

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: INTENSIVE HABILITATION SERVICES FOR CHILDREN POLICY 4.07

Authority: [42 C.F.R. 441.301\(c\)\(4\)](#) *Home and Community-Based Settings*
[Title 71A RCW](#) *Developmental Disabilities*
[WAC 388-823-1010](#) *DDA Eligibility Review*
[Chapter 388-825 WAC](#) *DDA Service Rules*
[Chapter 388-833 WAC](#) *Intensive Habilitation Services for Children*
[WAC 388-845-1150](#) *Behavioral Health Stabilization*
[Chapter 110-145 WAC](#) *Licensing Requirements for Group Care Facilities*
[WAC 246-840-930](#) *Nurse Delegation*

Reference: [DDA Policy 4.01](#), *One Referral*
[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](#) to prohibit individuals under 16 years of age from accessing services in a Residential Habilitation Center (RHC). Concurrently, funding was allocated to the Department of Social and Health Services to establish state-operated community crisis stabilization services, now known as intensive habilitation services (IHS) for children.

In 2022, the Legislature appropriated funding to develop a licensed and contracted IHS provider.

The IHS program provides short-term stabilization services that are based on a client's habilitative goals 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 help 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 coaching parents in obtaining new strategies to support their child.

PURPOSE

This policy establishes referral, admission, and service delivery requirements, including habilitation plans and behavior intervention plans, for intensive habilitation services for children.

SCOPE

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

DEFINITIONS

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

Habilitation means services delivered with the intent to assist people 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.

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

Habilitation plan means a document created by the IHS program staff that outlines progress related to the family's identified goals.

Individualized team means the group of people and system partners who work together to provide formal and informal supports to a client. A typical team includes the client, the client's family or legal guardian, the IHS provider, the client's case resource manager, educational representatives, managed care organization care coordinators, and any other service providers working with the client and family.

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

Nurse delegation means the process that allows a registered nurse to transfer the performance of nursing tasks to a long-term care worker in accordance with [WAC 246-840-910 through WAC 246-840-990](#). The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the client.

POLICY

- A. To be eligible for admission to Intensive Habilitation Services, a client must meet requirements under [WAC 388-833-0015](#).

B. The IHS provider must:

1. Provide short-term stabilization services that address the family's identified habilitative goals and provide support to the client and their family so that they can implement effective strategies in the family home;
2. Collaborate with the client's individualized team; and
3. Discharge the client home no more than 90 days after admission.

PROCEDURES

A. Referral Process – Part 1

1. For a client to be considered for admission to an IHS setting, the case resource manager must follow the procedures outlined in DDA Policy 4.01, *One Referral*.
2. If the client does not meet eligibility for admission requirements, the case resource manager must send a planned action notice.

B. Referral Process – Part 2

1. Approved referrals are prioritized for admission by the Intensive Habilitation Services Program Manager and IHS provider. Referrals are prioritized based on each client's age, individual needs, IHS program capacity, and compatibility with other IHS program clients.
2. The CRM must update a client's referral packet every six months, identifying any changes in the family's identified habilitation goals, new services or supports, recent hospitalizations, or changes in the client's support needs.
3. If the family declines to move forward in the admission process after two opportunities for the service, the IHS Program Manager must archive the referral.

Note: Once a referral is archived, DDA will no longer offer the service to the client. If the client wishes to reapply for the service, the CRM must start the referral process from the beginning.

C. Admission Planning

1. When the IHS provider notifies the IHS program manager that the referral is accepted, the provider must contact the case manager and the client's family or

legal representative within ten business days to schedule a service planning meeting where participants:

- a. Discuss possible admission dates or timeframes for service;
 - b. Discuss weekly contact (e.g., in-person or video chat) expectations while the client is receiving services;
 - c. Determine whether the client requires nurse delegation for medication administration;
 - d. Discuss program logistics, such as reviewing the client's habilitative goals, medication management, daily schedule, and coordination of educational services while at IHS;
 - e. Discuss potential modifications to integrated setting requirements and document according to [DDA Policy 5.25](#), *Integrated Settings: Promoting Community Integration through Long-Term Services and Supports*;
 - f. Review the IHS family agreement with the client's parent or legal representative; and
 - g. Schedule a preadmission meeting, which must occur no more than ten days before the client's admission date.
2. The IHS program manager must send written notification of the approved dates of service to the case manager and IHS provider.

D. Service Planning and Delivery

1. For each client, the IHS provider, in consultation with the individualized team, must:
 - a. Use [DSHS 10-682](#), *IHS Habilitation Plan*, to work with the consultant or psychology associate before the client's admission to develop a habilitation plan that focuses on the family's top two or three goals. Staff must be trained on how to implement the client's habilitation plan before the client's admission. The provider or consultant must review and update the client's plan as needed during the client's individualized team meetings.

- b. Use [DSHS 15-595](#), *IHS Behavior Intervention Plan*, to develop a behavior intervention plan and train staff on the implementation of the plan before the client's admission.
 - c. Assist the family, through modeling and teaching, to understand the habilitation plan and how to best implement the plan within the IHS program and in the family home;
 - d. Establish a tentative discharge date for no more than 90 days after admission date;
 - e. Ensure the client's health and welfare needs are met by:
 - i. Creating a daily schedule;
 - ii. Stabilizing the client based on their habilitation 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 responsible school district to meet the client's educational support needs while receiving services; and
 - h. Participate in individualized team meetings and provide status updates.
2. The case resource manager must:
- a. Participate in the service approval and preadmission meetings to prepare the client and their family and assist with the coordination of their admission into IHS.
 - b. Facilitate individualized team meetings on a monthly basis (or based on the support needs of the provider and client) to:
 - i. Discuss barriers in service and additional resources that may be needed; and
 - ii. Review the client's progress towards their habilitation goals in collaboration with the consultant or psychology associate.

- 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.

E. Discharge

- 1. Before the client is discharged, the IHS provider must give the family or legal representative:
 - a. The habilitation plan and data related to the client's progress towards the habilitative goals;
 - b. A copy of the medication administration record;
 - c. Recommendations of effective environmental strategies (e.g., structuring the physical environment at home, adopting house rules and a daily schedule), if applicable;
 - d. The client's personal property inventory; and
 - e. An IHS discharge report, which must include the following:
 - i. An overview of the client's initial presentation across settings and need for stabilization services when entering IHS;
 - ii. A summary of the services and supports that the client received while at IHS;
 - iii. A summary and analysis of the client's progress towards their identified habilitative goals, including behavioral data and graphics where available;
 - iv. The consultant or psychology associate's final assessments and observations regarding changes to the client's skills and abilities; and
 - v. Recommendations for future supports or services, including, if applicable, the need for sensory items or adaptive equipment that may support the client's continued use of the strategies identified within the habilitation plan.

2. Before discharge, the provider and consultant or psychology associate will meet with the DDA CRM, the client's family, and any community support providers to review the discharge report and materials listed above.

EXCEPTIONS

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

SUPERSESSION

DDA Policy 4.07, *Intensive Habilitation Services for Children*
Issued October 15, 2023

Approved: 
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: August 1, 2024