Washington State Department of Social & Health Services
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DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: STAFF AND FAMILY CONSULTATION POLICY 4.19

Authority:
- Chapter 388-825 WAC — *Developmental Disabilities Administration Service Rules*
- Chapter 388-845 WAC — *DDA Home and Community Based Services Waiver*
- Chapter 388-834-0040 — *DDA Preadmission Screening and Resident Review*

Reference:
- DDA Policy 16.01 — *Responding to Preadmission Screening and Resident Review Program Referrals*

PURPOSE

This policy establishes service delivery guidelines and service limits for:

- Staff and family consultation; and
- Stabilization services—staff and family consultation.

SCOPE

This policy applies to DDA field services staff and DDA-contracted providers of staff and family consultation and stabilization services—staff and family consultation.

DEFINITIONS

Assistance means help provided to a client for the purpose of aiding the client in the performance of tasks.

Case resource manager or **CRM** means the DDA case manager or PASRR assessor assigned to a client.

Client means a person who has a developmental disability as defined in RCW 71A.10.020 and has been determined DDA-eligible under Chapter 388-823 WAC. For purposes of informed consent

and decision-making requirements, the term "client" includes the client's legal representative to the extent of the representative's legal authority.

DCYF out-of-home caregiver means a caregiver approved by DCYF, who may also be licensed by DCYF, for children and youth placed out-of-home by a court and in the care and custody of DCYF.

DCYF placement provider means a provider contracted with DCYF to provide placement for children and youth placed out of home by the court and in the care and custody of DCYF.

DDA assessment means the standardized assessment tool under Chapter 388-828 WAC used by DDA to measure the support needs of people with developmental disabilities.

Direct service provider means the DDA-contracted person or agency provider who will receive staff and family consultation from a DDA-contracted staff and family consultation provider. Examples of direct service providers include providers of DDA residential habilitation or home care agency employees.

Family means one or more of the following relatives: spouse or registered domestic partner, natural, adoptive or stepparent, grandparent, child, stepchild, sibling, stepsibling, uncle, aunt, first cousin, niece, or nephew.

HCBS waiver means federal Home and Community-Based Services (HCBS), approved by the Centers for Medicare and Medicaid Services (CMS) under section 1915(c) of the Social Security Act as an alternative to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Person-centered service plan means the DDA-developed document that identifies a person's goals and assessed health and welfare needs. The person-centered service plan also indicates the paid services and natural supports that will help the person achieve the person's goals and address assessed needs.

Planned action notice means a legal document indicating services for which a client has been approved or denied.

Preadmission screening and resident review means a process required by federal rule for people who are referred to a Medicaid-certified nursing facility.

Primary caregiver means the person who provides most of the client's care and supervision.

SFC provider means an independent contractor or agency who holds a signed staff and family consultation contract with DDA.

Stabilization services—staff and family consultation means short-term (90 days or less), intermittent, or episodic supports to assist a client who is experiencing a crisis and is at immediate risk of hospitalization or institutionalization as defined in Chapter 388-845 WAC.

Staff and family consultation means consultation with a family member or direct service provider to help them better meet the needs of a client as outlined in the client's person-centered service plan in accordance with Chapter 388-845 WAC.

POLICY

A. Staff and family consultation is a waiver service available on all five of DDA's Home and Community-Based Services (HCBS) waivers, the Preadmission Screening and Resident Review (PASRR) program, and the Roads to Community Living (RCL) grant.

B. Stabilization services are a component of Staff and Family Consultation and are available on all five DDA waivers.

C. Staff and family consultation helps a client's family and direct service provider meet the client's needs as identified in the client's DDA assessment, PCSP, or therapeutic plan.

D. Staff and family consultation is not a replacement for behavioral health support services available through the Medicaid state plan or other benefits.

E. Staff and family consultation provides an opportunity for clinical and professional consultation that assists formal and informal caregivers, direct support staff, or family members of a waiver participant in carrying out individual treatment support plans. The support helps the recipient improve upon or implement skills and techniques that they will use to better support the care of the client. Staff and family consultation is not a direct service with the client.

F. Staff and Family Consultation Service Description

1. Consultation support is intended to meet the client's specific support needs if the consultation supports are not available through another resource.

2. Consultation topics are intended to build upon existing knowledge and skills to better support the client in a person-centered, individualized way.

3. Staff and family consultation, whether provided as the standalone service or as stabilization services-staff and family consultation, must meet a specific, individualized need of a direct service provider, caregiver, or family member to understand the needs of a specific client.

4. Topics allowable under staff and family consultation may include consultation and

support to understand:

a. Health and medication monitoring reports that must be submitted to the client's healthcare provider, such as helping the family or direct service provider learn how to document:

   i. Side effects that must be reported to their physician or pharmacist; and

   ii. Changes in health (e.g., loss of appetite, bowel movements, or sleep changes).

b. Positioning and transferring. For example, troubleshooting use of new positioning equipment specific to the needs of the client, such as a Hoyer lift, stander, or walker.

c. Basic and advanced instructional techniques. For example, understanding how to better implement instructional techniques documented in a client's plan, such as how to improve or enhance caregiver-client communication.

   Note: Staff and family consultation is not a replacement for education-based support, such as tutoring or homeschooling resources.

d. Augmentative communication systems. For example, understanding how to troubleshoot assistive technologies for communication not covered under the speech-language pathology benefit in the Medicaid State Plan.

e. Consultation with potential referral resources. For example, understanding how to identify resources such as the Mental Health Crisis Line or the End Harm Line and when to utilize these resources.

f. Diet and nutritional guidance. For example, understanding how to follow a nutritional plan developed by a nutritionist or dietician.

g. Disability information and education. For example, learning about typical symptoms of a diagnosis.

h. Consultation to an existing plan of care. For example, understanding how to read and follow a plan of care developed by another professional.

