



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: PLANNED AND EMERGENCY SHORT TERM STAYS POLICY 4.01

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

Reference: DDD Policy 3.04, *ICF/MR 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**

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

**Child** means a DDD eligible youth 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/MR can be any number of days up to a year. Nursing Facility (NF) rules limit short term stays to 31 days without an exception.

**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. Children under age 8 may not be admitted for planned or emergency short term stays.
- C. All activities related to STS admissions will be conducted through the DDD regional office where the RHC is located. This includes application, Intermediate Care Facility for the Mentally Retarded (ICF/MR) or Nursing Facility eligibility determination, and referral to the RHC.
- D. Prior Approval by the referring Regional Administrator (RA) is required for a STS of 30 calendar days or less.
- E. Written approval by the Division Director is required for:
  - 1. Any STS greater than 30 days in a calendar year;
  - 2. Any STS of a child (age 8 through 12); and
  - 3. Any emergency STS of an adolescent (age 13 through 17) when a residence is not identified for the youth's return.
- F. The referring Region must submit an Exception to Rule (ETR) request to the Division Director for any stay exceeding 30 calendar days and for every 30-day period sought thereafter.
- G. 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/MR, 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 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 Short Term Stay admissions are 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 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 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 children, 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 client'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 client 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 a RHC Nursing Facility.

**B. 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 referring Regional Administrator (RA) or the RA's designee when a residence is identified for the youth's return.
3. When an adolescent is admitted for an emergency STS and does not have a residence to which the youth 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 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 youth) with the goal of community placement or family reunification; and
  - c. Progress towards placement planning.
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 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 person'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 IDT should document these contacts in the Service Episode Record (SER).
7. When an emergency STS admission exceeds 72 hours, the referring DDD 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 RHC IDT as soon as possible after admission. When the client begins to stabilize (behaviorally and/or medically), the CRM and RHC 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 30 days allowed for STS in a calendar year, the referring Region must:
- a. Submit an Exception to Rule (ETR) to the Division Director requesting an additional 30 days and repeat for every 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.

### **SUPERSESSION**

DDD Policy 4.01  
Issued February 1, 2009

Approved: /s/ Don Clintsman, Acting Director for Date: November 1, 2010  
Director, Division of Developmental Disabilities