



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: REFERRAL AND PLACEMENT INTO COMMUNITY POLICY 4.02
RESIDENTIAL SERVICES

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

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 service provider is aware of the individual's needs prior to admission.

SCOPE

This policy applies to the referral and placement of DDD enrolled clients into DDD funded community residential services, State Operated Living Alternatives (SOLA), Adult Family Homes (AFH), and Adult Residential Care (ARC) facilities. Individual provider, in-home attendant, and personal care services are outside the scope of this policy.

POLICY

- A. When referring or placing a DDD enrolled client into residential services, the division will ensure that:
1. The individual and the service provider are provided the necessary information and opportunities to make an informed decision; and

2. The program has the necessary licensure, contract, or certification, and is within its contracted capacity.
- B. DDD may make referral for an opening within 30 days based on the capacity profile information received from the service provider. The service provider may use the *Residential Services Capacity Profile* sample form (see Attachment A).

PROCEDURES

- A. When referring a client to residential service providers, the DDD Case Resource Manager (CRM) must obtain a [DSHS 14-012, Consent](#) form signed by the client and/or his or her legal representative within the last ninety (90) days. The CRM must also consider the:
1. Personal preference of the individual being referred;
 2. Personal preference of potential housemate(s);
 3. Ability of the service provider to meet the person's health, safety, and program needs; and
 4. Needs of all persons in the residence, including safety and protection needs.
 5. The CRM will document these preferences on a *Client Preference Sheet* (see Attachment B for sample form).
- B. Referral packets must include all required forms and available information as follows:
1. [DSHS 10-232, Provider Placement Letter](#), listing the information included in the packet. The service provider will send a copy of the signed form to the CRM for inclusion in the client's record.
 2. Financial information, such as:
 - a. Verification of SSI/SSA status;
 - b. Eligibility for financial assistance, (e.g., food stamps, Medicaid);
 - c. Earned and unearned income and resources;
 - d. Payee information;

- e. Client receiving SSP funds;
 - f. ACES information; and
 - g. History of residential services received from other providers.
3. Legal information, such as:
- a. Legal representative/guardian information and documentation;
 - b. Marital status, children, family members, and names and addresses of all significant people in the person's life;
 - c. Copies of court orders or legal action involving the client;
 - d. Names of perpetrator or victims of crime (if known); this must be based upon a need to know. The client's expressed consent must be obtained before sharing this information [Note: The client cannot give consent to release names of victims]; and
 - e. Whether the client is an *Allen* or *Marr* class member.
4. The client's current assessment and Individual Support Plan (ISP) as identified in DDD Policy 3.01, *Service Plans*.
5. Health information, such as:
- a. Medical history, immunization records, and medications.
- Note: A client's Hepatitis B Virus (HBV) and HIV status are confidential and cannot be shared (RCW 70.24.105).
- b. Dates, sources, and copies of the most recent psychological and/or mental health evaluations, including any behavioral and psychiatric information and plans.
6. Nurse delegation assessments when applicable. These must be provided no later than the day of placement in the program. The contracted registered nurse (RN) must use [DSHS Form 10-217, Nurse Delegation: Nursing Assistant Credentials and Training](#);
7. Educational and vocational records;

8. Current information regarding other program services and agencies serving the client; and
 9. The completed *Client Preference Sheet*.
- C. The residential service provider must evaluate the referral for service to determine whether the service provider has the resources to meet the client's needs. Within ten (10) working days of receipt of the referral packet, the service provider must notify the CRM whether or not they accept the referral for further evaluation. If a decision is not possible within ten (10) days, the service provider will consult with the CRM to mutually agree on an extended timeframe.
1. Following acceptance for further evaluation, the service provider will arrange a pre-placement visit during which the residential service provider must describe to the client the services that will be provided in their program and provide access to the program's written policies upon request.
 2. If the service provider decides not to accept the referral, the service provider must put their decision and reason for not accepting the client in writing and return the referral information to the CRM.
 3. The service provider must adhere to all relevant statutes and WACs regarding confidentiality.
 4. If the service provider accepts the referral, the provider, the client, and the CRM must agree on a timely process to complete the placement.
 5. The service provider submits a proposed rate to DDD. The CRM will notify the provider of the rate proposal status within ten (10) working days.
 6. DDD will provide an authorization for service the working day immediately following the date of placement. For Supported Living (SL) providers, DDD will provide authorization for services on 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, service provider, and 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 C of this policy. In these situations, the CRM must:

1. Use the DDD Assessment when one is required by program rules, and obtain the service provider's signature on the ISP; or
 2. Attach any client information immediately available and include the [DSHS 10-232, Provider Placement Letter](#) to document the information given and received.
 3. Document conversations with the residential service provider in the client's service episode record (SER); and
 4. Provide complete written information within five (5) working days of the placement (i.e., social, medical, and criminal history, and an updated ISP).
- F. Individuals with challenging support issues have a history of offenses and/or behaviors that may be of concern. Such clients must be identified on [DSHS 10-234, Individual with Challenging Support Issues](#), and are subject to the following additional procedures when being referred for placement. The CRM will:
1. Provide a copy of the [Individual with Challenging Support Issues](#) form to the residential service provider;
 2. Describe in writing the level of supervision and support needed by the client;
 3. Identify in writing any significant risks to others posed by the client, and what supports are necessary to manage these risks. This must include the client'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 client's behavior becomes dangerous beyond the residential service provider's ability to ensure the safety of the client or others;
 5. Obtain the residential service provider's signature on the client's ISP and/or contract. The service provider signature is confirmation that the service provider agrees that the supervision and supports outlined in the ISP can be provided within the DSHS/DDD reimbursement rate; and
 6. Implement the procedures outlined in Sections E and G of this policy for crisis and emergency placements.

