

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: STAFF AND FAMILY CONSULTATION POLICY 4.19

Authority: [Chapter 388-825 WAC](#) *Developmental Disabilities Administration Service Rules*
[Chapter 388-845 WAC](#) *DDA Home and Community Based Services Waiver*
[Chapter 388-834-0040](#) *DDA Preadmission Screening and Resident Review*

Reference: [DDA Policy 16.01](#) *Responding to Preadmission Screening and Resident Review Program Referrals*

BACKGROUND

Staff and Family Consultation is a service available on all five of the Developmental Disabilities Administration’s (DDA’s) Home and Community-Based Services (HCBS) waivers, the Preadmission Screening and Resident Review (PASRR) program, and the Roads to Community Living (RCL) grant. Additionally, “stabilization services” is included as a component of Staff and Family Consultation and is available on all five DDA waivers.

PURPOSE

This policy establishes service delivery guidelines and service limits for Staff and Family Consultation services.

SCOPE

This policy applies to providers contracted through DDA to provide Staff and Family Consultation and Stabilization Services—Staff and Family Consultation. This policy also applies to case resource managers supporting clients receiving Staff and Family Consultation.

DEFINITIONS

Assistance means help provided to a client for the purpose of aiding the client in the performance of tasks.

Case resource manager or **CRM** means the DDA case manager or PASRR assessor assigned to a client.

Client means a person who has a developmental disability as defined in RCW 71A.10.020 and has been determined DDA-eligible under [Chapter 388-823 WAC](#). For purposes of informed consent and decision-making requirements, the term “client” includes the client’s legal representative to the extent of the representative’s legal authority.

DDA assessment means the standardized assessment tool under Chapter 388-828 WAC used by DDA to measure the support needs of people with developmental disabilities.

Direct service provider means the DDA-contracted person or agency provider who will receive staff and family consultation. Examples of direct service providers include providers of residential habilitation or home care agency employees.

Family means relatives who live in the same home with the eligible client. Relatives include spouse or registered domestic partner, natural, adoptive or stepparent, grandparent, child, stepchild, sibling, stepsibling, uncle, aunt, first cousin, niece, or nephew.

HCBS waiver means federal Home and Community-Based Services (HCBS), approved by the Centers for Medicare and Medicaid Services (CMS) under section 1915(c) of the Social Security Act as an alternative to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Person-centered service plan means the DDA-developed document that identifies a person’s goals and assessed health and welfare needs. The person-centered service plan also indicates the paid services and natural supports that will help the person achieve the person’s goals and address assessed needs.

Planned action notice means a legal document indicating services for which a client has been approved or denied.

Preadmission screening and resident review means a process required by federal rule for people who are referred to a Medicaid-certified nursing facility.

Primary caregiver means the person who provides most of the client’s care and supervision.

Provider means the person or agency contracted with DDA to provide staff and family consultation services.

Stabilization services—staff and family consultation means short-term, intermittent, or episodic supports to assist a client who is experiencing a crisis and is at immediate risk of hospitalization or institutionalization as defined in Chapter 388-845 WAC.

Staff and family consultation means consultation with a family member or direct service provider to help them better meet the needs of a client as outlined in the client's person-centered service plan in accordance with Chapter 388-845 WAC.

POLICY

- A. Staff and Family Consultation helps a client's family and direct service providers meet the client's needs as identified in the client's DDA assessment, PCSP, or therapeutic plan.
- B. Staff and Family Consultation is not a replacement for behavioral health support, other services available through the Medicaid state plan or other benefits.
- C. Staff and Family Consultation provides an opportunity for discussion with the intent of assisting a client's family member or direct service provider to improve upon or implement skills and techniques that they will use to better support the care of the client. Staff and Family Consultation is not a direct service with the client.
- D. Staff and Family Consultation Service Description
 - 1. Consultation support is provided directly to a client's family or direct service providers to meet the client's specific needs if the consultation supports are not available through another resource.
 - 2. Consultation topics are intended to build upon existing knowledge and skills to better support the client. Topics may include:
 - a. Health and medication monitoring reports that must be submitted to the client's healthcare provider, such as helping the family or direct service provider learn how to document:
 - i. Side effects that must be reported to their physician or pharmacist; and
 - ii. Changes in health (e.g., loss of appetite, bowel movements, or sleep changes).
 - b. Positioning and transferring. For example, troubleshooting use of new positioning equipment such as a Hoyer lift, stander, or walker.
 - c. Basic and advanced instructional techniques. For example, understanding how to better implement instructional techniques documented in a client's plan, such as how to improve or enhance caregiver-client communication.

