



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: ICF/MR ADMISSIONS PROTOCOL POLICY 3.04

Authority:	42 CFR 440	Services: General Provisions
	42 CFR 483	Requirements for States and Long Term Care Facilities
	Chapter 71A RCW	Developmental Disabilities
	Chapter 388-825 WAC	Developmental Disabilities Services Rules
	Chapter 388-835 WAC	ICF/MR Program and Reimbursement

SCOPE

- A. This protocol applies to persons requesting placement at an Intermediate Care Facility for the Mentally Retarded (ICF/MR). This includes the following:
 - 1. ICF/MRs located at a Residential Habilitation Center (RHC) operated by the Division of Developmental Disabilities (DDD). This includes Fircrest School, Frances Haddon Morgan Center, Lakeland Village, and Rainier School; and
 - 2. Private ICF/MR facilities located in the community.
- B. Clients requesting ICF/MR placement directly from a state psychiatric hospital must also follow this policy.
- C. This protocol does not apply to persons on short-term admission to an ICF/MR for respite care.

POLICY

- A. A statewide team of professional staff will review requests for admission to ICF/MRs and provide advice and recommendations to the Division Director.

- B. Persons age 13 and older requesting admission must be eligible for Medicaid services and also meet specific eligibility criteria for ICF/MR as follows:
1. Be in need of active treatment per a qualifying score of 40 or more on [DSHS 15-168, Assessment - Current Support Needs \(Adolescent to Adult\)](#); and
 2. Need active treatment per 42 CFR 483.440(b) (1) requiring:
 - a. 24-hour awake supervision for the protection of self and others (42 CFR 483.430c (2)); and
 - b. Supervision or substantial training in the following activities of daily living:
 - 1) Toileting;
 - 2) Personal hygiene;
 - 3) Feeding self;
 - 4) Bathing;
 - 5) Dressing;
 - 6) Grooming;
 - 7) Communication; and
 - 8) Self-medication.
- C. The Division of Developmental Disabilities shall determine the actual placement location.
- D. Children under age thirteen (13) may be admitted to an RHC ICF/MR only by an Exception to Policy approved by the Division Director until such time as an assessment instrument comparable to the youth/adult assessment is available. When such requests are considered, the ETP must be accompanied by a current Children's CARE assessment and [DSHS 15-170A, Child's Assessment - Current Support Needs](#).

PROCEDURES

- A. Requests for ICF/MR Admission
1. If the person, his/her legal representative, and/or family requests ICF/MR placement, the case resource manager (CRM) will talk with the person to ascertain his/her willingness to reside at an RHC or private ICF/MR facility.
 - a. If the person appears to be certain that he/she wants to reside at an ICF/MR, the CRM shall have the person sign the *Request for ICF/MR Admission* form (Attachment A), and document the request in the person's

Plan of Care (POC) or Individual Service Plan (ISP). If the person has a legal representative with full guardianship powers, the legal representative must also sign the request.

- b. Regardless of the preference of the person's legal representative or family, if the person communicates or otherwise exhibits an unwillingness to reside at an ICF/MR, the CRM will document this in the person's file and DDD will take no further action.
2. The CRM will discuss available, funded community placement options/services with the person, his/her legal representative and family, and assist them in visiting the RHC/community ICF/MR, and community options. This should be done within 30 days of the signed request for ICF/MR admission.
3. The CRM will:
 - a. Complete a comprehensive assessment for persons age 18 and older using the *Comprehensive Assessment, Reporting and Evaluation (CARE)* tool;
 - b. Forward to the Regional Administrator the completed assessment of current support needs (DSHS 15-168), the signed request for ICF/MR admission, and any other relevant information (such as a functional assessment, positive behavior support plan, and the person's Plan of Care (POC) or Individual Service Plan (ISP), and, if the client is under 21 years of age, the Individual Education Plan (IEP).
4. The Regional Administrator will forward the completed packet to the Admissions Review Team (ART) in DDD Central Office.

B. Admissions Review Team

1. An Admission Review Team (ART) appointed by the Division Director will evaluate all ICF/MR admission requests. The Division Director will designate the team chair.
2. The ART will consist of the following members:
 - a. Central Office RHC Program Manager;
 - b. Central Office Community Residential Services Program Manager;
 - c. Licensed Psychologist;

- d. Registered Nurse;
 - e. Regional Administrator or Field Services Administrator (FSA); and
 - f. QMRP/Habilitation Plan Administrator.
3. At each meeting, the ART will review the current RHC population data.
 4. The ART will review the person's eligibility for ICF/MR services and all other relevant information, including the completed CARE assessment. The person's CRM and/or the FSA or designee will meet with the ART to present information and respond to questions.
 5. After review and discussion, the ART will provide advice and/or a recommendation to the Division Director.
 6. The ART chair will meet with the Division Director to discuss each request and will notify the Region of the Director's decision. The Region is responsible to notify the client and his/her legal representative.

