

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: STABILIZATION, ASSESSMENT, AND INTERVENTION FACILITY POLICY 4.25

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Authority: [Title 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-847 WAC](#) *Stabilization, assessment, and intervention facility*  
[Chapter 388-825 WAC](#) *DDA Service Rules*  
[WAC 388-845-1100](#) *What are stabilization services – crisis diversion bed?*  
[WAC 246-840-930](#) *Nurse Delegation*

Reference: [DDA Policy 5.14](#) *Positive Behavior Support Principles*  
[DDA Policy 5.15](#) *Restrictive Procedures: Community*  
[DDA Policy 5.16](#) *Psychotropic Medications*  
[DDA Policy 5.17](#) *Physical Intervention Techniques*  
[DDA Policy 5.18](#) *Cross-System Crisis Plans*  
[DDA Policy 5.21](#) *Functional Assessments and Positive Behavior Support Plans*  
[DDA Policy 6.12](#) *Incident Management and Reporting Requirements for Residential Service Providers*  
[DDA Policy 6.15](#) *Nurse Delegation Services*  
[DDA Policy 6.19](#) *Residential Medication Management*

**BACKGROUND**

The Stabilization, Assessment, and Intervention Facility (SAIF) program provides short-term residential habilitative supports focused on supporting a client to reach their goals of living in their home and communities safely by reducing a client’s target behaviors as identified by their individualized team. SAIF program staff provide positive behavior support principles and de-escalation techniques while working with clients to reduce the severity, frequency, and duration of identified target behaviors and increase skills to meet their goals. SAIF will give the client’s residential service provider opportunities to learn these techniques and supports.

## PURPOSE

This policy establishes eligibility, referral, admission, service delivery, discharge, and quality assurance requirements for the SAIF program.

## SCOPE

This policy applies to SAIF employees and DDA field services and HQ quality assurance staff.

## DEFINITIONS

**Acute care setting** means a hospital, an evaluation and treatment facility, or a residential habilitation center.

**Behavior support plan** means a residential habilitation plan written by the SAIF program addressing target behaviors that do not meet the level of medical necessity as defined in WAC 182-500-0070, based on lack of diagnosis, or impact severity affecting a medical or behavioral health condition, for which the client receives professional treatment and is not eligible for state plan services.

**Cross-system crisis plan** means a guide for service providers across systems of care to deliver a coordinated and collaborative response to a client experiencing, or at risk of experiencing, a crisis as defined in [DDA Policy 5.18, Cross-System Crisis Plans](#). Systems of care examples include Behavioral Health Organizations (BHOs), Accountable Communities of Health (ACHs), state hospitals, law enforcement, probation or parole staff, local behavioral health agencies, etc.

**Individualized team** means the group of people who work together to provide formal and informal supports to a client. A typical team includes the client, the client's family and legal representative, SAIF staff, the client's case resource manager, managed care organization care coordinators, the client's residential service provider, and any other service providers working with the client and family.

**Legal representative** means a parent of a client if the client is under age 18, a court-appointed guardian if a decision is within the scope of the guardianship order, or any other person authorized by law to act for the client.

**Residential service provider** means an entity that will support the client after discharge from the SAIF program, such as a supported living provider or a facility-based community residential service provider. This may also include the client's family home.

**Target behavior** means a specific, observable, and measurable barrier to reaching a goal that requires modification or replacement identified by the individualized team.

**POLICY****A. ELIGIBILITY**

A person is eligible for admission to the SAIF program if the person meets eligibility requirements under [WAC 388-847-0030](#).