- d. Augmentative communication systems. For example, understanding how to troubleshoot assistive technologies for communication not covered under the speech-language pathology benefit in the Medicaid State Plan.
 - e. Consultation with potential referral resources. For example, understanding how to identify resources such as the Mental Health Crisis Line or the End Harm Line and when to utilize these resources.
 - f. Diet and nutritional guidance. For example, understanding how to follow a nutritional plan developed by a nutritionist or dietician.
 - g. Disability information and education. For example, learning about typical symptoms of a diagnosis.
 - h. Consultation to an existing plan of care. For example, understanding how to read and follow a plan of care developed by another professional.
 - i. Strategies for effectively and therapeutically interacting with the client. For example, understanding effective communication techniques and using strategies to have consistent responses to the client across environments.
 - j. Environmental consultation. For example, understanding how to implement recommended environmental modifications such as a quiet space when dysregulated, or the use of labels on items to easily find things or understand sequences.
 - k. Assistive Technology. For example, understanding the client's device and how to troubleshoot problems, such as how to download apps or clear memory space on the device.
 - l. Parenting skills. For example, helping families identify useful tools and skills for parenting an individual with an intellectual or developmental disability at various life stages.
- E. All qualified Staff and Family Consultation providers must sign the Client Service Contract "DDA Staff and Family Consultation Services" (1786XP), which outlines the Purpose, Provider Qualifications, Statement of Work, and all other requirements that the provider needs to meet to provide the service. The provider must follow all terms of their signed contract, including the description of the Staff and Family Consultation contract described in Chapter 388-845 WAC.

PROCEDURES

- A. Person-Centered Service Plan Guidelines
1. All services provided on the Basic Plus, Core, CIIBS, CP, and IFS waivers, Roads to Community Living, and PASRR program must be consistent with the needs and goals outlined in each client's PCSP.
 2. The CRM must identify and discuss the staff or family member's need for consultation during the person-centered service planning process or during conversations with the client through their plan year.
 3. If the client requests assistance contacting a Staff and Family Consultation provider, the CRM must:
 - a. Help the client, family members, and direct service provider contact potential providers and determine whether they are available to work with the client's family or direct service provider; and
 - b. Verify a current, signed consent form is in the client's file before contacting the provider.
 4. After the client selects a provider and they identify the unmet need that will be addressed by Staff and Family Consultation, the CRM must:
 - a. Add the provider's contact information to the client's collateral contacts in CARE; and
 - b. Add staff and family consultation to the client's PCSP or PASRR plan.
 - c. After adding the service to the client's PCSP or PASRR plan, the CRM must send a PAN indicating the amount of service and approval date.

Note: Staff and Family Consultation is not designed to be an ongoing service. Best practice is for the CRM to review effectiveness of the service every six months to determine if ongoing authorization is necessary.
 - d. The CRM must follow [DDA Policy 5.02](#), *Necessary Supplemental Accommodation*, and inform the client and NSA that services are approved, when the services may begin, and to discuss notice of appeal rights.
 - e. The CRM must obtain a signed PCSP from the client and provider before authorizing services.

B. Service Plan and Progress Report

1. No more than 30 days after beginning services, the provider must submit [DSHS 10-655](#), *Initial Staff and Family Consultation Plan*. The form should be completed with the client and all parties receiving the consultation and document the following:

- a. The direct service provider or family member who will be receiving the consultation.
- b. A brief explanation of why the consultation is needed.

Note: If the consultation is for an established therapeutic plan, this explanation should describe why the service is needed in addition to the support available from the professional who wrote the plan.

- a. How the provider will support the direct service provider or family member.
2. No more than 120 days after beginning services, and every 90 days thereafter, the provider must submit [DSHS 10-656](#), *Staff and Family Consultation 90-Day Progress Report*. The report must describe:

- a. Steps made toward reaching the family member or support staff's identified goal.
- b. New issues that may have arisen.
- c. Any referrals recommended or made by the provider.

Note: If a referral is necessary due to imminent danger of the client or caregiver, the provider must initiate the referral and notify DDA no more than two hours after making the referral.

- d. Any barriers that make it difficult for the staff or family member to reach their goals and how those barriers will be addressed.
3. The CRM must review the completed 90-day progress report and may extend the service if documentation clearly indicates that the need is still present. If the report is not received within this timeframe, the CRM may contact their regional resource developer for support.

C. Limitations to Staff and Family Consultation

1. For HCBS waivers and RCL, Staff and Family Consultation must not be used to provide *training* to paid caregivers, professional staff, or other direct service providers to perform the core function of their jobs or responsibilities. In other words, the service cannot be used to train a provider to have the skills necessary to be a qualified provider.
2. For PASRR, Staff and Family Consultation may be used to provide training to nursing facility staff for supports related to the individual's intellectual disability or related condition.
3. Staff and Family Consultation must not be used to provide direct observation of the client or direct support to the client.

EXCEPTION

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

SUPERSESION

DDA Policy 4.19, *Staff and Family Consultation*
Issued October 1, 2020

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: May 1, 2023