

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: INTENSIVE HABILITATION SERVICES FOR CHILDREN POLICY 4.07

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Authority: [Title 71A RCW](#) *Developmental Disabilities*  
[WAC 388-823-1010](#) *DDA Eligibility Review*  
[Chapter 388-825 WAC](#) *DDA Service Rules*  
[WAC 388-845-1150](#) *Behavioral Health Stabilization*  
[WAC 246-840-930](#) *Nurse Delegation*  
[Chapter 388-833 WAC](#) *Community Crisis Stabilization Services*

Reference: DDA Policy 5.02, *Necessary Supplemental Accommodation*  
DDA Policy 5.14, *Positive Behavior Support Principles*  
DDA Policy 6.12, *Incident Management and Reporting Requirements for Residential Services Providers*  
DDA Policy 6.15, *Nurse Delegation Services*

## **BACKGROUND**

In 2011, the Washington State Legislature amended [Chapter 71A.20 RCW](#) by prohibiting individuals under 16 years of age from accessing services in a Residential Habilitation Center (RHC). Concurrently, funding was allocated to the Department to establish state-operated community crisis stabilization services, now known as intensive habilitation services (IHS) for children.

The IHS program provides short-term habilitative services that are based on a client's most prominent target behaviors as identified by the client's family in conjunction with the case manager. IHS program staff are trained in positive behavior support principles and de-escalation techniques to support a client to acquire, retain, and improve upon self-help, socialization and adaptive skills. Successful outcomes are achieved when a consistent approach is applied to meeting the client's support needs and parents are actively engaged in obtaining new strategies to support their child.

**PURPOSE**

This policy establishes eligibility, referral, admission, service delivery, discharge, and quality assurance requirements for intensive habilitation services for children.

**SCOPE**

This policy applies to DDA field services staff, IHS program staff, and the Residential Quality Assurance Unit.

**DEFINITIONS**

**Case resource manager** means a DDA case resource manager or social service specialist.

**Department** means the Department of Social and Health Services (DSHS).

**Habilitation** means services delivered intended to 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.

**Habilitation plan** means the plan created by the HIS program staff that outlines progress related to the family's identified goals.

**Identified goal** means the goals identified by the family intended to assist the client to acquire, retain, and improve upon self-help, socialization, and adaptive skills.

**Individualized team** means the group of individuals and system partners that work together to provide formal and informal supports to a client. A typical team includes the client, the client's family and legal representative, IHS program staff, the client's case resource manager, educational representatives, managed care organization care coordinators, and any other service providers working with the client and family.

**Nurse delegation** means a registered nurse transfers the performance of nursing tasks under WAC 246-840-930. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the client.

**POLICY**

- A. To be eligible for the IHS program, a client must:
1. Be eligible for DDA services under Chapter 388-823 WAC;

2. Be between age eight to seventeen or between eighteen and twenty-one if enrolled in an educational transition program;
  3. Be eligible for Medicaid under Title 182 WAC; and
  4. Have received an annual physical and dental exam within twelve months from the date of service.
- B. A client is not eligible for the IHS program if:
1. The client has not received all medically necessary inpatient treatment for conditions related to behavioral health or autism as recommended by the client's treating professional;
  2. The client has acute medical needs that require intensive medical intervention (e.g., newly diagnosed condition, or a condition requiring frequent visits to a medical facility for treatment); or
  3. There is a pending investigation of child abuse or neglect against the family or legal representative with Child Protective Services within the Department of Children, Youth, and Families.
- C. The IHS program must:
1. Provide short-term services that address the family's identified goals and provide support to implement effective strategies in the family home;
  2. Collaborate with the client's individualized team; and
  3. Discharge the client home within 90 days of admission.

## PROCEDURES

- A. Referral Process – Part 1
1. For a client to be considered for the IHS program, the case resource manager must:
    - a. Complete Part 1 of DSHS 13-902, *IHS Eligibility and Referral Form*, including:
      - i. Confirming the client meets eligibility criteria; and

- ii. Developing identified goals with the family.
      - b. Consult with the identified Regional Contact or designee who will confirm the family's identified goals using the SMART goal format (Specific, Measurable, Attainable, Relevant, and Time-based).
    2. If the client does not meet eligibility requirements, the case resource manager must send a planned action notice.
  - B. Referral Process – Part 2
    1. If the client meets eligibility requirements, the case resource manager must complete Part 2 of the Eligibility and Referral form and submits a prior approval in CARE to the FSA or designee. The prior approval must outline:
      - a. Request Description: Description of the family's identified goals;
      - b. Justification for Request: Documented confirmation of eligibility; and
      - c. Alternatives explored: Services and supports previously received and found to be ineffective.
    2. The FSA or designee must review and forward the CARE prior approval to the Children's Residential Services Program Manager for review.
    3. The Children's Residential Services Program Manager must review and finalize the CARE prior approval. The case resource manager is notified of the decision in CARE.
  - C. Referral Process – Part 3

The case resource manager must submit the approved Eligibility and Referral packet to the [Intensive Habilitation Services Inbox](#).

