

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: COMMUNITY RESIDENTIAL SERVICES: REFERRAL, ACCEPTANCE, AND 4.02
CHANGE IN RESIDENTIAL PROVIDER

Authority: [42 CFR 440.301 \(c\)\(4\)](#) *HCBS Integrated Settings*
[Title 71A RCW](#) *Developmental Disabilities*
[Chapter 70.02 RCW](#) *Medical Records – Health Care Information Access
and Disclosure*
[Chapter 388-101 WAC](#) *Certified Community Residential Services and
Support*
[Chapter 388-101D WAC](#) *Requirements for Providers of Residential Supports*
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*

PURPOSE

This policy establishes standards for Developmental Disabilities Administration (DDA) clients to promptly obtain or transition to community residential services consistent with the health and welfare needs identified in their person-centered service plan. This policy also establishes procedures for providers to give sufficient service termination notice.

SCOPE

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

- Group homes
- Group training homes
- State-operated living alternatives
- Supported living

DEFINITIONS

Business Days means weekdays, excluding weekdays when DDA offices are closed.

Case manager (CM) means the case carrying DDA case manager who is the liaison to the client.

Habilitation means services delivered by community residential providers to assist people with developmental disabilities to acquire, retain, and improve upon the self-help, socialization, and adaptive skills necessary to reside successfully in the community.

Legal representative means a parent of a client if the client is under age eighteen, a court-appointed guardian if a decision is within the scope of the guardianship order, or, for the purpose of this policy, any other person authorized by law to act for the client.

Resource manager (RM) means the DDA liaison to the provider who establishes rates and monitors contract compliance.

Resource manager administrator (RMA) means the DDA administrator who manages budgetary and programmatic practices of community residential services within an assigned region.

POLICY

- A. DDA clients approved to receive community residential services will be promptly provided the opportunity to live in a manner that meets their residential support needs and preferences. Services must be timely and delivered in a cost-effective manner. 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 clients. These services are delivered in an integrated community setting that reflects client choice and preference.
- B. For a single-person household, the RM must complete an exception to policy annually. A client lives in a single-person household if the client:
1. Has an assessed support level in CARE of 4, 5, or 6, as defined in [WAC 388-828-9540](#); and
 2. Does not share their home with another client; and
 3. Does not share instruction and support services with another client.
- C. When referring a client for residential services, DDA will ensure that:
1. The client and the client's legal representative receive information necessary to maximize available service options that provide choice and to make an informed choice when selecting an available service.
 2. The provider receives information about the client's strengths, needs, and preferences in order to make an informed decision when reviewing referrals.

3. The provider has the necessary contract and certification or license. Licensed facilities must operate within their licensure capacity.
 4. The provider supports the client to access the greater community to engage in community life.
- D. The RM and the CM must work collaboratively on the client referral process.
1. The CM must:
 - a. Complete the DDA assessment and person-centered service plans;
 - b. Verify the client is approved for the Core or Community Protection waiver;
 - c. Prepare the pre-referral packet; and
 - d. Prepare the full referral packet.
 2. The RM must distribute the pre-referral and the full referral packet to potential providers and document the distribution and responses in the residential referral database.
- E. Clients have the right to change residential providers without retaliation from their current provider. A client, or their legal representative if applicable, may request the CM to keep their request confidential until a new provider is identified.
- F. A supported living provider, administrator, or owner must not own a home rented by a client the provider supports.
- G. For a supported living provider who owns a residence rented by a client they support, the following exception to policy (ETP) process must be completed by July 1st each year:
1. The provider must complete [DSHS 27-124](#), *Provider Owned Housing Memorandum of Understanding Residential Provider Attestation*, and submit it to the RM.
 2. The CM must work with the client or the client's legal representative to identify alternative housing options or complete [DSHS 27-123](#), *Provider Owned Housing Memorandum of Understanding Renter Attestation*, and submit it to the RM.
 3. The RM must attach both of these documents to the ETP and submit it to the deputy assistant secretary or designee for approval.

