



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: REFERRAL AND PLACEMENT INTO COMMUNITY POLICY 4.02  
RESIDENTIAL SERVICES

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Authority: 42 CFR 483.440 (b)  
Chapter 71A RCW Developmental Disabilities  
Chapter 388-825 WAC Developmental Disabilities Services

For Adult Family Homes and Adult Residential Care facilities:

Chapter 70.129 RCW Long Term Care Resident Rights  
Chapter 388-76 WAC Adult Family Home Minimum Licensing  
Requirements

**BACKGROUND**

This policy incorporates Aging and Adult Services Administration (AASA) rules and policy for placement into Adult Family Homes (AFH) and Adult Residential Care (ARC).

**PURPOSE**

This policy provides the opportunity for persons who are eligible for services from the Division of Developmental Disabilities (DDD) to live in a manner that meets their needs and preferences and ensures that the provider is aware of the individual's needs prior to admission.

**SCOPE**

This policy applies to the referral and placement of persons into DDD funded community residential services, AFH, and ARC facilities. This includes State Operated Living Alternatives (SOLA). Family Support, individual provider services, and in-home attendant and/or personal care services are outside the scope of this policy.

## **POLICY**

When referring/placing a person into residential services, DDD will ensure that:

- A. The provider and the individual are provided the necessary information and opportunities to make an informed decision; and
- B. The program has the necessary licensure, contract, or certification, and is within its contracted capacity.

## **PROCEDURES**

- A. When referring people to residential providers, the DDD case/resource manager must consider:
  - 1. Personal preference of the individual being referred;
  - 2. The ability of the provider to meet the health, safety, and program needs of the individual; and
  - 3. The needs of all the people who already live in the program, including their protection.
- B. To the degree possible, referral packets must include all required forms and known information, such as:
  - 1. A "Release of Information" form signed by the individual and/or legal guardian within the last ninety (90) days;
  - 2. A "Provider Placement Letter" (DSHS form 10-232) listing the information included in the packet. A copy of the signed form is returned by the provider to DDD for the person's file;
  - 3. Financial information, such as:
    - a. Verification of SSI/SSA status;
    - b. Eligibility for financial assistance, food stamps, Medicaid, etc.;
    - c. Earned and unearned income and resources; and

- d. Payee information;
  4. Legal information, such as:
    - a. Legal guardianship information and documentation;
    - b. Marital status, children, family members, and names and addresses of all significant people in the person's life; and
    - c. Copies of court orders or legal action involving the person;
  5. The current assessment and service plan identified as the Individual Service Plan per DDD Policy 3.01, *Service Plans*;
  6. Health information, such as:
    - a. Medication, medical history, and immunization records; and
    - b. Dates, sources, and copies of the most recent and available psychological and/or mental health reports, including any behavioral and psychiatric information and plans.
- Per RCW 70.24.105 and WAC 246-100-016, an individual's Hepatitis B Virus (HBV) and HIV status is confidential and cannot be shared.**
7. Nurse delegation assessments when applicable. These shall be provided no later than the day of placement to the program. The contracted RN uses the approved "Delegation of Nursing Care Tasks" (DSHS Form 10-217);
  8. Educational and vocational records; and
  9. Information regarding other services and agencies serving the person.
- C. The residential provider must evaluate the person's referral for service to determine whether the provider has the resources to meet the person's needs. Within ten (10) working days of receipt of the referral packet, the provider must notify the case/resource manager whether or not they accept the referral for further evaluation. If a decision is not possible within ten days, the provider will confer with the case/resource manager and mutually agree on an extended timeframe.

1. Following acceptance for further evaluation, the provider will arrange a pre-placement visit. At this time the residential provider must describe for the person the services provided in that program and make their written policies available to the person;
  2. If the provider decides not to accept the referral, the provider must put their decision and their reason for not accepting the person in writing and return the referral information to DDD;
  3. The residential program must conform to all relevant statutes and WACs regarding confidentiality;
  4. If the provider accepts the person's referral, the provider and the case/resource manager must agree on a timely process to complete the placement; and
  5. DDD will provide an authorization for service the working day immediately following the date of placement.
- D. **Short term placements** must meet the standard placement criteria for sharing essential information and ensuring the safety of the person, the provider, and the other residents, as described in Sections A, B, and C above.
- E. **Emergency placements** are those situations where the immediate placement needs of the person do not allow for the standard referral process described in sections B and D of this policy. In these situations, the case/resource manager shall:
1. Use the Comprehensive Assessment (CA) when one is required by program rules, and obtain the provider's signature on the service plan; **or**
  2. Complete the "Emergency Placement Referral" form (DSHS 10-233) and:
    - a. Attach any client information immediately available; and
    - b. Include the "Provider Placement Letter" to document the information given and received.
  3. Document conversations with the provider in the client episode record; and
  4. Provide complete written information within five (5) working days of the placement (i.e., social, medical, and criminal history, and an updated service plan).

F. **Individuals with challenging support issues** have a history of offenses and/or behaviors that may be of concern. Such persons must be identified on the "Individual with Challenging Support Issues" form (DSHS 10-234) and are subject to the following additional procedures when being referred for placement. The case/resource manager will:

1. Provide a copy of the "Individual with Challenging Support Issues" form to the residential provider;
2. Describe in writing the level of supervision and support needed by the person;
3. Identify in writing any significant risks to others posed by the person, and what supports are necessary to manage these risks. Ensure that this includes the person's issues regarding access to vulnerable people (e.g., housemates, children, neighbors, schools, childcare centers, etc.);
4. Provide the names and phone numbers of people to call if the person's behavior becomes dangerous beyond the contractor's ability to ensure the safety of the person or others;
5. Obtain the provider's signature on the service plan and/or contract. The provider signature is confirmation that the provider agrees that the supervision and supports outlined in the service plan can be provided within the DSHS/DDD reimbursement rate; and
6. In addition to 1. through 5. above, implement the procedures outlined in section E of this policy, "Emergency Placements," for crisis/emergency placements.

G. **Mental Health Diversion** clients are persons being diverted from psychiatric hospitalization through the provision of crisis residential placement. The following items are specific to the placement of these individuals:

1. DDD Field Services offices contracting with residential providers for crisis/respite mental health diversion services must have in place written procedures and interagency agreements between DDD, the Regional Service Network (RSN), and, if appropriate, AASA; and

2. These interagency agreements must address the following:
  - a. The release of information by local mental health authorities;
  - b. Clear procedures for the provider on whom to contact when a person's behavior becomes dangerous beyond the contractor's capacity to ensure the safety of the person or others; and
  - c. A schedule for regular meetings between DDD, the RSN, and the contractor to revise and update common understandings and procedures around the:
    1. Placement of persons into crisis and diversionary care;
    2. Mental health supports needed while in crisis care; and
    3. Plans to return home or to an alternative placement.

**SUPERSESSSION**

DDD Policy 4.02  
Issued August 5, 1998

DDD Policy 4.02  
Issued April 7, 1997

DDD Policy Directive 545  
Issued October 1984

DDD Policy Directive 538  
Issued December 1982

Approved:  /s/ Tim R. Brown  
Director, Division of Developmental Disabilities

Date:  4/13/00