

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: COMPLEX NEEDS PILOT PROGRAM 6.16

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Authority: [42 C.F.R. 441.301\(c\)\(4\)](#) *Integrated Settings*  
[Title 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Supports*  
[Chapter 388-101D WAC](#) *Requirements for Providers of Residential Services and Supports*  
[Chapter 388-823 WAC](#) *DDA Intake and Eligibility Determination*  
[Chapter 388-829 WAC](#) *Community Residential Service Business Training requirements*

Reference: [DDA Policy 4.02](#) *Community Residential Services Referral, Acceptance, and Change in Residential Provider*  
[DDA Policy 5.21](#) *Functional Assessments and Positive Behavior Support Plans*  
[DDA Policy 6.02](#) *Rates and Other Covered Costs for Supported Living, Group Training Homes, and Group Homes*

**BACKGROUND**

The Legislature provided funding to pilot a program that provides a specialty rate for community residential providers who receive additional training to support clients with complex physical and behavioral health needs. Funding is limited to supporting 30 clients statewide. The pilot will continue through December 1, 2024.

To assess pilot outcomes, DDA will track client admissions into the pilot program and length of stay in comparison to other community residential settings that do not receive the client-specific enhanced rate.

Community residential providers who participate in the complex needs pilot program will receive an enhancement to the daily rate for each enrolled client. Participating providers will ensure an employee receives enhanced training to support clients with complex physical and behavioral health needs. As long as a client continues to demonstrate the complex needs that made them

eligible for the program, and as long as the provider continues to follow this policy, the provider will continue to receive the client-specific enhanced rate.

### **PURPOSE**

This policy establishes eligibility, referral, scope of service, requirements and selection standards, and reimbursement for providers contracted with the Developmental Disabilities Administration (DDA) to participate in the complex needs pilot program.

### **SCOPE**

This policy applies to DDA employees and DDA-contracted community residential providers participating in the program.

### **DEFINITIONS**

**Board-certified behavior analyst (BCBA) or similar credentialed position** means a:

1. Person with a graduate-level certification in behavior analysis;
2. Professional with a master's degree in psychology and one year of experience in designing or implementing comprehensive behavioral therapies for individuals with developmental disabilities and challenging behaviors; or a
3. Professional with a bachelor's degree in psychology, education, social work, or a related field and three years of experience in designing or implementing comprehensive behavioral therapies for individuals with developmental disabilities and challenging behaviors.

**Client** means a person who has an intellectual or developmental disability under Chapter 388-823 WAC.

**Complex behavior support** means supports provided to clients to reduce target behaviors by employees trained in intellectual and developmental disabilities, dual diagnosis, and strategies for de-escalation, crisis prevention, and trauma informed approaches.

**Contract** means an executed agreement between the Department of Social and Health Services and certified community residential service provider under chapters 388-101 and 388-101D WAC.

**Dual diagnosis** means co-occurring intellectual or developmental disabilities and a mental health condition.

**Managed care organization** or **MCO** means a health care provider group offering managed healthcare plans.

**Provider** means a group training home or supported living provider.

**Target behavior** means a specific, observable, and measurable barrier to reaching a goal that requires modification or replacement.

### POLICY

- A. A provider contracted to participate in the complex needs pilot program delivers habilitative supports, based on the client's assessed needs, to achieve mutually identified goals and decrease use of target behaviors. The provider must deliver the services in a community residential setting and facilitate coordination of necessary services and supports, including community mental health and medical services.
- B. Supported living providers, including community protection providers, and group training home providers may participate in the complex needs program if they meet the qualifications under Procedures Section (A).
- C. A provider participating in the complex needs pilot program will receive an enhanced rate per client per day above the base rate assessed by the resource manager. The enhanced rate is considered full compensation for all required training.

