

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: PLANNED AND EMERGENCY SHORT-TERM STAYS POLICY 4.01

Authority: 42 CFR 483.440 (b)
[Chapter 71A RCW - Developmental Disabilities](#)
[Chapter 388-97 WAC - Nursing Homes](#)
[Chapter 388-825 WAC - DDA Service Rules](#)

Reference: [DDA Policy 3.04](#), *Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and State Operated Nursing Facility (SONF) Admissions Protocol*
[DDA Policy 4.03](#), *Enhanced Respite Services for Children*

PURPOSE

This policy establishes procedures for authorizing and providing both planned and emergency short-term stays at the Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) or state operated nursing facilities (SONF) operated by the Developmental Disabilities Administration (DDA).

SCOPE

This policy applies to ICF/IID or SONF staff and Field Services staff.

DEFINITIONS

Emergency means a sudden, unexpected occurrence demanding immediate action.

Long-term admission of a person to an RHC means the request has gone through the DDA Admissions Review Team (ART) and admission has been approved by the Assistant Deputy Secretary or designee.

PASRR means Pre-Admission Screening and Resident Review, a federally mandated program required for every person prior to admission to a Medicaid certified nursing facility.

Planned means a specific time frame for a short-term stay (STS), including admission and discharge dates.

Short-term stay (STS) means temporary residential services provided to a person on an emergency or planned basis. A short-term stay at an ICF/ID can be any number of days up to a year. Nursing Facility (NF) rules limit short-term stays to thirty (30) days without an exception.

Youth means a DDA eligible child age 16 to 21 years.

POLICY

- A. ICF/ID or State-Operated Nursing Facility (SONF) capacity that is not being used for long-term residents may be available for short-term stays. There are two types of short-term stay (STS) admissions: planned and emergency. STS admissions do not require review by the DDA Admissions Review Team and are not approved long-term placements.
- B. All activities related to STS admissions will be conducted through the DDA regional office where the RHC is located. This includes application for DDA services, ICF/ID or NF eligibility determination, and referral to the RHC. PASRR will be completed by the referring region.
- C. For Children and Youth, the following conditions apply:
1. Children under the age of sixteen (16) years may not be admitted to an RHC for planned or emergency short-term stays.
 2. Youth age 16 to age 21 may be admitted to an RHC only when:
 - a. No service options are available in the community; and
 - b. The admission is for short-term respite or crisis stabilization services.
 3. Prior approval by the Assistant Deputy Secretary or designee is required for any STS (planned or emergency) of a youth (age 16 to 21 years). The request must identify that there are no appropriate community resources available for respite.
 4. Written approval by the Assistant Deputy Secretary or designee is required for any STS greater than thirty (30) days in a calendar year. See the Procedures section for requirements.
 5. The PASRR process must be completed by the referring regional PASRR Assessor prior to admission to a SONF. See the Procedures section for requirements.

- D. For Adults (age 21 and older), the following conditions apply:
1. Community options should be explored prior to considering an RHC stay.
 2. Prior approval by the referring Regional Administrator (RA) is required for an STS of thirty (30) calendar days or less; and
 3. Written approval by the Assistant Deputy Secretary or designee is required for any STS greater than thirty (30) days in a calendar year. See the Procedures section for requirements.
 4. The PASRR process must be completed by the referring regional PASRR Assessor prior to admission to a SONF. See the Procedures section for requirements.
- E. When a client is at an RHC for an STS beyond 180 days, Field Services staff must pursue a request for admission to an ICF/ID following the procedures set forth in [DDA Policy 3.04](#), *Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and State Operated Nursing Facility (SONF) Admissions Protocol*, unless the conditions listed below are met:
1. The Region has identified a service provider and has a prospective discharge plan;
 2. This additional STS period cannot exceed 180 days; and
 3. The total time in STS status can be no more than one (1) year.

PROCEDURES

A. Planned Short-Term Stay Admissions

1. Planned STS admissions are limited to thirty (30) days in a calendar year unless approved by the Assistant Deputy Secretary or designee via the Exception to Rule (ETR) process.
2. The DDA regional office will provide all required referral information to the ICF/IID or SONF at least ten (10) working days prior to placement. Some of the required information is contained in the client's DDA Assessment and is acceptable in that form.
 - a. Prior to making the referral to the ICF/IID or SONF, the Case Resource Manager (CRM) must review the client's DDA Assessment to ensure:
 - 1) The Assessment is current (within the previous ninety (90) calendar days); and

- 2) The Assessment includes, to the extent possible, the required information specified in section 3 below.
 - b. If the DDA Assessment is not current or is incomplete, the CRM must complete an interim assessment.
3. Required information for ICF/IID or SONF referrals:
- a. Legal information, including:
 - 1) Criminal justice system actions;
 - 2) Local law enforcement involvement;
 - 3) Contractual obligations or court ordered decrees; and
 - 4) Pending criminal charges and any related information.
 - b. Medical information, including:
 - 1) Name, address, and telephone number of physician and back-up physician (should be found in CMIS Collateral Contacts);
 - 2) Updated immunization record;
 - 3) Most recent medical evaluation, including physical examination and current diagnoses (diagnoses should be listed in the DDA Assessment);
 - 4) Report of current Hepatitis B screening;
 - 5) Report of current tuberculosis (TB) screening if the STS is to occur at a SONF;
 - 6) All current prescription medications and purpose;
 - 7) Known allergies; and
 - 8) Prescribed diet and reason.
 - c. Functional and/or developmental assessments, including a review of any significant challenging behaviors (e.g., danger to self or others) and any planned interventions previously used or in effect. Include copies of the client's current Positive Behavior Support Plan (PBSP) and completed

[DSHS 10-272](#), *Cross System Crisis Plan*, if applicable. If the client has community protection issues, also include the most recent risk assessment for the client.

