BACKGROUND

The Developmental Disabilities Administration (DDA) plays a key role in the quality, oversight, and technical assistance of department funded adult family home services provided to DDA clients. The Aging and Long-Term Support Administration’s (ALTSA) Residential Care Services Division (RCS) is responsible for the oversight of adult family home (AFH) licenses. Contracts for AFH services are the responsibility of ALTSA’s Management Services Division (MSD).

PURPOSE

This policy guides client referrals to AFHs, case management activity, and establishes a quality improvement system of support and oversight for AFHs who provide services to DDA clients.

SCOPE

This policy applies to all DDA Case Resource Managers (CRMs) who authorize AFH services and all Performance and Quality Improvement Specialist (PQI) staff who monitor AFH services.

DEFINITIONS

Client means a person who has a developmental disability as defined in RCW 71A.10.020(3) who also has been determined eligible to receive DDA services under chapter 71A.16 RCW. For purposes of informed consent and decision making requirements, the term “client” includes the client’s legal representative to the extent of the representative’s legal authority.
Community Integration means facilitating a client’s full access to the community, including opportunities to seek employment and work in competitive, integrated settings, engage in community life, control their own personal resources and receive services in the community in the same manner as people without disabilities.

Consent means express written consent granted after a vulnerable adult or his or her legal representative has been fully informed of the nature of the services to be offered and that the receipt of services is voluntary.

CRM means DDA Case Resource Manager, Social Worker, and Social Service Specialist.

DDA means the Developmental Disabilities Administration within DSHS.

DDA Specialty Training means DDA-approved curriculum that provides information and instruction on meeting the special needs of people with developmental disabilities.

DSHS or The Department means the state of Washington Department of Social and Health Services and its employees and authorized agents.

Guiding Values means the Developmental Disabilities Administration’s Guiding Values that as a values system can be used to support individual choices, form a framework for person-centered planning, direct quality supports and services, advocate for resources, drive policies and system evolution, and provide a way to evaluate our efforts. The DDA Guiding Values are available on DDA’s homepage.

Integrated Setting means a setting that is integrated in and supports full access to the greater community with opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid Home and Community Based Services.

Legal Representative means a person’s legal guardian, a person’s limited guardian when the subject matter is within the scope of the limited guardianship, a person’s attorney at law, a person’s attorney in fact, or any other person who is authorized by law to act for another person.

Mandatory Reporter means any person working with vulnerable adults required by law to report incidents of abandonment, abuse, neglect, and financial exploitation under chapter 74.34 RCW.

Person-Centered Service Plan or PCSP means a document that identifies a person’s goals and assessed health and welfare needs. The person-centered service plan also indicates the paid services and natural supports that will help the person achieve his or her goals and address assessed needs. The PCSP was previously referred to as the Individual Support Plan, or ISP.

Regulation means any federal, state, or local law, rule, ordinance, or policy.
POLICY

Case Resource Managers must comply with state law, rules, and policies governing adult family homes and personal care when authorizing a service for a client residing in an AFH.

PROCEDURES

A. Referral to an AFH or ARC.

1. Before sending a person’s referral packet to residential service providers, the CRM must obtain a signed DSHS 14-012, Consent form from the client, or the client’s legal representative if applicable. The form must have been signed within the last 12 months.

2. The CRM and PQI staff must collaborate to identify potential service providers and complete a client’s referral. The CRM must:
   a. Identify the current needs of the client;
   b. Prepare and send out the referral packet; and
   c. Collect provider responses and inform PQI staff of any updates. Refer to DDA Policy 3.02, Inter-Regional Service Planning and Transfer, for individuals requesting placement or transfer outside of their current regional location;

3. When making a referral, the CRM must consider the following factors:
   a. Personal preference of the individual being referred;
   b. Parent or legal representative requests;
   c. Personal preferences of potential roommates;
   d. Provider’s ability to meet the client’s health, safety, and program needs;
   e. Needs of people in the residence, including safety and protection needs;
   f. The license capacity of the AFH;
   g. Provider areas of specialty; and
   h. Enforcement action regarding placements.

