



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02  
REFERRAL AND ACCEPTANCE

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Authority: [Chapter 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*  
[Chapter 388-826 WAC](#) *Voluntary Placement Services*  
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Support*

For Adult Family Homes and Adult Residential Care Facilities:

[Chapter 70.129 RCW](#) *Long Term Care Resident Rights*  
[Chapter 388-76 WAC](#) *Adult Family Home Minimum Licensing Requirements*  
[Chapter 388-78A WAC](#) *Assisted Living (Boarding Home) Licensing Rules*  
[Chapter 388-829C WAC](#) *Companion Homes*

## **PURPOSE**

This policy establishes a process for referral to and acceptance of community residential services for eligible clients of the Developmental Disabilities Administration (DDA).

## **SCOPE**

This policy applies to clients requesting community residential services, which include Supported Living (SL) and State Operated Living Alternatives (SOLA), Adult Family Homes (AFH), Adult Residential Care (ARC) facilities, Alternative Living (AL), Companion Homes (CH), Foster Homes (FH), Group Homes (GH), Group Training Homes (GTH), and Licensed Staffed Residential Programs (LSR).

## **DEFINITIONS**

**Community Access (CA)** means an individualized service that provides clients with opportunities to engage in community based activities that support socialization, education, recreation, and personal development for the purpose of:

1. Building and strengthening relationships with others in the community who are not paid to be with the person; and
2. Learning, participating and applying skills that promote greater independence and inclusion in their community ([WAC 388-845-0600](#)).

Entities offering CA services must have a contract with the county where the services would be provided.

**CRM/SW** means the Developmental Disabilities Administration Case Resource Manager and/or the Social Worker or Social Service Specialist.

**Habilitation** means those services delivered by residential services providers to assist persons with developmental disabilities to develop maximum independence in activities of daily living through training and supports.

### **POLICY**

- A. DDA clients approved to receive community residential services will be provided the opportunity to live in a manner that meets their needs and preferences. Services shall be delivered in the most cost effective manner possible. It is the Administration's expectation that clients will share homes and support hours. However, single person households are allowable by exception, depending on individual circumstances and client need.
- B. When referring a client to residential services, DDA will ensure that:
  1. The individual and the provider receive 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.
- C. Clients must be given information regarding residential providers available in their region so that they may make decisions regarding their choice of residential provider. Information regarding SL and GH residential providers is available online at [Residential Provider Resources](#).
- D. A Supported Living service provider agency, administrator, or owner cannot own homes that are rented by the clients they serve without a written exception to policy (ETP) from the Deputy Assistant Secretary.
  1. Existing situations in SL programs will be allowed to continue for twelve months from the date of publication of this policy. The service provider must work with

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the client, the client's legal representative and the Administration to find alternatives within this timeframe or work to obtain an ETP.

2. ETP requests must be submitted by the service provider to the DDA Regional Administrator (RA) for review. Following review, the RA will forward the ETP request to the Deputy Assistant Secretary for final determination.
- E. Staff of certified residential programs who provide supports to clients under the residential contract must not also provide Community Access services to the same clients.
- F. When the provider has a vacancy, they may complete [DSHS 15-360, Residential Services Capacity Profile](#), and send it to the Resource Manager (RM) to seek referral.

### **PROCEDURES**

- A. The Resource Manager (RM) and the Case Resource Manager (CRM)/Social Worker (SW) will work collaboratively on client referrals. The CRM/SW is responsible to identify the current needs of the client, prepare the referral packet, and identify potential service providers. The RM is responsible for sending out the referral packets and receiving the providers' responses.
- B. Prior to referring a client to residential service providers, the CRM/SW must obtain a signed [DSHS 14-012, Consent](#), from the client and/or the client's legal representative. The form must have been signed within the last six (6) months.
- C. When making a referral, the CRM/SW must consider the factors listed below. For adults requesting DDA community residential services, the CRM/SW will document these preferences on [DSHS 15-358, Client Referral Information](#).
1. Personal preference of the individual being referred;
  2. Parent/legal representative requests;
  3. Personal preferences of potential housemate(s);
  4. Provider's ability to meet the client's health, safety, and program needs; and
  5. Needs of all persons in the residence, including safety and protection.
- D. Content of Referral Packets
1. Initial referral packets must include all required forms and available information, including:

