



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: ICF/ID ADMISSIONS PROTOCOL POLICY 3.04

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Authority: 42 CFR 440 *Services: General Provisions*  
42 CFR 483 *Requirements for States and Long Term Care Facilities*  
[Chapter 71A RCW - Developmental Disabilities](#)  
[Chapter 388-825 WAC - DDD Services Rules](#)  
[Chapter 388-835 WAC - ICF/ID Program and Reimbursement](#)

## **BACKGROUND**

In 2011, the Washington State Legislature amended RCW 71A.20 directing that effective no later than July 1, 2012:

- No person under the age of 16 years may be admitted to receive services at a Residential Habilitation Center (RHC); and
- No one under the age of 21 may be admitted to receive services at an RHC “unless no service options are available in the community” and that “such admission is limited to the provision of short-term respite or crisis stabilization services.”

## **SCOPE**

- A. This protocol applies to persons requesting placement at an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID). This includes the following:
1. ICF/IDs located at an RHC operated by the Division of Developmental Disabilities (DDD). This includes Fircrest School, Lakeland Village, and Rainier School; and
  2. Private ICF/ID facilities sited in local communities.
- B. Clients requesting ICF/ID placement directly from a state psychiatric hospital must follow the procedures and process described in this policy.

- C. This protocol does not apply to persons on short-term admission to an ICF/ID for respite care. However, for short term stays lasting longer than ninety (90) days, see Procedures, Section B of this policy.

### **POLICY**

- A. A statewide team of professional staff known as the Admissions Review Team (ART) will review all requests for admission to ICF/IDs and provide recommendations to the Division Director.
- B. The Director will appoint a minimum of five (5) members to serve on the ART that reflect representation from DDD Central Office, Field Services, and the RHCs. Members must be knowledgeable about both community and RHC programs and resources. The Director will designate the team chair.
- C. Persons requesting admission must be eligible for Medicaid services and meet specific eligibility criteria for ICF/ID as follows:
1. Meet the ICF/ID eligibility determination in the DDD Assessment; and
  2. Need active treatment per 42 CFR 483.440(b) (1) requiring:
    - a. Twenty-four (24) hour awake supervision for the protection of self and others (42 CFR 483.430c (2)); and
    - b. Supervision or substantial training in one or more of the following activities of daily living:
      - 1) Toileting;
      - 2) Personal hygiene;
      - 3) Feeding self;
      - 4) Bathing;
      - 5) Dressing;
      - 6) Grooming;
      - 7) Communication; and
      - 8) Self-medication.
- D. No children under the age of sixteen (16) years will be admitted to an RHC.
- E. Youth age 16 to 21 years may be admitted to an RHC by Prior Approval of the Division Director or Assistant Division Director only when:
1. No service options are available in the community; and
  2. The admission is for short-term respite or crisis stabilization services.

Refer to DDD Policy 4.01, *Planned and Emergency Short Term Stays*, for more information and requirements.

- F. If admission is approved, the client will be admitted to a facility as determined by the Division Director.
1. Clients must be admitted to the facility no later than ninety (90) days from approval for admission. If the client or legal representative does not agree to placement within ninety (90) days of approval for admission, it will be necessary to re-apply for admission if future ICF/ID placement is desired.
  2. Clients who are admitted to an RHC and are subsequently discharged at their own or their legal representative's request will need to re-apply for admission should they want future placement at an RHC. If admission is approved, the Division Director will determine the placement facility.
  3. If a client's legal representative or family member demonstrates by a pattern of behavior (e.g., interfering with programming, staff, etc.) that there is a likelihood the placement will be disrupted and cause harm to the client, DDD will make a report to Adult Protective Services (APS), Child Protective Services (CPS) or the Complaint Resolution Unit (CRU), as appropriate.
- G. DDD shall determine the actual placement location. Youth age 16 to 21 years may only be admitted to Fircrest School and Yakima Valley School (Nursing Facility) and then only in accordance with Section E above.

## **PROCEDURES**

### **A. Requests for ICF/ID Admission**

1. If the adult client, the client's legal representative, and/or family requests ICF/ID placement, the Case Resource Manager (CRM) will talk with the client to ascertain the client's willingness to reside at a DDD RHC or a private ICF/ID facility.
  - a. If the client appears to be certain that he/she wants to reside at an ICF/ID, the CRM shall have the client sign [DSHS 15-420, Request for ICF/ID Admission](#), and document the request in the client's Individual Support Plan (ISP). If the client has a legal representative with full guardianship powers, the legal representative must also sign the request. [DSHS 15-420, Request for ICF/ID Admission](#), is available on the DSHS Internet Forms webpage at: <http://www.dshs.wa.gov/forms/eforms.shtml>.
  - b. Regardless of the preference of the client's legal representative or family, if the client communicates or otherwise exhibits an unwillingness to reside

at an ICF/ID, the CRM will document this in the client record and DDD will take no further action.

