

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: HEALTH SERVICES: POLICY 9.06
RESIDENTIAL HABILITATION CENTERS

Authority: [42 C.F.R. 483.15 through 483.55](#) *Quality of life*
[42 C.F.R. 483.440](#) *Condition of participation: Active treatment services*
[42 C.F.R. 483.460](#) *Condition of participation: Health care services*
[RCW 70.122.020](#) *Definitions*
[Title 71A RCW](#) *Developmental disabilities*
[Chapter 74.42 RCW](#) *Nursing homes*
[Chapter 388-835 WAC](#) *ICF/ID Program and Reimbursement*

References: [DDA Policy 7.03](#) *Informed Consent*
[DDA Policy 17.01](#) *Supporting End-of-Life Decisions in Residential Habilitation Centers*

PURPOSE

This policy establishes procedures regarding appropriate and adequate services for client health conditions and healthcare needs.

SCOPE

This policy applies to residential habilitation centers, which include state-operated nursing facilities and state-operated intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs).

DEFINITIONS

Admission means a client's initial entry into a residential habilitation center.

Discharge means a client's exit to another facility for long-term admission with no expectation of readmitting to the residential habilitation center.

Healthcare assessment means the comprehensive review of a client's medical history through a physical exam and plan of medical care. Healthcare assessment includes admission assessments,

annual assessment, and discharge assessments. Standard is established by the DDA Senior Medical Director.

Medical provider means a licensed medical doctor, doctor of osteopathy, physician assistant-certified, or advanced registered nurse practitioner. They are responsible for all medical care, treatment decisions and proper documentation of healthcare services provided to the client being served by the facilities.

Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.

Physician orders for life-sustaining treatment or POLST means a portable medical order form that allows a person with a serious illness or frailty to summarize their wishes regarding life-sustaining treatment.

Transfer means a client's temporary move between the RHC and a hospital or skilled nursing facility with the expectation the client will eventually continue living at the RHC.

POLICY

- A. A client who lives in a RHC must receive preventive, routine, and emergency health services and appropriate nursing care in accordance with their healthcare needs and in a manner consistent with professional standards of practice.
- B. Medical staff must coordinate and document all medical care for the client and ensure adequate communication with and participation of the interdisciplinary team (IDT).
- C. When assessing a client for RHC admission, transfer, or discharge, medical staff must:
 - 1. Coordinate and monitor medical care in preparation for the move;
 - 2. Complete an admission or discharge medical exam, as appropriate; and
 - 3. Write a comprehensive summary of medical care provided before the move and medical care planned for during or after the move to ensure continuity of care.

PROCEDURE

The RHC must:

- A. Ensure each client has a medical provider responsible for providing and coordinating the client's care, including after-hours care.

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- B. Ensure a comprehensive admission and subsequent annual physical exam, medical assessment, and dental evaluation for each client is completed. A written plan for health maintenance, preventive healthcare and justification for medications and any restrictive procedures will be included, consistent with DDA policies.
 - C. Provide a comprehensive discharge physical exam and summary of the medical care provided during the client's stay at the RHC within 30 days before a planned discharge, or at the time of any discharge for stays less than 30, but greater than three days.
 - D. Review the client's comprehensive healthcare plan, which is part of the Individual Habilitation Plan (IHP) or Individual Plan of Care (IPOC).
 - E. Develop and deliver training programs for client self-administration of medications ordered and supervised by qualified IDT members.
 - F. Develop and implement nursing care plans and revise plans when an acute illness or health condition develops.
 - G. Ensure medication is prescribed, dispensed, and administered to clients by qualified licensed staff in accordance with state laws.
 - H. Refer a client to appropriate services – provided inside or outside of the RHC – according to individual need. Medical Provider will coordinate the care and follow through by addressing any recommendations and ensure continued care with the IDT.
 - I. Obtain informed consent as required under DDA Policy 7.03, *Informed Consent*.
 - J. Provide palliative care for a client with an incurable and irreversible condition after a POLST has been obtained or reviewed by the client's primary care provider and reviewed by the IDT.
 - K. Provide life-sustaining care within the capabilities of the facilities when a POLST has not been provided by the client and the client is not enrolled in a palliative care program.
 - L. Complete IDT reviews of medical, behavioral, dietary, and health changes on a quarterly schedule for an ICF/IID client, or 60-day schedule for a nursing facility client. Medical events and treatment decisions need to be properly documented by the medical providers to ensure continuity of care.

EXCEPTIONS

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

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9.06

SUPERSESSSION

DDA Policy 9.06

Issued January 3, 2012

Approved:

/s/: Debbie Roberts

Deputy Assistant Secretary

Developmental Disabilities Administration

Date: January 15, 2020