

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE:	COMMUNITY RESIDENTIAL SERVICES: REFERRAL, ACCEPTANCE, AND CHANGE IN RESIDENTIAL PROVIDER	4.02
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Authority:	42 CFR 440.301(c)(4) Title 71A RCW Chapter 70.02 RCW Chapter 388-101 WAC Chapter 388-101D WAC Chapter 388-825 WAC	<i>HCBS Integrated Settings</i> <i>Developmental Disabilities</i> <i>Medical Records – Health Care Information Access</i> <i>and Disclosure</i> <i>Certified Community Residential Services and</i> <i>Support</i> <i>Requirements for Providers of Residential Supports</i> <i>Developmental Disabilities Services</i>
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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.

Referral packet means the documents required under DSHS 10-232, *Provider Referral Letter for Residential Services*, including:

- A list of providers to whom the client requested their referral packet be sent;
- DSHS 14-012D, *Attachment to DSHS 14-012, Consent*; and
- DSHS 15-358, *Client Referral Summary*.

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 if they have one, 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 referral packets.
 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 follow the procedure to complete the DDA assessment and prepare the client's referral packet under [DDA Policy 4.01](#), *One Referral*.
 2. The RM must distribute the 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 they have one, 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. 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.

B. Referrals

1. The CM must follow the procedure for preparing a client's referral packet under DDA Policy 4.01.
2. 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 no more than two business days after receiving the complete referral packet.

3. 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 packet 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.
4. The provider must evaluate the referral packet to determine whether to accept the referral within ten business days and email the RM stating:
 - a. The agency is accepting the referral packet;
 - b. The agency is requesting additional time to review the referral packet and the client or the client's legal representative:
 - i. Agrees for a longer review period; or
 - ii. Does not respond to requests to meet with the provider; or
 - c. One or more of the following reasons for declining the referral packet as instructed in the bottom portion of DSHS 10-232:
 - i. Agency does not wish to add an additional home at this time;
 - ii. Unable to recruit and retain enough staff to start new home within timeline desired for start of services;
 - iii. Unable to fill current vacant positions;

- iv. Do not have management or program staff or DSP expertise to meet client unique needs;
 - v. Housemate match is not compatible;
 - vi. Lack the infrastructure to add clients (program managers, trainers, human resource support);
 - vii. Client or guardian expectations cannot be met; or
 - viii. Other (please explain).
- 5. 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.
- 6. The provider must destroy or delete the referral information in accordance with WAC and statutes on proper destruction of confidential information.
- 7. The RM must record provider responses to the referral packet in the residential referral tracking database. The RM may follow-up with the provider as necessary based on the reason given for a decline.
- 8. The provider must follow confidentiality requirements under Chapter 388-101D WAC.

C. Interregional Referrals

For a client who asks DDA to initiate a search for residential services in another region, the case manager must follow the process under DDA Policy 4.01.

- 1. The RMA or designee from the sending region must review the referral packet material and send it to the referral mailbox of the receiving region.
- 2. The RM in the receiving region follows the standard referral process under Procedures Section (A).

D. **Transition Planning**

1. Following acceptance of the referral, the provider, the client, and the client’s legal representative if the client has one, 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, including transitions from household to household supported by the same provider.
3. After mutual acceptance from the provider, the client and the client’s 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 they have one, 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 must use [DSHS 10-574A-C](#), *Transitional Care Planning Tracking, Parts A-C*, throughout the transition process.
- 7. When the client's provider changes from one provider to another 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.

E. 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 if they have one 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 under DDA Policy 4.01.
 - 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.

F. 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 July 1, 2023

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: August 1, 2024