2. The Case Resource Manager (CRM) or Social Worker (SW) must discuss community residential placement options with the client and the client's legal representative and family, and assist them in visiting the various residential service models available through DDD. This includes, but is not limited to, a community ICF/ID, if possible, and other community options such as Supported Living. This must occur prior to or within thirty (30) days of the signed request for ICF/ID admission. However, if the client has been denied access to a Home and Community Based Services (HCBS) waiver and no other community funding options are available, the CRM will proceed to Step 3 below.
  3. If the client and/or the client's legal representative or family is interested in placement in a community ICF/ID, the CRM/SW will work with the Resource Manager to ensure that a referral packet has been sent to the ICF/ID and a client visit to the ICF/ID has occurred prior to initiating a long term admission request.
1. The CRM/SW will:
    - a. Complete a new DDD Assessment (all three modules) if circumstances warrant. DDD Assessments completed within the past year are acceptable, provided that there have been no significant changes in the client's status or functioning. Contact the ART Chairperson if you are unsure.
    - b. Compile a packet for the ART that includes the following:
      - 1) A cover letter from the Regional Administrator with the signed ICF/ID Admissions Request form.
      - 2) A written case summary that addresses all of the following:
        - a) The client's current status and a brief description;
        - b) The urgency and reason/circumstances for the request;
        - c) Where the client is currently residing and prior placement history;
        - d) Any extraordinary or unstable medical conditions;
        - e) Any challenging behaviors the client exhibits and the severity of the behaviors;

- f) Special staffing or supports required at home or school;
  - g) Alternatives to RHC placement that have been explored, including if a Home and Community Based Services (HCBS) waiver enrollment request was submitted and denied;
  - h) Whether the client or the client's legal representative will accept diversion to community placement if offered;
  - i) Placement goals; and
  - j) Plan for discharge from the RHC.
- 3) A completed [DSHS 13-830, ICF/ID Admissions Review Team Checklist](#) (this form is available only on the DSHS Intranet website), which should also be sent via email to the ART chairperson as a Word document.
  - 4) A copy of the client's most recent DDD Assessment Details Report.
  - 5) Any other relevant information that you want the ART to consider. It is not necessary to send laboratory reports, data recording sheets/charts, progress notes, etc.
  - 6) The CRM/SW or other regional staff name and contact information.
- c. Forward the complete packet to the Regional Administrator for review and approval.
- 4. If the Regional Administrator approves, forward the complete packet to the ART Chairperson in DDD Central Office. Hard copies are not required when all materials have been sent electronically.

**B. RHC Short Term Stays (STS) Lasting Beyond Ninety (90) Days**

- 1. The originating Region will initiate an admission request when a client has been on STS for longer than ninety (90) days and:
  - a. There is no active or identified provider interested in serving the person; and
  - b. No resources have been identified to support the person in the community.

Proposed admission must meet both tests (“a” and “b” above). To be considered an “active or identified provider” the provider must, at a minimum, have met and visited the client.

2. Regions are expected to be actively working on returning the client on a STS to their community. The originating region is required to initiate an Exception to Rule (ETR) request monthly to the Division Director using the Comprehensive Assessment and Reporting Evaluation (CARE) system whenever the STS exceeds thirty (30) calendar days per year. When exceeding ninety (90) calendar days, the ETR must indicate the service provider(s) that the region is working with and a target placement date.

C. ART Process

1. The ART will review the client information packet and confirm eligibility for ICF/ID services. During the ART meetings, the CRM/SW and/or a regional staff who knows the client well must be available by telephone in the event the ART needs additional information or clarification.
3. After review and discussion, the ART will make recommendations regarding admission, placement location, and possible diversion.
4. The ART chairperson will meet with the Director to discuss each request and will notify the Region of the Director’s decision. The Region is responsible to notify the client and the client’s legal representative. Client notification for all decisions must follow the notice procedures in DDD Policy 5.02, *Necessary Supplemental Accommodation*.
5. If admission is approved, a Pre-admission Planning Conference must be scheduled immediately with the client, the client’s legal representative/family, regional staff, and RHC staff. The meeting/conference must address what supports are needed at the RHC to enable the client to return to their home community. The CRM/SW must document this meeting in a Service Episode Record (SER).
6. When an admission is approved for a community ICF/ID, the region will follow the referral and acceptance process described in DDD Policy 4.02, *Community Residential Services: Referral and Acceptance*.

D. Washington State Considerations for ICF/ID

1. The DDD Assessment will be used to assist in determining if the client’s support needs require ICF/ID level of care as follows:
  - a. The Support Assessment Acuity Scales ratings;

- b. Evidence of behaviors requiring intervention to prevent injury to self, others, or property (documented in the DDD Assessment);
- c. If the client scores low on the acuity scales referred to in “a” above, the ART may consider the following documented habilitation needs, which meet ICF/ID criteria, but are not adequately reflected in the above assessments:
  - 1) Severity of challenging behaviors;
  - 2) Safety of the client, family, caregiver, and community; and/or
  - 3) Unstable health conditions.
2. The following two (2) conditions must also be present:
  - a. The client must exhibit a willingness to reside at an ICF/ID and the client and/or the client’s legal representative must agree to participate in active treatment discharge planning; and
  - b. The client’s critical safety and/or health needs are currently not being met (i.e., shelter, food, medical, personal care, and supervision).
3. The ART must also consider the safety of the other RHC or Community ICF/ID residents.

