



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02
REFERRAL, ACCEPTANCE, AND CHANGE OF RESIDENTIAL PROVIDERS

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*
[Chapter 388-829C WAC](#) *Companion Homes*
[Chapter 388-829A WAC](#) *Alternative Living*

PURPOSE

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

SCOPE

This policy applies to DDA staff and the following DDA contracted residential service programs:

For adults:

- Supported Living (SL)
- Group Homes (GH)
- Group Training Homes (GTH)
- State Operated Living Alternatives (SOLA)
- Crisis Diversion Bed and Support Services

For children:

- Licensed Staffed Residential (LSR)
- State Operated Living Alternatives (SOLA)
- Licensed Child Foster Home (CFH)
- Licensed Group Care Facility

DEFINITIONS

CRM/SW/SSS 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 acquire, retain, and improve upon the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

RM means the Developmental Disabilities Administration Resource Manager.

RMA means Resource Manager Administrator.

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. Based on the habilitation benefits and efficiencies of sharing household and staffing, clients assessed as needing 24-hour daily support receiving supported living services typically live in households of two to four individuals. The DDA RM will complete an Exception to Policy (ETP), which is reviewed at least annually, for all persons assessed to need a residential service level 4, 5 or 6 who are unable to share households or hours.
- B. When referring a client to residential services, DDA will ensure that:
1. Services are offered in integrated settings and support power, choice, and full access to the greater community to engage in community life.
 2. The client and their legal representative (if applicable) receive the necessary information and opportunities to make an informed choice of available services. Information regarding SL and GH residential providers is available online at [Residential Provider Resources](#).
 3. The provider receives the necessary information and opportunities to make an informed decision; and
 4. The program has the necessary contract, certification or licensure. Licensed facilities must operate within their licensed capacity.
- C. DDA supports the right of clients to make the choice to change residential services providers. At a minimum, the DDA CRM will review client choice at their annual assessment.

- D. A supported living service provider agency, administrator, or owner cannot own homes that are rented by the clients they serve.
1. Exceptions to this will be considered by the Assistant Secretary for scenarios that have been in existence prior to July 1, 2013. ETPs will be reviewed annually. The residential service provider will complete the [DSHS 27-124](#), *Provider Owned Housing Memorandum of Understanding Residential Provider Attestation*, form. The Resource Manager will work with the client/legal guardian to complete the [DSHS 27-123](#), *Provider Owned Housing Memorandum of Understanding Renter Attestation*, form. Both of these documents will be attached to the ETP prior to the Assistant Secretary review. A signed copy of ETP will be kept in the DDA client file and forwarded to the provider within thirty (30) days of submission. ETPs will be tracked.
 2. No new provider owned homes will be considered.
- E. When an SL or GH/GTH provider has capacity in a home, they may complete [DSHS 15-360](#), *Residential Services Capacity Profile*, and send it to the RM to seek referrals.

PROCEDURES

- A. The RM and the CRM/SW/SSS will work collaboratively on client referrals.
1. The CRM/SW will identify the current needs of the client through the DDA Client Assessment process, submit a Waiver request if one is needed, and prepare the referral packet.
 2. DDA will consider the following factors when reviewing client requests for residential services and identifying potential service providers and distributing referrals:
 - a. Personal preference of the individual being referred;
 - b. Parent/legal representative requests;
 - c. Personal preferences of potential housemates;
 - d. Provider's ability to meet the client's health, safety, and program needs;
 - e. Needs of all persons in the residence, including safety and protection;
 - f. Capacity in existing homes;
 - g. Provider areas of specialty;
 - h. Provider interest and ability to expand services; and
 - i. Enforcement action regarding placements.
 3. The RM will distribute the referral packets to potential service providers and receive the providers' response.

- 1) Verification of SSI/SSA status;
 - 2) Eligibility for financial assistance (e.g., food stamps, Medicaid);
 - 3) Earned and unearned income and resources;
 - 4) Payee information; and
 - 5) Client receiving SSP funds.
- j. Legal information, such as:
- 1) Copies of court orders or legal action involving the client; and
 - 2) 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.
- k. Medical history, immunization records, and medications. Note: A client's Hepatitis B Virus (HBV) and HIV status are confidential and cannot be shared ([RCW 70.24.105](#)); and
- l. Nurse delegation assessments, when applicable. The contracted Registered Nurse (R.N.) must use [DSHS 10-217](#), *Nurse Delegation: Nursing Assistant Credentials and Training*.
- m. List of family members and names and addresses of all significant people in the client's life.
- n. 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.
- o. The CRM/SW/SSS will include the following in addition to [DSHS 10-234](#), *Individual with Challenging Support Issues*:
- 1) Describe, the level of supervision and support needed by the client as identified in their DDA Assessment;
 - 2) Identify 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.);

