
SCOPE

This policy applies to DDA case resource managers, and licensed staffed residential providers contracted to deliver enhanced respite services.

DEFINITIONS

CARE means the comprehensive assessment and reporting evaluation tool.

Case resource manager means the DDA case resource manager assigned to a child or youth.

Child or Youth means a person age 17 or younger, or a person between ages 18 and 20 who is enrolled in school or vocational program.

Children's Stabilization Behavior Intervention Plan is a DSHS form that enhanced respite provider complete and gives to the primary caregiver and legal representative upon discharge. The form includes:

- Identified Target Behaviors
- Instructions and Interventions for Target Behaviors and Replacement Behaviors

Children's Stabilization Habilitation Plan is a DSHS form that the enhanced respite provider completes and gives to the primary caregiver and legal representative upon discharge. The form includes:

- The child or youth's observed strengths;
- Description of identified target behavior, including frequency and severity;
- Hypothesis of behavior function and successful interventions; and
- Habilitative goals identified by the primary caregiver in the collaboration with the provider.

DDA means the Developmental Disabilities Administration within the Department of Social and Health Services.

DDA Assessment refers to the standardized assessment tool under [Chapter 388-828 WAC](#), used by DDA to measure the support needs of a person with a developmental disability.

DCYF means the Department of Children, Youth, and Families.

Developmentally based approaches means structured interventions that focus on each child or youth's individual differences and build healthy foundations of emotional, social, and intellectual

development by helping all providers, caregivers, and therapists to tailor the approach to the child or youth's unique developmental profile.

Enhanced respite services means stabilization support provided in a DDA-contracted and licensed staffed residential setting for DDA-enrolled children and youth and includes consultation from a licensed professional who provides data about the child's identified target behaviors and recommends interventions to address those behaviors successfully while offering a short-term break in caregiving.

Enhanced Respite Services Committee includes the regional out-of-home services coordinators, children's regional resource managers, and DDA HQ enhanced respite coordinator or designee.

Habilitative goals means the identified goals intended to assist the client to acquire, retain, and improve upon self-help, socialization, and adaptive skills.

Habilitation means services that assist persons with developmental disabilities to acquire, retain, and improve upon the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Individualized team means the group of people who work together to provide formal and informal supports to a client. A typical team includes the client, the client's primary caregiver and legal representative, ERS staff, the client's case resource manager, managed care organization care coordinators, and any other service providers working with the client and the client's primary caregiver.

Legal representative means a parent of a client if the client is under age 18 and parental rights have not been terminated or revoked, 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.

License means a permit issued by the Department of Children Youth and Families affirming that a home or facility meets the minimum licensing requirements.

Licensing Division means the division in DCYF responsible for licensing group care and foster care facilities and responding to allegations of abuse or neglect in such facilities.

Primary caregiver means the client's parent, legal guardian, or the person who provides the majority of the client's care and supervision and lives with the client.

Provider means the contracted provider of Enhanced Respite Services.

Residential Habilitation Center or **RHC** means a state-operated facility certified to provide Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) services, Nursing Facility level of care, or both, for people with developmental disabilities.

Respite care means short-term care for DDA clients to provide relief for people who normally provide that care.

Target behavior means action by the child or youth that constitutes a threat to their health and safety, the health and safety of others in the environment, a persistent pattern of behaviors that inhibit their functioning in public places and integration with the community. These behaviors may have been present for long periods of time or have manifested as an acute onset and are identified by the provider that needs to be modified or replaced.

POLICY

- A. Enhanced respite services are intended to:
1. Enable primary caregivers to participate in the observation and development of therapeutic teaching and training techniques that may help support their child upon their return home.
 2. Deliver developmentally appropriate services to a child in a licensed community-based setting.
 3. Collect data using [DSHS 15-595](#), *Children's Stabilization Behavior Intervention Plan*, about a child's target behaviors to develop a baseline, which may be used in the development of a functional behavioral assessment (FBA).
 4. Enable primary caregivers to participate in individualized team meetings (including intake, mid-stay, and discharge meetings) with the licensed provider and other team members to review progress towards habilitative goals.
 5. Identify any unmet health and welfare needs and explore benefits available through their private insurance, Apple Health (Medicaid), or both.
 6. Give primary caregivers a short-term break in caregiving for their child.
- B. A child may access enhanced respite services for 30 consecutive days total in a calendar year.
- C. During the school year, the CRM must complete [DSHS 10-701](#), *Enhanced Respite Services School Notification*, to support the primary caregivers or legal representative in notifying

their child's school that they will be using ERS outside of the primary caregiver's home. This notification should include a request that the absence be excused in addition to discussing the possibility that school services be provided during the course of their child's stay. CRM must provide copy of form to the primary caregiver and upload to RMT.

