

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: COMMUNITY RESIDENTIAL SERVICES: REFERRAL, ACCEPTANCE, AND CHANGE IN RESIDENTIAL PROVIDER 4.02

Authority: [Chapter 70.02 RCW](#) *Medical Records – Health Care Information Access and Disclosure*
[Title 71A RCW](#) *Developmental Disabilities*
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Support*
[Chapter 388-101D WAC](#) *Requirements for Providers of Residential Supports*

PURPOSE

This policy establishes procedures for referring Developmental Disabilities Administration (DDA) clients to community residential services. This policy also establishes a transition process, procedures for changing a client’s service provider, and procedures for sending service termination notices.

SCOPE

This policy applies to DDA staff and the following DDA-contracted residential service programs:

For adults:

- Community intermediate care facility for individuals with intellectual disabilities (ICF/IID)
- Crisis diversion bed and support services
- Group homes (GH)
- Group training homes (GTH)
- State-operated living alternatives (SOLA)
- Supported living (SL)

DEFINITIONS

Case resource manager (CRM) means the case carrying DDA case manager who is the liaison to the client.

Habilitation means services delivered by community residential service providers to assist people with developmental disabilities to acquire, retain, and improve upon the self-help, socialization, and adaptive skills necessary to reside successfully in the community.

Resource manager (RM) means the DDA liaison to the service provider who establishes rates and monitors contract compliance.

Resource management administrator (RMA) is the DDA administrator who manages budgetary and programmatic practices of community residential services within an assigned region.

POLICY

- A. DDA clients approved to receive community residential services will be provided the opportunity to live in a manner that meets their needs and preferences. Services must be delivered in the most cost-effective manner possible. Based on the habilitation benefits and efficiencies of sharing households and staffing, clients assessed as needing 24-hour daily support typically live in households with one to three other clients.
- B. For a single-person household, the RM must complete an exception to policy annually. A client lives in a single-person household if the client:
1. Has an assessed support level in CARE of 4, 5, or 6 as defined in [WAC 388-828-9540](#);
 2. Does not share their home with another client; and
 3. Does not share ISS support with another client.
- C. When referring a client for residential services, DDA will ensure that:
1. Services are offered in integrated settings that support power, choice, and full access to the greater community to engage in community life.
 2. The client, and the client's legal representative if they have one, receives the necessary information to make an informed choice when selecting an available service. Information regarding supported living, group training home, and group home residential providers is available online using the [Supported Living Program Locator](#).
 3. The service provider receives the necessary information to make an informed decision when reviewing referrals.
 4. The service provider has the necessary contract and certification or license. Licensed facilities must operate within their licensure capacity.

- D. The RM and the CRM must work collaboratively on the client referral process.
1. The CRM must complete DDA's client assessment process, submit a waiver request if necessary, and prepare the referral packet.
 2. The RM must distribute the referral packet to potential service providers and document the distribution and responses in the Residential Referral Database.
- E. Clients have the right to change residential service providers. The CRM must discuss a client's satisfaction with their current providers at the client's annual assessment.
- F. A supported living service provider, administrator, or owner must not own a home rented by a client the provider supports.
- G. For a supported living service provider who owned a residence rented by a client they supported before July 1, 2013, the following exception to policy process must be completed annually:
1. The service provider must complete [DSHS 27-124](#), *Provider Owned Housing Memorandum of Understanding Residential Provider Attestation* and submit it to the RM.
 2. The CRM must work with the client or the client's legal representative to complete [DSHS 27-123](#), *Provider Owned Housing Memorandum of Understanding Renter Attestation* and submit it to the RM.
 3. The RM must attach both of these documents to the ETP and submit it to the Office Chief for Residential Services for review.
 4. The RM must keep a signed copy of an approved ETP in the client's file and forward a copy to the service provider no more than 30 days after submitting the request to the Office Chief for Residential Services.