4. The RM must keep a signed copy of an approved ETP in the provider's contract file and forward a copy to the provider no more than 30 days after submitting the request to the deputy assistant secretary or designee.
5. The provider must complete the process listed above and forward to the RM for review before a new client moves in.

PROCEDURES

A. Identifying Potential Providers

1. A group home or group training home provider who wishes to receive referrals for new clients must complete and submit [DSHS 15-360, Residential Services Capacity Profile](#).
2. A supported living provider with specific capacity, including a vacancy in a home where clients are currently being served or plans to open a new household, who wishes to receive referrals for new clients may complete and submit [DSHS 15-360, Residential Services Capacity Profile](#), to the RM.
3. The RM will routinely contact providers and document changes in their ability to accept referrals in the database.
4. The community transition program manager will distribute a list of agencies accepting referrals to CM supervisors statewide. CM supervisors will distribute the list to CMs generating referral packets.
5. The CM shares the following information regarding supported living, group home, and group training home providers with the client:
 - a. A modified list of contracted residential providers who are open to new referrals in locations requested by the client; and
 - b. Relevant contact information about providers as available.
6. A client, and their legal representative if they have one, can access information regarding supported living, group training home, and group home residential providers, including unique areas of expertise, certification enforcement action in place, and other details about the agency. This is available online using the [Supported Living Program Locator](#). Agencies provide information regarding their location and contacts.
7. The CM must obtain consent from the client, and the client's legal representative

if they have one, to initiate referrals.

B. Pre-referrals

For clients who are eligible to receive residential services, the pre-referral process involves sending a short summary to a potential provider for review. The provider then informs the RM if the agency would accept a full referral for evaluation. The pre-referral packet includes [DSHS 14-012, Consent](#); [DSHS 14-012D, Attachment to DSHS14-012, Consent](#); and [DSHS 15-358, Client Referral Summary](#).

1. Before sending the pre-referral information to the agency the CM obtains a signed copy of [DSHS 14-012, Consent](#), from the client or the client's legal representative. The form must have been signed within the last 12 months. The consent will include [DSHS 14-012D, Attachment to DSHS14-012, Consent](#), which lists what will be included in the referral packet.
2. The CM completes [DSHS 15-358, Client Referral Summary](#), no more than five business days after receiving the client's request and signed consent for residential services and sends to their supervisor for review. For clients in the community protection program, if consented to by the client or their legal representative if they have one, the risk assessment will be included with the *Client Referral Summary*. The CM Supervisor must review the pre-referral carefully to assure:
 - a. The consent is completed and signed;
 - b. The consent attachment is included;
 - c. The list of providers the client selected is included;
 - d. The client referral summary is completed thoroughly; and
 - e. The pre-referral packet is labeled correctly.
3. If no follow-up is needed for correction, the supervisor sends the pre-referral packet to the regional referral mailbox for distribution.
 - a. Region 1 Referrals – Region1Referrals@dshs.wa.gov
 - b. Region 2 Referrals – R2Referrals@dshs.wa.gov
 - c. Region 3 Referrals – R3Referrals@dshs.wa.gov
4. The RM must send providers a completed pre-referral packet and document that they sent the referral to that provider in the residential referral database. The RM must send to all providers agreed to or requested by the client, advocate, or legal representative.

5. The provider must maintain confidentiality of all information disclosed.
6. The provider must review the pre-referral and email the RM within five business days:
 - a. Stating:
 - i. They want to receive a full referral packet; or
 - ii. One or more of the following reasons for declining the referral as instructed in the bottom portion of DSHS 15-358, *Client Referral Summary*:
 - A) Agency does not wish to add an additional home at this time;
 - B) Unable to recruit and retain enough staff to start new home within timeline desired for start of services;
 - C) Unable to fill current vacant positions;
 - D) Do not have management or program staff or DSP expertise to meet client unique needs;
 - E) Housemate match is not compatible;
 - F) Lack the infrastructure to add clients (program managers, trainers, human resource support);
 - G) Client or guardian expectations cannot be met; or
 - H) Other (please explain).
7. The RM will record provider responses to the pre-referral in the residential referral tracking database. The RM may follow-up with the provider based on the reason given for a decline.