C. Washington State Considerations for ICF/MR

1. The appropriate comprehensive assessment tool will be used to assist in determining if the intensity of the service need requires ICF/MR level of care as follows:
 - a. Persons age 13 and older will be assessed with the *Comprehensive Assessment Reporting Evaluation (CARE)* tool [WAC 388-72A]. The following scores reflect ICF/MR level of care:
 - (i) A Cognitive Performance Score (CPS) of 4, 5, or 6;
 - (ii) An ADL score of 3 or more;
 - (iii) A CARE classification of level 4 through 14; and
 - (iv) Evidence in CARE of behaviors requiring intervention to prevent injury to self, others, or property.
 - b. If the person scores below the assessed levels of need in "i" or "ii" above, the ART may consider the following documented habilitation needs, which meet ICF/MR criteria but are not adequately reflected in the above assessments:

- (i) Severity of challenging behaviors;
 - (ii) Safety of person, family, caregiver, and community; and/or
 - (iii) Unstable health conditions.
2. The following two conditions must also be present:
 - a. The person must exhibit a willingness to reside at an ICF/MR and participate in active treatment discharge planning; and
 - b. The person's critical safety and/or health needs are not currently being met (i.e., shelter, food, medical, personal care, and supervision).
3. The ART must also consider the safety of the other RHC/community ICF/MR residents.

D. Review Period

1. Reviews of ICF/MR admission requests will be completed within 90 days of the date of receipt of the signed request, unless the time period is extended by mutual agreement of the requestor and DDD.
2. The RHC will review the person's continued need for ICF/MR level care annually [42 CFR 483.440(f) (2)].

E. Notice and Appeal Rights

1. The person and his/her legal representative or one other person will be notified in writing of the decision.
2. If an ICF/MR placement request is denied, information about appeal rights and a form for requesting a Fair Hearing will be enclosed with the notice.
3. The person and his/her legal representative have 28 days to appeal the denial or termination of ICF/MR services.
4. If an appeal is filed within 28 days, current services are continued pending the final appeal decision.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Division Director.

SUPERSESSION

DDD Policy 3.04
Issued March 9, 2004

Approved: /s/ Linda Rolfe Date: 1/9/2006
Director, Division of Developmental Disabilities

**DIVISION OF DEVELOPMENTAL DISABILITIES
REQUEST FOR ICF/MR ADMISSION**

Re: _____

You have requested to receive services in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) at a Residential Habilitation Center (RHC) operated by the Division of Developmental Disabilities (DDD) or at a private ICF/MR in the community. Please read and sign this request form.

What happens now?

A team of professionals appointed by the Division Director will review your request, including current assessment information, and determine if you meet federal criteria for ICF/MR admission.

- The team provides its recommendation to the Director.
- The Director makes the decision regarding admission.
- You will receive written notification of the decision within 90 days of the date of receipt of this signed request.

What are the eligibility criteria for admission to an ICF/MR?

You must be eligible to receive Medicaid services and also meet the following criteria for an ICF/MR:

- Federal regulations state that “clients admitted to the facility must be in need of and receiving active treatment services” [42 CFR 483.440(b) (1)] and “Admission decisions must be based on a preliminary evaluation of the client that is conducted or updated by the facility or by outside sources” [42CFR 483.440(b) (2)].
- What is active treatment?**
Active treatment is continuous and “includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services. Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous treatment program” [42 CFR 483.440(a)].

Is my admission to the ICF/MR permanent?

CFR ICF/MR Interpretive Guideline W199 states: “No admission should be regarded as permanent.”

Can I be discharged from the ICF/MR?

CFR ICF/MR Interpretive Guideline W201 states: “Transfer or discharge occurs only if one of the following reasons exists:

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REQUEST FOR ICF/MR ADMISSION**

- The facility cannot meet the individual’s needs;
- The individual no longer requires active treatment program in an ICF/MR setting;
- The individual chooses to reside elsewhere; or
- When a determination is made that another level of service or living would be more beneficial and in the best interest of the client.”

Who decides what services I will receive in the ICF/MR?

You, your legal representative and/or family will be involved in developing your habilitation plan. These services are called “habilitation services” and may include personal care assistance and training, employment/day programs, counseling, nursing, and other therapies.

What are my legal rights as a resident of the ICF/MR?

Your admission to the ICF/MR is voluntary and you retain all of the legal rights you had in the community, including the right to appeal any action of the department that denies, reduces, or terminates your service. If you wish to leave the facility after admission, the facility staff will assist you to leave the facility and identify available services in the community.

What happens next if I am approved for ICF/MR placement?

If you are determined eligible for admission, your Case Resource Manager will provide you additional information about RHC services and assist you in compiling needed information for admission.

What are my appeal rights if I am denied ICF/MR placement?

You have 28-days from receipt of the denial notification letter to file a request for a Fair Hearing to appeal this decision. You will receive a Right to Appeal form with your denial letter.

I understand this information and choose to receive services in an RHC ICF/MR instead of in the community.

Signature of adult client

Date

This signature is required even if there is a legal representative or other decision maker.

Signature of other decision maker

Date

Legal relationship of other decision maker

Date