PROCEDURES

A. Standard Referrals

1. When referring a client for residential services, identifying potential service providers, and distributing referrals, the CRM must consider the following:
 - a. Personal preference of the client being referred;
 - b. Identified advocate or legal representative requests;
 - c. Personal preferences of potential housemates;
 - d. Provider's ability to meet the client's health, safety, and program needs;
 - e. Needs of all persons in the residence, including safety and protection;

- f. Capacity in existing homes;
 - g. Provider's areas of specialty;
 - h. Provider's interest and ability to expand services; and
 - i. Enforcement action against the provider by DSHS.
2. Before referring a client to residential service providers, the CRM must:
 - a. Discuss the client's preferences and services available to the client.
 - b. Complete [DSHS 15-358](#), *Client Referral Summary*, no more than five working days after receiving the client's request for residential services.
 - c. Obtain a signed copy of [DSHS 14-012](#), *Consent*, from the client or the client's legal representative. The form must have been signed within the last 12 months.
 - d. Compile the referral packet. See Procedures Section (D) for referral packet contents.
 - e. Send the referral summary and referral packet electronically to the regional referral mailbox for distribution.
 - 1) Region 1 Referrals – Region1Referrals@dshs.wa.gov
 - 2) Region 2 Referrals – R2Referrals@dshs.wa.gov
 - 3) Region 3 Referrals – R3Referrals@dshs.wa.gov
 3. The CRM must update a client's referral packet with current information if the client's referral is more than six months old and the client is in search of a residential service provider.
 4. The RM may request completed [DSHS 15-360](#), *Residential Services Capacity Profile*, from a service provider to assist in making a referral.
 5. The RM must send providers a completed consent form, [DSHS 15-358](#), *Client Referral Summary*, and document that they sent the referral to that provider in the referral data base.
 6. The service provider must review the *Client Referral Summary* and respond to the RM in no more than five working days stating whether or not they want to receive a referral packet.
 7. If the provider wants to receive the referral packet, the RM must send the referral packet to the service provider and document that it was sent in the residential referral database and a service episode record.

8. The provider must verify receipt of the referral packet by sending an email to the RM.
9. The provider must evaluate the referral packet to determine whether or not they have the resources necessary to meet the client's needs.
 - a. No more than ten working days after receiving the referral packet, the provider must notify the RM whether or not they accept the referral for further evaluation; and
 - b. If a decision is not possible within ten days, the provider must consult the RM to determine a mutually agreed upon extended timeframe.
10. If the client or the client's legal representative decides not to select the provider, the RM will notify the provider and send referral packets to additional providers.
11. If the provider decides not to accept the referral, the provider must destroy the referral information and send to the RM in writing the decision and reason for the decision.
12. The RM must document client and provider responses in the referral data base.
13. At least once a month, the CRM must notify the client, or the client's legal representative if they have one, of the status of the referral.
14. The provider must follow all relevant statutes and WACs regarding confidentiality.

B. Interregional Referrals

For a supported living, group home, group training home, or state-operated living alternative client wishes to explore residential services in another region, the following process must be completed:

1. The CRM sends the referral packet to the referral mailbox within the originating region.
2. The RMA or designee from the sending region reviews the referral material and sends it to the referral mailbox of the receiving region.
3. The RM in the receiving region follows the standard referral process under Procedures Section A.
4. The CRM of the sending region helps the client and the client's family identify and choose a qualified provider.

5. The field service administrator or designee transfers the client's case file and the CARE record to the receiving region.
6. The CRM of the receiving region assumes case management responsibility for the client on the day the client moves.

C. Emergency Referrals

If an emergency situation occurs and the immediate support needs of the client do not allow for the standard referral process described in this policy (including emergent residential services), the CRM must:

1. Compile as much as the referral packet as possible, including:
 - a. Any client information immediately available, including the DDA Assessment Detail and Service Summary; and
 - b. The client's current medication list, name of pharmacy, and treating practitioner's contact information;

Note: When possible, provide medications in their original labeled container.
2. Complete [DSHS 10-232](#), *Provider Referral Letter for Supported Living/Group Home Providers*, to document information given and received;
3. For crisis diversion bed services, complete [DSHS 15-318](#), *DDA Crisis Diversion Bed Referral and Intake Information*;
4. Document conversations with the providers in the client's service episode record; and
5. Provide remaining referral packet contents to the provider no more than five working days after the client begins receiving services from the new provider.