4. A referral packet must contain:
   a. DSHS 14-012, Consent;
   b. DSHS 10-232A, AFH/ARC Provider Referral Letter;
c. The individual’s current DDA Assessment and PCSP. The CRM must verify that the following information is current in CARE:

1) The client’s legal representative and NSA’s contact information;

2) The client’s job coach’s name and contact information if the client is engaged in employment services; and

3) Names and contact information for professional service providers who are currently seeing the client.

d. Copies of any current behavioral and psychiatric evaluations, treatment plans, and Positive Behavior Support Plans, if applicable;

e. Individual Education Plan (IEP) information if the client is currently in school;

f. A current nurse delegation assessment, if applicable. The contracted Registered Nurse (RN) must complete the DSHS 01-212, ALTSA Nurse Delegation Referral and Communication Case / Resource Manager’s Request form; and

g. Adults with challenging support issues who have a history of offenses or concerning behavior must be identified on the DSHS 10-234, Individuals with Challenging Support Issues form.

5. The CRM must complete the DSHS 10-231, Adult Family Home Placement Checklist form, before the client begins receiving AFH services. PQI staff will provide oversight and guidance to the CRM in completing the checklist, and may begin completing the top portion of the form before sending it to the CRM for completion.

B. For all DDA AFH residents eligible for personal care services, the CRM must:

1. Complete a face-to-face DDA assessment with the client at least every 12 months;

2. Visit the client at the AFH at least every 12 months if the assessment is not conducted at the client’s AFH;

3. Participate in or provide input to the negotiated care plan developed by the AFH provider when requested per WAC 388-76-10370;

4. Review negotiated care plans when received and follow up on any concerns. CRM’s will document in a Service Episode Record (SER) the receipt, review, and
any concerns regarding the negotiated care plan. The AFH must submit the negotiated care plan to the CRM per WAC 388-76-10385;

5. Communicate with PQI staff as follows:
   a. Consult with PQI staff before referring a client to an AFH to ensure that the AFH has a current license and contract, and to verify the AFH’s license capacity.
   b. Share critical incidents and AFH concerns with PQI staff in addition to any mandatory reporting to regulatory and investigative authorities;
   c. Discuss technical assistance requests for clients residing in an AFH; and
   d. Inform PQI staff when a DDA client moves into or out of an AFH.

6. Complete DSHS payment system authorization, including client responsibility, as described in DDA Policy 6.06, Client Responsibility.

C. PQI staff must:
   1. Review AFH settings and services in relationship to AFH regulations;
   2. Visit an AFH after any client’s initial placement. The PQI staff must communicate with the CRM before and after the visit;
   3. Ensure the AFH has a current license and contract;
   4. Observe how staff interact with a client and how services are being provided while visiting an AFH for a scheduled visit. The PQI staff must record any observations that demonstrate how the AFH is providing services in alignment with the following DDA Guiding Values:
      a. Competence;
      b. Health and safety;
      c. Inclusion;
      d. Power and choice;
      e. Relationships; and
      f. Status and contribution.
   5. Perform the following tasks according to regional protocol:
      a. Collect and maintain data for quality improvement and oversight purposes, such as:
1) Initial and subsequent quality improvement and oversight visits;
2) Placements in AFHs;
3) AFH specialty training; and
4) Technical assistance.

b. Provide consultation and assistance to CRMs regarding AFHs;
c. Document feedback to the AFH provider given verbally or in writing;
d. Review requests for technical assistance and provide support as appropriate when requested;
e. Notify RCS and other staff and individuals, as appropriate, when there are concerns about an AFH provider or a client;
f. Review RCS complaint investigation reports and incident reports;
g. Coordinate and schedule DDA AFH trainings; and
h. Act as a DDA liaison with regional RCS staff and other entities associated with AFH services, as appropriate.

EXCEPTIONS
None.

SUPERSESSION
DDA Policy 4.08
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Approved:  /s/ Donald Clintsman
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Developmental Disabilities Administration
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