

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE:	YOUTH TRANSITIONAL CARE FACILITY REFERRAL AND APPLICATION PROCESS	18.01
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Authority:	<a href="#">42 C.F.R. 441.150</a> <a href="#">42 C.F.R. 441.155</a> <a href="#">42 C.F.R. Part 441</a>  <a href="#">Title 71A RCW</a> <a href="#">Chapter 71.34 RCW</a> <a href="#">RCW 71.34.500</a>  <a href="#">Chapter 246-337 WAC</a> <a href="#">Chapter 246-341 WAC</a>  <a href="#">Chapter 388-825 WAC</a>	Basis and purpose. Individual plan of care. Inpatient Psychiatric Services for Individuals Under Age 21: Admission and Plan of Care Requirements Developmental Disabilities Behavioral Health Services for Minors Self-admission of adolescent for inpatient behavioral health treatment or substance use disorder treatment—Requirements. Residential Treatment Facility Behavioral Health Agency Licensing and Certification Requirements Developmental Disabilities Administration Services Rules
Reference:	<a href="#">State Operations Manual</a>	<i>Appendix N—Psychiatric Residential Treatment Facilities Interpretive Guidance</i>

**BACKGROUND**

To address the needs of youth in crisis who experience lengthy stays at emergency rooms without an acute medical need, out-of-state treatment facilities, or other temporary settings, the 2024 Legislative Session, in the supplemental budget, appropriated funds to DSHS/DDA to create and operate a new therapeutic facility to serve youth with intellectual and developmental disabilities, autism spectrum disorder, and behavioral health needs. This new facility, known as the Lake Burien Transitional Care Facility, has capacity to serve 12 youth. This innovative model offers therapeutic modalities designed to serve the needs of this co-occurring population, including a combination of adapted evidence-based practices and experiential learning in and out of the facility to achieve treatment goals. Using an individualized integrated system of specialized treatment that is designed to address the whole youth, including developmental

needs, mental health concerns, physical health, and social connection. This specialized treatment will enable youth to transition into community-based settings that are less restrictive, which aligns with the facility's commitment to supporting youth with complex needs in progress towards independence.

### PURPOSE

This policy establishes a referral and application process for admission to a Youth Transitional Care Facility.

### SCOPE

This policy applies to all DDA field and headquarters staff working with youth requesting specialized treatment at the Lake Burien Transitional Care Facility.

### DEFINITIONS

**Case resource manager** or **CRM** means the DDA case manager who is the liaison to the youth and their parent or legal representative.

**DDA-enrolled** means a youth meets the criteria and is determined eligible under Chapter 388-823 WAC.

**Dedicated Review Committee** means a committee of subject matter experts that reviews eligibility for admission to the YTCF.

**Genetic condition** means a condition that is the result of variants in the genome and impairs a person's cognitive or developmental growth or abilities.

**Lake Burien Transitional Care facility** or **LBTCF** means the staff-secure and voluntary facility offering specialized treatment and habilitative interventions for eligible youth.

**Neurodevelopmental disorder** means a type of disorder that influences how a person's brain functions and alters neurological development, causing difficulties in social, cognitive, and emotional functioning.

**Neurological condition** means a condition that affects a person's brain, spinal cord or system and impairs the cognitive or developmental growth or abilities.

**Psychiatric diagnosis** means a clinically significant condition that affects the person's ability to think, regulate their emotions or behaviors and represents a dysfunction in psychological, biological, or developmental processes underlying their mental functioning. Conditions are evaluated by clinically trained professionals who make diagnostic determinations consistent with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision (DSM-5-TR) or the International Classification of Diseases, 10th Edition (ICD-10), or their successors.

**Referral** means the process of determining eligibility for specialized treatment at the Lake Burien Transitional Care Facility.

**Specialized treatment** means adapted mental health modalities and habilitative interventions through an interdisciplinary approach to support youth with complex developmental disabilities, intellectual disabilities, or autism spectrum disorder who may also have a mental health or substance use diagnosis.

### POLICY

- A. A youth is eligible for services at Lake Burien Transitional Care Facility as determined by the Dedicated Review Committee if the youth meets all the following criteria:
1. Is DDA enrolled under Chapter 388-823 WAC or assessed to have a diagnosed neurodevelopmental disorder, another neurological, or other genetic condition;
  2. Is age 13-17 years old;
  3. Has accessed all appropriate and available less restrictive services, and the youth's assessed health care needs exceed what is available in the community;
  4. Has a serious psychiatric diagnosis;
  5. Experiences a severity, intensity, and frequency of behavior that:
    - a. Significantly impairs the youth's functioning; and
    - b. Prevents the youth from being safely supported in a less restrictive setting; and
  6. Is determined by the Dedicated Review Committee to need and likely to benefit from specialized treatment due to their complex developmental disabilities, intellectual disabilities, and behavioral health needs.