C. Full Referrals

1. While waiting for provider responses, the CM must work with the client to compile the full referral packet. See Procedures Section E for full referral packet contents. The CM must ensure the information is current. The CM completes the full referral packet no more than seven business days after receiving the client's request and signed consent for residential services and sends to their supervisor for review.

2. The CM must send the packet electronically to the regional referral mailbox for distribution no more than two business days of the request from the residential provider.
 - a. Region 1 Referrals – Region1Referrals@dshs.wa.gov
 - b. Region 2 Referrals – R2Referrals@dshs.wa.gov
 - c. Region 3 Referrals – R3Referrals@dshs.wa.gov
3. If the provider requests the full referral packet, the RM must send the referral packet to the provider and document that it was sent in the residential referral database and a service episode record.
4. The full referral packet must be sent within two business days of the request from the residential agency.
5. Providers are encouraged to meet with or call (or both), the client and members of the client’s extended support team before deciding whether to accept or decline the referral. Clients and members of their extended support team may call or meet with providers who have received the client’s referral and discuss the following:
 - a. The provider’s ability to meet the client’s health, safety, and residential support needs;
 - b. The provider’s areas of specialty, if any;
 - c. The provider’s interest and ability to expand services;
 - d. Capacity in existing homes;
 - e. Provider policies, upon request, as required under [WAC 388-101D-0060](#); and
 - f. Any other subject matter needed to make an informed decision.
6. The provider must evaluate the referral packet to determine whether to accept the referral within ten business days unless the client, or legal representative if the client has one:
 - a. Agrees for a longer review period; or
 - b. Does not respond to requests to meet with the provider.

7. If the client or the client's legal representative decides not to select the provider, the RM must notify the provider and send referral packets to additional providers if directed by the client or legal representative. The RM must document the client's response in the residential referral database.
8. If the provider decides not to accept the referral, the provider must send to the RM in writing the decision and reason for the decision as instructed in the bottom portion of [DSHS 10-232](#), *Provider Referral Letter for Supported Living/Group Home Providers*.
9. The provider must destroy or delete the referral information in accordance with WAC and statutes on proper destruction of confidential information.
10. The RM will record provider responses to the full referral in the residential referral tracking database. The RM may follow-up with the provider as necessary based on the reason given for a decline.
11. If a client's referral packet has gone out to all of the client's selected agencies and no agency accepts the referral, the CM must follow-up with the client and client's legal representative, if applicable, to determine if the client would like to expand their search for a provider. The CM must inform the RM of the client decision to expand or modify the search and the RM will follow-up as needed.
12. The CM must communicate with the client, or the client's legal representative, regarding the status of the referral.
13. The provider must follow confidentiality requirements under Chapter 388-101D WAC.

D. Interregional Referrals

For a client who asks DDA to initiate a search for residential services in another region, the following process must be completed:

1. The CM sends the pre-referral packet and the full referral packet to the referral mailbox within the originating region.
2. The RMA or designee from the sending region reviews the referral material and sends it to the referral mailbox of the receiving region.
3. The RM in the receiving region follows the standard referral process under Procedures Section A.

4. The CM of the sending region helps the client and the client's family identify and choose a qualified provider.
5. The CM of the receiving region assumes case management responsibility for the client on the day the client moves.