### PROCEDURES

#### A. **Provider Eligibility**

For a provider to be considered for participation in the pilot, the provider must:

- 1. Be a contracted and certified community residential provider under Chapters 388-101 and 388-101D WAC;
- 2. Have held a Community Residential Services contract for three years or more;
- 3. Currently provide crisis prevention and intervention training to direct support professionals (DSPs) as required in [DDA Policy 5.14](#), *Positive Behavioral Support Principles*, and [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans*;
- 4. Currently provide residential habilitation services to a minimum of 30 clients; and

5. Have no current enforcement action on their certification and have not had a stop placement or provisional certification in the last two years.

**B. Provider Requirements**

1. The provider must employ the following specialists:
  - a. A board-certified behavior analyst (BCBA) or similar credentialed position who provides support as follows:
    - i. Is available for crisis response as specified in a client's positive behavior support plan (PBSP);
    - ii. Provides client-specific training to direct support professionals;
    - iii. Writes PBSPs that meet requirements in [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans*; and
    - iv. At a minimum, reviews behavioral data collected every 30 days to assess the effectiveness of the PBSP and adjusts the plan to respond to the client's changing needs.
  - b. An employee designated to work with MCO care coordinators to support a client in connecting to their community mental health services and other community providers for ongoing assessment, therapeutic services, mental health services, and treatment services. The employee must coordinate with the MCO when accessing state plan benefits, such as:
    - i. Applied behavior analysis (ABA);
    - ii. Counseling;
    - iii. Substance use treatment;
    - iv. Mental health counseling and services; and
    - v. Healthcare.
2. The provider will receive a financial incentive if an employee providing direct support to a program client is:
  - a. Certified through NADD or a similar nationally recognized association for co-occurring ID/D and mental health needs;
  - b. Certified as a behavior technician under [WAC 246-805-300](#); or

- c. Certified through a recognized program for mental health and behavioral health that supports people with ID/DD as outlined in Procedures Section (F).

### C. Referral Process

- 1. A client is eligible to participate in the program if:
  - a. The client is eligible to receive residential habilitation services;
  - b. The client's current PCSP indicates extensive behavior supports are needed in two or more of the following areas:
    - i. Emotional outbursts;
    - ii. Suicide attempts;
    - iii. Sexual aggression;
    - iv. Self-injury;
    - v. Property destruction; or
    - vi. Assaults or injuries to others;
  - c. CARE documentation shows that the client:
    - i. Exhibits behavior that is not safely sustainable in the community based on frequency or intensity; or
    - ii. Chooses not to follow plans; and
  - d. Requires additional supports in the last year due to:
    - i. Hospitalization while medically cleared for discharge;
    - ii. Two or more crisis contacts for mental health evaluation;
    - iii. Two or more uses of emergency services (e.g., emergency room, urgent care, ambulances, and 911); or
    - iv. Evidence of substance use disorder.
- 2. An eligible client must receive program services from a provider who is not currently contracted to support the client.

3. Prioritizing Referrals
  - a. A client currently in a hospital is prioritized for participation in the program.
  - b. A client may be considered for the program if the client is at risk of being hospitalized without medical need and has lost their provider.
4. To refer a client to the complex needs pilot program:
  - a. The CRM must follow the referral process in [DDA Policy 4.02](#), *Community Residential Services Referral, Acceptance, and Change in Residential Provider*;
  - b. The CRM must verify that the client, and the client’s legal representative if the client has one, agrees to participate in the program;
  - c. The RM or referral coordinator must confirm the client meets eligibility criteria under Procedures Section (C)(1); and
  - d. The RM or referral coordinator must add “Complex Needs Pilot Program” to the subject line of the pre-referral or full referral email for consideration by participating providers.
5. The resource manager must distribute the pre-referral and full referral packets to agencies participating in the pilot and collaborate with the CRM as outlined in DDA Policy 4.02.

**D. Service Delivery**

1. The provider must deliver services in accordance with Chapter 388-101D WAC and this policy.
2. The provider must deliver complex behavior support to all clients participating in the pilot program.
3. The Residential Training Unit will support providers to identify, implement, and monitor the enhanced training required to serve a client in the program.
4. In addition to the training required under Chapter 388-829 WAC, before supporting a client in the pilot, DSP must complete a minimum of six total hours of DSHS-approved training in the following topics.

