DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: OVERNIGHT PLANNED RESPITE SERVICES FOR ADULTS

POLICY 4.15

Authority: Title 71A RCW
Chapter 388-825 WAC Developmental Disabilities
Developmental Disabilities Administration Service Rules
Chapter 388-829R WAC Overnight Planned Respite Services

DDA Policy 5.15 Restrictive Procedures: Community

BACKGROUND

The Washington State Legislature has appropriated funds to the Developmental Disabilities Administration (DDA) for the operation of 13 overnight planned respite beds for adults age 18 and older with developmental disabilities. The service provides short-term, community-based planned respite services across the state as an alternative to using services in a Residential Habilitation Center (RHC).

PURPOSE

Overnight Planned Respite Services (OPRS) for adults are intended to provide eligible DDA clients access to respite in a DDA-contracted and certified residential setting. These services are intended to provide families and caregivers with a break in caregiving and to create additional capacity to serve the short-term needs of adults with developmental disabilities.

This policy describes the Administration’s expectations regarding the use of Overnight Planned Respite Services for adults.

SCOPE

This policy applies to DDA staff and contracted and certified providers of overnight planned respite services.
DEFINITIONS

CARE means the Comprehensive Assessment and Reporting Evaluation tool.

Certified means a process used by the department to determine if an applicant or service provider complies with requirements.

DDA Assessment refers to the standardized assessment tool, as defined in Chapter 388-828 WAC, used by DDA to measure the support needs of persons with developmental disabilities.

Department means the Washington State Department of Social and Health Services.

Developmentally appropriate services means structured supports that focus on each client’s unique differences and build healthy foundations of emotional, social, and intellectual development by assisting all providers and direct support staff to tailor the approach to the client’s unique developmental profile.

Family means relatives who live in the same home with the eligible client. Relatives include spouse or registered domestic partner, natural, adoptive, or stepparent, grandparent, child, stepchild, sibling, stepsibling, uncle, aunt, first cousin, niece, or nephew.

Planned means a specific timeframe for respite services including arrival and discharge dates.

Residential Habilitation Center (RHC) means a state-operated facility certified to provide intermediate care for people with intellectual disabilities or nursing facility level of care for people with developmental disabilities.

Overnight Planned Respite Services (OPRS) means services intended to provide short-term intermittent relief for persons who live with the DDA client as the primary caregiver. These services provide person-centered support, care, and planned activities for the client in the community.

POLICY

A. To be eligible for OPRS, the client must:

1. Be eligible for DDA services under RCW 71A.10.020 (3) and chapter 388-823 WAC;

2. Be 18 years of age or older;

3. Be living at home with a primary caregiver and not currently receiving residential habilitation services under the core waiver;
4. Identify a backup caregiver to respond in an emergency if the primary caregiver is unavailable; and

5. Be approved by the Respite Coordinator.

B. OPRS is intended to produce the following outcomes:

1. Families and primary caregivers will receive a short-term break in the ongoing support they provide for the client; and

2. The client will receive OPRS services in a certified community-based setting.

C. OPRS does not affect the client’s assessed waiver respite hours.

D. OPRS cannot exceed 14 days in a calendar year.

E. OPRS can be scheduled up to 180 days in advance of requested service date.

F. Families must arrange transportation of the client to and from the certified respite setting.

PROCEDURES

Referral Process for Accessing OPRS

A. The CRM must complete and submit the following documentation to their supervisor:

1. A completed DSHS 14-012, Consent, form;

2. DSHS 10-572, Respite Application for Overnight Planned, RHC Emergent and/or Planned Respite Services form; and

3. A current DDA Assessment completed within the past 12 months.

B. The CRM supervisor will review and submit the completed application packet to the Respite Coordinator for review of the Overnight Planned Respite Service request.

C. The Respite Coordinator will consider the following factors when reviewing a respite request:

1. Whether the client is eligible to receive overnight planned respite services under WAC 388-829R-011;

2. Whether the client's needs can be safely met in the respite setting;
3. Whether a respite site is available to accommodate the client's accessibility needs; and

4. Whether there are vacancies within six months of the requested service dates.

D. The Respite Coordinator will notify the CRM and the CRM’s supervisor of the outcome of the Respite Coordinator’s review.

E. If the client is approved for OPRS:

1. The Respite Coordinator must:
   a. Forward the application packet to the certified provider. The certified provider must respond to the Respite Coordinator within seven business days of receiving the packet and verify whether they can support the client;
   b. Document the scheduled stay on the DDA SharePoint site for the individual program; and
   c. Communicate to the CRM and the CRM’s supervisor the approved respite request.

2. The CRM must:
   a. Submit a prior approval in CARE to their supervisor, requesting Overnight Planned Respite Services. The request should include a description of the respite services needed and justification for the respite request. The CRM should identify respite begin and end dates.
   b. Communicate to the family the approval of the service and send DSHS 10-571, OPRS Individualized Agreement to the family. The family and provider must complete DSHS 10-571 together before the scheduled stay;
   c. Retain a copy of the completed DSHS 10-571 in the client’s file;
   d. Complete the Planned Action Notice for the approval of the service in CARE; and
   e. Update the client’s person-centered service plan.

3. The Regional Administrator or designee must review and finalize the prior approval in CARE.
F. If the request is denied by the Respite Coordinator or the certified provider, the CRM must:

1. Work with the family to identify alternative options that may be available.
2. Complete a planned action notice for the denial of the service if an alternative is not identified.

G. Quality Assurance and Certification Evaluations

1. The certified provider provides each family with 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 certified provider must participate at least every 24 months in certification evaluation. The DDA-contracted evaluator will review compliance with Chapter 388-829R WAC and this policy.
4. During the certification evaluation, the Residential Quality Assurance Program Manager will review for areas of noncompliance and determine corrective actions and timelines. At this time, the certified provider’s length of certification is also established.
5. The certified provider must complete all required corrective actions resulting from the evaluation process within the timeframe provided and submit documentation to the Residential Quality Assurance Program Manager.
6. If the corrective actions are not completed within the specified timeline, the certified provider may be decertified.

EXCEPTIONS

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

SUPERSESSION

DDA Policy 4.15
Issued June 1, 2017

Approved: /s/ Debbie Roberts Date: May 1, 2020
Deputy Assistant Secretary
Developmental Disabilities Administration