

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: CHILDREN’S OUT-OF-HOME SERVICES: REFERRAL, ACCEPTANCE, AND CHANGE IN PROVIDER 4.21

Authority: [Chapter 70.02 RCW](#) *Medical Records – Health Care Information Access and Disclosure*
[Chapter 71A.28 RCW](#) *Out-of-Home Services*
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*
[Chapter 388-826 WAC](#) *Out-of-Home Services for Children*

PURPOSE

This policy outlines the referral, acceptance and change in provider standards for client’s approved for out-of-home services. This policy also establishes procedures for notification of service termination.

SCOPE

This policy applies to DDA staff and the following DDA licensed or certified residential providers for children:

- Child foster homes
- Children’s state-operated living alternatives
- Group care facilities for medically fragile children
- Staffed residential homes

DEFINITIONS

Business days means weekdays, excluding weekdays when DDA office is closed.

Case resource manager or CRM means a DDA case resource manager or social service specialist.

Habilitation means services delivered by community residential service providers to assist people with developmental disabilities to acquire, retain, and improve upon the self-help, socialization, and adaptive skills necessary to reside successfully in the community.

Individualized team means the group of individuals and system partners that work together to support to a client. A typical team includes the client, the client's family and legal guardian, the client's case resource manager, the OHS resource manager, educational representatives, and the managed care organization care coordinators.

Out-of-home services are residential habilitation services for a child in a qualified setting outside of the child's family home.

Out-of-home services resource manager (OHS RM) means the DDA liaison to the service provider who establishes rates and monitors contract compliance.

Roads to community living or **RCL** is a demonstration project funded by a "money follows the person" grant originally authorized under section 6071 of the Deficit Reduction Act of 2005 (P.L. 109-171) and extended through the Patient Affordable Care Act (P.L. 111-148). It is designed to test services and supports that help clients move from institutional settings into the community.

Wraparound planning means a strengths-based process that includes regular meetings to review the client's support planning and ensure coordination with the client's team. The wraparound process is driven by the perspectives of the family and the child or youth.

POLICY

- A. OHS must be provided in an integrated setting, as defined in [42 C.F.R. 441.530](#), that reflects client choice and preferences.
- B. When a client is approved for out-of-home services, the assigned CRM initiates the referral process.
- C. The OHS resource manager will work with the CRM to determine which qualified provider type will provide a client's out-of-home services based upon:
 1. The amount of direct support necessary to meet the client's medical, social, developmental, and personal care needs; and
 2. The most cost-effective option that meets the unmet need identified in the client's person-centered service plan as required under WAC 388-845-0110.

- D. When referring a client approved for out-of-home services:
1. The CRM works with the family to identify the desired geographic location.
 2. The OHS RM identifies contracted or certified providers available with the family's desired geographic location and provides that information for the CRM to share with the family.
- E. The OHS RM and the CRM must work collaboratively on the client referral process.
1. The assigned CRM must:
 - a. Verify the client is approved for the Core waiver or RCL;
 - b. Compile the referral packet using [DSHS 27-057](#), *Provider Referral Letter for Children's Out-of-Home Services*;
 - c. Submit the completed referral packet to the regional OHS RM;
 - d. Work with the parent or legal guardian and the potential provider throughout the referral process;
 - e. Retain in the client's file completed copies of DSHS 27-057 that contain each provider's response to the referral; and
 - f. Verify the parent or legal guardian's acceptance once a provider has accepted the referral.
 2. The OHS RM must:
 - a. Distribute the referral packet to identified providers;
 - b. Document the provider distribution and responses in the residential referral database;
 - c. Provide completed DSHS 27-057 with the provider response outcomes to the assigned CRM; and
 - d. Verify the provider has accepted the referral and communicate acceptance to the assigned CRM.

