clinical notes;

- b.

Complete and submit a prior approval to their supervisor for planned respite at an RHC that provides the following information in CARE:

i.

In the “Request Description” tab:

A)

The RHC requested; and

B)

The client’s age if the client is aged 16 through 20;

ii.

In the “Justification for Request” tab, the client’s discharge plan; and

iii.

In the “Alternatives Explored” tab, if the client is age 16-20, a list of alternatives explored and information about why each option was not available or effective.
3.

The CRM Supervisor must review and submit:

a.

The completed referral packet to the ARSC@dshs.wa.gov inbox; and

b.

The prior approval in CARE to the HQ Respite Coordinator.
4.

The HQ Respite Coordinator must:

a.

Confirm the referral packet is complete;

b.

Send the referral packet to the applicable RHC admissions coordinator or designee; and

c.

Send the referral packet to the RHC Director, if the request is for seven consecutive days or longer.

B. DECISION

1.

No more than seven business days after receiving the referral, the RHC certified as a nursing facility must:

a.

Determine if the client meets criteria for planned respite by:

i.

Reviewing the referral documentation, including relevant client history;

ii.

Verifying the client meets nursing facility level of care under [WAC 388-106-0355](#);

iii.

Determining if the RHC can safely meet the client’s needs;

iv.

Ensuring the medical director or medical provider reviews the referral and provides input to the decision; and

v.

Verifying federal funding, vacancy, and sufficient staffing are available to meet the client’s support needs.

b.

Consult with the RHC Director if the client’s support needs require enhanced or additional staffing.

c.

Communicate the admission decision to the HQ Respite Coordinator.

2. If the RHC denies the request, the HQ Respite Coordinator must:

a. Notify the CRM and CRM Supervisor regarding the denial and, if applicable, provide instructions to send a Planned Action Notice; and

b. Process the prior approval in CARE.

i. If all RHC nursing facilities cannot support the request, the prior approval is denied.

ii. If the preferred RHC cannot support the request and the client, or the client’s legal representative, does not consent to receive respite at another RHC, the prior approval is withdrawn.
3. If the request is approved, the HQ Respite Coordinator must:

a. Approve the prior approval in CARE;

b. Send an email notification of the approval to the:

i. CRM and CRM supervisor;

ii. Applicable regional PASRR unit; and

iii. Applicable RHC admission coordinator or designee, Superintendent and Assistant Superintendent.
4. The notice in subsection (3) must include:

a. Instructions for documenting the approved service in CARE; and

b. [DSHS 15-592](#), *DDA RHC Admission Checklist*.
5. The CRM must:

a. Notify the client and legal representative of the approval and need for the required documents outlined in the RHC admission checklist ([DSHS 15-592](#));

b. Complete the Planned Action Notice for the approval of the planned respite;

c. Update the client’s person-centered service plan according to the instructions provided by the HQ Respite Coordinator; and

d. Using Barcode form 15-345, notify the Long-Term Care and Specialty Unit of the client’s planned arrival and discharge date.

C. PLANNED RESPITE PROVIDED BY A NURSING FACILITY AT AN RHC

1. The referring regional PASRR assessor must:

a. Complete the PASRR Level 1 assessment and determination as required by [DDA 16.01](#), *Responding to Preadmission Screening and Resident Review Program Referrals*;

b. Send the planned action notice as required by [DDA 16.07](#), *Planned Action Notices for PASRR*, before a client arrives at an RHC nursing facility for

planned respite; and

- c. Complete the PASRR Level 2 assessment before the 31st day of service if planned respite is anticipated to exceed:
 - i. 30 consecutive days; or
 - ii. 30 days in a calendar year.
- 2. On or before the client's planned arrival date for respite, the RHC must:
 - a. Complete the RHC admission checklist;
 - b. Establish timelines for the development of the individual plan of care;
 - c. Orient the client and the client's family or legal representative to the client's living unit; and
 - d. Update the Short-Term Stay tab in CARE and the client's electronic health record with admission information.
- 3. The RHC must update the Short-Term Stay tab and electronic health record after the client discharges.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESSION

DDA Policy 17.05, *Planned Respite Provided by a Nursing Facility at an RHC*
Issued October 15, 2022

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: April 15, 2023