- a. [DSHS 10-232, Provider Referral Letter for Supported Living/Group Home Providers](#), that lists the information included in the packet or [DSHS 27-057, Voluntary Placement Services Program Provider Referral Letter](#), for children up to age 18. The provider will send a copy of the signed form to the CRM/SW for inclusion in the client record.
  - b. [DSHS 10-232A, Provider Referral Letter](#). This letter must be attached for all referrals other than those described in “a” above.
  - c. For adult clients only: A completed [DSHS 15-358, Client Referral Information](#).
  - d. History of residential services received from other providers.
  - e. Legal representative information and documentation.
  - f. Marital status and names and ages of children, if any.
  - g. The client’s current DDA Assessment and Individual Support Plan (ISP) as identified in DDA [Policy 3.01, Service Plans](#). Assessment for clients referred for Supported Living Group Home or Group Training Home services will indicate the residential level of supervision and support (i.e., support levels 1 through 6 per [WAC 388-828-9540](#)).
  - h. Dates, sources, and copies of the most recent psychological and/or mental health evaluations, including any behavioral and psychiatric information and treatment plans.
  - i. A summary of incidents that warranted an Incident Report (IR) within the past 12 months, including behavioral incidents and medical issues.
  - j. Criminal history, if applicable.
  - k. Educational and vocational records, including IEP information if available.
2. The CRM/SW will send the completed referral packet to the RM for processing.
  3. If the provider accepts the referral, the RM will send a **second** packet to the provider with the following information:
    - a. Financial information (may be found in ACES), such as:

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- i. Verification of SSI/SSA status;
  - ii. Eligibility for financial assistance (e.g., food stamps, Medicaid);
  - iii. Earned and unearned income and resources;
  - iv. Payee information; and
  - v. Client receiving SSP funds.
- b. Legal information, such as:
- i. Copies of court orders or legal action involving the client; and
  - ii. Names of perpetrator or victims of crime (if known); this must be on a need to know basis only. The client's expressed consent must be obtained before sharing this information. Note: The client cannot give consent to release names of victims.
- c. Medical history, immunization records, and medications. A client's Hepatitis B Virus (HBV) and HIV status are confidential and cannot be shared ([RCW 70.24.105](#)); and
- d. Nurse delegation assessments, when applicable. These must be provided no later than the first day of residential service. The contracted Registered Nurse (R.N.) must use [DSHS 10-217, Nurse Delegation: Nursing Assistant Credentials and Training](#).
- e. List of family members and names and addresses of all significant people in the client's life.

E. Sending Referral Packets

The RM will do the following:

1. Send the referral packet to the residential service providers identified by the CRM/SW;
2. In the case of statewide referrals, send the referral packet to the regional Resource Management Administrators (RMAs) in the other DDA regions;
3. Document in the client's Service Episode Record (SER) which agencies received the referral packet; and

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4. Document all residential agencies' response to the referral in a SER.

F. Acceptance Process

1. The provider must evaluate the referral for service to determine whether they have the resources to meet the client's needs.
  - a. Within ten (10) working days of receipt of the referral packet, the provider must notify the RM/SW whether or not they accept the referral for further evaluation; and
  - b. If a decision is not possible within ten (10) days, the provider will consult with the RM/SW to agree on a mutually extended timeframe.
2. Following acceptance of the referral for further evaluation, the provider, the client, and the client's legal representative must meet to discuss the support services that the provider will offer to meet the client's assessed needs.
  - a. The provider must offer and provide access to the agency's written policies to the potential client and/or the client's family.
  - b. Whenever possible, the potential housemates must meet and spend some time together to get to know one another as well as visit the home they will be sharing.
3. If the provider decides not to accept the referral, the provider must put their decision and reason for not accepting the client in writing and return the referral information to the RM/SW.
4. The provider must adhere to all relevant statutes and WACs regarding confidentiality.
5. If the provider accepts the referral, the client, the RM/SW, and the provider must agree on a timely process to begin services. At this time, the RM/SW will send the second packet of client information as described in Section E.2 above to the provider.
6. If the service being considered is SL, a GH, or a GTH, the RM will conduct a rate assessment meeting with the provider to determine the daily rate for the residential service.
7. If a child is being considered for Voluntary Placement Services (VPS) and will be residing in a licensed staffed residential program, the regional VPS Coordinator will work with the provider to negotiate and approve a daily rate. If a child will

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be residing in a foster home, the regional VPS Coordinator will conduct a foster care rate assessment with the foster parents using the CARE tool.

