



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02
REFERRAL AND ACCEPTANCE

Authority: 42 CFR 483.440 (b)
Chapter 71A RCW *Developmental Disabilities*
Chapter 388-825 WAC *DDD Services Rules*
Chapter 388-826 WAC *Voluntary Placement Program*
Chapter 388-101 WAC *Certified Community Residential Services and Support*

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*
Chapter 388-78A WAC *Boarding Home Licensing Rules*
Chapter 388-829C WAC *Companion Homes*

PURPOSE

This policy establishes a process for referral to and acceptance of community residential services for eligible clients of the Division of Developmental Disabilities (DDD).

SCOPE

This policy applies to clients requesting community residential services, which include Supported Living (SL), Companion Homes (CH), Group Homes (GH), Group Training Homes (GTH), Alternative Living (AL), State Operated Living Alternatives (SOLA), Licensed Staffed Residential Programs (LSR), Foster Homes (FH), Adult Family Homes (AFH), and Adult Residential Care (ARC) facilities.

POLICY

- A. DDD clients approved to receive community residential services will be provided the opportunity to live in a manner that meets their needs and preferences.
- B. When referring a client to residential services, DDD will ensure that:
 - 1. The individual and the provider receive 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.
- C. Clients must be given information regarding residential providers available in their region so that they may make decisions regarding their choice of residential provider. Information regarding residential providers is available online at [Residential Provider Resources](#).

PROCEDURES

- A. Before referring a client to residential providers, the DDD Case Resource Manager (CRM)/Social Worker (SW) must obtain a signed [DSHS 14-012](#), *Consent* form, from the client and/or the legal representative. The form must have been signed within the last ninety (90) days.
- B. When referring the CRM/SW must consider the:
 - 1. Personal preference of the individual being referred;
 - 2. Personal preferences of potential housemate(s);
 - 3. Provider's ability to meet the client's health, safety, and program needs; and
 - 4. Needs of all persons in the residence, including safety and protection.
 - 5. For adults requesting DDD community residential services, the CRM will document these preferences on [DSHS 15-358](#), *Client Referral Information*.
- C. Referral packets must include all required forms and available information, including:
 - 1. [DSHS 10-232](#), *Provider Referral Letter for Supported Living/Group Home Providers*, that lists the information included in the packet or [DSHS 27-057](#), *Voluntary Placement Program Provider Referral Letter*, for children up to age 18.

The provider will send a copy of the signed form to the CRM/SW for inclusion in the client's record.

2. [DSHS 10-232A](#), *Provider Referral Letter*. This letter must be attached for all referrals other than those described in 1. above.
3. For adults: A completed [DSHS 15-358](#), *Client Referral Information* form.
4. 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; and
 - f. ACES information.
5. History of residential services received from other providers.
6. Legal information, such as:
 - a. Legal representative 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 on a need to know basis only. 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.
7. The client's current assessment and Individual Support Plan (ISP) as identified in DDD Policy 3.01, *Service Plans*.
8. Health information, such as:

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- a. Medical history, immunization records, and medications; a client's Hepatitis B Virus (HBV) and HIV status are confidential and cannot be shared (RCW 70.24.105); and
 - b. Dates, sources, and copies of the most recent psychological and/or mental health evaluations, including any behavioral and psychiatric information and treatment plans.
9. Nurse delegation assessments, when applicable. These must be provided no later than the first day of residential service. The contracted registered nurse (R.N.) must use [DSHS 10-217](#), *Nurse Delegation: Nursing Assistant Credentials and Training*.
 10. Educational and vocational records including IEP information if available.
 11. Current information regarding other program services and agencies serving the client.
- D. The provider may use [DSHS 15-360](#), *Residential Services Capacity Profile*, to seek referral. The provider must evaluate the referral for service to determine whether they have the resources to meet the client's needs. Within ten (10) working days of receipt of the referral packet, the provider must notify the CRM/SW whether or not they accept the referral for further evaluation. If a decision is not possible within ten (10) days, the provider will consult with the CRM/SW to agree on a mutually extended timeframe.
1. Following acceptance of the referral for further evaluation, the provider, the client, and the client's legal representative must meet to discuss the support services that the provider will offer to meet the client's assessed needs. The provider must offer and provide access to the agency's written policies to the potential client and/or his/her family. Whenever possible, the potential housemates must meet and spend some time together to get to know one another as well as visit the home they will be sharing.
 2. If the provider decides not to accept the referral, the provider must put their decision and reason for not accepting the client in writing and return the referral information to the CRM/SW.
 3. The provider must adhere to all relevant statutes and WACs regarding confidentiality.
 4. If the provider accepts the referral, the client, the CRM, and the provider must agree on a timely process to begin services.

5. If the service being considered is SL, a GH, or a GTH, the DDD Resource Manager will conduct a rate-setting meeting with the provider to determine the rate of pay for the service.
 6. If a child is being considered for voluntary placement services and will be residing in a licensed staffed residential program, the regional VPS coordinator will work with the provider to negotiate and approve a daily rate. If a child will be residing in a foster home, the regional VPS coordinator will conduct a foster care rate assessment with the foster parents using the CARE tool.
 7. For certified residential services, companion homes, foster homes and licensed staffed residential programs, DDD will start payment for services on the date service begins. Authorizations will be made through the CASIS system.
 8. Before a client moves into an Adult Family Home (AFH), the regional staff must complete and sign [DSHS 10-231](#), *Adult Family Home Placement Checklist*. The checklist is kept in the client's file. The AFH Placement Checklist is not a part of the referral packet.
- E. Emergency residential services are situations where the immediate support needs of the person do not allow for the standard referral process described in Sections B and C of this policy to occur. In these situations, the CRM must:
1. Attach any client information immediately available, including the DDD Assessment Detail and Service Summary;
 2. Complete [DSHS 10-232](#), *Provider Referral Letter for Supported Living/Group Home Providers*, or [DSHS 10-232A](#), *Provider Referral Letter*, to document information given and received;
 3. Document conversations with the provider in the client's service episode record (SER); and
 4. Provide complete written information within five (5) working days of service provision (i.e., social, medical, and criminal history, and an updated ISP).
- F. Individuals with challenging support issues who have a history of offenses and/or behaviors that may be of concern must be identified on [DSHS 10-234](#), *Individual with Challenging Support Issues*, and are subject to the additional procedures described below when being referred for services.

The CRM will:

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1. Provide a copy of the completed [DSHS 10-234](#), *Individual with Challenging Support Issues*, to the provider;
 2. Describe in writing the level of supervision and support needed by the client as identified in the client's DDD Assessment;
 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 risk posed by the client 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 provider's ability to ensure the safety of the client or others;
 5. Implement the procedures described in Sections E and G of this policy for crisis and emergency services; and
 6. For clients with community protection issues, the CRM must complete [DSHS 10-258](#), *Individual with Community Protection Issues*, and give a copy of the form and the most recent psychological and/or psychosexual evaluation/risk assessment to the provider.
- G. Crisis/Respite Mental Health Diversion services provided by DDD certified residential providers are available as deemed appropriate by DDD. These services are available to clients who are being diverted from psychiatric inpatient treatment facilities through the provision of this service. The following procedures are specific to the support of clients receiving diversion services:
1. DDD Field Services offices that contract with residential providers for respite/mental health crisis diversion services must have in place written procedures and interagency agreements between the Division, 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 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.

SUPERSESSION

DDD Policy 4.02
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Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

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