

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: OUT-OF-HOME SERVICES PROGRAM 4.22

Authority: [Title 71A RCW](#) Developmental Disabilities
[Chapter 70.02 RCW](#) Medical Records – Health Care Information Access
 and Disclosure
[Chapter 71A.28 RCW](#) Out-of-Home Services
[Chapter 182-513 WAC](#) Client Not in Own Home
[Chapter 388-106 WAC](#) Long-Term Care Services
[Chapter 388-825 WAC](#) Developmental Disabilities Services
[Chapter 388-826 WAC](#) Out-of-Home Services for Children
[Chapter 388-845 WAC](#) DDA Home and Community Based Services Waivers

Reference: [DDA Policy 4.01](#) One Referral

BACKGROUND

Chapter 71A.28 RCW states that “it is the intent of the Legislature that, when the sole reason for out-of-home services is the child's developmental disability, such services be offered by the [Department of Social and Health Services] to these children through a person-centered service planning process and in accordance with [Chapter 388-826 WAC].”

The Out-of-Home Services (OHS) Program provides residential habilitation services for a child in a qualified setting outside of the child's family home that is agreed to by the child's parent or legal representative. OHS does not include education or services covered by the Medicare, Medicaid State Plan, or private insurance.

OHS is meant to complement other supports and services available to the child and maintain the relationship between the child and their family while the child is not living in the family home. When a client receives residential habilitation services through the Out-of-Home Services (OHS) Program, the client’s parent or legal representative continues their custodial responsibilities and signs the client’s person-centered service plan to authorize the licensed or certified provider to implement the plan.

PURPOSE

This policy establishes the referral, acceptance, and change in provider standards for clients who are approved to receive residential habilitation services through the OHS program. It also outlines the procedure for notification of when a provider is no longer able to deliver residential services to a client.

SCOPE

This policy applies to DDA staff and the following DDA-licensed or certified residential habilitation 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 Monday through Friday, excluding holidays when DDA offices are closed.

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

Family means one or more of the following relatives: Spouse or registered domestic partner; natural, adoptive, or stepparent; grandparent; child; stepchild; sibling; stepsibling; uncle; aunt; first cousin; niece; or nephew.

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

Out-of-Home Services resource manager or **OHS RM** means the DDA liaison to the service provider who establishes rates and monitors contract compliance.

Parent means a biological or adoptive parent with legal authority to make decisions on behalf of the client.

Records Management Tool or **RMT** means the electronic document repository for storing paperless client files in electronic format.

Residential habilitation means services delivered by community residential service providers to assist people with developmental disabilities to learn, improve, or, retain socialization and adaptive skills necessary to reside successfully in the community.

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.

Transition framework means a process that aligns policy steps to facilitate a client's transition from one setting to another.

POLICY

- A. Residential habilitation must be provided in an integrated setting, as defined in [42 C.F.R. 441.301](#), that reflects client choice and preferences.
- B. The CRM must follow the referral process per [DDA Policy 4.01, One Referral](#).
- C. The OHS resource manager must work with the CRM to determine which qualified OHS provider type will meet the client's medical, social, developmental, and personal care needs.
- D. When referring a client approved for residential habilitation services in the OHS program:
 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 CRM must prepare, submit, and provide status updates on, the referral packet according to processes in DDA Policy 4.01.
 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. Notify the CRM of the uploaded DSHS 10-232 to the RMT that has the provider response; and
- d. Verify the provider has accepted the referral and communicate acceptance to the CRM.

PROCEDURES

A. Initiating a Request for Residential Habilitation

- 1. When a parent or legal representative requests residential habilitation, the client's CRM must:
 - a. Meet with the client and parent or legal representative to ensure the DDA assessment accurately reflects the client's unmet health and welfare needs. The DDA assessment must document all paid and unpaid services, including private insurance and Medicaid-funded resources.
 - b. Share a mypage profile or offer a facilitated person-centered service plan if available.
 - c. Document the conversation and the family's requested service needs in a service episode record.
 - d. Review services and benefits for which the client is eligible, such as:
 - i. Medically necessary health care benefits available through the client's private insurance or Medicaid; and
 - ii. Home and community-based waiver services.
 - e. Develop a plan based upon the process outlined in subsection (d) above and work with the family to identify objectives.
 - f. Meet with their supervisor and the regional OHS coordinator to discuss the family's request for residential habilitation services in the OHS program.
 - g. Ensure that client meets eligibility for service requested and waiver eligibility.

