



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: HEALTH SERVICES POLICY 9.06

Authority: Title 42 CFR 483.15, .20, .25, .30, .40, .45, .55
Title 42 CFR 483.440, .460
RCW 70.122.020, 71A.12.040, 74.42.240
Chapter 388-835 WAC

PURPOSE

This policy specifies procedures to be implemented at Residential Habilitation Centers (RHCs) and Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) regarding appropriate and adequate services for client health conditions and health care needs.

SCOPE

This policy applies to all RHCs and ICF/MRs operated by or contracted with the Division of Developmental Disabilities (DDD).

POLICY

- A. Individuals who live in RHCs and ICF/MRs shall receive preventive, routine, and emergency health services and appropriate nursing care in accordance with their healthcare needs and in a manner consistent with current standards of health care practice.
- B. Each facility will develop procedures that assure the following:
 - 1. The assignment or designation of a primary physician responsible for providing or coordinating all medical/health care for each client;
 - 2. A comprehensive annual health and dental evaluation for each client, including a written plan for health maintenance and preventive health care;

3. A review of the client's health care plan as one integrated element of the Individual Habilitation Plan (IHP) or Individual Plan of Care (IPOC) by the Interdisciplinary Team (IDT) at least annually, or more frequently as needed.
4. Training programs for self-administration of medications ordered and supervised by qualified IDT members;
5. Client nursing care plans are written and implemented, and must be revised when acute illness or health conditions develop;
6. Medications are prescribed, dispensed, and administered to clients by qualified licensed staff in accordance with state laws;
7. The IDT's approval of decisions related to the client's health, including obtaining informed consent from the client as appropriate (RHCs: see also DDD Policy 7.03, *Informed Consent*);
8. Hospice care for clients with a terminal illness when informed consent has been obtained, reviewed, and approved by the facility manager/superintendent in consultation with the attending physician (RHCs: see also DDD Policy 9.04, *Hospice Care*); and
9. Life-sustaining measures provided within the capabilities of the facilities when advance directives have not been provided by the client and the client is not enrolled in a hospice program.

EXCEPTIONS

No exceptions to this policy are allowed without the prior written approval of the Division Director.

SUPERSESSSION

DDD Policy 9.06
Issued October 1, 2007

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

Date: June 15, 2010