**B. SERVICE DELIVERY**

1. The SAIF program provides short-term, intensive, residential habilitative services by applying positive behavior support principles and techniques to decrease the client's target behavior to reach an identified goal.
2. The SAIF program teaches new skills to improve the client's quality of life through behavioral, social, and educational services.
3. The SAIF program addresses support needs for clients who are:
  - a. Experiencing a crisis that risks disruption to their residential services; or
  - b. Exhibiting persistent behaviors that prevent continued access to residential service providers.
4. The SAIF program must use behavioral tracking to assess the effectiveness of each intervention strategy used.
5. The SAIF program must collaborate with the individualized team to:
  - a. Support the client to stabilize target behaviors related to their goals so they can return to their residential service provider;
  - b. Develop and implement a habilitation plan to address the client's short-term goals and desired outcomes; and
  - c. Develop a transition plan that ensures that techniques the client has learned are understood by the individualized team.
6. The SAIF program must partner with the client's residential service provider to maintain community supports (e.g., employment, healthcare provider, school).
7. The SAIF program must coordinate with a client's managed care plan or fee-for-service behavioral health provider to access any needed applied behavior analysis

(ABA) or behavioral health services. The program must partner with any state plan ABA or behavioral health provider to ensure continuity of care between support plans and treatment plans.

8. Stabilization services provided by the SAIF program are available for up to 90 consecutive days.

## PROCEDURES

### A. REFERRAL PROCESS - PART 1

For a client to be considered for the SAIF program, the case resource manager (CRM) must:

1. Consult with the identified regional contact or designee, the client, the client's legal representative, and the regional clinical team on appropriateness of a SAIF program referral;
2. Confirm the client meets eligibility criteria under WAC 388-847-0030; and
3. If the client meets eligibility criteria:
  - a. Complete [DSHS 13-936](#), *SAIF Eligibility and Referral Form*, through the end of Part 2; and
  - b. Submit a prior approval request in CARE to the supervisor or designee.

### B. REFERRAL PROCESS - PART 2

1. The supervisor or designee must review and forward the prior approval to the Regional Administrator or designee.
2. The Regional Administrator or designee must review and forward the prior approval to the Adult SOCR Program Manager with a recommendation to either approve or deny.
3. The Adult SOCR Program Manager must approve or deny the prior approval in CARE.

C. REFERRAL PROCESS - PART 3

1. Once the prior approval is approved in CARE, the CRM must submit the following to the [SAIF Services Inbox](#):
  - a. DSHS 13-936, *SAIF Eligibility and Referral* and requested documents;
  - b. [DSHS 14-012](#), *Consent*;
  - c. The client's current CARE assessment details; and
  - d. Other relevant documents, such as a behavior support plan, a cross-systems crisis plan, a risk assessment, incident reports, evaluations, hospital records, and clinical notes.
2. When determining if a client will be admitted to the SAIF program, the SAIF Program Administrator must:
  - a. Review DSHS 13-396;
  - b. Verify vacancy and staffing are available to meet the client's support needs; and
  - c. Contact the Adult SOCR Program Manager to communicate an admission decision or request additional information.
3. The Adult SOCR Program Manager and the SAIF Program Administrator or designee prioritize approved admissions based on individual client needs, program capacity, and whether the client poses a risk to the health or safety of SAIF staff and other clients supported by SAIF.
4. The Adult SOCR Program Manager must notify the CRM and regional leadership of the admissions decision.
5. The DDA CRM must document the decision in a service episode record in CARE no more than five business days after receiving the admissions decision from the Adult SOCR Program Manager.

D. PREADMISSION

SAIF program staff must contact the client, and the client's CRM, legal representative, and residential service provider to:

1. Ensure the client or their legal representative signs a release of information before SAIF shares information with others;
2. Develop the expectations for the client and residential service provider's participation in the program;
3. Establish a plan for the residential service provider or medical provider to send a supply of the client's medication to the SAIF program;
4. Establish the following individualized team meetings before admission:
  - a. Initial meeting five business days after notification to gather information; and
  - b. Pre-Admission meeting ten business days before admission;
5. Establish a plan for contact between the client and the client's family or legal representative (e.g., in-person or video chat);
6. Determine if the client requires nurse delegation;
7. Review the client's short-term goals and begin developing strategies to reduce target behaviors; and
8. Establish the client's admission and discharge date.

