



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: REFERRAL AND PLACEMENT INTO COMMUNITY POLICY 4.02
RESIDENTIAL SERVICES

Authority: 42 CFR 483.440 (b)
Chapter 71A RCW Developmental Disabilities
Chapter 275-27 WAC Developmental Disabilities Services

For adult family homes and adult residential care facilities:

RCW 70.129 Long Term Care Resident Rights
Chapter 388-76 WAC Adult Family Home Minimum Licensing
Requirements

AASA Manual

BACKGROUND

Historically this policy has addressed only the Division of Developmental Disabilities' (DDD) contracted residential services. The policy is now expanded to include DDD funded services provided in Adult Family Homes (AFH) and Adult Residential Care (ARC) facilities, and incorporates Aging and Adult Services Administration (AASA) rules and policy for placement into these DSHS contracted facilities.

PURPOSE

This policy provides the opportunity for DDD eligible persons to live in a manner that meets their needs and preferences and ensures that the provider is aware of the individual's needs prior to admission.

SCOPE

This policy applies to the referral and placement of persons into DDD funded residential services. Placements into adult family homes and adult residential care facilities are also subject to WAC and program requirements governing these AASA contracted facilities. Family Support, individual provider services, and in-home attendant and/or personal care

services are outside the scope of this policy.

POLICY

When referring/placing a person into residential services, DDD will ensure that:

1. The provider and the individual being referred are provided the necessary information and opportunities to make an informed decision; and
2. The program has the necessary licensure, contract, or certification, and is within its contracted capacity.

PROCEDURES

- A. When referring people to residential providers, the DDD case/resource manager must consider:
 1. Personal preference of the individual being referred;
 2. The ability of the provider to meet the health, safety, and program needs of the individual being referred; and
 3. The needs of all the people who already live in the program, including their protection.
- B. To the degree possible, referral packets must include all required forms and known information, such as:
 1. A "Release of Information" form signed by the individual and/or legal guardian within the last ninety (90) days;
 2. A "Provider Placement Letter" listing the information included in the packet. A copy of the signed form is returned by the provider to DDD for the person's file;
 3. Financial information, such as:
 - a. Verification of SSI/SSA status;
 - b. Eligibility for financial assistance, food stamps, Medicaid, etc.;
 - c. Earned and unearned income and resources; and
 - d. Payee information;
 4. Legal information, such as:
 - a. Legal guardianship information and documentation;
 - b. Marital status, children, family members, and names and addresses of all

- c. significant people in the person's life; and
 - c. Copies of court orders or legal action involving the person;
5. The current assessment and service plan identified as the Individual Service Plan per DDD Policy 3.01, *Individual Service Plan*;
 6. Health information, such as:
 - a. Medication, medical history, and immunization records; and
 - b. Dates, sources, and copies of the most recent and available psychological and/or mental health reports, including any behavioral and psychiatric information and plans.
- Per RCW 70.24.105 and WAC 246-100-016, an individual's Hepatitis B Virus (HBV) and HIV status is confidential and cannot be shared.**
7. Nurse delegation assessments per Chapters 275-26 and 388-76 WAC, when applicable. These shall be provided no later than the day of placement to the program. The contracted RN uses the approved "Delegation of Nursing Care Tasks" (DSHS Form 10-217);
 8. Educational and vocational records; and
 9. Information regarding other services and agencies serving the person.
- C. The residential provider must evaluate the person's referral for service to determine whether the provider has the resources to meet the person's needs. Within ten (10) working days of receipt of the referral packet, the provider shall notify the DDD case/resource manager whether or not they accept the referral for further evaluation. If a decision is not possible within ten days, the provider will confer with the DDD case/resource manager and mutually agree on an extended timeframe.
1. Following acceptance for further evaluation, the provider will arrange a pre-placement visit. At this time the residential provider shall describe for the person the services provided in that program and make their written policies available to the person;
 2. If the provider decides not to accept the referral, the provider must put their decision and their reason for not accepting the person in writing and return the referral information to DDD;
 3. The residential program shall conform to all relevant statutes and WACs

regarding confidentiality;

4. If the provider accepts the person's referral, the provider and the DDD case/resource manager shall agree on a timely process to complete the placement; and
 5. When the date of acceptance into the program is agreed to, DDD shall provide an authorization for service, including client participation, within ten (10) working days of the date of placement.
- D. **Short term placements** must meet the standard placement criteria for sharing essential information and ensuring the safety of the person, the provider, and the other residents, as described above.
- E. **Emergency placements** are defined as those situations where the immediate placement needs of the person do not allow for the standard referral process described in sections B and D of this policy. In these situations, the DDD case/resource manager shall:
1. Either use the Comprehensive Assessment (CA) when one is required by program rules, and obtain the provider's signature on the service plan; **or**
 2. Complete the "Emergency Placement Referral" and:
 - a. Attach any client information immediately available; and
 - b. Include the "Provider Placement Letter" to document the information given and received.
 3. Document conversations with the provider in the client episode record; and
 4. Provide complete written information within five (5) working days of the placement (i.e., social, medical, and criminal history, and an updated service plan).
- F. **Individuals with challenging support issues** have a history of offenses and/or behaviors that may be of concern. Such persons must be identified on the "Individual with Challenging Support Issues" form and are subject to the following additional procedures when being referred for placement. The DDD case/resource manager shall:
1. Provide a copy of the "Individual with Challenging Support Issues" form to the residential provider;
 2. Describe the level of supervision and support needed by the person in writing;

3. Identify in writing any significant risks to self or others posed by the person, and what supports are necessary to manage these risks. Ensure that this includes the person's issues regarding access to vulnerable people (e.g., housemates, children, neighbors, schools, child care centers, etc.);
4. Provide the name and phone numbers of persons to call if the person's behavior becomes dangerous beyond the contractor's ability to ensure the safety of the person or others;
5. Obtain the provider's signature on the service plan and/or contract. The provider signature is confirmation that the provider agrees that the supervision and supports outlined in the service plan can be provided within the DSHS/DDD reimbursement rate; and
6. In addition to 1. through 5. above, implement the procedures outlined in section E of this policy, "Emergency Placements," for crisis/emergency placements.

G. **Mental Health Diversion** clients are persons being diverted from psychiatric hospitalization through the provision of crisis residential placement. The following items are specific to the placement of these individuals:

1. DDD regional offices contracting with residential providers for crisis/respite mental health diversion services must have in place written procedures and interagency agreements between DDD, the Regional Service Network (RSN), and, if appropriate, AASA; and
2. These interagency agreements must address the following:
 - a. The release of information by local mental health authorities;
 - b. Clear procedures for the provider on whom to contact when a person's behavior becomes dangerous beyond the contractor's capacity to ensure the safety of the person or others; and
 - c. A schedule for regular meetings between DDD, the RSN, and the contractor to revise and update common understandings and procedures around the:
 - (1) Placement of persons into crisis and diversionary care;
 - (2) Mental health supports needed while in crisis care; and
 - (3) Plans to return home or to an alternative placement.

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SUPERSESSSION

DDD Policy Directive 538
Issued December 1982

DDD Policy Directive 545
Issued October 1984

Approved: /s/ Timothy R. Brown
Director, Division of Developmental Disabilities

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