    1. Approved referrals are prioritized for admission by the Children's Residential and Crisis Services Unit Manager and IHS program staff.
    2. Referrals are prioritized based on each client's age, individual needs, IHS program capacity, and appropriateness of service with other IHS program clients.

## D. Admission

1. The Children's Residential Services Program Manager will send a notification to the case manager and IHS program staff if the client is approved for the IHS program.
2. Within five business days of the notification, IHS program staff must contact the case manager, and the client's family or legal representative, to schedule a service approval meeting where participants:
  - a. Establish the client's admission date;
  - b. Discuss weekly contact (e.g., in-person or video chat) expectations while the client is receiving services;
  - c. Determine whether or not the client requires nurse delegation for medication administration;
  - d. Discuss program logistics, such as reviewing family-identified goals, medication management, daily schedule, and Clover Park school district enrollment; and
  - e. Schedule a preadmission meeting that must occur no more than ten days before the client's admission date.
3. IHS program staff must use the Short-Term Stay tab in CARE to document the client's admission date.

## E. Service Delivery

1. For each client, the IHS program, in consultation with the individualized team, must:
  - a. Develop and implement a habilitation plan, which must:
    - i. Include action items and how progress will be measured towards the family's identified goals; and
    - ii. Be reviewed and updated by IHS program staff at the individualized team meetings.

- b. Assist the family, through modeling and teaching, to understand the habilitation plan and implement the plan at both the IHS program facility and the family home;
  - c. Establish a discharge date;
  - d. When needed, complete an assessment for possible environmental modifications at the client's home;
  - e. Ensure the client's health and welfare needs are met by:
    - i. Creating a daily schedule;
    - ii. Stabilizing the client based on the family's identified goals; and
    - iii. Tailoring the environment to offer a safe atmosphere with a high level of predictability for the client.
  - f. Partner and consult with the family's behavior support provider, as appropriate;
  - g. Partner with the client's home school district to meet the client's educational support needs while receiving services;
  - h. Participate in individualized team meetings and provide status updates; and
  - i. Discharge the client back to their family home as soon as possible.
2. The case resource manager must:
- a. Participate in the service approval and preadmission meetings;
  - b. Facilitate the individualized team meetings;
  - c. Document in a service episode record meeting notes from the individualized team meeting, including meeting attendees, habilitation goal progress, and readiness to exit the program; and
  - d. Request the family complete a satisfaction survey upon the client's discharge from the program.

## F. Discharge

1. Before the client is discharged, IHS program staff must give the family or legal representative:
  - a. Data related to the family's identified goals, including goal progression charts, and the habilitation plan;
  - b. A copy of the Medication Administration Record;
  - c. Recommendations of effective environmental strategies, if applicable;
  - d. The client's personal property inventory; and
  - e. An IHS discharge report.
2. IHS program staff must use the Short-Term Stay tab in CARE to document the client's program discharge date.

## G. Quality Assurance and Certification Evaluations

1. IHS program staff will request that each family complete a satisfaction survey upon the client's discharge from the program.
2. The results of the satisfaction survey are sent to the Residential Quality Assurance Unit for tracking, trending, and following up on concerning feedback.
3. The IHS program must participate at least annually in a certification evaluation. The DDA-contracted evaluator will review the program's compliance with Chapter 388-833 WAC and this policy.
4. During the certification evaluation, the Residential Quality Assurance Program Manager will review for areas of noncompliance and, if indicated, determine corrective actions and timelines with the IHS program. At this time, the Residential Quality Assurance Program Manager, in collaboration with the Children's Residential and Crisis Services Unit Manager or designee, determines the IHS program's length of certification.
5. The IHS program must complete all required corrective actions resulting from the certification evaluation process within the agreed upon timeframe and submit documentation to the Residential Quality Assurance Program Manager.

6. If the corrective actions are not completed within the specified timeline, the IHS program may be decertified.

**EXCEPTIONS**

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

**SUPERSESSSION**

DDA Policy 4.07, *Community Crisis Stabilization Services*  
Issued July 28, 2020

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

Date: February 1, 2021