Note: For clients with community protection issues, the CRM must complete [DSHS Form 10-258, Individual with Community Protection Issues](#) and give a

copy of the form and the most recent psychosexual/risk assessment to the residential service provider.

G. Crisis/Respite Mental Health Diversion services provided by DDD certified residential service providers are available as deemed appropriate by DDD. These services are available to clients who are being diverted from psychiatric hospitalization through the provision of this service. The following items are specific to the placement of these clients:

1. DDD Field Services offices that contract with residential service providers for respite/mental health crisis diversion services must have in place written procedures and interagency agreements between DDD, the Regional Support Network (RSN), and, if appropriate, the Aging and Disability Services Administration (ADSA).
2. The interagency agreements must address the following:
 - a. Release of information by local mental health authorities;
 - b. Clear procedures on whom to contact when a person's behavior becomes dangerous beyond the service provider'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 regarding:
 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.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the division director.

SUPERSESSON

DDD Policy 4.02
Issued September 1, 2005

TITLE: REFERRAL AND PLACEMENT INTO COMMUNITY POLICY 4.02
RESIDENTIAL SERVICES

DDD Policy 4.02
Issued November 1, 2003

DDD Policy 4.02
Issued January 1, 2002

DDD Policy 4.02
Issued April 13, 2000

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/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: July 1, 2007

Attachment A - *Residential Services Vacancy Profile*
Attachment B - *Client Preference Sheet*

ATTACHMENT A

RESIDENTIAL SERVICES CAPACITY PROFILE

Agency name and address: _____

Agency contact person: _____ Phone number: _____

Date vacancy is available: _____

Program type (check one): Supported Living Group Home IMR-E Other

For Supported Living, indicate the number of staff hours per day that support is available:

Address where vacancy is available or the geographical area where services can be provided:

Briefly describe the residence that is available: _____

Residence is wheelchair accessible: Yes No Interior Exterior

Maximum occupancy of this residence is: _____

Present occupancy of this residence is: _____

Name, age and gender of current tenants: _____

Desired referrals: Male Female Either Gender

Desired referrals: Smokers Non-smokers Either

Individuals referred will have a: Private Bedroom Shared Bedroom

Describe the preferred skill level of desirable referrals: _____

Describe the level of assistance available to referred individuals, including any professional or specialized services that are also available: _____

Other characteristics of desired referrals: _____

A current staffing schedule is also attached: Yes No

Additional comments, if any: _____

ATTACHMENT B

CLIENT PREFERENCE SHEET

Client Name: _____ Date: _____

| CLIENT PREFERENCES | Negotiable? | Non-Negotiable? |
|---------------------------|--------------------|------------------------|
|---------------------------|--------------------|------------------------|

| | | |
|-----------------------------------------------------------------|-----|-----|
| Location: | [] | [] |
| <input type="checkbox"/> Region | | |
| <input type="checkbox"/> City | | |
| <input type="checkbox"/> North <input type="checkbox"/> Central | | |
| <input type="checkbox"/> East <input type="checkbox"/> South | | |
| <input type="checkbox"/> Out of Region | | |

| | | |
|-------------------------------------------------------------------|-----|-----|
| Housing Type: | [] | [] |
| <input type="checkbox"/> Apartment <input type="checkbox"/> House | | |

| | | |
|-------------------------------------------------------------------------------------------------------|-----|-----|
| Program Focus: | [] | [] |
| <input type="checkbox"/> Self Directed | | |
| <input type="checkbox"/> Shared Responsibilities <input type="checkbox"/> Non Shared Responsibilities | | |
| <input type="checkbox"/> Traditional | | |
| <input type="checkbox"/> Family Directed | | |

| | | |
|--------------------------------------------------|-----|-----|
| Program Type: | [] | [] |
| <input type="checkbox"/> SL (Supported Living) | | |
| <input type="checkbox"/> GH (Group Home) | | |
| <input type="checkbox"/> CH (Companion Home) | | |
| <input type="checkbox"/> AL (Alternative Living) | | |

Accessibility Issues:

Housemate Preferences:

| | | | | |
|----------|-------------------------------------|---------------------------------|--------------------------|--------------------------|
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoking: | <input type="checkbox"/> Non-Smoker | <input type="checkbox"/> Smoker | | |
| Bedroom: | <input type="checkbox"/> Private | <input type="checkbox"/> Shared | | |

ATTACHMENT B

Level of Assistance Expected:

With daily living skills:

With behavioral supports:

With activities:

Specialized services needed (nursing, etc.)

Why is this situation not working out?

What do you value most with respect to the services you are receiving now?

What needs to be different that didn't happen?

What one thing is the most important to you in selecting a new provider?