E. Full Referral Packet Contents

1. In developing the referral packet, the CM must review the file for current and relevant documents and consult with client and their legal representative about the information they would like to share with potential providers. If the client, or the client's legal representative if they have one, has requested to withhold information from the packet, DDA will inform the provider that the referral packet does not contain all of the available information. For items reviewed annually, the document must be dated within the previous 12 months. The full referral packet should include current and relevant documents, such as:
 - a. [DSHS 14-012](#), *Consent*.
 - b. [DSHS 10-232](#), *Provider Referral Letter for Supported Living/Group Home Providers*, which lists the information included in the packet.
 - c. Legal representative information and documentation.
 - d. The client's current DDA assessment and person-centered service plan. An assessment for a client referred for supported living, group home, or group training home services must indicate the client's residential service level of support under [WAC 388-828-9540](#).
 - e. The client's current functional assessment and positive behavior support plan, if they have them.
 - f. The client's current or pending cross-system crisis plan, if they have one.
 - g. The client's individual technical assistance plan, if they have one.
 - h. Dates, sources, and copies of the most recent psychological or mental health evaluations, including any behavioral and psychiatric information and treatment plans.
 - i. Educational and vocational records, including individual education plan information if available.

- j. Financial information (may be found in ACES), such as:
 - i. Verification of SSI or SSA status;
 - ii. Eligibility for financial assistance (e.g., food stamps, Medicaid);
 - iii. Earned and unearned income and resources;
 - iv. Payee information; and
 - v. Whether the client is receiving state supplementary payment funds.
- k. Legal information.
- l. Medical history, immunization records, and medications. Under [RCW 70.24.105](#), a client's Hepatitis B Virus (HBV) and HIV status are confidential and must not be shared.
- m. Any messages or information the client wishes to convey, including a video referral made by DDA, if necessary to facilitate client's communication.
- n. Nurse delegation assessments and [DSHS 01-212](#), *ALISA Nurse Delegation Referral and Communication Case / Resource Manager's Request*, when applicable.
- o. [DSHS 10-234](#), *Individual with Challenging Support Issues*, for a client with a history of offenses or behaviors that may be of concern. If this form is used, the CM must 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, such as housemates, children, neighbors, schools, childcare centers.

Note: If available, provide the names and phone numbers of people to call if the provider has concerns about the client's behavior and their ability to ensure the safety of the client or others.

- 2. If a client or their legal representative wishes to include information that they have created in their referral packet, they may provide them directly to the selected provider or to DDA for inclusion in the referral packet. If submitted to the provider through DDA, the CM must notify the provider that the information is provided by the client or client's legal representative.

F. Transition Planning

1. Following acceptance of the referral, the provider, the client, and the client's legal representative as applicable, must meet to discuss the support services that the provider will offer to support the client's assessed needs.
2. The provider must arrange for the client to visit the home they will be sharing and spend time with their potential housemates.
3. After mutual acceptance from the provider, the client and legal representative if they have one, the RM and the provider must agree on a timely process to begin services. If the provider is unable to offer services within 60 days of accepting the client's referral, the provider must submit an explanation to the RM as to why more time is needed and how much time the provider anticipates is reasonably necessary before starting services. The RM must document the reasons and inform the client. If services are not expected to be offered within 60 days or before the client's current services end, the CM will work with the client and their legal representative to develop an interim support plan under which services will be offered.
4. The provider must ensure nurse delegation services, if necessary, are in place before the client begins receiving residential services. For a client who needs nurse delegation services, the provider must not begin serving the client until nurse delegation services, or equally appropriate services, are in place.
5. The RM must conduct a rate assessment meeting with the provider to determine the daily rate for the residential service.
6. The CM must:
 - a. Oversee the transition of services to the new location, including new medical and pharmacy providers, leased medical equipment, change in school.
 - b. Refer the client to employment or day services as applicable.
 - c. Refer the client for a nurse delegation assessment, if necessary, and ensure the assessment occurs before the first day of supported living services.

