

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

---

TITLE:	ONE REFERRAL	4.01
--------	--------------	------

---

Authority:	<a href="#">Chapter 388-101D WAC</a> <a href="#">Chapter 388-826 WAC</a> <a href="#">Chapter 388-829C WAC</a> <a href="#">Chapter 388-829R WAC</a> <a href="#">Chapter 388-833 WAC</a> <a href="#">Chapter 388-847 WAC</a>	Certified Community Residential Services Out-of-Home Services Program Companion Homes Overnight Planned Respite Services Intensive Habilitation Services for Children Stabilization, Assessment, and Intervention Facility
Reference:	<a href="#">DDA Policy 3.03</a> <a href="#">DDA Policy 4.02</a>  <a href="#">DDA Policy 4.03</a> <a href="#">DDA Policy 4.07</a> <a href="#">DDA Policy 4.08</a>  <a href="#">DDA Policy 4.22</a> <a href="#">DDA Policy 4.12</a> <a href="#">DDA Policy 4.15</a> <a href="#">DDA Policy 4.25</a> <a href="#">DDA Policy 17.01.02</a>	Transitional Care Management Community Residential Services: Referral, Acceptance, and Change in Provider Enhanced Respite Services for Children Intensive Habilitation Services for Children Referral, Monitoring and Quality Improvement for Adult Family Home, Assisted Living Facilities, Adult Residential Care, and Enhanced Adult Residential Care Services Out-of-Home Services Program Companion Homes Overnight Planned Respite Services SAIF RHC Admission (NF, ICF, Respite, ETSS)

**BACKGROUND**

There is an initiative to simplify DDA’s system of care, for both staff who implement programs and for the individuals DDA serves. A single referral process will allow case managers to locate supports in licensed or certified settings in a more efficient manner.

**PURPOSE**

The purpose of this policy is to establish a single referral process for the services and settings in the scope of this policy. This policy reduces the number of unique referral packets a case manager must create and covers the referral process up to the case manager submitting

completed referral packets to the appropriate program contact. After a completed referral packet is submitted to the appropriate inbox(es), processes in the program-specific policy are used to move the packet forward to a decision.

### SCOPE

This policy applies to case managers who are referring clients to the following licensed or certified settings:

- a. Adult family home (AFH)
- b. Assisted living facility (ARC/EARC)
- c. Companion home (CH)
- d. Diversion bed
- e. Group home (GH)
- f. Group training home (GTH)
- g. Overnight planned respite services (OPRS)
- h. Residential habilitation center (RHC)
- i. Staffed residential home
- j. State-operated community residential (SOCR)
- k. Supported living (SL)

### DEFINITIONS

**Business day** means Monday through Friday, excluding holidays when DDA offices are closed.

**Legal representative** means a parent of a client if the client is under age eighteen and parental rights have not been terminated or relinquished, a court-appointed guardian if a decision is within the scope of the guardianship order, or any other person authorized by law to act for the client.

**Records Management Tool** or **RMT** means the electronic document repository for storing paperless client files in electronic format.

**Referral checklist** means the list of required documents for each type of referral packet. The residential programs use [DSHS 10-232](#), *Provider Referral Letter for Residential Services*, and short-term respite, stabilization, and RHCs use [DSHS 15-600](#), *Respite, Stabilization, and RHC Support Referral*.

**State-operated community residential** or **SOCR** means: Stabilization, Assessment, Intervention Facility (SAIF) described in policy 4.25; State-Operated Living Alternative (SOLA), a state-run supported living provider in policy 4.02; State-Operated Intensive Habilitation Services (IHS) described in policy 4.07; and State-Operated Community Residential Transition Facility.

**Transition framework** means the process that aligns policy steps to facilitate a client’s transition from one setting to another.

### POLICY

- A. Before completing a referral packet, the case manager must verify the client meets eligibility for any service requested, including but not limited to:
1. Waiver enrollment, if required.
  2. Availability of state only dollars, if required.
  3. Functional, financial, and program-specific eligibility.
  4. The utilization of Medicaid or private insurance funded treatment services available to the client, if appropriate.
  5. Age-related eligibility associated with each requested program setting.
- Note: Refer to the policies linked in the Reference section to confirm program-specific eligibility criteria.
- B. The case manager must assemble the referral packet and send it to the appropriate regional contact for review and submission. (See Procedures Section (A)(7) below for a list of regional contacts.)
- C. If a client requests multiple settings and service types simultaneously, the case manager must send a copy of the referral packet to each program.

### PROCEDURE

- A. **One Referral Process.** For all settings within the scope of this policy, the case manager must complete referrals as follows.
1. Before developing the referral packet, the case manager must talk with the client, their legal representative, and others designated by the client or legal representative to discuss the client’s support needs and review program and provider options and program requirements and:
    - a. Share the [My Page Profile](#); or
    - b. Offer a facilitated person-centered service plan if available.

---

Note: The person-centered service plan is available under the Children’s Intensive In-Home Behavioral Support and Individual and Family Services waivers, Roads to Community Living, and individual technical assistance as part of county employment and community inclusion.

2. If the client or legal representative is requesting a specific provider, the case manager must document the client or legal representative’s request on the appropriate referral form.
3. The case manager must document in a service episode record the conversation and the unmet needs the client seeks to meet with the requested service.
4. If a client is requesting support to move to a new permanent home, the case manager must use [DSHS 10-574](#), *Transitional Care Planning Tracking*, to document applicable steps of the transition framework per [DDA Policy 3.03](#), *Transitional Care Management*.
5. The case manager must have the client or legal representative sign [DSHS 14-012](#), *Consent*, before sending the client’s information to providers for requested services. The case manager must include a copy of the signed consent with the referral packet.
6. The case manager must ensure that the DDA assessment is:
  - a. Current; or
  - b. Updated with an interim or significant change assessment as applicable.