D. Referral Packet Contents

1. For an adult client, the CRM must review the file for current and relevant documents. For items reviewed annually, the document must be dated within the previous 12 months. If necessary, the CRM must request to obtain documents not in the file, such as:
 - a. [DSHS 15-358](#), *Client Referral Summary*.
 - b. [DSHS 10-232](#), *Provider Referral Letter for Supported Living/Group Home Providers*, which lists the information included in the packet.

- c. [DSHS 14-012](#), *Consent*.
- d. Any history of residential services received from other providers.
- e. Legal representative information and documentation.
- f. Marital status and ages of children, if any.
- g. The client's current DDA Assessment and person-centered service plan. An assessment for a client referred for supported living, group home, or group training home services must indicate the client's residential service level of under [WAC 388-828-9540](#).
- h. The client's current functional assessment and positive behavior support plan, if they have them.
- i. The client's current or pending cross-system crisis plan, if they have one.
- j. Dates, sources, and copies of the most recent psychological or mental health evaluations, including any behavioral and psychiatric information and treatment plans.
- k. A summary of incidents that warranted an incident report within the past 12 months, including behavioral incidents and medical issues. The provider may request redacted versions of individual incident reports.
- l. Criminal history, if applicable.
- m. Educational and vocational records, including individual education plan information if available.
- n. Financial information (may be found in ACES), such as:
 - 1) Verification of SSI or SSA status;
 - 2) Eligibility for financial assistance (e.g., food stamps, Medicaid);
 - 3) Earned and unearned income and resources;
 - 4) Payee information; and
 - 5) Client receiving state supplementary payment funds.
- o. Legal information, such as:
 - 1) Copies of court orders or legal action involving the client; and
 - 2) Names of the perpetrator and the victim of a crime – this must be included on a need-to-know basis only. The client's expressed

consent must be obtained before sharing this information. The client cannot give consent to release the name of a victim.

- p. Medical history, immunization records, and medications. Under [RCW 70.24.105](#), a client's Hepatitis B Virus (HBV) and HIV status are confidential and must not be shared.
 - q. A video referral made by DDA, if available.
 - r. Nurse delegation assessments and [DSHS 01-212](#), *ALISA Nurse Delegation Referral and Communication Case / Resource Manager's Request*, when applicable.
 - s. List of family members and names and addresses of all significant people in the client's life.
 - t. [DSHS 10-234](#), *Individual with Challenging Support Issues*, for a client with a history of offenses or behaviors that may be of concern. If this form is used the CRM must:
 - 1) Identify any significant risks to others posed by the client and what supports are necessary to manage these risks. This must include the risk posed by the client to vulnerable people, such as housemates, children, neighbors, schools, childcare centers.
 - 2) Provide the names and phone numbers of people to call if the client's behavior becomes dangerous beyond the provider's ability to ensure the safety of the client or others.
 - u. For a client with community protection issues, [DSHS 10-258](#), *Individual with Community Protection Issues*, and the client's most recent psychological or psychosexual evaluation or risk assessment.
2. If a client, or their legal representative if they have one, wishes to include information that they have created in their referral packet, they may provide them directly to the selected provider or to DDA for inclusion in the referral packet. If submitted to the provider through DDA, the CRM must notify the provider that the information is provided by the client or client's legal representative and that DSHS has not reviewed or verified the accuracy of the information.

E. Transition Planning

- 1. Following acceptance of the referral for further evaluation, the provider, the client, and the client's legal representative must meet to discuss the support services that the provider will offer to meet the client's assessed needs.

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- a. The provider must arrange for the client to visit the home they will be sharing and spend time with their potential housemates.
 - b. The provider must offer and provide access to provider policies upon request as required under [WAC 388-101D-0060](#).
2. If the provider accepts the client for services:
- a. The client, the RM, and the provider must agree on a timely process to begin services. If there is a significant delay in the start of services, the referral process may start over in order to meet the client's identified needs.
 - b. The provider must ensure nurse delegation services, if necessary, are in place before the client begins receiving residential services.
 - c. The RM must conduct a rate assessment meeting with the service provider to determine the daily rate for the residential service;
 - d. The CRM must:
 - 1) Oversee the transition of services to the new location, including new medical and pharmacy providers, leased medical equipment, change in school;
 - 2) Refer the client to employment or day services;
 - 3) Refer the client for a nurse delegation assessment, if necessary, and ensure the assessment occurs on or before the first day of supported living services.
 - 4) Facilitate transfer of:
 - a) The client's birth certificate;
 - b) The client's finances;
 - c) The client's insurance cards for Medicare, Medicaid, and ProviderOne;
 - d) The client's photo ID card;
 - e) The client's Social Security card;

