



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: PLANNED AND EMERGENCY SHORT-TERM STAYS POLICY 4.01

Authority: 42 CFR 483.440 (b)
[Chapter 71A RCW - Developmental Disabilities](#)
[Chapter 388-97 WAC - Nursing Homes](#)
[Chapter 388-825 WAC - DDD Services Rules](#)

Reference: DDD Policy 3.04, *ICF/ID Admissions Protocol*

PURPOSE

This policy establishes procedures for authorizing and providing both planned and emergency short-term stays at the Residential Habilitation Centers (RHC) operated by the Division of Developmental Disabilities (DDD).

SCOPE

This policy applies to RHC and Field Services staff.

DEFINITIONS

Child means a DDD eligible child age 8 through 12 years.

Emergency means a sudden, unexpected occurrence demanding immediate action.

Long term admission of a person to an RHC means the request has gone through the DDD Admissions Review Team (ART) and admission has been approved by the Division Director.

Planned means a specific timeframe for a short-term stay (STS), including admission and discharge dates.

Short-term stay (STS) means temporary residential services provided to a person on an emergency or planned basis. A short-term stay at an ICF/ID can be any number of days up to a year. Nursing Facility (NF) rules limit short-term stays to 31 days without an exception.

Youth means a DDD eligible youth age 13 to 21 years.

POLICY

- A. RHC capacity that is not being used for long term residents may be available for short-term stays. There are two types of short-term stay (STS) admissions: planned and emergency. STS admissions do not require review by the DDD Admissions Review Team and are not approved long term placements.
- B. All activities related to STS admissions will be conducted through the DDD regional office where the RHC is located. This includes application for DDD services, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) or Nursing Facility eligibility determination, and referral to the RHC.
- C. For Children and Youth, the following conditions apply:
1. Children under age 8 years may not be admitted for planned or emergency short-term stays;
 2. Approval by the Aging and Disability Services Administration (ADSA) Assistant Secretary is required for any STS (planned or emergency) of a child or youth (age 8 to 21 years). In an emergency situation, if the Assistant Secretary is not available, the Division Director or Assistant Division Director may approve the STS and notify the Assistant Secretary on the next business day; and
 3. Written approval by the Division Director is required for any STS greater than thirty (30) days in a calendar year. See the Procedures section for requirements.
- D. For Adults (age 21 and older), the following conditions apply:
1. Prior Approval by the referring Regional Administrator (RA) is required for a STS of thirty (30) calendar days or less; and
 2. Written approval by the Division Director is required for any STS greater than thirty (30) days in a calendar year. See the Procedures section for requirements.
- E. When a client is at an RHC for a STS beyond 180 days, Field Services staff must pursue a request for admission to an ICF/ID, following the procedures set forth in DDD Policy 3.04, *ICF/ID Admissions Protocol*, unless the following conditions are met:
1. The Region has identified a service provider and has a prospective discharge plan;
 2. This additional STS period cannot exceed 180 days; and
 3. The total time in STS status can be no more than one year.

PROCEDURES

A. Planned Short-Term Stay Admissions

1. Planned STS admissions are limited to 30 days in a calendar year unless approved by the Division Director via the Exception to Rule (ETR) process.
2. The DDD regional office will provide all required referral information to the RHC at least ten (10) working days prior to placement. Some of the required information is contained in the client's DDD Assessment and is acceptable in that form.
 - a. Prior to making the referral to the RHC, the DDD Case Resource Manager (CRM) must review the client's DDD Assessment to ensure:
 - 1) The Assessment is current (within the previous 90 calendar days); and
 - 2) The Assessment includes, to the extent possible, the required information specified in section 3 below.
 - b. If the DDD Assessment is not current or is incomplete, the CRM must complete an interim assessment.
3. Required information for RHC referrals:
 - a. Legal information, including:
 - 1) Criminal justice system actions;
 - 2) Local law enforcement involvement;
 - 3) Contractual obligations or court ordered decrees; and
 - 4) Pending criminal charges and any related information.
 - b. Medical information, including:
 - 1) Name, address, and telephone number of physician and back-up physician (should be found in CMIS Collateral Contacts);
 - 2) Updated immunization record;