E. Review Period

1. Reviews of ICF/ID admission requests will be completed within ninety (90) days of the date of receipt of the signed request, unless the time period is extended by mutual agreement of the requestor and DDD.
2. If admission is approved, the RHC will review the person’s continued need for ICF/ID level of care at least annually [42 CFR 483.440(f) (2)].

F. Notice and Appeal Rights

1. The CRM/SW must notify the client and the client’s legal representative of the decision in accordance with the requirements of DDD Policy 5.02, *Necessary Supplemental Accommodation*.
2. If an ICF/ID placement request is denied, the CRM/SW must enclose information about appeal rights and a form for requesting an administrative hearing with the notice.

3. The client and the client's legal representative have ninety (90) days to appeal the denial or termination of ICF/ID services.

**EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Division Director.

**SUPERSESSSION**

DDD Policy 3.04

Issued January 3, 2012

Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

Date: July 1, 2012

Attachment A – DSHS 15-420, *Request For ICF/ID Admission*



# ATTACHMENT A



## DIVISION OF DEVELOPMENTAL DISABILITIES Request For ICF/ID Admission

CLIENT NAME	DATE OF BIRTH
<p>You have requested to receive services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) at a Residential Habilitation Center (RHC) operated by the Department of Social and Health Services, Division of Developmental Disabilities (DDD), or at a private ICF/ID in the community. Please read and sign this request form.</p> <p><b><u>What happens now?</u></b> A team of professionals appointed by the Division Director will review your request, including current assessment information, and determine if you meet federal criteria for ICF/ID admission.</p> <ul style="list-style-type: none"><li>• After review, the team provides its recommendation to the Director.</li><li>• The Director makes the final decision regarding admission and determines the actual placement location.</li><li>• You will receive written notification of the decision within 90 days of the date of receipt of this signed request.</li></ul> <p><b><u>What are the eligibility criteria for admission to an ICF/ID?</u></b> You must be eligible to receive Medicaid services <u>and</u> also meet the following criteria:</p> <ul style="list-style-type: none"><li>• Federal regulations state that “clients admitted to the facility must be in need of and receiving active treatment services” (42 CFR 483.440(b) (1)) and “Admission decisions must be based on a preliminary evaluation of the client that is conducted or updated by the facility or by outside sources” (42 CFR 483.440(b) (2)).</li><li>• <b><u>What is active treatment?</u></b> Active treatment is continuous and “includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services. Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous treatment program” (42 CFR 483.440(a)).</li></ul> <p><b><u>Is my admission to the ICF/ID permanent?</u></b> CFR ICF/ID Interpretive Guideline W199 states: “No admission should be regarded as permanent.”</p> <p><b><u>Can I be discharged from the ICF/ID?</u></b> CFR ICF/ID Interpretive Guideline W201 states: “Transfer or discharge occurs only if one of the following reasons exists:</p> <ul style="list-style-type: none"><li>• The facility cannot meet the individual’s needs;</li><li>• The individual no longer requires active treatment program in an ICF/ID setting;</li><li>• The individual chooses to reside elsewhere; or</li><li>• When a determination is made that another level of service or living would be more beneficial and in the best interest of the client.”</li></ul> <p><b><u>Who decides what services I will receive in the ICF/ID?</u></b> You, your legal representative and/or family will be involved in developing your habilitation plan. These services are called “habilitative services” and may include personal care assistance and training, employment/day program, counseling, nursing, and other therapies.</p> <p><b><u>What are my legal rights as a resident of the ICF/ID?</u></b> Your admission to the ICF/ID is voluntary and you retain all of the legal rights you had in the community, including the right to appeal any action of the department that denies, reduces, or terminates your service. If you wish to leave the facility after admission, the facility staff will assist you to leave the facility and identify available services in the community.</p>	

DSHS 15-420 (11/2011)

## ATTACHMENT A

**What happens next if I am approved for ICF/ID placement?**

If you are determined eligible for admission, your DDD Case Resource Manager will notify you and assist you in compiling information needed for admission.

**What are my appeal rights if I am denied IFC/ID placement?**

You have 90 days from receipt of the Planned Action Notice to file a request for an administrative hearing to appeal this decision. You will receive a Right to Appeal form with the notice.

I understand this information and choose to receive services in an ICF/ID instead of in the community. I further understand that all Aging and Disability Services Administration and Division of Developmental Disabilities services are voluntary, including placement in an RHC ICF/ID, and I have the right to decline or terminate services at any time. I have been informed that discharge planning is required on an ongoing basis for all residents of RHC ICF/IDs and must be reviewed at least annually. I agree to participate actively in required discharge planning.

SIGNATURE OF ADULT CLIENT

DATE

**The client's signature is required even if there is a legal representative or other decision maker.**

SIGNATURE OF OTHER DECISION MAKER

DATE

LEGAL RELATIONSHIP OF OTHER DECISION MAKER

DATE

DSHS 15-420 (11/2011)