



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE:                      RESPITE CARE AND EMERGENCY PLACEMENT                      POLICY 4.01

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Authority:        42 CFR 483.440 (b)  
                      RCW 71A.12.5(3); 71A.16.010; 71A.20.090  
                      WAC 275-27-230(5) and (6)  
                      WAC 388-97-210

**PURPOSE**

This policy establishes procedures for authorizing and providing respite care and emergency placements within the Division of Developmental Disabilities (DDD) Residential Habilitation Centers (RHCs) for persons with developmental disabilities.

**SCOPE**

This policy applies to all RHCs.

**DEFINITIONS**

**Adolescent** means a DDD eligible child age thirteen (13) through seventeen (17) years.

**Emergency** means a sudden, unexpected occurrence demanding immediate action.

**Respite care** means temporary residential services provided to a person and/or the person's family on an emergency or planned basis not to exceed thirty (30) days in a calendar year in an RHC. Nursing facility and DDD rules limit respite to thirty (30) days without an exception.

**Emergency or temporary admission** of a person to an RHC means thirty-one (31) or more days in an RHC in a calendar year.

**POLICY**

Chapter 275-27 WAC designates twenty-six (26) RHC beds for “respite care”. Other RHC capacity that is not being used for permanent residents may also be available for respite care as long as it would not require the RHC to exceed its budgeted capacity.

**PROCEDURE**

A. Respite Admissions

1. Each RHC has a specified number of beds designated solely for respite care use.
2. Each RHC will determine its unused, budgeted capacity available for additional respite care use. Availability of these beds for respite is contingent on the placement needs of persons selected for the choice opportunity under 1998 SSB 6751.
3. Application, eligibility, determination, and referral to the RHC for respite will be handled through the DDD regional office where the RHC is located.
4. Regional administrator approval is required for respites of thirty (30) days or less.
5. Division director or designee approval is required to:
  - a. Provide any RHC respite for more than thirty (30) days in a calendar year;
  - b. Approve respite admission of a child or adolescent.
6. Except in the case of an emergency, the DDD regional office will provide all required referral information to the RHC at least twenty four (24) hours, but usually one (1) week, prior to placement. At the time of referral, such information must be current within the last ninety (90) days.

The following information is required:

- a. Legal information:
  - (1) Criminal justice system activities;
  - (2) Local law enforcement involvement;
  - (3) Contractual obligations or court ordered decrees; and
  - (4) Pending criminal charges and any related information.

- b. Medical information:
  - (1) Name, address, and telephone number of physician and back-up physician;
  - (2) Updated immunization record;
  - (3) Current medical evaluation, including physical exam and current diagnoses;
  - (4) Report of current Hepatitis B screening;
  - (5) Report of current tuberculosis (TB) screening if nursing facility; and
  - (6) Current medications and purpose, allergies, prescribed diet and reason for diet, and any other medical prescriptions.
- c. Behavioral and functional developmental assessment, including a review of serious behavioral issues (e.g., danger to self or others) and any planned interventions previously used or in effect. Include copies of any current behavior support plans.
- d. Individual Service Plan (ISP), including an objective for respite/emergency care.
- e. For children, the current Individual Education Plan (IEP) and plan for school attendance during respite.
- f. Updated social service information:
  - (1) Family profile, including name and address of primary contact and guardian status;
  - (2) Social development;
  - (3) Placement history;
  - (4) Employment history and interests; and
  - (5) Reason for referral, including reasons which preclude community placement.

7. When an emergency exists and placement admission is for seventy-two (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;
    - (3) Existing behavioral information and current behavior support plans, updated by DDD regional office as needed; and
    - (4) Description of requested services.
8. The Interdisciplinary Team (IDT) will provide services based upon the person's individual needs.
9. When emergency placements exceed seventy-two (72) hours, the DDD regional office will supply all referral information normally required for a non-emergent placement. An Individual Habilitation Plan (IHP) will be developed if the placement is expected to extend beyond thirty (30) days. Assessments will begin upon admission.

B. Discharge Procedures

1. A discharge plan will be in place upon admission for respite.
2. If extenuating circumstances prevent the discharge as planned, the regional office responsible for the person will make alternative plans or request an extension of the RHC respite, not to exceed a total of thirty (30) days in the calendar year.
3. If a discharge does not/cannot occur within the thirty (30) days allowed for respite in a calendar year, written approval by the division director is required for any extension. The request to the director must include a detailed plan and timeline for discharge.