- 3) Most recent medical evaluation, including physical examination and current diagnoses (diagnoses should be listed in the DDD Assessment);
 - 4) Report of current Hepatitis B screening;
 - 5) Report of current tuberculosis (TB) screening if the STS is to occur at a RHC Nursing Facility;
 - 6) All current prescription medications and purpose;
 - 7) Known allergies; and
 - 8) Prescribed diet and reason.
- c. Functional and/or developmental assessments, including a review of any significant challenging behaviors (e.g., danger to self or others) and any planned interventions previously used or in effect. Include copies of the client's current Positive Behavior Support Plan (PBSP) and completed [DSHS 10-272, Cross System Crisis Prevention and Intervention Plan](#), if applicable. If the client has community protection issues, also include the most recent risk assessment for the client.
- d. The Individual Support Plan (ISP) that includes an objective for the STS or emergency care.
- e. For school age children and youth, the current Individual Education Plan (IEP) and plan for school attendance during the STS.
- Note: If it is anticipated that the STS may exceed 30 days, the referring Case Resource Manager (CRM) should obtain a release of information signed by the child/youth's parent or guardian and submit it to the referring school district at the time of STS admission. This will facilitate the timely receipt of school information if the child/youth must be enrolled in school during the STS.
- f. Updated social service information, including:
- 1) Family profile, including name and address of primary contact and legal representative/guardian status;
 - 2) SSA/SSI information, including the representative payee;
 - 3) Social development;

- 4) Placement history;
 - 5) Employment history and interests; and
 - 6) Reason for referral, including reasons that preclude community placement.
- g. A completed [DSHS 14-300, Pre-Admission Screening and Resident Review \(PASRR\)](#), if the STS is to occur at an RHC Nursing Facility.

B. Emergency STS Admissions

1. Emergency STS admission to an RHC is temporary, pending resolution of the crisis and the development of appropriate community resources.
2. Emergency admission of a child or youth (age 8 to 21 years) requires prior approval from the Assistant Secretary and the Division Director and the same information as described in section A.3 above.
3. When a child or youth is admitted for an emergency STS and does not have a residence to which he/she can return, the referring region must submit an ETR request to the Division Director for approval. The ETR request must contain the following information:
 - a. A plan for services and supports, if appropriate, to be provided within the family home upon the child or youth's return from the emergency STS; or
 - b. A plan for voluntary placement services (when in-home supports have been exhausted and are determined ineffective in meeting the needs of the child or youth) with the goal of community placement or family reunification; and
 - c. Progress towards placement planning.
4. When an emergency exists and the STS admission is for 72 hours or less, referral information may be abbreviated if normal procedures cannot be followed. The referral packet must still contain the following information, at a minimum:
 - a. The reason for the referral, including a description of the situations that are precluding the use of community resources;
 - b. Medical information, updated by the DDD regional office as necessary, including current medications and medication history, allergies, and any existing and available immunization and health records;

- c. Existing behavioral information and current PBSP, updated by the DDD regional office as needed; and
 - d. Description of requested services during the STS.
6. The CRM, together with the RHC Interdisciplinary Team (IDT), will plan STS services based upon the client's individual needs. It is expected that the CRM and the IDT will remain connected so that information about the client and the client's status and progress is communicated between both parties. The CRM and the IDT must document these contacts in the Service Episode Record (SER).
7. When an emergency STS admission exceeds 72 hours, the referring region must supply all referral information normally required for a planned STS to the RHC within five (5) working days.
8. Develop an Individual Habilitation Plan (IHP) if the STS is expected to extend beyond 30 days. Assessments must begin upon admission.

C. Discharge Procedures

1. Discharge plans are required for both planned and emergency STS admissions as follows:
- a. For a planned STS, a discharge plan must be in place upon admission to the RHC that includes the residence to which the client will return and a planned discharge date; or
 - b. For an emergency STS, an initial discharge plan must be developed jointly by the CRM and the IDT as soon as possible after admission. When the client begins to stabilize (behaviorally and/or medically), the CRM and the IDT must develop a more specific discharge plan, to include the residential placement location and a projected timeline for discharge.
2. If a discharge does not/cannot occur within the thirty (30) days allowed for STS in a calendar year, the referring region must:
- a. Submit an ETR request to the Division Director for an additional thirty (30) days and repeat for every thirty (30) day period sought thereafter; and
 - b. Include in the ETR request what the region will do to remain actively involved with the client, how the region will participate in the client's treatment, and what resources the region has identified to use when discharge planning begins.

EXCEPTIONS

The RA must initiate an Exception to Rule (ETR) request to the Division Director using the Comprehensive Assessment and Reporting Evaluation (CARE) system. The Division Director will make the final decision on ETR requests. The initial decision may be verbal, followed by an electronic confirmation of the ETR request approval or denial on the RA's worklist in CARE.

No other exceptions to this policy may be authorized without the prior written approval of the Division Director.

SUPERSESSSION

DDD Policy 4.01
Issued November 1, 2010

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

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