- d. Facilitate transfer of:
 - i. The client's birth certificate;
 - ii. The client's finances;
 - iii. The client's insurance cards for Medicare, Medicaid, and Provider-One;
 - iv. The client's photo ID card;
 - v. The client's Social Security card;
 - vi. Any other legal documents in the previous provider, or client, client's legal representative if applicable, or family's possession; and
 - vii. The client's personal property inventory if previously served by a residential provider.
 - e. Facilitate a plan for moving the client's:
 - i. Personal items;
 - ii. Clothing;
 - iii. Furniture;
 - iv. Medication;
 - v. Medical supplies; and
 - vi. Durable medical equipment.
 - f. Facilitate a plan to ensure transfer of the client's representative payee, if needed and inform the client and their legal representative if they have one.
 - g. The CM may use [DSHS 10-574](#), *Residential Referral Transition*, as a tool throughout the transition process.
7. When the client's provider changes from one DDA-contracted provider to another DDA-contracted provider, the sending provider must coordinate with the receiving provider to share client records and other client care information, including:
- a. Individual Instruction and Support Plan;

- b. Risk assessment;
 - c. Current medical information;
 - d. Doctors' orders;
 - e. Medication administration records;
 - f. Functional assessment;
 - g. Positive behavior support plan;
 - h. Any other relevant plans for the client; and
 - i. [DSHS 10-635](#), *Residential Transition Exchange of Information* (optional).
8. The provider must have an approved rate, which is reflected in Contract Exhibit (C), that provides the detail of each rate component and a total daily rate per client, before providing residential support services to a client.

G. Client Request to Change Providers

- 1. Clients have the right to change providers. A client may request the CM to keep their request confidential until a new provider is identified.
- 2. If a client requests a change in provider, DDA and the provider will work together to address the client's request as follows:
 - a. A client who is seeking a change in service provider must inform the CM of the desire to change providers. The CM will meet with the client and the client's legal representative as applicable to discuss the reasons for the move. The CM will encourage and assist the client and the client's legal representative in meeting with the current provider to talk about whether the client's services can be modified to respond to the client's concerns.
 - b. If a mutually acceptable plan cannot be developed, the client will request the CM to initiate the process to seek a new 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, others upon the client's request, and DDA staff.
 - c. DDA will follow procedures regarding referrals noted above.
 - d. DDA will develop a transition plan with the client and their extended support team. The plan should include the impact to current housing, supports, and financial implication for the client.

H. **Notification to Terminate Services**

1. If a provider determines and documents that they can no longer meet a client's needs; the client's safety or the safety of other people in the residence is endangered; the client's health or the health of other people in the residence would otherwise be endangered; or the provider ceases to operate, the provider may give written notice of termination of residential services with at least 60 days' advance notice to the client and their legal representative if they have one.
2. A contracted supported living provider must engage in the Client Critical Case Protocol, attend a conference, and provide documentation that they have made reasonable efforts to implement supports or resources identified during the critical case conference and can demonstrate that these changes did not sufficiently resolve the barriers for the agency to meet the client's residential support needs before giving written notice of termination of residential services. Notice must be given with at least 60 days' advance notice to the client and their legal representative if they have one.
3. The provider's administrator must send a written termination notification on [DSHS 15-569](#), *Notice of Termination* to the resource manager, including documentation demonstrating the reason for the termination and efforts to implement additional supports or revised habilitation support plans, to the:
 - a. Client;
 - b. Client's legal representative if they have one; and
 - c. Regional Administrator with a copy to the RMA and CM.
4. The CM must develop an emergency transition plan with the client and their extended support team that includes:
 - a. The referral process to choose a different provider;
 - b. The location of the new residence or facility;
 - c. The mode of transportation to the new location;
 - d. The name, address, and telephone number of the Developmental Disabilities Ombuds and Protection and Advocacy System; and
5. The CM will keep the client and current provider informed of the progress of the transition plan.

6. The provider terminating services must participate in a planning meeting with the client and DDA to assist with transition to new provider, if requested by DDA, the client, or the new provider.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the deputy assistant secretary or designee.

SUPERSESSION

DDA Policy 4.02
Issued February 26, 2021

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 1, 2023