

## DIVISION OF DEVELOPMENTAL DISABILITIES Olympia, Washington

| TITLE:     | RHC ICF/MR A   | ADMISSIONS PROTOCOL  | POLICY 3.04 |
|------------|--|--|-------------|
| Authority: | 42 CFR 440<br>42 CFR 483<br>Chapter 71A RCW<br>Chapter 388-825 WAC | Services: General Provisions<br>Requirements for States and Long<br>Facilities<br>Developmental Disabilities<br>Developmental Disabilities Service |             |

### **SCOPE**

This protocol applies to persons requesting placement at an Intermediate Care Facility for the Mentally Retarded (ICF/MR) 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. This policy does not apply to persons on short-term admission to an RHC 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 thirteen (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 the Assessment – Current Support Needs (Adolescent to Adult) (DSHS 15-168); 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:

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- 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.

### **PROCEDURES**

- A. <u>Requests for ICF/MR Admission</u>
  - 1. If the person, his/her legal representative, and/or family requests ICF/MR placement at an RHC, the case resource manager (CRM) will talk with the person to ascertain his/her willingness to reside at an RHC.
    - a. If the person appears to be certain that he/she wants to reside at an RHC 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 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 RHC 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 and community options. This should be done within 30 days of the signed request for ICF/MR admission.

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- 3. The CRM will:
  - a. Complete a comprehensive assessment for persons age eighteen (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, behavior support plan, and the person's Individual Service Plan (ISP), or Individual Education Plan if the client is under 21).
- 4. The Regional Administrator will forward the completed packet to the Admissions Review Team (ART) in DDD Central Office.

#### B. <u>Admissions Review Team</u>

- 1. The Division Director will establish an ART to evaluate all ICF/MR admission requests. The Division Director will appoint all members and 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. 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, the FSA or designee, will meet with the ART to present information and respond to questions.
- 4. After review and discussion, the ART will provide advice and/or a recommendation to the Division Director.

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### C. <u>Washington State Considerations for ICF/MR</u>

- 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 RHC 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 residents.
- D. <u>Review Period</u>
  - 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.

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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 ICF/MR placement 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. There are no exceptions to CFR or RCW.

### **SUPERSESSION**

None.

Approved: <u>/ s / Linda Rolfe</u> Director, Division of Developmental Disabilities Date: <u>3/9/2004</u>

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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). 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 <u>and</u> 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:

- 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<br>in the community. |  |  |
|---|--|--|
| Signature of adult client<br>This signature is required even if there is a legal repre                        | Date<br>sentative or other decision maker. |  |
| Signature of other decision maker   | Date                                       |  |
| Legal relationship of other decision maker  | Date                                       |  |

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