PROCEDURES

A. Referrals

1. The OHS RM must identify which providers have capacity to consider referrals in the parent or legal guardian's desired geographic location. Capacity means a vacancy in an existing licensed or certified facility, a child foster home, or a provider's interest in licensing a new facility.
2. The OHS RM must:
 - a. Send the referral packet to the potential providers who are contracted and have capacity;
 - b. Document where it was sent in the residential referral database;
 - c. Complete a service episode record.
3. OHS RM must document provider responses in the residential referral database.
4. If the parent or legal guardian decides not to select a provider who has accepted the referral, the RM must:
 - a. Notify the provider(s) who have accepted the referral;
 - b. Send the client's referral packet to additional providers with capacity as requested by the parent or legal guardian;
 - c. Document the parent or legal guardian's response in the residential referral database.
5. The CRM must notify the parent or legal guardian of the status of the referral and document parent or legal guardian's response by completing a service episode record.

B. Referral Packet Contents

When compiling a client's referral packet, the CRM must:

1. Review the client's file for current and relevant documents;

2. Complete the client's referral packet using [DSHS 27-057](#), *Provider Referral Letter for Children's Out-of-Home Services*; and
3. Consult with the client and the client's parent or legal guardian to incorporate additional information in the referral packet as requested.

C. Transition Planning

1. After mutual acceptance between the provider and the client's parent or legal guardian, the assigned CRM must schedule a meeting with the client's individualized team to develop a person-centered transition plan using a wraparound process as defined in WAC 388-826-0005. All transition activities must be documented using DSHS 10-669, *Out-of-Home Services (OHS) Transition Checklist*.
2. The assigned CRM must refer the client for a nurse delegation assessment by a registered nurse delegator, if based on the client's DDA assessment, the provider determines the client needs nurse delegation.
3. Before the client begins receiving services, the OHS RM must:
 - a. Conduct a rate assessment meeting with the provider to determine the rate for out-of-home services; and
 - b. Ensure the contract reflects the client's individualized approved rate prior to the start of services.

D. Parent Request to Change Providers

If a client, parent, or legal guardian requests a change in provider, the CRM must address the request as follows:

1. The CRM must meet with the client, parent or legal guardian to discuss the reasons for the request. DDA will work with the parent or legal guardian to determine whether the concerns can be addressed with the current provider.
2. If the parties do not come to a resolution, at the client, parent or legal guardian's request, the CRM must begin the referral process to seek a new provider. The client may return to the family home or other agreed up location until a qualified provider is identified or the client may remain with the current provider until a qualified provider is selected by the client, parent or legal guardian.

- a. DDA will follow procedures regarding referrals as noted above.
- b. DDA will develop a transition plan with the client, parent or legal guardian and the client's individualized team.

E. Notification to Terminate Services

- 1. Upon receipt of a written termination notice from a provider, the OHS RM must ensure:
 - a. The following people receive a copy of the termination notice:
 - i. The client, family or legal guardian;
 - ii. The OHS Coordinator;
 - iii. The client's school;
 - iv. The CRM; and
 - v. The Children's Residential Services Program Manager;
 - b. The following information is in the provider's notice:
 - i. Effective date of termination;
 - ii. Reason for termination based upon [WAC 388-826-0200](#); and
 - iii. Efforts to address additional support needs or revised habilitation support plans.
- 2. If a provider terminates a client's services, the CRM must work with the client, client's parent or legal guardian, OHS RM and the client's individualized team to:
 - a. Identify supports that are needed to maintain the client in service until the termination date;
 - b. Develop a plan which may include:
 - i. Compile a referral packet and submit to the OHS RM;
 - ii. Complete a significant change assessment to conduct service planning for non-residential supports and notify region of origin if the client moves home if applicable; and

- iii. Transfer of the client's personal belongs and financial responsibility.
 - c. Request care coordination from the managed care organization to assist in identifying any physical or behavioral health care benefits if applicable.
3. The OHS RM may request that the provider who is terminating services participate in a planning meeting with the parent or legal guardian and DDA to assist with transition to a new provider.

EXCEPTIONS

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

SUPERSESSION

None.

Approved: /s/ Shannon Manion Date: September 15, 2021
Deputy Assistant Secretary
Developmental Disabilities Administration