- D. The facility license will determine any age and gender limitations for children accessing ERS.
- E. Enhanced respite services are dependent upon availability and may be postponed due to DCYF Licensing Division (LD) stop placement actions, available staffing levels, or emergent events.
- F. If the child or youth is on a home and community-based services waiver before accessing enhanced respite services, the child or youth may use their waiver services while receiving respite, if appropriate.

PROCEDURES

- A. To be eligible for enhanced respite services, a child or youth must meet criteria in WAC 388-825-206.
- B. When prioritizing requests for a child or youth seeking enhanced respite services, the Enhanced Respite Services Committee considers the following factors:
 - 1. Whether a child or youth is eligible for the service;
 - 2. Experiences a school placement disruption, a shortened school day, or both, due to their behavior;
 - 3. Has a family emergency;
 - 4. Is awake at night, resulting in lack of adequate sleep for the primary caregivers; or
 - 5. Has behaviors or medical needs that affect daily function and impact stability in the home.
- C. Referral Process
 - 1. The CRM must follow the referral process outlined in [DDA Policy 4.01](#), *One Referral*, and submit the following to the regional designee:
 - a. [DSHS 15-600](#), *Respite, Stabilization, and RHC Support Referral*;

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- b. [DSHS 14-012](#), *Consent*;
 - c. The client's current DDA assessment details and summary;
 - d. Individualized education plan; and
 - e. Any additional information that may be available, such as a psychiatric evaluation, hospital discharge paperwork, current medication list, documentation from previous respite stays or other stabilization services, etc.
 2. The regional designee must submit the completed packet to the Enhanced Respite Services Committee via the [Enhanced Respite Services for Children SharePoint](#) for review and approval of services.
 3. To ensure the health and welfare of the child or youth accessing enhanced respite services, as well as other clients living in the home, designated regional staff must work with the contracted agency provider to identify additional, necessary safeguards and ensure integrated settings requirements are met.
 4. The provider determines whether they can safely meet the youth's needs and that the youth does not pose a risk to the health or safety of themselves, ERS staff, or other clients supported by the provider.
 5. If before or during the receipt of enhanced respite services, the child or youth requires a procedure or intervention that is defined as restrictive under [DDA Policy 5.19](#), *Positive Behavior Support for Children and Youth*, or [DDA Policy 5.20](#), *Restrictive Procedures for Children and Youth*, the CRM must work with the contracted agency provider to ensure compliance with DCYF LD regulations and DDA policy.
 6. The CRM may, if applicable, complete a [DSHS 10-427](#), *School District Communication*, to communicate with the child or youth's school district. The CRM must retain a copy of the completed form in the client record.
 7. If a child's planned enhanced respite services are postponed for any reason, the regional designee must notify the CRM and the primary caregiver and legal representative to facilitate rescheduling of the service.
 8. If the request is denied, the CRM must work with the primary caregiver and legal representative to identify alternative options that may be available.
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- D. After an enhanced respite services stay is confirmed with the contracted provider, the CRM must:
1. Update the child or youth's person-centered service plan and planned action notice, including nurse delegation authorization, if applicable, following the directions outlined in the ERS approval email instructions.
 2. Complete nurse delegation referral, if applicable, at least ten days before the scheduled stay.
 3. Work with the primary caregiver or legal representative to ensure all necessary information and documentation is sent to the provider at least ten days before the scheduled stay.
 4. Attend the intake and discharge meetings facilitated by the provider.

EXCEPTIONS

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

SUPERSESSION

DDA Policy 4.03

Issued December 15, 2017

Approved: 
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: August 1, 2024