Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Admissions Review Team Checklist for Admission to an ICF/IID or SONF at a Residential Habilitation Center (RHC)

Instructions: This form is completed by the DDA Case Resource Manager to request long-term admission to an ICF/IID or a State Operated Nursing Facility (SONF) in a RHC.

CLIENT NAME			ART REVIEW DATE
DATE OF BIRTH	AGE	DDA REGION	
CURRENT RESIDENCE		LENGTH OF STAY (IF RHC, LIST DATE ADMITTED)	
DDA CASE / RESOURCE MANAGER			TELEPHONE NUMBER

ADMISSION REVIEW REQUIREMENTS (CHECK YES OR NO FOR EACH)

Yes	No	
☐	☐	Medicaid Eligible
☐	☐	ICF/IID Eligible per CARE
☐	☐	NFLOC Eligible per CARE (SONF admission only)
☐	☐	HCBS Waiver (list type): _____
☐	☐	DDA Assessment (effective date): _____
		Residential Classification Level 1-6 (list level): _____
☐	☐	Requires and is willing to participate in active treatment which includes the need for twenty-four (24) hour awake supervision for the protection of self and others and supervision or substantial training in ADL's per 42 CFR 483.440 (b)(1).
☐	☐	Exhibits challenging behaviors requiring current interventions (specify): _____
		If yes, has Functional Assessment / Positive Behavior Support Plan been completed? ☐ Yes ☐ No
☐	☐	Safety of person, family, caregiver, and/or community at risk
☐	☐	Unstable medical conditions (specify): _____
☐	☐	Community Protection issues have been identified
		If yes, has risk assessment been completed? ☐ Yes ☐ No
☐	☐	Community residential placement options have been discussed with the client / family
☐	☐	Client / legal representative has visited community residential placement options (list provider, provider type, and date visited):
		Provider: Provider type: Date visited:
		Provider: Provider type: Date visited:
☐	☐	Client / family has visited an RHC (specify): _____
☐	☐	If approved, will client and guardian accept diversion to community placement?
☐	☐	If this is a SONF admission, list date PASRR completed: _____

REQUIRED ATTACHMENTS (CHECK AS EACH IS ATTACHED)

- ☐ Cover letter designating decision from Regional Administrator / designee
- ☐ Signed DSHS 15-420, Request for ICF/IID or SONF Admission
- ☐ Case Summary (See DDA Policy 3.04 for requirements)

OPTIONAL ATTACHMENTS (CHECK)

- ☐ Other relevant information that the Admissions Review Team should consider (e.g., psychiatric/medical report, PBSP)

For Central Office ONLY	
ART MEMBERS PRESENT	
INITIAL ART RECOMMENDATION ☐ Support request ☐ Non-support ☐ More information needed ☐ Refer to AAG for review and consultation	
CASE SUMMARY	
FINAL ART RECOMMENDATION: ☐ Approve ☐ Deny	
PLACEMENT RECOMMENDATION	
ADMISSIONS REVIEW TEAM CHAIR SIGNATURE	DATE
DEPUTY ASSISTANT SECRETARY DECISION ☐ Approved for admission ☐ Approved for admission but may be diverted to community placement ☐ Admission denied	
COMMENTS:	
DEPUTY ASSISTANT SECRETARY SIGNATURE	DATE