

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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

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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*  
[Chapter 388-101D WAC](#) *Requirements for Providers of Residential Supports*

**PURPOSE**

This policy establishes a process for referral to and acceptance of community residential services, and 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:

- Community Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- Crisis Diversion Bed and Support Services
- Group Homes (GH)
- Group Training Homes (GTH)
- State Operated Living Alternatives (SOLA)
- Supported Living (SL)

For children:

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

## **DEFINITIONS**

**Case Resource Manager (CRM)** means case carrying DDA Case Manager who is the liaison with the client. For the purposes of this policy, “CRM” will include Social Worker and Social Service Specialist.

**Habilitation** means those services delivered by community residential service 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 the community.

**Resource Manager (RM)** establishes rates and monitors contract compliance and is the DDA liaison with the service provider.

**Resource Management Administrator (RMA)** is the DDA administrator that manages budgetary and programmatic practices of community residential services within the region he or she is assigned.

**Single-Person Household (SPH)** means a client who meets all of the following:

1. The client has been assessed by the CRM in CARE as needing support level 4, 5, or 6, as defined in WAC 828-9540;
2. The client does not share their home with another client; and
3. The client does not share ISS hours with another client.

## **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 must be delivered in the most cost-effective manner possible. Based on the habilitation benefits and efficiencies of sharing households and staffing, clients assessed as needing 24-hour daily support typically live in households with one to three other individuals.
- B. For a Single-Person Household (SPH), the DDA Resource Manager (RM) must complete an Exception to Policy (ETP) annually.
- C. When referring a client for residential services, DDA will ensure that:
  1. Services are offered in integrated settings that support power, choice, and full access to the greater community to engage in community life;
  2. The client and the client’s legal representative (if applicable) receive the necessary information and opportunities to make an informed choice of available

services. Information regarding Supported Living (SL) and Group Home (GH) residential providers is available online at [Residential Provider Resources](#);

3. The service provider receives the necessary information and opportunities to make an informed decision regarding the ability to provide adequate support; and
  4. The service provider has the necessary contract and certification or license. Licensed facilities must operate within their licensure capacity.
- D. Clients have the right to change residential service providers. At a minimum, the DDA CRM will review the client's choice at the client's annual assessment.
- E. A supported living service provider, administrator, or owner must not own homes that are rented by a client he or she supports.
1. Exceptions to this will be considered by the Deputy Assistant Secretary for scenarios that have been in existence before July 1, 2013.
  2. The service provider must annually complete [DSHS 27-124](#), *Provider Owned Housing Memorandum of Understanding Residential Provider Attestation*. The RM will work with the client or the client's legal representative to complete the [DSHS 27-123](#), *Provider Owned Housing Memorandum of Understanding Renter Attestation* form. Both of these documents must be attached to the ETP before the Deputy Assistant Secretary's review.
  3. A signed copy of the ETP will be kept in the DDA client file and forwarded to the provider within 30 days of submission. ETPs will be reviewed annually and tracked.
- F. The RM may request a completed [DSHS 15-360](#), *Residential Services Capacity Profile* form to assist in making referrals.

## **PROCEDURES**

- A. The RM and the CRM will work collaboratively on the client referral process.
1. The CRM must complete DDA's client assessment process, submit a waiver request if necessary, and prepare the referral packet.
  2. DDA considers the following factors when reviewing client requests for residential services, identifying potential service providers, and distributing referrals:
    - a. Personal preference of the individual being referred;

- b. Identified advocate or 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's areas of specialty;
  - h. Provider's interest and ability to expand services; and
  - i. Enforcement action regarding placements.
3. The RM must distribute the referral packet to potential service providers and document the distribution and responses in the Residential Referral Database.
  4. The RM must document referral activity in the Residential Referral Database.
- B. Before referring a client to residential service providers, the CRM must obtain a signed [DSHS 14-012](#), *Consent* form from the client or the client's legal representative. The form must have been signed within the last 12 months.

When discussing services available, the CRM will document the client preferences on [DSHS 15-358](#), *Client Referral Information*.

- C. The CRM must compile the referral packet. Referral packets must include all of the following:
1. For a child whose family is requesting Voluntary Placement Services:
    - a. The CRM will follow [DDA Policy 4.10](#), *Voluntary Placement Services*; and
    - b. The RM will complete [DSHS 27-057](#), *Voluntary Placement Services Program Provider Referral Letter*, to finalize the referral packet.
  2. For an adult client:
    - a. [DSHS 10-232](#), *Provider Referral Letter for Supported Living/Group Home Providers*, which lists the information included in the packet.
    - b. [DSHS 14-012](#), *Consent*.
    - c. [DSHS 15-358](#), *Client Referral Information*.
    - d. Any history of residential services received from other providers.
    - e. Legal representative information and documentation.

- f. Marital status and ages of children, if any.
- g. The client's current DDA Assessment and Person-Centered Service Plan (PCSP) as identified in [DDA Policy 3.01](#), *Service Plans*. Assessments for clients referred for Supported Living, Group Home, or Group Training Home services will indicate the residential level of supervision and support ([WAC 388-828-9540](#)).
- h. Dates, sources, and copies of the most recent psychological 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. The provider may request redacted versions of individual incident reports.
- j. Criminal history, if applicable.
- k. Educational and vocational records, including Individual Education Plan (IEP) information if available.
- l. Financial information (may be found in ACES), such as:
  - 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.
- m. 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. The client cannot give consent to release names of victims.
- n. 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](#)).

