

DEVELOPMENTAL DISABILITIES ADMINISTRATION Olympia, Washington

FOR RESIDENTIAL SERVICES PROVIDERS

TITLE: OPERATIONAL REPORTING REQUIREMENTS

POLICY 6.09

Authority: Chapter 71A RCW

Developmental Disabilities

Chapter 388-101 WAC

Certified Community Residential Services and

Supports

Chapter 388-825 WAC

Developmental Disabilities Services

PURPOSE

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

SCOPE

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

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 *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 <u>20 CFR 416</u>, <u>Subpart L</u> for definition of resources and exclusions.

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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 DDA Case Resource Manager (CRM) under the following circumstances:

A. Client Medical and Social Absences

- 1. Client absences and overnight facility stays must be reported. "Facility" includes, but is not limited to, crisis diversion beds, detention, hospitals, psychiatric hospitals, jails, nursing homes, and residential habilitation centers (RHCs).
- 2. Documentation is required as follows:
 - a. Social absences must be reported to the CRM in writing within three (3) working days of the first date of absence, when it is expected to exceed thirty (30) calendar days. Social absences include family/friend vacations without residential services staff.
 - b. For Group Homes (GH), Group Training Homes (GTH) and Supported Living (SL): Use <u>DSHS 06-124</u>, <u>Cost of Care Adjustment Request</u>, when the medical absence is expected to be overnight or longer. A medical absence also includes psychiatric hospitalizations. Submit the completed <u>DSHS 06-124</u>, <u>Cost of Care Adjustment Request</u>, to the Resource Manager (RM).

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 DDA each client's income and resource status, using DSHS 14-238, *DDA Client Monthly Income Report*, 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 <u>no</u> 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 written approval from DDA in order to implement a client's POLST to withhold CPR.
 - a. The request for approval 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. See Attachment A for sample physician letter.
 - b. Consideration of requests to withhold CPR will be limited to clients receiving DDA residential services who have been diagnosed as terminally ill and who are receiving hospice services in the residential program.
 - c. Any other circumstance will require an Exception to Policy (ETP). For example, CPR might be contraindicated with a person with severe brittle bones.
- 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:

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- a. The provider must submit the request to the DDA 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. Through the prior approval process, the region then submits the request to the Central Office Community Residential Services Program Manager for review and to obtain approval from the Deputy Assistant Secretary.
- c. The region will notify the service provider of the Deputy Assistant Secretary's decision.
- d. The Administration recognizes the urgency of responding to requests to withhold CPR. The Administration will make every effort to process this request in the shortest possible timeframe, not to exceed two (2) working days upon receipt of all information required under this policy. This includes the required statement from the person's physician per Section D.2 of this policy.

EXCEPTIONS

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

SUPERSESSION

DDD Policy 6.09 Issued July 1, 2011

Approved:	/s/ Donald Clintsman	Date: Jul	v 1.	. 2013

Deputy Assistant Secretary

Developmental Disabilities Administration

Attachment A – Sample Letter Required from Physician

ATTACHMENT A

Sample Letter Required from Physician

Date
RE: <client name=""></client>
As the physician for the above patient, I request that the agency not perform CPR if the patient stops breathing. Administering CPR to the patient would not be in the patient's best interest and must not be administered under any circumstances, unless specifically requested by the patient's guardian.
Please contact me at <i><insert number="" phone=""></insert></i> if you have questions.
Sincerely,
Signature of physician