

DIVISION OF DEVELOPMENTAL DISABILITIES Olympia, Washington

TITLE: RESPITE CARE AND EMERGENCY PLACEMENT POLICY 4.01

Authority: 42 CFR 483.440 (b)

RCW 71A.12; 71A.16.010; 71A.20.090

WAC 388-97 WAC 388-825-055

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.

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

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.

POLICY

RHC capacity that is not being used for permanent residents may be available for respite care as long as it does not require the RHC to exceed its budgeted capacity, and there are adequate staffing resources and other resources available.

PROCEDURE

A. Respite Admissions

- 1. Each RHC will determine its unused, budgeted capacity available for respite care use.
- 2. Application, eligibility, determination, and referral to the RHC for respite will be handled through the DDD regional office where the RHC is located.
- 3. Regional Administrator approval is required for respites of thirty (30) days or less.
- 4. Division Director or designee approval is required to:
 - a. Provide any RHC respite for more than thirty (30) days in a calendar year; and
 - b. Approve respite admission of a child or adolescent.
- 5. 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:
 - i. Criminal justice system activities;
 - ii. Local law enforcement involvement;
 - iii. Contractual obligations or court ordered decrees; and
 - iv. Pending criminal charges and any related information.
- b. Medical information:

- i. Name, address, and telephone number of physician and back-up physician;
- ii. Updated immunization record;
- iii. Current medical evaluation, including physical examination and current diagnoses;
- iv. Report of current Hepatitis B screening;
- v. Report of current tuberculosis (TB) screening if nursing facility; and
- vi. Current medications and purpose;
- vii. Known allergies;
- viii. Prescribed diet and reason; and
- ix. 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), which includes 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:
 - i. Family profile, including name and address of primary contact and guardian status;
 - ii. Social development;
 - iii. Placement history;
 - iv. Employment history and interests; and

- v. Reason for referral, including reasons that preclude community placement.
- 6. 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 the time allowed.
 - b. When circumstances or time do not allow regular placement procedures, the following is still necessary:
 - i. Reason for referral, including situations that are precluding the use of community resources;
 - ii. Medical information, updated by the DDD regional office as necessary, including current medications, allergies, and any existing and available immunization and health records;
 - iii. Existing behavioral information and current behavior support plans, updated by the DDD regional office as needed; and
 - iv. Description of requested services.
- 7. The Interdisciplinary Team (IDT) will provide services based upon the person's individual needs.
- 8. 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. <u>Discharge Procedures</u>

- 1. A discharge plan will be in place upon admission for respite.
- 2. If extenuating circumstances prevent the discharge as planned, the DDD 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.

C. <u>Emergency RHC Admissions</u>

- 1. Emergency admission of an adult to an RHC requires an exception to policy (ETP) from the Division Director and is temporary, pending the development of appropriate community resources.
- 2. Emergency admission of an adolescent to an RHC can occur when:
 - a. A voluntary placement plan is in place with DDD with the goal of community placement or family reunification; and
 - b. DDD determines that foster placement services cannot meet the emergency needs of the child/family; and
 - c. Progress towards placement planning is reported to the Division Director at least every ninety (90) days.
- 3. <u>Children age twelve (12) and younger</u> shall not be admitted to an RHC except for respite care and only by exception to policy.

EXCEPTIONS

- 1. The Regional Administrator must submit a written request for an ETP to the Division Director using DSHS 05-010(X), *Rule Exception Request*.
- 2. The Division Director will make the final decision on ETP requests. The initial decision may be verbal, followed by a written confirmation on the ETP request form.

SUPERSESSION

Division Policy 4.01 Issued April 13, 2000

Division Policy 4.01 Issued June 30, 1999

Division Policy 4.01 Issued February 14, 1994

TITLE: RESPITE CARE AND EMERGENCY PLACEMENT POLICY 4.01

Approved: /s/Linda Rolfe Date: 6/25/2004

/s/Linda Rolfe
Director, Division of Developmental Disabilities

DDD POLICY MANUAL CHAPTER 4 6 OF 6