- f) Any other legal documents in the previous provider, or client, or family's possession; and
 - g) The client's personal property inventory if previously served by a residential provider.
 - 5) Facilitate a plan for moving the client's:
 - a) Personal items;
 - b) Clothing;
 - c) Furniture;
 - d) Medication;
 - e) Medical supplies; and
 - f) Durable medical equipment.
 - 6) Facilitate a plan to ensure transfer of the client's representative payee, if needed.
- 3. When the residential provider changes from one DDA-contracted provider to another DDA-contracted provider, the sending provider must coordinate with the receiving provider to share client records and other client care information, including:
 - a. IISP;
 - b. Risk assessment;
 - c. Current medical information;
 - d. Doctors' orders;
 - e. Medication administration records;
 - f. Functional assessment;
 - g. Positive behavior support plan;
 - h. Any other relevant plans for the client; and
 - i. DSHS 10-635, *Residential Transition Exchange of Information* (optional).
- 4. The residential provider must have an approved rate reflected in Contract Exhibit (C), which provides the detail of each rate component and a total daily rate per client, before providing residential support services to a client. RM must authorize the rate in ProviderOne.
- 5. If a provider gives notice within the first 30 days of supporting a client DDA will meet to evaluate what worked well and what needs to be addressed differently in the future. The meeting must include DDA members of the transition team and service providers.

F. Client Request to Change Service Providers

If a client requests a change in residential service provider, DDA and the service provider will work together to address the client's request as follows:

1. A client who is seeking a change in service provider must inform the CRM of the desire to change providers. The CRM will meet with the client and the client's legal representative to discuss the reasons for the move. The CRM will encourage the client and the client's legal representative to meet with the current residential services provider to talk about whether the client's services can be modified to respond to the client's concerns.
2. If a mutually acceptable plan cannot be developed, the client will request the CRM to initiate the process to seek a new service provider that can address the client's support needs. This process of developing an acceptable plan will include the client, the client's legal representative, family, current and potential residential services providers, and DDA staff.
3. DDA will follow procedures regarding referrals noted above.
4. DDA will develop a transition plan with the client and their legal representative. The plan should include the impact to current housing, supports, and financial implication for the client.

G. Change in Client Service Needs

1. If there are barriers to service delivery that the provider needs assistance addressing from DDA, the provider may make a written request for a meeting or consultation with DDA to explore possible solutions.
2. If a client's service needs change, the client or service provider may request a reassessment. If it is determined that a reassessment is needed the CRM must meet with the provider, update the client's person-centered service plan, and move the assessment to current no more than 30 days after conducting the assessment.
3. In an emergency where a client's actions jeopardize the health and safety of themselves, other clients, or people in the community, the service provider must immediately contact the RM to request a consultation and, if needed, additional resources. The RA will identify an emergency contact outside of business hours and make contact information and regional protocols available to providers. The region shares the protocol annually, or more frequently if there are changes.
4. If further assistance is needed, the service provider must follow up in writing on the first working day after initiating a verbal request. The written request must

include:

- a. A description of the emergent situation;
 - b. The specific type of assistance needed; and
 - c. The requested time frame.
5. DDA will respond to the emergency request no more than one business day after receiving the request. DDA will send a written decision to the service provider no more than five business days after receiving the emergency request.

H. Notification to Terminate Services

If a provider determines they can no longer meet a client's needs:

1. The service provider administrator must send a written termination notification, including the reason for the termination, to the:
 - a. Client;
 - b. Client's legal representative if they have one; and
 - c. RA with a copy to the RMA and CRM.
2. DDA will initiate the referral process to identify a new provider and keep the client and current provider informed of the progress. DDA will respond as outlined in the contract.

EXCEPTIONS

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

SUPERSESSION

DDA Policy 4.02
Issued July 1, 2017

Approved: /s/ Deborah Roberts
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 1, 2019