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- B. The Youth Transitional Facility Program Manager must submit the completed referral and application packet to the Dedicated Review Committee for review.
- C. The committee determines:
1. The youth would benefit from the specialized treatment provided at Lake Burien Transitional Care Facility.
  2. Less restrictive services supporting youth care needs are inadequate or unavailable in their community.
  3. The youth's condition requires specialized treatment under the direction of a physician.
  4. The specialized treatment provided is expected to improve the youth's condition until treatment is no longer needed.

## PROCEDURES

- A. Referral Process
1. If the youth or the youth's parent or legal representative requests specialized treatment:
    - a. For DDA enrolled youth, the CRM and supervisor must:
      - i. Complete the DSHS 10-705, *Lake Burien Transitional Care Facility Specialized Treatment Referral*;
      - ii. Complete DSHS 10-704, *Youth Transitional Care Facility Application*; and
      - iii. Gather all relevant and required documentation outlined in the application, including a signed DSHS 14-012, *Consent*, and send to the Regional Clinical Team.
    - b. For non-DDA-enrolled youth, the referent must:
      - i. Send inquiries or referral to [LakeBurienTCF@dshs.wa.gov](mailto:LakeBurienTCF@dshs.wa.gov); and
      - ii. The Transition CRM must follow the same process as outlined in Section 1a above with the youth's individualized team, identified supports, and advocates.

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2. The Regional Clinical Team must:
    - a. Confirm eligibility criteria in Policy Section (A)(4) through (A)(5);
    - b. Provide a recommendation about whether to proceed to review from the Dedicated Review Committee; and
    - c. Notify the CRM of the decision.

B. Application Process

1. To proceed with application, the CRM must submit the following to the YTCF Program Manager at [LakeBurienTCF@dshs.wa.gov](mailto:LakeBurienTCF@dshs.wa.gov):
  - a. Completed DSHS 10-705, *Lake Burien Transitional Care Facility Specialized Treatment Referral*;
  - b. Completed DSHS 10-704, *Youth Transitional Care Facility Application*; and
  - c. All relevant and required documentation outlined in the application, including a signed DSHS 14-012.

Note: Youth capacity to consent will be presumed unless there is a court order or finding indicating that the youth lacks capacity to consent.

2. The YTCF Program Manager must send the complete application packet to the Dedicated Review Committee.

C. Dedicated Review Committee

1. The Dedicated Review Committee ensures those youth who meet all eligibility criteria are accessing the appropriate level of care.
2. The Dedicated Review Committee must be comprised of representatives with expertise in working with youth with I/DD, autism spectrum disorder, and behavioral health conditions. A representative from each of the following agencies and areas of expertise should be on the committee:
  - a. DDA;
  - b. DCYF;
  - c. An EDAI representative;

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- d. A parent representative; and
  - e. A physician.
3. The Dedicated Review Committee meets regularly to review applications and approve or deny all eligibility criteria are met.
  4. Applications reviewed by the Dedicated Review Committee are comprehensive and include records that document the youth's inpatient and outpatient treatment, any out-of-home placements, school history, and any other services the youth may have received.
  5. If the application is approved by the Dedicated Review Committee, a designee will send the application to the YTCF Program Manager.
  6. The YTCF Program Manager must send the application to the YTCF admissions team, who must determine an admission date.

D. Waitlist Management

1. If the Dedicated Review Team approves the application, and there is not current capacity at the YTCF the youth's name is placed on the statewide waiting list.
2. The YTCF Program Manager must manage a waitlist of eligible referrals for which there is not current capacity. Waitlist management must reflect:
  - a. The order in which the complete application was received; and
  - b. An appropriate match for the current youth receiving treatment at LBTCF to ensure the safety of all youth served.
3. A youth who continues to meet eligibility criteria may come off the waitlist when:
  - a. There is capacity at YTCF;
  - b. Alternative supports are identified that can safely meet the youth's needs;  
or
  - c. The youth, youth's parent, or legal representative withdraw the application.

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4. Admission to the YTCF must occur in accordance with DDA Policy 18.02, *Youth Transitional Care Facility Admission*.

**EXCEPTION**

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

**SUPERSESSON**

None.

Approved:

  
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Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 19, 2024