E. PLANNED ACTION NOTICE (PAN)

1. The CRM must send a services PAN:
  - a. When stabilization services – crisis diversion bed is approved; identified;
  - b. If the client does not meet eligibility for stabilization services – crisis diversion bed; or
  - c. When the client is discharged from the SAIF program.
2. The CRM must send a provider PAN if the client does not meet eligibility for the SAIF Program.

F. PERSON-CENTERED SERVICE PLAN

The CRM must add stabilization services – crisis diversion bed to the person-centered service plan when approved for the service.

G. CRM INVOLVEMENT

While the client is at the SAIF program, the CRM must:

1. Maintain contact with the client’s residential service provider to coordinate discharge;
2. Attend the individualized team meetings;
3. Work with the client's residential service provider to follow up on recommendations identified by the individualized team prior to the client's discharge and ensure plans are updated accordingly.
4. Record meeting notes in a service episode record;
5. Update the client’s person-centered service plan, as needed;
6. Update the DDA assessment in CARE to make modifications based on recommendations from the Individualized team, as needed;
7. Coordinate with the Residential Resource Manager to identify any barriers to returning to the community or reducing the target behaviors; and
8. Collaborate with the regional clinical team and individualized team to assist in developing the client’s FA, BSP, cross-system crisis plan.

G. DISCHARGE PLANNING

The SAIF program will provide information to the client’s residential service providers and opportunities to learn strategies for maintaining the client’s short-term goals.

H. POST-DISCHARGE

1. The SAIF program offers technical assistance to the client’s residential service provider for up to 30 days after the client is discharged.

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2. If the residential service provider requests technical assistance, the CRM must contact the SAIF Program Administrator to request and coordinate contact between SAIF and the residential service provider.

I. CERTIFICATION EVALUATIONS

1. The SAIF program must participate at least annually in a certification evaluation.
2. During the certification evaluation, a DDA-contracted evaluator must review the program's compliance with applicable rules and policies
3. During the certification evaluation, the HQ Quality Assurance Program Unit will review for areas of noncompliance and, if indicated, determine corrective actions and timelines with the SAIF program. At this time, the HQ Quality Assurance Unit, in collaboration with the Adult SOCR Program Manager, determines the SAIF program's length of certification.
4. The SAIF program must complete all required corrective actions resulting from the certification evaluation process within the agreed upon timeframe and submit documentation to the HQ Quality Assurance Unit.
5. If the corrective actions are not completed within the specified timeline, the HQ Quality Assurance Unit may take the following enforcement actions:
  - a. Reasonable conditions;
  - b. Stop placement;
  - c. Provisional certification; and
  - d. Decertification.
6. If the SAIF program disagrees with a citation, certification decision, or enforcement action, the SAIF program may request an informal dispute resolution with DDA where DDA will hear evidence from the provider.
7. To request an informal or formal dispute resolution, the SAIF program must follow the instructions in the notice provided by DDA.
8. DDA may take the following action:
  - a. Rescind a citation, certification decision, or enforcement action;
  - b. Change a citation, certification decision, or enforcement action;



- c. Make editorial changes to a citation, certification decision, or enforcement action; and
  - d. Take no action.
9. The DDA Assistant Secretary or designee makes the final decision following an informal dispute resolution.

J. QUALITY ASSURANCE

- 1. The HQ Quality Assurance Unit must send each client and the client's legal representative a satisfaction survey upon the client's discharge from the program.
- 2. The HQ Quality Assurance Unit must receive and monitor feedback provided in the survey responses.
- 3. The HQ Quality Assurance Unit must inform the Adult SOCR Program Manager of concerns identified in the survey.
- 4. The Adult SOCR Program Manager will evaluate potential program improvements based on the results of feedback provided in the survey.

**EXCEPTIONS**

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

**SUPERSESION**

4.25, *Stabilization, Assessment, and Intervention Facility*  
Issued May 1, 2021

Approved:

  
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Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 15, 2022