

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: ENHANCED RESPITE SERVICES FOR CHILDREN POLICY 4.03

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Authority:     [Chapter 71A RCW](#)            *Developmental Disabilities*  
                  [Chapter 388-825 WAC](#)      *Developmental Disabilities Administration Service*  
  *Rules*  
                  [Chapter 388-832 WAC](#)      *Individual and Family Services Program*  
                  [Chapter 388-845 WAC](#)      *Home and Community Based Services Waivers*

Reference:    DDA Policy 5.19, *Positive Behavior Support for Children and Youth*  
                  DDA Policy 5.20, *Restrictive Procedures and Physical Interventions for Children and Youth*

### **BACKGROUND**

In times of crisis families have requested respite services for their children at a Residential Habilitation Center (RHC). RCW 71A.20.010 prohibits the admission of children under the age of 16 years to a RHC effective July 1, 2012. Additionally, no person under the age of 21 years may be admitted unless there are no appropriate service options available in the community to meet the needs of the individual.

Legislation related to the closure downsizing, or both, of some RHCs (2SSB 5459) provided new resources to develop community capacity for responding to these needs. As part of the 2015 legislative Session, the Washington State Legislature passed ESSB 6052 appropriating funds for the development and implementation of eight enhanced respite beds across the state for children.

### **PURPOSE**

This policy establishes eligibility criteria and a referral process for Enhanced Respite Services available to eligible Developmental Disabilities Administration (DDA) clients.

### **SCOPE**

This policy applies to DDA-enrolled children and youth, DDA Case Resource Managers, and licensed staffed residential providers contracted to deliver enhanced respite services.

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**DEFINITIONS**

**CARE** means the comprehensive assessment and reporting evaluation tool.

**Challenging behavior** means a child or youth's actions that:

- Threaten the health and safety of the child or youth;
- Threaten the health and safety of others in the environment;
- Persistently inhibit the child or youth's functioning in public places and integration with the community; or
- Are the result of uncontrolled symptoms of a physical or mental condition; and
- May have been present for long periods of time or have manifested as an acute onset.

**Child or Youth** means a person age 17 or younger, or a person between ages 18 and 20 who is enrolled in school.

**Crisis** means circumstances or events that:

- Put a person at risk of hospitalization or loss of residence;
- Exceed a person's ability to cope or remain stable;
- Exceed a caregiver's ability to provide necessary support; or
- May be precipitated by an emotionally stressful event or traumatic change in a person's life.

**Data Summary Report and Recommendations** is a DSHS form that the enhanced respite provider completes and provides to the family upon discharge. The form includes:

- The child or youth's observed strengths;
- Description of identified challenging behavior, including frequency and severity; and
- Hypothesis of behavior function and successful interventions.

**DDA Assessment** refers to the standardized assessment tool under [Chapter 388-828 WAC](#), used by DDA to measure the support needs of a person with a developmental disability.

**Department** means the Department of Social and Health Services.

**Developmentally-based approaches** means structured interventions that focus on each child or youth's individual differences and build healthy foundations of emotional, social, and intellectual development by helping all providers, caregivers, and therapists to tailor the approach to the child or youth's unique developmental profile.

**Enhanced respite services** means respite care in a DDA-contracted and licensed staffed residential setting for DDA-enrolled children and youth, and includes consultation from a

licensed professional who provides data about the child's identified challenging behaviors and recommends interventions to address those behaviors successfully.

**Enhanced Respite Services Committee** includes the regional voluntary placement services coordinators, a children's regional supervisor, and the children's residential services program manager and designee.

**Functional Assessment (FA)** means a process that evaluates:

- The overall quality of a person's life;
- Factors or events that increase the likelihood of a challenging behavior;
- Factors or events that increase the likelihood of an appropriate behavior;
- When and where a challenging behavior occurs most frequently;
- The presence of a diagnosed mental illness or neurological dysfunction that may contribute to a challenging behavior; and
- The functions or purpose of a challenging behavior, or what the person obtains or avoids by engaging in the behavior.