- a. Trauma-informed practices.
  - b. One of the following DSHS-approved crisis prevention and intervention trainings:
    - i. Crisis Prevention Institute (CPI);
    - ii. Mandt;
    - iii. Right Response;
    - iv. Therapeutic Options; or
    - v. Ukeru.
5. An employee working with a client in the program must complete a minimum of two hours of dual diagnosis core competency training (this includes diagnostic practices for people with intellectual disabilities and mental health conditions).
6. An employee working with a client in the program must complete at least six additional hours of DSHS-approved, client-specific training on an annual basis. The additional DSHS-approved training must be related to the client's needs as identified in their PBSP and must address two or more of the following topics:
- a. Anger management;
  - b. Autism;
  - c. Co-occurring diagnoses including common psychiatric, medical, and genetic disorders;
  - d. Coping skills and client centered interventions;
  - e. Intellectual disabilities and mental illness;
  - f. Physical intervention strategies;
  - g. Psychiatric conditions;
  - h. Psychopharmacology;
  - i. Risk assessment, prevention, and treatment for offenders;
  - j. Sexual health and education – abuse prevention, sexual disorders, inappropriate behaviors, and vulnerabilities;
  - k. Substance-use disorder; or

- I. Other pre-approved client-specific training.
7. The additional training required under subsections (5) and (6) above must be completed:
    - a. No more than 90 days after the client enrolls in the program for an existing employee; or
    - b. No more than 90 days after date of hire for a new employee.
  8. Before the client enters service, the Residential Training Unit must approve any training that is not already DSHS-approved.

**E. Documentation and Reporting**

On a monthly basis:

1. The provider must record behavioral tracking information as outlined in [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans*, on the target behaviors outlined in Procedures Section (C)(1)(b);
2. The provider must review the client's target behavior goals monthly and update the plan and goals as needs change;
3. The provider must submit the information in subsections (1) and (2) to the CRM; and
4. The CRM must review the information received to monitor for potential changes in client support needs.

**F. Rate structure**

1. In addition to the client's assessed daily rate, a provider participating in the pilot program will receive an additional daily rate of up to \$450 per day per participating client as follows.
  - a. The provider will receive the base ISS Rate of \$300 per day per participating client.
  - b. If the provider has a DSP who has begun the process of being certified through NADD (or a similar professional certification) or who is a registered or certified behavior technician, they will receive an enhanced



rate based on the percent of certified DSPs supporting a client up to a maximum of \$150 admin/non-ISS.

Admin Responsibilities	0%	25%	50%	75%	100%
Admin/non-ISS	\$50	\$75	\$100	\$125	\$150
ISS	\$300	\$300	\$300	\$300	\$300
Total	\$350	\$375	\$400	\$425	\$450

2. Each quarter, the provider must submit to the RM the percentage of DSPs who support a pilot program client and are pursuing certification.
3. The initial fee for the DSP's certification and the annual renewal is paid by the provider out of the administrative/non-ISS. The provider must cover the cost on behalf of the certified DSP.

#### G. Resource Manager Responsibilities

1. The RM must track the provider's compliance with the additional training required by this policy.
2. The RM includes the approved enhanced rates in the client rate assessment by selecting "Specialty Program" under the following two categories:
  - a. "Professional Services" for the ISS rate component; and
  - b. "Non-ISS Rate" for the administrative/non-ISS rate component.
3. After mutual acceptance is established, the RM may connect the provider with the DDA Housing and Community Living Unit. The unit will offer assistance to the provider for locating accessible and affordable housing, as requested.

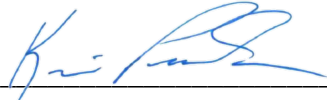
#### EXCEPTION

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

**SUPERSESSION**

None.

Approved:



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Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: January 24, 2024