



3. Except in the case of a bona fide emergency, the Regional Office will provide all required referral information to the RHC prior to placement. At the time of referral, such information must be current within the last 90 days.
  - a. **Required information:**
    - (1) Legal information:
      - (a) Criminal justice system activities
      - (b) Local law enforcement involvement
      - (c) Contractual obligations or court ordered decrees
      - (d) Pending criminal charges
    - (2) Medical information:
      - (a) Updated immunization record
      - (b) Current medical evaluation including physic exam
      - (c) Current medications, allergies, prescribed diet or other medical prescriptions
      - (d) Report of Hepatitis B screening
    - (3) Current behavioral and functional developmental assessment including a review of serious behavior (danger to self or others) and any planned interventions previously used or presently in effect.
    - (4) Individual Service Plan including an objective for respite/emergency care.
    - (5) Updated social service information
      - (a) Family profile
      - (b) Social development

- (c) Placement history
      - (d) Reason for referral, including all reasons which preclude community placement.
  - 4. When a bona fide emergency exists and placement admission is for 72 hours or less, referral information should be obtained as follows:
    - a. Use regular placement procedures as much as possible in time allowed.
    - b. When circumstances and/or times do not allow regular placement procedures, the following is still necessary:
      - (1) Reason for referral, including situations that are precluding use of community resources;
      - (2) Medical information, updated by Regional Office as necessary, including current medications, allergies, and any existing and available immunization and health records; and
      - (3) Existing behavioral information, updated by Regional Office as needed.
  - 5. The Interdisciplinary Team (IDT) will provide services based upon the person's individual needs.
  - 6. When emergency placement exceeds 72 hours, the Regional Office will supply all referral information normally required for a non-emergent placement and an IHP will be developed.
- B. DDD will absorb respite/emergency care costs for persons who are not Medicaid eligible.
- C. Discharge
- 1. The individual will be discharged to their legal representative or usual service provider. If there are extenuating circumstances preventing the person from leaving as scheduled, the DDD Regional Office will be notified immediately and prepare alternative residential plans or request an extension of care at the RHC. Requests for extensions of care are to be made to the RHC at least one week in advance of need.

2. The division director or their designee will approve or disapprove all extensions of respite or emergency care beyond 30 days.

D. Exception to Policy

1. When the referral information as listed for an emergency placement is not present, and a bona fide emergency exists, an exception to policy may be requested.
2. The Regional Office will refer requests for an exception to policy to the division director.
3. The division director or their designee will make the final decision to approve or disapprove requests for an exception to policy. Initial approval of requests may be verbal followed by a written confirmation using DSHS 05-010(X), Policy Exception Request.
4. When an exception to policy has been granted and the resulting emergency placement has exceeded 72 hours, the Regional Office will supply all referral information as directed in A.6. above.

### **DEFINITIONS**

“**Emergency Care**” means a short-term admission, for up to three months, to accommodate a DDD-eligible person when a sudden, generally unexpected occurrence or set of circumstances demand immediate action and necessary placement of the person at a Residential Habilitation Center (RHC).

“**Respite Care**” means a short-term admission, for up to 30 days, to accommodate a DDD-eligible person for whom appropriate community resources are not available. Community placement following RHC care must be identified before admission for the person to be classified is in need or respite care. Respite admissions are planned and non-emergent with a discharge date agreed upon at the time of admission by the RHC, Regional Office, family/guardian, and/or the usual service provider.

### **SUPERSESSION**

Division Policy Directive 4.01  
Issued December 1992