2. The regional OHS coordinator must meet with the client, the client's parent or legal representative, and the CRM to provide a comprehensive overview of the OHS program.
 - a. If the family declines to proceed with a referral to an OHS provider, then the referral process stops.
 - b. If the family decides to proceed with a referral to an OHS provider, the OHS coordinator must send the family [DSHS 10-277, Request for Children's Out-of-Home Services](#).
 3. The OHS Coordinator or designee must obtain the parent or legal representative's signature on DSHS 10-277.
 4. All parties with decision making authority must sign DSHS 10-277. If such a dispute arises, the CRM must elevate the situation to a supervisor.
 5. The OHS coordinator must sign and date DSHS 10-277 and upload the form to the RMT in CARE.
 6. The OHS program manager must document the OHS request in CARE.
 7. The CRM must:
 - a. Complete a Core waiver enrollment request in CARE or request enrollment in the RCL.
 - b. Send a copy of signed DSHS 10-277 to the parent or legal representative.
 - c. Obtain a signed [DSHS 14-012, Consent](#), before client information is sent to providers for requested services.
 8. The OHS coordinator must review eligibility criteria under [WAC 388-826-0010](#) and available regional funding allotments for residential habilitation services.
- B. Referrals
1. The CRM must complete and submit referral packets according to procedures in DDA Policy 4.01.
 2. The OHS RM must identify which providers have capacity to consider referrals in the parent or legal representative'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.

3. 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.
4. The OHS RM must document provider responses in the residential referral database.
5. If the parent or legal representative decides not to select a provider who has accepted the referral, the RM must:
 - a. Notify each provider who accepts the referral;
 - b. Send the client's referral packet to additional providers with capacity as requested by the parent or legal representative;
 - c. Document the parent or legal representative's response in the residential referral database.
6. The CRM must notify the parent or legal representative of the status of the referral and document parent or legal representative's response by completing a service episode record no less than monthly.

C. Referral Packet Contents

When compiling a client's referral packet, the CRM must assemble the referral packet according to DDA Policy 4.01 no more than eight business days after receiving a signed copy of the [DSHS 10-232](#) from the parent or legal representative. The CRM must:

1. Review the client's file for current and relevant documents;
2. Complete the client's referral packet using DSHS 10-232;
3. Consult with the client and the client's parent or legal representative to incorporate additional information in the referral packet as requested; and

4. Submit the packet to the regional OHS resource manager.

D. Transition Planning

1. After mutual acceptance between the provider and the client's parent or legal representative, the 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 10-574](#), *Transitional Care Planning Tracking*.
2. The 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:
 - a. The OHS RM must conduct a rate assessment meeting with the provider to determine the rate for out-of-home services.
 - b. The youth and provider must review and sign [DSHS 09-004C](#), *Out-of-Home Services Acknowledgement*.

Note: The OHS Acknowledgement must be signed annually and when the youth turns 18.

- c. The OHS Coordinator or designee must send [DSHS 16-271](#), *DDA New School District Notification Following Mutual Acceptance into OHS*, to the school district where the youth will be attending at least two weeks before the scheduled move date.
 - i. The notification should be sent to a school district level Special Education Administrator. To find or confirm the name and contact information of a school district's special education administrator, see OSPI's Special Education and Institutional Education Directory.
 - ii. After sending the notification, the OHS Coordinator or designee must write a service episode record (SER) documenting that the notice has been sent. The notification does not take the place of completing new student enrollment and requesting implementation of special education transfer processes, which continue to be the responsibility of the parent or guardian.

E. Parent Request to Change Providers

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

1. The CRM must meet with the client, parent or legal representative to discuss the reasons for the request. DDA will work with the parent or legal representative 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 representative's request, the CRM must begin the referral process to seek a new provider.
3. Until a qualified provider is selected, the client may:
 - a. Remain with the current qualified provider, if family and provider are in agreement; or
 - b. Return to the family home or another location identified by the family.
4. DDA will follow procedures regarding referrals as noted above.
5. DDA will develop a transition plan with the client, parent or legal representative, and the client's individualized team.

F. Notification of when a provider is unable to continue residential habilitation services

1. Upon receipt of a written notice from a provider that they are unable to continue to provide residential habilitation to an identified child, the OHS RM must ensure:
 - a. The following people receive a copy of the written notice:
 - i. The client, family or legal representative;
 - ii. The OHS coordinator;
 - iii. The OHS RM;
 - iv. The CRM; and
 - v. The OHS program manager;
 - b. The following information is in the provider's notice:
 - i. Effective last date of service;

- ii. Reason for notice based upon [WAC 388-826-0200](#); and
 - iii. Efforts to address additional support needs or revised habilitation support plans.
- 2. If a provider is unable to provide services, the CRM must work with the client, client's parent or legal representative, the OHS RM and the client's individualized team to:
 - a. Identify supports that are needed to maintain the client's services until the identified end date.
 - b. Develop a plan, which may include:
 - i. Compiling a referral packet and submit to the OHS RM;
 - ii. Completing 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. Transferring of the client's personal belongings 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. At the OHS RM's request, the provider who is ending services must participate in a planning meeting with the parent or legal representative 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.

TITLE:

OUT-OF-HOME SERVICES PROGRAM

4.22

SUPERSESSION

DDA Policy 4.22, *Out-of-Home Services Program*

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Approved:



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Deputy Assistant Secretary
Developmental Disabilities Administration