8. For certified residential services, companion homes, foster homes and licensed staffed residential programs, DDA will start payment for services on the date service begins. Authorizations will be made through the CASIS system.
  9. Before a client moves into an Adult Family Home (AFH), the CRM must complete and sign [DSHS 10-231, Adult Family Home Placement Checklist](#). The checklist is kept in the client record. The AFH Placement Checklist is not part of the referral packet.
- G. Residential providers must develop an Individual Instruction and Support Plan (IISP) for each client supported by the agency per [Chapter 388-101 WAC](#). A draft IISP must be completed within thirty (30) days of the client receiving services from the agency. The provider may have an additional sixty (60) days to complete the IISP. The IISP must include the required elements as described in Attachment A of this policy or indicate where this information may be found.
1. Residential staff must assist the client and/or the client's legal representative in developing a minimum of three (3) formal habilitation goals for clients receiving 24-hour services who are assessed at Support Levels 3B, 4, 5 and 6.
  2. Residential staff must assist the client and/or the client's legal representative in developing a minimum of two (2) formal habilitation goals for clients receiving less than 24 hours of support who are assessed at Support Levels 1, 2 and 3A.
  3. Formal Instructional and Support Goals must include one or more of the following domains identified as a support need in the client's Individual Support Plan (ISP). List the goal(s); explain how the goal(s) will be achieved; and describe what data will be collected.
    - a. Behavioral Supports;
    - b. Community Living;
    - c. Health and Safety;
    - d. Home Living;
    - e. Lifelong Learning;
    - f. Medical Supports; and

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g. Social Activities.

H. Emergency Residential Services for Adults

These are situations where the immediate support needs of the person do not allow for the standard referral process described in Sections B and C of this policy to occur. In these situations, the CRM/SW must:

1. Attach any client information immediately available, including the DDA Assessment Detail and Service Summary;
2. Complete [DSHS 10-232, Provider Referral Letter for Supported Living/Group Home Providers](#), or [DSHS 10-232A, Provider Referral Letter](#), to document information given and received;
3. Document conversations with the provider in the client's SER; and
4. Provide complete written information within five (5) working days of service provision (i.e., social, medical, and criminal history, and an updated ISP).

I. Adults with challenging support issues who have a history of offenses and/or behaviors that may be of concern must be identified on [DSHS 10-234, Individual with Challenging Support Issues](#), and are subject to the additional procedures described below when being referred for services.

The CRM/SW must:

1. Provide a copy of the completed [DSHS 10-234, Individual with Challenging Support Issues](#), to the provider;
2. Describe in writing the level of supervision and support needed by the client as identified in the client's DDA Assessment;
3. Identify in writing any significant risks to others posed by the client and what supports are necessary to manage these risks. This must include the risk posed by the client to vulnerable people (e.g., housemates, children, neighbors, schools, childcare centers, etc.);
4. Provide the names and phone numbers of people to call if the client's behavior becomes dangerous beyond the provider's ability to ensure the safety of the client or others; and
5. For clients with community protection issues, complete the [DSHS 10-258, Individual with Community Protection Issues](#), and give a copy of the form and the



most recent psychological and/or psychosexual evaluation/risk assessment to the provider.

- J. Crisis/Respite Mental Health Diversion services provided by the DDA certified residential providers are available as deemed appropriate by the DDA. These services are available to clients who are being diverted from psychiatric inpatient treatment facilities through the provision of this service.

### **EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Deputy Assistant Secretary.

### **SUPERSESSION**

DDD Policy 4.02  
Issued July 1, 2011

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

Date: July 1, 2013

## ATTACHMENT A

### ***INDIVIDUAL INSTRUCTION AND SUPPORT PLAN (IISP)***

*The following information is required in the Residential Provider's client record. The information may be included in the IISP or elsewhere in the client record as noted in the IISP.*

#### **General Information**

- Name
- DOB
- Legal representative (guardian)
- Address
- ISP Date
- Scheduled IISP Review Date(s)
- Individuals who participated in the IISP development
- Preparer's printed name and date

#### **Background information**

- History
- Personal goals
- Likes/dislikes
- Skills and abilities
- Communication style

#### **Risk issues**

- Abuse/Neglect/Exploitation
- Behavioral
- Environmental
- Falls
- Legal/financial
- Medical, including allergies, skin integrity
- Other

#### **Formal Instructional and Support Goals**

- This must include one or more of the following domains identified as a support need in the ISP. List goal(s); explain how goal(s) will be achieved; and describe what data will be collected.
- Behavioral Supports
- Community Living
- Health and Safety
- Home Living
- Lifelong Learning
- Medical Supports
- Social Activities

#### **Specialized Equipment and Environmental Modifications**

- Environmental modifications made for the client
- Equipment List and Location
- Plans for future modifications, if any