



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: STAFF AND FAMILY CONSULTATION POLICY 4.19

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Authority:	<a href="#">42 C.F.R. 441.301 (c)(2)</a>	The Person-Centered Service Plan
	<a href="#">42 C.F.R. 441.301 (c)(4)</a>	Home and Community-Based Settings
	<a href="#">42 C.F.R. 441.301 (c)(5)</a>	Settings that are not Home and Community-Based
	<a href="#">45 C.F.R. Part 164</a>	Security and Privacy
	<a href="#">Chapter 388-825 WAC</a>	DDA Service Rules
	<a href="#">Chapter 388-845 WAC</a>	DDA Home and Community-Based Services Waivers
	<a href="#">WAC 388-834-0040</a>	DDA Preadmission Screening and Resident Review
Reference:	<a href="#">DDA Policy 4.06</a>	Children's Intensive In-Home Behavioral Supports Program
	<a href="#">DDA Policy 4.12</a>	Companion Homes
	<a href="#">DDA Policy 4.27</a>	Teleservice
	<a href="#">DDA Policy 5.13</a>	Protection from Abuse: Mandatory Reporting
	<a href="#">DDA Policy 5.25</a>	Integrated Settings: Promoting Community Integration through Long-Term Services and Supports
	<a href="#">DDA Policy 16.01</a>	Responding to PASRR Referrals
	<a href="#">DDA Policy 16.06</a>	Referring PASRR Clients for Community Transition

## **PURPOSE**

This policy establishes service delivery requirements for staff and family consultation services.

## **SCOPE**

This policy applies to DDA field services staff and DDA-contracted providers of staff and family consultation services.

## **DEFINITIONS**

**SFC provider** means an independent contractor or agency who holds a signed staff and family consultation contract with DDA.

**Stabilization services—staff and family consultation** means short-term (90 days or less), intermittent, or episodic supports to assist a client who is experiencing a crisis and is at immediate risk of hospitalization or institutionalization as defined in Chapter 388-845 WAC.

**POLICY**

- A. Staff and family consultation means consultation with a family member or direct service provider to help them better meet the needs of a client as outlined in the client's person-centered service plan and in accordance with Chapter 388-845 WAC. Staff and family consultation is available on all five of DDA's Home and Community-Based Services (HCBS) waivers, the Preadmission Screening and Resident Review (PASRR) program, and the Roads to Community Living (RCL) grant.
- B. Stabilization services—staff and family consultation may be authorized for up to 90 consecutive days. The case resource manager (CRM) must enter the service in the client's PCSP and complete a planned action notice within five days of the start of service.
- C. Staff and family consultation is not a replacement for behavioral health support services available through the Medicaid state plan or other benefits.
- D. Staff and family consultation provides an opportunity for clinical and professional consultation that assists formal and informal caregivers, direct support staff, or family members of a waiver participant in carrying out individual treatment support plans to better support the care of the client. It is not a direct service with the client.
- E. Staff and family consultation, whether provided as the standalone service, or as stabilization services—staff and family consultation, must meet a specific, individualized need of a direct service provider, caregiver, or family member to understand the needs of a specific client. It is a solution-focused service provided to a caregiver or family member who has the essential skills and abilities necessary to provide adequate care for the client and is therefore brief and intermittent.

Topics allowable under staff and family consultation may include consultation and support to understand:

- 1. **Health and medication monitoring** reports that must be submitted to the client's healthcare provider, such as helping the family or direct service provider learn how to document side effects that must be reported to their physician or pharmacist or changes in the client's health (e.g., loss of appetite, bowel movements, or sleep changes).
- 2. **Positioning and transferring.** For example, troubleshooting use of new positioning equipment specific to the needs of the client, such as a Hoyer lift, stander, or

walker.

3. **Basic and advanced instructional techniques.** For example, understanding how to better implement instructional techniques documented in a client's plan, such as how to improve or enhance caregiver-client communication.

Note: Staff and family consultation is not a replacement for education-based support, such as tutoring or homeschooling resources.

4. **Augmentative communication systems.** For example, understanding how to troubleshoot assistive technologies for communication not covered under the speech-language pathology benefit in the Medicaid State Plan.
5. **Consultation with potential referral resources.** For example, understanding how to identify resources like the Mental Health Crisis Line or the End Harm Line and when to utilize these resources.
6. **Diet and nutritional guidance.** For example, understanding how to follow a nutritional plan developed by a nutritionist or dietitian.
7. **Disability information and education.** For example, learning about typical symptoms of a diagnosis.
8. **Consultation to an existing plan of care.** For example, understanding how to read and follow a plan of care developed by another professional.  
  
Note: The staff and family consultation provider must not be the author of the plan of care for which the support is requested.
9. **Strategies for effectively and therapeutically interacting with the client.** For example, understanding effective communication techniques and using strategies to have consistent responses to the client across environments.
10. **Environmental consultation.** For example, understanding how to implement recommended environmental modifications such as a quiet space when dysregulated, or the use of labels on items to easily find things or understand sequences.
11. **Assistive technology.** For example, understanding the client's device and how to troubleshoot problems, such as how to download apps or clear memory space on the device.
12. **Parenting skills.** For example, helping families identify useful tools and skills for parenting an individual with an intellectual or developmental disability at various

life stages.

- F. Staff and family consultation must not be used to provide *training* to paid caregivers, professional staff, nursing facility staff (PASRR), or other direct service providers to perform the core function of their jobs or responsibilities.
- G. Staff and family consultation is not allowed in group settings.
- H. The SFC provider must work directly with the client and the individual receiving staff and family consultation to develop clearly defined goals and provide individualized supports.
  - 1. No more than 30 days after the service is authorized, the provider must complete and submit [DSHS 10-655](#), *Initial Staff and Family Consultation Plan*, to the client's CRM for review.
  - 2. No more than 120 days after the initial service authorization, and every 90 days thereafter, the provider must submit [DSHS 10-656](#), *Staff and Family Consultation 90-Day Progress Report*, to the client's CRM for review.
    - a. If the caregiver or family member has not reached their identified goal within six months, the CRM should have a discussion with the client, caregiver, and SFC provider about whether the service should continue.
    - b. If it is determined that the service must be continued, the SFC provider must update the goals in a new DSHS 10-655 form to help the family member or caregiver to reach their goals.
- I. If the client requests for their family or caregiver to receive staff and family consultation through teleservice, requirements in [DDA Policy 4.27](#), *Teleservice*, must be met and consideration that the family or staff goals can be addressed through this delivery method.

Note: If a referral to emergency personnel is necessary due to imminent danger of the client or caregiver, the provider must start the referral and notify DDA no more than two hours after making the referral.

#### **EXCEPTION**

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

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STAFF AND FAMILY CONSULTATION

POLICY 4.19

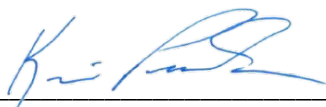
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**SUPERSESSION**

DDA Policy 4.19, *Staff and Family Consultation*

Issued September 15, 2024

Approved:



Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: January 15, 2025