- o. Nurse delegation assessments and the [DSHS 01-212, AL TSA Nurse Delegation Referral and Communication Case Manager / Resource Manager's Request](#), form when applicable.
  - p. List of family members and names and addresses of all significant people in the client's life.
  - q. Adults with challenging support issues who have a history of offenses and/or behaviors that may be of concern must be identified on the [DSHS 10-234, Individual with Challenging Support Issues](#), form. If this form is used the CRM will include the following:
    - 1) Describe, the level of supervision and support needed by the client as identified in the client's 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](#), form and give a copy of the form and the most recent psychological or psychosexual evaluation or risk assessment to the provider.
- D. The CRM must send the completed referral packet electronically to the regional referral mailbox for distribution.
- E. The provider will acknowledge receipt of the referral packet to the RM.
- F. Distribution and Documentation of Inter-Regional Referrals
- 1. For Supported Living, DDA Group Homes, DDA Group Training Homes, State Operated living Alternatives, Companion Homes, and Alternative Living:

When an employee of DDA needs to explore a residential service for a client in another region, follow the steps below:

- a. The employee will send a referral packet to the referral mailbox within the originating region. The RMA reviews referral material and sends to the RMA of the receiving region.
- b. For the programs listed above, except Alternative Living and Companion Homes, the RM will follow the regular referral process.
- c. For Companion Homes, the RM will follow the referral procedures described in [DDA Policy 4.12](#), *Companion Homes*, after the regions agree to proceed.
- d. For Alternative Living, the RM will follow the referral procedures described in [DDA Policy 4.09](#), *Alternative Living Services*, after the regions agree to proceed.
- e. The receiving region will assist the client and the client's family with identifying and choosing a qualified provider.
- f. CRM/SW duties will be transferred to the receiving region on the day the client moves.
- g. Transfer the client case file and the client record in CARE to the receiving region.

G. For Licensed Staffed Residential or Child Foster Home settings:

When residential options are unable to support a child in the region in which the family lives, follow the steps below:

1. The Voluntary Placement Services (VPS) RM will submit the referral packet via email to all statewide VPS RMs and coordinators with a CC to the VPS program manager.
2. The receiving region will review for appropriate options within the region.
4. The receiving region will work in conjunction with the client's family or legal guardian, referring DDA social worker and supervisor, and licensed provider.
5. If the selection is made for an out of region placement, the VPS RMs will work together to complete the rate proposal for the client transitioning to an LSR. Subsequent rate changes for any other clients impacted and contract updating is the responsibility of the region in which the home is located. For children moving into a Child Foster Home, the receiving region VPS RM will conduct the Foster Care Rate Assessment in the CARE tool.

6. The referring region will maintain service responsibility for the client for a minimum period of 30 days unless otherwise negotiated with the receiving region.
7. The DDA SW will transfer the client case file and the client record in CARE to the receiving region.

H. 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 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 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, the client's legal guardian, or both.
  - b. The provider must 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 or the individual's legal representative decides not to select the provider, the RM will notify the provider and send packets to new providers.
4. If the provider decides not to accept the referral, the provider must put his or her decision and reason for the decision in writing to the RM and destroy the referral information.
5. The provider must follow 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, the DDA CRM will make a referral for a Nurse Delegation assessment and ensure that it occurs on or before the first day of Supported Living service. If the client needs nurse delegation services, the provider must ensure the services are in place before the client begins receiving residential services.
  8. The CRM must facilitate the client, family, and provider to make arrangements for the transfer of:
    - a. The client's birth certificate;
    - b. The client's finances;
    - c. The client's insurance cards (ProviderOne and Medicare, etc.);
    - d. The client's photo ID card;
    - e. The client's Social Security card; and
    - f. Any other legal documents in the previous provider or client's/family's possession.
  9. 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.
  10. If the service being considered is SL, GH, or GTH, the RM must conduct a rate assessment meeting with the provider to determine the daily rate for the residential service.
  11. If a child is being considered for 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 child foster home, the RM will conduct a foster care rate assessment with the foster parents using the CARE tool.
  12. DDA pays for services after the rate has been approved and the client has begun receiving services. Authorizations are made through ProviderOne.
- I. When emergency situations arise and the immediate support needs of the person do not allow for the standard referral process described in this policy (including emergent residential 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 the [DSHS 10-232](#), *Provider Referral Letter for Supported Living/Group Home Providers*, form to document information given and received;
  4. For crisis diversion bed services, complete [DSHS 15-318](#), *DDA Crisis Diversion Bed Referral and Intake Information*.
  5. Document conversations with the provider in the client's SER; and
  6. Provide complete referral information within five working days of service provision (i.e., social, medical, and criminal history, and an updated ISP).
- J. When a client requests a change in residential service provider, DDA and the service provider will work together to address the client's request as follows:
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 service provider that can address the client's support needs. 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.
  3. Follow procedures regarding referrals noted above.
  4. DDA will develop a transition plan with the client and their legal representative. The plan should include current housing situation, supports, and financial implication for the client.
- K. 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, and send written notification to the RMA with a copy to the Regional Administrator and Field Services Administrator.
2. DDA will initiate the referral process to identify a new provider and keep the current provider informed on progress. DDA will respond according to contract.

**EXCEPTIONS**

Any exception to this policy must have the written prior approval of the Deputy Assistant Secretary or designee.

**SUPERSESSSION**

DDA Policy 4.02  
Issued July 1, 2015

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

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