- 3) 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
 - 4) 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.
- D. The CRM/SW/SSS will send the completed referral packet to the RM team for processing.
- E. The RM will consider the following when sending the referral packets to the identified residential service providers:
1. Personal preference of the individual being referred;
 2. Parent/legal representative requests;
 3. Personal preferences for 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.
- F. Distribution and Documentation of Referrals
1. In the case of statewide referrals, send the referral packet to the regional RMA for adults and the Regional Voluntary Placement Coordinator for children;
 2. Document in the client's Service Episode Record (SER) which agencies received the referral packet; and
 3. Document all residential agencies' response to the referral in a SER.
- G. Review and acceptance
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 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 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. The provider will arrange for potential housemates to meet and spend time together to get to know one another as well as visit the home they will be sharing.
3. If the individual/legal representative decides not to select the provider, packets will be sent to new providers and the provider will be notified.
4. 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 destroy the referral information.
5. The provider must adhere to all relevant statutes and WACs regarding confidentiality.
6. If the provider accepts the referral, the client, the RM, and the provider must agree on a timely process to begin services. If there is a significant delay in the start of services, the referral process may start over in order to meet the client's identified needs.
7. When the potential need for Nurse Delegation services is identified, DDA staff will make a referral for a Nurse Delegation assessment. If delegation services are needed, the service provider must ensure that Nurse Delegation is in place prior to the client beginning services.
8. The CRM/SW/SSS will facilitate the client, family, and provider to make arrangements for the transfer of birth certificate, client finances, insurance cards (ProviderOne and Medicare, etc.), photo ID card, Social Security card, and any other legal documents in the previous provider or client's/family's possession. The CRM may also facilitate a plan for moving basic personal items, clothing, and furniture, including the personal property inventory when previously served by a residential provider.

9. If the service being considered is SL, GH, or GTH, the RM will conduct a rate assessment meeting with the provider to determine the daily rate for the residential service.
 10. If a child is being considered for Voluntary Placement Services (VPS) and will be residing in a licensed staffed residential program, the RM will work with the provider to develop a daily rate. If a child will be residing in a foster home, the RM will conduct a foster care rate assessment with the foster parents using the CARE tool.
 11. DDA will start payment for services after the rate has been approved and service has begun. Authorizations will be made through the ProviderOne system.
- H. When emergency situations arise and 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 (including emergent residential services and adult crisis/mental health diversion services), the CRM must:
1. Attach any client information immediately available, including the DDA Assessment Detail and Service Summary;
 2. Provide a current medication list and name of pharmacy and treating practitioner. When possible, provide medications in their original labeled container;
 3. Complete [DSHS 10-232](#), *Provider Referral Letter for Supported Living/Group Home Providers* to document information given and received;
 4. Document conversations with the provider in the client's SER; and
 5. Provide complete referral information within five (5) working days of service provision (i.e., social, medical, and criminal history, and an updated ISP).
- I. When client requests a change in residential service provider, the Administration and the service provider will work together to address the client's request.
1. A client who is seeking a change in service provider must inform the CRM of the desire to change providers. The CRM will meet with the client and the client's legal representative to discuss the reasons for the move. The CRM will encourage the client and the client's legal representative to meet with the current residential services provider to talk about whether the client's services can be modified to respond to the client's concerns.
 2. If a mutually acceptable plan cannot be developed, the client will request the CRM to initiate the process to seek a new services provider that can address the

client's needed supports. This process of developing an acceptable plan will include the client, the client's legal representative, family, current and potential residential services providers, and DDA staff. The plan must consider the rental agreement, other persons on the lease, subsidized housing, employment, and other similar factors. The CRM will assist the client/legal representative in understanding the client's current lease/rental obligations and the impact on their finances if they chose to break a rental agreement prior to its expiration.

3. Follow procedures regarding referrals noted above.
4. DDA will develop a transition plan with the client and their legal representative.

J. Notification to Terminate Services

When a provider determines that they can no longer meet the client's needs and termination of services would be in the best interest of the client or in the best interests of other clients:

1. The service provider administrator will identify in writing whether the situation is emergent or non-emergent as defined in their contract. Written notification will be sent to the RMA with a copy to the RA and Field Services Administrator.
2. DDA will start the referral process to identify a new provider and keep the current provider informed on progress. DDA will respond according to contract.

EXCEPTIONS

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

SUPERSESSSION

DDA Policy 4.02
Issued July 1, 2013

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

Date: July 1, 2015