



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

---

TITLE: PLANNED AND EMERGENCY SHORT-TERM STAYS POLICY 4.01

---

Authority: 42 CFR 483.440 (b)  
RCW 71A.12; 71A.16.010; 71A.20.090  
WAC 388-97  
WAC 388-825

**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**

**Adolescent** means a DDD eligible youth age 13 through 17 years.

**Child** means a DDD eligible youth age 8 through 12.

**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 STS can be any number of days up to a year, but the DDD regional office must submit an ETR for any stay greater than 30 days in a calendar year and every

30 days thereafter. Nursing Facility (NF) rules limit short-term stays to 31 days without an exception. A STS does not require review by ART and is not an approved long-term placement.

### **POLICY**

- A. RHC capacity that is not being used for long-term residents may be available for short-term stays.
- B. Children under age 8 may not be admitted for planned or emergency short-term stays.
- C. When a client is at an RHC for a STS beyond 180 days, Field Services staff must pursue a request for ICF/MR (Intermediate Care Facility for the Mentally Retarded) admission, following the procedures set forth in DDD Policy 3.04, *ICF/MR 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 cannot exceed 180 days; and
  - 3. Total time in STS status can be no more than one year.

### **PROCEDURE**

- A. Short-Term Stay Admissions
  - 1. Application, ICF/MR eligibility determination, and referral to the RHC for a STS are handled through the DDD regional office where the RHC is located.
  - 2. Prior Approval by the Regional Administrator (RA) is required for a STS of 30 calendar days or less.
  - 3. Division Director or designee ETR approval is required for:
    - a. Any STS for more than 30 days in a calendar year; and
    - b. Any STS of a child or emergency STS of an adolescent when a residence is not identified for their return.

The Region must submit an ETR to the Division Director for any stay exceeding 30 days and for every 30 days thereafter during the stay.

- B. Planned Short-Term Stay
  - 1. A Planned Short-Term Stay is limited to 30 days in a calendar year unless approved by the Division Director via the ETR process.

2. The DDD regional office will provide all required referral information to the RHC at least 5 working days prior to placement. Part of the required information is part of the DDD Assessment and is acceptable in that form. At the time of referral, the following information must be current within the last 90 calendar days:
  - a. Legal information, including:
    - i. Criminal justice system actions;
    - ii. Local law enforcement involvement;
    - iii. Contractual obligations or court ordered decrees; and
    - iv. Pending criminal charges and any related information.
  - b. Medical information, including:
    - i. Name, address, and telephone number of physician and back-up physician;
    - ii. Updated immunization record;
    - iii. Current medical evaluation, including physical examination and current diagnoses;
    - iv. Report of current Hepatitis B screening;
    - v. Report of current tuberculosis (TB) screening if the STS is at an NF;
    - vi. All current prescription medications and purpose;
    - vii. Known allergies; and
    - viii. 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.

- d. The Individual Support Plan (ISP) that includes an objective for the STS or emergency care.
- e. For children, the current Individual Education Plan (IEP) and plan for school attendance during the STS.
- f. Updated social service information, including:
  - i. Family profile, including name and address of primary contact and legal representative/guardian status;
  - ii. Social development;
  - iii. Placement history;
  - iv. Employment history and interests; and
  - v. Reason for referral, including reasons that preclude community placement.

C. Emergency STS Admissions

- 1. Emergency STS admission of an adult to an RHC is temporary, pending resolution of the crisis and the development of appropriate community resources.
- 2. Emergency STS admission of an adolescent (age 13 through 17) to an RHC is temporary and may be authorized by the RA or designee when a residence is identified for the youth's return.
- 3. ETR approval by the Division Director is necessary when an adolescent is admitted for an emergency STS and does not have a residence to which he/she can return. The Region submits the ETR to the Division Director for approval containing the following:
  - a. A plan for services and supports, if appropriate, to be provided within the family home upon the youth's return from emergency STS.
  - b. A plan for voluntary placement services (when in-home supports have been exhausted and are determined ineffective in meeting the needs of the youth) with the goal of community placement or family reunification; and
  - c. Progress towards placement planning is reported to the Division Director at least every 30 days via the ETR process.

4. Emergency admission of a child (age 8 through 12) requires prior approval from the Division Director and the same planning as described in section 3 above.
5. When an emergency exists and STS admission is for 72 hours or less, referral information may be abbreviated if normal procedures cannot be followed. The information must still contain, at a minimum, the following:
  - a. The reason for referral, including situations that are precluding the use of community resources;
  - b. Medical information, updated by the DDD regional office as necessary, including current medications, 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 Case Resource Manager (CRM) along with the RHC Interdisciplinary Team (IDT) will plan STS services based upon the person's individual needs.
7. When an emergency STS admission exceeds 72 hours, the DDD regional office will supply all referral information normally required for a planned STS to the RHC within 5 working days.
8. An IHP will be developed if STS is expected to extend beyond 30 days. Assessments will begin upon admission.

D. Discharge Procedures

1. A discharge plan will be in place upon admission for a planned STS, including the residence to which the client will return.
2. If extenuating circumstances prevent the discharge as planned, the DDD regional office responsible for the client will make alternative plans or request an extension of the STS, not to exceed a total 30 days in the calendar year.
3. If a discharge does not/cannot occur within the 30 days allowed for STS in a calendar year, written approval via ETR by the Division Director is required for any extension. The request to the Director must include information describing what the region will do to remain actively involved with the client, how they will participate in the client's treatment, and what resources they have identified to use when discharge planning begins.

4. An Emergency STS discharge plan must be developed as soon as appropriate after admission and when the client begins to stabilize. The CRM and the RHC IDT will develop the plan, which must include a residential placement with a timeframe for discharge.

### **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 April 1, 2008

DDD Policy 4.01  
Issued February 1, 2008

DDD Policy 4.01  
Issued April 24, 2006

DDD Policy 4.01  
Issued June 25, 2004

DDD Policy 4.01  
Issued April 13, 2000

DDD Policy 4.01  
Issued June 30, 1999

DDD Policy 4.01  
Issued February 14, 1994

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

Date: February 1, 2009