



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: OPERATIONAL REPORTING REQUIREMENTS POLICY 6.09  
FOR RESIDENTIAL SERVICES PROVIDERS

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Authority: Chapter 71A RCW *Developmental Disabilities*  
Chapter 388-101 WAC *Certified Community Residential Services and*  
*Support*  
Chapter 388-825 WAC *DDD Services*

**PURPOSE**

This policy establishes additional reporting requirements and procedures for community residential services providers contracted with the Division of Developmental Disabilities (DDD).

**SCOPE**

This policy applies to DDD contracted residential services programs, which include Supported Living (SL), including State Operated Living Alternatives (SOLA), Companion Homes (CH), Group Homes (GH), Group Training Homes (GTH), Alternative Living (AL), and State Operated Living Alternatives (SOLA).

**DEFINITIONS**

**DNR** means Do Not Resuscitate.

**Earned Income** means salaries, commissions, bonuses, severance pay, and other cash or in-kind payments received from employment, net earnings from self-employment, and earned income tax credits (see [20 CFR 416.1235](#) for further details).

**POLST** means a document titled: *Physician's Order for Life Sustaining Treatment*.

**Resource** means cash and other liquid assets, or real or personal property that an individual or spouse owns and could convert to cash. See [20 CFR 416, Subpart L](#) for definition of resources and exclusions.

**Unearned Income** means annuities, pensions, and other periodic payments such as Social Security (SSI) benefits, disability benefits, veterans benefits, and unemployment insurance benefits, alimony and support payments; dividends, interest, and royalties; rents; proceeds of life insurance policy; prizes and awards; gifts and inheritances; and support and maintenance in-kind (see [20 CFR 416.1121](#) for further details).

## **POLICY**

Residential services providers must report in writing to the DDD Case Resource Manager (CRM) under the following circumstances:

### **A. Medical and Social Absences**

1. These must be reported prior to the absence, except in case of emergency.
2. Documentation is required as follows:
  - a. Group Homes (GH): A payment request for approved social or medical absence when the absence is expected to exceed twenty (20) days per month.
  - b. Supported Living (SL): Use [DSHS 06-124](#), *Cost of Care Adjustment Request*, when the medical absence is expected to be overnight or longer.
  - c. SL: Social absences must be reported within three (3) working days if the absence is expected to exceed thirty (30) days.

### **B. Income Reporting for all Clients Receiving Residential Services**

1. Each month for clients having resources of \$1,700.00 or more; and
2. For clients who receive State Supplementary Payment (SSP) funds, when they stop receiving Social Security Income (SSI).

### **C. Income Reporting for Clients Receiving GH/GTH Services**

GH/GTH providers must submit to DDD each client's income and resource status, using [DSHS 14-238](#), *DDD Client Monthly Income Report* form as follows:

1. At twelve (12) month intervals for clients who are SSI recipients;
2. At six (6) month intervals for clients who are non-SSI recipients receiving unearned income when there is no change in the income amount;

3. Each month for non-SSI recipients who are receiving earned income;
4. Each month for SSI and non-SSI recipients when non-recurring income is received; and
5. Each month for clients having resources of \$1,700.00 or more.

**D. Clients with a *Do Not Resuscitate (DNR) Order***

1. Clients receiving residential services may have a *Physician's Order for Life Sustaining Treatment (POLST)* document signed by their physician that includes instructions for withholding cardiopulmonary resuscitation (CPR). However, a signed POLST by itself is not sufficient for a residential provider to withhold CPR for the client.
2. The residential services provider must obtain an Exception to Policy (ETP) in order to implement a client's POLST to withhold CPR. The ETP must include a written statement or letter from the client's physician indicating that CPR would not be beneficial to the client and should not be administered under any circumstances unless specifically requested by the client's guardian. Typically, the ETP is for a client who has been diagnosed as terminally ill, is receiving hospice services in the home, and is receiving DDD residential services.
3. The residential services provider is responsible to implement the process described in this policy for clients receiving multiple services.
4. Before a physician-signed POLST to withhold CPR can be implemented, the residential services provider must complete the following actions:
  - a. The provider must submit the request to the DDD regional office. The request must include the signed POLST and a signed statement or letter from the client's physician as required under section D.2 above.
  - b. The region then submits the request to the Central Office Community Residential Services Program Manager for review and to obtain approval from the Division Director or her designee.
  - c. The region will notify the service provider of the Director's decision.

**EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Division Director.

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**SUPERSESSION**

None

Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

Date: July 1, 2009