Note: For a client admitted at an RHC, a DDA assessment is not required; however, the referral packet must contain current RHC documents that identify the client’s support needs (e.g., the client’s care plan, annual assessments, and 90-day reviews).

7. The case manager must review the referral checklist and ensure all forms and documentation for each requested service are attached to the appropriate provider referral form.
  - a. Use [DSHS 10-232](#), *Provider Referral Letter for Residential Services*, for referring a client to the following community residential program settings:
    - i. An AFH, ARC, or EARC.
    - ii. CH.
    - iii. OHS.
    - iv. SL, GH, or GTH.

- v. State-Operated Community Residential Transition Facility.
- b. Use [DSHS 15-600](#), *Respite, Stabilization, and RHC Support Referral*, for referring a client to the following program settings:
- i. All services provided by a Residential Habilitation Center
  - ii. Diversion Beds.
  - iii. ERS or Children’s Respite.
  - iv. IHS.
  - v. OPRS.
  - vi. SAIF.
8. The case manager must ensure the documents for the referral packet are uploaded to the client’s record in the RMT and indexed no more than seven business days after the appropriate contact confirms the referral packet is ready to send to providers for consideration.
- a. DSHS 10-232 can be indexed to PROGRAMS/REFERRALS/DDA Residential Program Referrals.
  - b. DSHS 15-600 can be indexed to the appropriate program directory.
9. The case manager must send the referral packet to the appropriate contact no more than eight business days after the date the case manager receives a signed consent or receives verbal permission to use an existing valid consent form.
10. To request verbal consent, the case manager must review the existing, valid consent form with the client or legal representative, obtain verbal consent, and document in a service episode record.
- a. For services identified on DSHS 10-232, the case manager must send the referral packet to the appropriate regional inbox based on the case manager’s assigned field service office:

Program	R1 contact	R2 contact	R3 contact
SL/GTH/GH/CH	<a href="mailto:Region1Referrals@dshs.wa.gov">Region1Referrals@dshs.wa.gov</a>	<a href="mailto:R2Referrals@dshs.wa.gov">R2Referrals@dshs.wa.gov</a>	<a href="mailto:R3Referrals@dshs.wa.gov">R3Referrals@dshs.wa.gov</a>
AFH/ARC/ EARC/ALS	<a href="mailto:R1PQIS@dshs.wa.gov">R1PQIS@dshs.wa.gov</a>	<a href="mailto:R2AFHREFERRAL@dshs.wa.gov">R2AFHREFERRAL@dshs.wa.gov</a>	<a href="mailto:DDAR3PQIS@dshs.wa.gov">DDAR3PQIS@dshs.wa.gov</a>
OHS	Regional OHS Resource Manager		

- b. For services identified on DSHS 15-600, the case manager must send the referral packet to the appropriate regional inbox based on the case manager's assigned field service office:

Program	R1 contact	R2 contact	R3 contact
ERS/ Children's Respite	<a href="mailto:dshsdda.r1ers@dshs.wa.gov">dshsdda.r1ers@dshs.wa.gov</a>	<a href="mailto:dd4fso@dshs.wa.gov">dd4fso@dshs.wa.gov</a>	<a href="mailto:Respite.Referrals@dshs.wa.gov">Respite.Referrals@dshs.wa.gov</a>
Diversion	<a href="mailto:r1diversionstabilization@dshs.wa.gov">r1diversionstabilization@dshs.wa.gov</a>	Stabilization and Diversion Specialist	<a href="mailto:dshsdladsar3ddaregionalclinicalteam@dshs.wa.gov">dshsdladsar3ddaregionalclinicalteam@dshs.wa.gov</a>
IHS	Applicable regional lead		
OPRS	<a href="mailto:ARSC@DSHS.WA.GOV">ARSC@DSHS.WA.GOV</a>		
RHC	<a href="mailto:RHCAAdmission@DSHS.WA.GOV">RHCAAdmission@DSHS.WA.GOV</a>		
SAIF	<a href="mailto:DDA_SAIF_referral@dshs.wa.gov">DDA_SAIF_referral@dshs.wa.gov</a>		

11. Each receiving program's contact must review referrals submitted and provide decisions based on their review and acceptance procedures and policies.
12. At least once a month, the case manager must communicate with the client, or the client's legal representative, regarding the status of the client's referrals. The case manager must document the communication in a service episode record.

## B. Escalation Procedure

An escalation procedure is initiated when a client is unable to locate a provider. Regional authorities must escalate a case that requires statewide support to evaluate existing capacity and locate an appropriate setting.

1. When regional review processes do not result in an accepted referral, the Regional Appointing Authority may escalate to the [Escalation Referral Review Committee](#). When the case is escalated, the case manager must:
  - a. Communicate to the client and legal representative that the case is being reviewed by the Escalation Referral Review Committee; and
  - b. Document the conversation and the escalation in a service episode record.
2. The committee must respond to the escalation within 30 days of the date of escalation. The case manager must:

- a. Notify the client of any recommendations made and document in a service episode record.
- b. Complete any required planned action notices or legal notification for approved, denied, or withdrawn services.

**EXCEPTION**

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

**SUPERSESSSION**

None.

Approved:

  
\_\_\_\_\_  
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: August 1, 2024