   Note: The staff and family consultation provider must not be the author of the plan of care the support is requested for.

i. Strategies for effectively and therapeutically interacting with the client. For example, understanding effective communication techniques and using strategies to have consistent responses to the client across environments.

j. Environmental consultation. For example, understanding how to implement recommended environmental modifications such as a quiet space when dysregulated, or the use of labels on items to easily find things or understand sequences.

k. Assistive technology. For example, understanding the client's device and how to troubleshoot problems, such as how to download apps or clear memory space on the device.

l. Parenting skills. For example, helping families identify useful tools and skills for parenting an individual with an intellectual or developmental disability at various life stages.

G. Limits to Staff and Family Consultation

1. All qualified staff and family consultation providers must sign the client service contract "DDA Staff and Family Consultation Services" (1786XP), which outlines the purpose, provider qualifications, statement of work, and all other requirements that the provider needs to meet to provide the service. The provider must follow all terms of their signed contract, including the description of the staff and family consultation contract described in Chapter 388-845 WAC.

2. Stabilization services—staff and family consultation may be authorized, without prior approval, for up to 90 consecutive days. The CRM must enter the service in the client's PCSP and complete a planned action notice within five days of the start of service.

3. For HCBS waivers and RCL, staff and family consultation must not be used to provide *training* to paid caregivers, professional staff, or other direct service providers to perform the core function of their jobs or responsibilities. In other words, the service cannot be used to train a provider to have the skills necessary to be a qualified provider.

4. For PASRR, staff and family consultation may be used to provide training to nursing facility staff for supports related to the individual's intellectual disability or related condition.

5. Staff and family consultation must not be used to provide direct support to the client.

6. Staff and family consultation is intended to supplement, and not supplant, the child welfare services and supports a child or youth is entitled to from DCYF, Title IV-E of the Social Security Act, or other sources.

PROCEDURES

A. Person-Centered Service Plan Guidelines

1. All services provided on the Basic Plus, Core, CIIBS, CP, and IFS waivers, Roads to Community Living, and PASRR program must be consistent with the needs and goals outlined in each client's PCSP or PASRR plan.

2. The CRM must identify and discuss the staff or family member's need for consultation regarding the need to support a specific client during the person-centered service planning process or during conversations with the client and their legal representative throughout their plan year.

3. If the client requests assistance contacting a staff and family consultation provider, the CRM must:

   a. Help the client, family caregiver and direct service provider contact potential contracted SFC providers and determine whether they are available to work with the client's family or direct service provider; and

   b. Verify a current, signed consent form is in the client's file before contacting the contracted SFC provider.

4. After the client selects a contracted SFC provider and they identify the unmet need that will be addressed by the service, the CRM must:

   a. Add the contracted SFC provider's contact information to the client's collateral contacts in CARE; and

   b. Add the service to the client's PCSP or PASRR plan.

5. After adding the service to the client's PCSP or PASRR plan, the CRM must send a PAN indicating the amount of service and approval date.

   Note: Staff and family consultation is a solution-focused service provided to a caregiver or family member with essential skills and abilities necessary to provide adequate care for the client and is therefore brief and intermittent.

6. If the service is needed for more than six months, the CRM must review effectiveness of the service by reviewing the progress report plans at the client's six-month plan review, to determine if the authorization must continue.

7. The CRM must follow DDA Policy 5.02, *Necessary Supplemental Accommodation,* and inform the client and their identified NSA that services are approved, when the services may begin, and to discuss notice of appeal rights.

8. The CRM must obtain a signed PCSP from the client and contracted SFC provider before authorizing services.

B. Service Plan and Progress Report

1. No more than 30 days after beginning services, the provider must submit DSHS 10-655, *Initial Staff and Family Consultation Plan*. The provider must complete the form with the client and all parties receiving the consultation and document the following:

   a. The direct service provider or family member who will be receiving the consultation.

   b. A brief explanation of why the consultation is needed.

      Note: If the consultation is for an established therapeutic plan, this explanation should describe why the service is needed in addition to the support available from the professional who wrote the plan.

   c. How the contracted SFC provider will support the direct service provider or family member.

2. No more than 120 days after beginning services, and every 90 days thereafter, the provider must submit DSHS 10-656, *Staff and Family Consultation 90-Day Progress Report.* The report must describe:

   a. Steps made toward reaching the specific caregiver or direct service provider's identified goal.

   b. New issues that may have arisen.

   c. Any referrals recommended or made by the contracted SFC provider.

      Note: If a referral to emergency personnel is necessary due to imminent danger of the client or caregiver, the provider must initiate the referral

and notify DDA no more than two hours after making the referral.

d. Any barriers that make it difficult for the family member or direct support provider to reach their goals and how those barriers will be addressed.

3. The CRM must review the completed 90-day progress report and may extend the service if documentation clearly indicates that the need is still present. If the report is not received within this timeframe, the CRM may contact their regional resource developer for support.

4. If the caregiver or family member has not reached their identified goal within six months, the CRM should have a discussion with the client, caregiver, and SFC provider about whether the service should continue.

5. If it is determined that the service must be continued, the SFC provider must update the goals in a new DSHS 10-655 to help the family member or caregiver to reach their goals.

EXCEPTION

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

SUPERSESSION

DDA Policy 4.19, *Staff and Family Consultation*
Issued May 1, 2023

Approved: _____ Date: September 15, 2024
Deputy Assistant Secretary
Developmental Disabilities Administration