DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: MONITORING AND QUALITY IMPROVEMENT OF ADULT FAMILY HOME SERVICES

POLICY 4.08

Authority: Chapter 71A RCW  
RCW 70.129  
Chapter 388-71 WAC  
Chapter 388-76 WAC

Developmental Disabilities  
Long-Term Care Resident Rights  
Home and Community Services and Programs  
Adult Family Home Minimum Licensing Requirements

BACKGROUND

The Aging and Disability Services’ (ADS) Residential Care Services Division (RCS) is responsible for the oversight of the Adult Family Home (AFH) license. The ADS Management Services Division (MSD) is responsible for contracts. The Developmental Disabilities Administration (DDA) plays a key role in the quality, oversight and technical assistance of DSHS funded AFH services provided to clients of DDA.

PURPOSE

This policy guides case management activity and establishes a quality improvement system of support and oversight for AFHs who serve eligible DDA clients.

SCOPE

This policy applies to all DDA Case Resource Managers (CRM) and Performance and Quality Improvement (PQI) staff who authorize or monitor AFH services.

POLICY

Case Resource Managers will comply with state law (RCW), rules (WAC), and policies governing adult family homes and Medicaid Personal Care (MPC) services when providing services to residents of adult family homes.
PROCEDURES

A. CRMs will perform the following activities for all DDA AFH residents eligible for personal care services:

1. Complete a face-to-face DDA Assessment (at the AFH) with the client at least every twelve (12) months;

2. Refer to DDA Policy 4.02, Community Residential Services: Referral and Acceptance, when making referrals to Adult Family Homes;

3. Refer to DDA Policy 3.02, for guidance regarding Inter-Regional Placement Planning and Transfers;

4. CRMs may participate in or provide input to the negotiated care plan developed by the AFH provider when requested;

5. CRMs will review negotiated care plans when received and follow up on any concerns. It is the AFH’s responsibility to submit the negotiated care plan to the CRM per WAC 388-76-10385, Negotiated Care Plans;

6. CRMs will communicate with PQI staff as follows:
   a. Consult with PQI staff prior to referral of clients to AFHs;
   b. Ensure the AFH has a current license and contract in place and complete DSHS 10-231, Adult Family Home Placement Checklist, prior to making a AFH referral;
   c. Share critical incidents and AFH concerns with PQI staff in addition to mandatory reporting to regulatory and investigative authorities;
   d. Discuss technical assistance requests for clients residing in AFHs; and
   e. Inform PQI staff whenever a DDA client moves into or out of an AFH.

7. Complete DSHS payment system authorization, including client responsibility, as described in DDA Policy 6.06, Client Responsibility.

B. PQI staff will provide support to the AFH providers to enhance the health, safety, and quality of life of the DDA clients residing in these homes. Specifically, all PQI staff must:
1. Review AFH settings and services in relationship to AFH regulations and DDA policies as follows:
   a. Visit all AFHs after the initial DDA placement; and
   b. Monitor to ensure a current license and contract are in place for AFHs used by DSHS funded DDA clients and as documented by DSHS 10-231, Adult Family Home Placement Checklist.

2. PQI staff may also perform the following tasks according to regional protocols:
   a. Maintain a computer data system for tracking initial and subsequent quality improvement/oversight visits and placements to AFHs, AFH specialty training, and technical assistance;
   b. Provide consultation and assistance to CRMs regarding AFHs;
   c. Provide and document feedback to the AFH provider verbally or in writing;
   d. Review requests for technical assistance and provide support as appropriate when requested;
   e. Notify RCS and other staff and individuals, as appropriate, when there are concerns about the AFH provider or the client;
   f. Review completed RCS complaint investigation reports and incident reports when received;
   g. Coordinate and schedule DDA AFH trainings; and
   h. Act as a DDA liaison with regional RCS staff and other entities associated with AFH services, as appropriate.

EXCEPTIONS

None

SUPERSESSION

DDD Policy 4.08
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