- d. The Individual Support Plan (ISP) that includes an objective for the STS or emergency care.
- e. For school age youth, the current Individual Education Plan (IEP) and plan for school attendance during the STS.

Note: If it is anticipated that the STS may exceed thirty (30) days, the referring Case Resource Manager (CRM) should obtain a release of information signed by the youth's parent/guardian and submit it to the referring school district at the time of STS admission. This will facilitate the timely receipt of school information if the youth must be enrolled in school during the STS.

- f. Updated social service information, including:
 - 1) Family profile, including name and address of primary contact and legal representative status;
 - 2) SSA/SSI information, including the representative payee;
 - 3) Social development;
 - 4) Placement history;
 - 5) Employment history and interests; and
 - 6) Reason for referral, including reasons that preclude community placement.
- g. A completed [DSHS 14-300](#), *Level One Pre-Admission Screening and Resident Review (PASRR)*, if the STS is to occur at an SONF.

B. Emergency STS Admissions

- 1. Emergency STS admission to an ICF/IID or SONF is temporary, pending resolution of the crisis and the development of appropriate community resources.
- 2. Emergency admission of a youth (age 16 to 21 years) requires prior approval from the Assistant Deputy Secretary or designee and the same information as described in Section A.3 above. On weekends, the Region must contact the Assistant Deputy Secretary or designee for approval.

3. When a youth is admitted for an emergency STS and does not have a residence to which he/she can return, the referring region must submit an ETR request to the Assistant Deputy Secretary or designee for approval. The ETR request must contain the following information:
 - a. A plan for services and supports, if appropriate, to be provided within the family home upon the child or youth's return from the emergency STS; or
 - b. A plan for voluntary placement services (when in-home supports have been exhausted and are determined ineffective in meeting the needs of the child or youth) with the goal of community placement or family reunification; and
 - c. Progress towards placement planning.
4. When an emergency exists and the STS admission is for 72 hours or less, referral information may be abbreviated if normal procedures cannot be followed. The referral packet must still contain the following information, at a minimum:
 - a. The reason for the referral, including a description of the situations that are precluding the use of community resources;
 - b. Medical information, updated by the DDA regional office as necessary, including current medications and medication history, allergies, and any existing and available immunization and health records;
 - c. Existing behavioral information and current PBSP, updated by the DDA regional office as needed;
 - d. Description of requested services during the STS; and
 - e. A completed [DSHS 14-300](#), *Level One Pre-Admission Screening and Resident Review (PASRR)*, by the referring DDA regional PASRR staff.
6. The CRM and PASRR Assessor, together with the ICF/IID or SONF Interdisciplinary Team (IDT), will plan STS services based upon the client's individual needs. It is expected that the CRM, PASRR Assessor, and the IDT will remain connected so that information about the client and the client's status and progress is communicated between both parties. The CRM, PASRR Assessor, and the IDT must document these contacts in the Service Episode Record (SER).
7. When an emergency STS admission exceeds 72 hours, the referring region must supply all referral information normally required for a planned STS to the ICF/IID or SONF within five (5) working days.

8. For an STS in the ICF/IID, develop an Individual Habilitation Plan (IHP) if the STS is expected to extend beyond thirty (30) days. Assessments must begin upon admission.
9. An STS in the SONF cannot be planned to exceed thirty (30) days. If the stay unexpectedly exceeds thirty (30) days, a PASRR Level II must be completed in the PASRR electronic system before the additional stay is approved.

C. Discharge Procedures

1. Discharge plans are required for both planned and emergency STS admissions as follows:
 - a. For a planned STS, a discharge plan must be in place upon admission to the ICF/IID or SONF that includes the residence to which the client will return and a planned discharge date; or
 - b. For an emergency STS, an initial discharge plan must be developed jointly by the CRM and the IDT as soon as possible after admission. When the client begins to stabilize (behaviorally and/or medically), the CRM and the IDT must develop a more specific discharge plan, to include the residence location and a projected timeline for discharge.
2. If a discharge does not/cannot occur within the thirty (30) days allowed for STS in a calendar year, the referring region must:
 - a. Submit an ETR request to the Assistant Deputy Secretary for an additional thirty (30) days and repeat for every thirty (30) day period sought thereafter; and
 - b. Include in the ETR request what the region will do to remain actively involved with the client, how the region will participate in the client's treatment, and what resources the region has identified to use when discharge planning begins; and
 - c. For SONF, ensure that a PASRR Level II is completed in the PASRR electronic system before the STS is extended beyond thirty (30) days.

EXCEPTIONS

The RA must initiate an Exception to Rule (ETR) request to the Assistant Deputy Secretary or designee using the Comprehensive Assessment and Reporting Evaluation (CARE) system. The Assistant Deputy Secretary or designee will make the final decision on ETR requests. The initial

decision may be verbal, followed by an electronic confirmation of the ETR request approval or denial on the RA's worklist in CARE.

No other exceptions to this policy may be authorized without the prior written approval of the Assistant Deputy Secretary or designee.

SUPERSESSSION

DDD Policy 4.01
Issued July 1, 2012

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

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