**License** means a permit issued by the Department of Social and Health Services (DSHS) affirming that a home or facility meets the minimum licensing requirements.

**Residential Habilitation Center** or **RHC** means a state-operated facility certified to provide Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) services, Nursing Facility level of care, or both, for people with developmental disabilities.

**Respite care** means short-term, intermittent care for DDA clients to provide relief for people who normally provide that care.

## **POLICY**

A. Enhanced Respite Services are intended to:

1. Give families a short-term break in caregiving for their child.
2. Deliver developmentally appropriate services to a child in a licensed community-based setting.
3. Collect data using [DSHS 10-584](#), *Data Summary Report and Recommendations*, about a child's challenging behaviors to develop a baseline, which may be used in the development of a Functional Behavioral Assessment (FBA).
4. Enable families and caregivers to participate in a discharge planning meeting with the licensed provider and Case Resource Manager (CRM) to receive feedback and share data collection outcomes.

5. Enable families and caregivers to participate in the observation and development of therapeutic teaching and training techniques that may help support their child upon their return home.
  6. Identify any unmet health and welfare needs and explore benefits available through the family's private insurance, Apple Health (Medicaid), or both.
- B. A child may access Enhanced Respite Services up to 30 days total in a calendar year.
  - C. A CRM may request an ETR for more than 30 days of enhanced respite services in one calendar year. The Enhanced Respite Services Committee reviews the ETR requests based on capacity, the child or youth's needs, and the needs of the family. The ETR is finalized by the DDA Headquarters program manager. If the request is denied, the CRM must work with the family to identify alternative respite options that may be available.
  - D. When appropriate, parents may notify their child's school that their child will be utilizing respite services out of the family home. This notification should include a request that the absence be excused in addition to discussing the possibility that school services be provided during the course of their child's respite stay.
  - E. The facility license will determine the age and gender limitations for children accessing the respite services.
  - F. Enhanced Respite Services are dependent upon availability and may be postponed due to Division of Licensed Resources (DLR) stop placement actions, available staffing levels, or emergent events.
  - G. Parents must provide transportation of the child or youth to and from the licensed facility.
  - H. If the child or youth is on a HCBS waiver before accessing Enhanced Respite Services, the child or youth and their family may use their waiver services while receiving respite, if appropriate.
  - I. Under [WAC 388-825-0571](#), children in Shelter Care or Dependency are not eligible for Enhanced Respite Services.

## **PROCEDURES**

- A. To be eligible for Enhanced Respite Services, the:
  1. Child must be DDA eligible under [RCW 71A.10.020\(3\)](#);
  2. Child must be at least eight years of age, or between ages 18 and 20 and enrolled in school;



3. To ensure the health and welfare of the child or youth accessing Enhanced Respite Services, as well as other clients living in the home, designated regional staff must work with the contracted agency provider to identify additional, necessary safeguards such as locks, and door and window alarms.
4. If prior to or during the receipt of Enhanced Respite Services, the child or youth requires a procedure or intervention that is defined as restrictive under DDA Policy 5.19, *Positive Behavior Support for Children and Youth*, or DDA Policy 5.20, *Restrictive Procedures for Children and Youth*, the CRM must work with the contracted agency provider to ensure compliance with DLR WAC and DDA policy requirements.
5. The CRM may, if applicable, complete a [DSHS 10-427](#), *School District Communication*, to communicate with the child or youth's school district. The CRM must retain a copy of the completed form in the client record.
6. If a child's planned Enhanced Respite Services are postponed due to an emergency referral, the regional designee must notify the CRM and the family to facilitate rescheduling of the service.
7. If the request is denied, the CRM will work with the family to identify alternative options that may be available.

### **EXCEPTIONS**

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

### **SUPERSESSSION**

DDA Policy 4.03  
Issued July 1, 2012

Approved: /s/ Donald Clintsman  
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: December 15, 2017