



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: STAFF AND FAMILY CONSULTATION POLICY 4.19

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

Reference: [DDA Policy 4.13](#), *Individual and Family Services Waiver*  
[DDA Policy 5.19](#), *Positive Behavior Support for Children and Youth*  
[DDA Policy 16.01](#), *Responding to Preadmission Screening and Resident Review Program (PASRR) Referrals*

**BACKGROUND**

Staff and Family Consultation is a DDA service available on all five Home and Community-Based Services waiver programs (Basic Plus, CIIBS, Core, Community Protection (CP), and IFS), the Roads to Community Living (RCL) grant, and the Preadmission Screening and Resident Review (PASRR) program. The service provides client-specific consultation to family members and direct support staff, such as individual or agency providers, residential habilitation staff, or Adult Family Home employees. Additionally, “Stabilization services” is included as a component of Staff and Family Consultation, and is available on all five DDA waivers.

**PURPOSE**

This policy establish service delivery guidelines and service limits for Staff and Family Consultation services.

**SCOPE**

This policy applies to providers contracted through DDA to provide Staff and Family Consultation and “Stabilization Services—Staff and Family Consultation.” This policy also applies to case managers supporting clients receiving 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 (CRM)** means the DSHS or DDA case manager, social worker, or DDA PASRR assessor assigned to a client.

**Challenging behaviors** means actions by clients that constitute a threat to their health and safety, the health and safety of others in the environment, a persistent pattern of behaviors that inhibit their functioning in public places and integration in the community, or uncontrolled symptoms of a physical or mental condition. These behaviors may have been present for long periods of time or may have manifested with acute onset.

**Client** means a person whom DSHS has determined financially and programmatically eligible to receive services and for whom specific services have been authorized or has been determined to be PASRR eligible by DDA to receive PASRR services.

**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 an individual or agency who meets the provider qualifications and is contracted with DSHS to provide direct services to the client.

**Family** means relatives who live in the same home with the eligible client. Relatives include spouse or registered domestic partner, natural, adoptive or step parent, grandparent, child, stepchild, sibling, stepsibling, uncle, aunt, first cousin, niece, or nephew.

**PASRR** means Pre-Admission Screening and Resident Review, a process required by federal rule for individuals who are referred to a Medicaid-certified nursing facility (NF).

**Person-centered service plan (PCSP)** means an individualized service plan that is a written plan for service delivery and identifies ways to meet a client's needs with the most appropriate services. The plan identifies formal and informal supports to meet the client's needs as described in Chapter 388-828 WAC or a PASRR Level II or follow-up report.

**Planned action notice (PAN)** means a legal document indicating services a client has been approved or denied to receive through DDA.

**Positive behavior support** means an approach to addressing challenging behavior that focuses on changing the physical and interpersonal environment and a person's skill deficits so that the person is able to get their needs met without having to resort to challenging behavior. Positive behavior support must be emphasized in all services funded by DDA for people with developmental disabilities.

**Primary caregiver** means the person who provides the majority of the client's care and

supervision.

**Stabilization Services—Staff and Family Consultation** means short-term, intermittent, or episodic supports to assist a client who is experiencing a crisis related to challenging behaviors 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.

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

## **POLICY**

A. Staff and Family Consultation may be provided to support the client’s family or direct service providers, or both, in supporting the client with needs identified in the DDA Assessment and PCSP. Staff and Family Consultation is not a replacement for Positive Behavior Support or any other services. Staff and Family Consultation is consultation to assist a client’s family, or direct service providers of other DDA-contracted services, to implement skills and techniques that will ultimately assist in the client’s care. Staff and Family Consultation is not a one-on-one service with the client.

### **B. Staff and Family Consultation Service Description**

Consultation support is provided directly to a client’s family or direct service providers to meet the client’s specific needs if the consultation supports are not available through another resource. Consultation topics may include:

1. 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:
  - a. Side effects that must be reported to a prescribing physician or pharmacist;  
or
  - b. Changes in health (e.g., loss of appetite, bowel movements, sleep changes, etc.) that must be reported to a physician.
2. Positioning and transfer, which means helping a direct service provider to troubleshoot use of new positioning equipment, such as a Hoyer lift, stander, or walker.

3. Basic and advanced instructional techniques, which means helping a direct service provider understand how to better implement instructional techniques documented in a client's plan, such as how to improve or enhance caregiver-client communication.
4. Augmentative communication systems, which means helping a provider learn how to troubleshoot assistive technologies for communication not covered under the Speech-Language Pathology services benefit in the Medicaid State Plan.
5. Consultation with potential referral resources, which means helping a direct service provider learn how to identify resources, such as the Mental Health Crisis Line or the End Harm Line.
6. Diet and nutritional guidance, which means helping a direct service provider learn how to follow a nutritional plan developed by a nutritionist or dietician.
7. Disability information and education, which means helping a direct service provider learn about typical symptoms of a diagnosis
8. Consultation regarding an existing plan of care, which means helping a direct service provider learn how to understand a plan of care developed by another professional.
9. Strategies for effectively and therapeutically interacting with the participant, which means helping a direct service provider learn effective communication techniques and consistent response to the client across environments.
10. Environmental consultation, which means helping a direct service provider learn how to implement recommended environmental modifications, such as a quiet space when deregulated or using labels on different items for ease of finding things or understanding sequences.
11. Assistive technology (AT), which means helping a direct service provider learn about an AT device and how to troubleshoot problems, such as how to download apps or clear memory space on the device.

**C. 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.
2. Need for Staff and Family Consultation is identified in the PCSP either during the PCSP planning meeting or as requested by the DDA client or representative.
3. Case Resource Managers must ensure there is a current, signed consent form

signed by the client or the client's legal representative, or both, to contact Staff and Family Consultation providers.

4. Case Resource Managers must help clients, family members, and direct service providers to contact potential Staff and Family Consultation providers and determine whether they are available to work with the client's family or direct service providers. Once a provider is chosen and a service agreement is made by the client or representative, direct service provider, and CRM, the CRM must enter the provider's contact information in CARE.
5. Case Resource Managers must add Staff and Family Consultation to the client's PCSP or PASRR plan. A prior approval is not required.
6. Upon adding Staff and Family Consultation to a client's PCSP or PASRR plan, the CRM must send out a Planned Action Notice (PAN) indicating the approval date. Staff and Family Consultation is not designed to be an ongoing service. Best practice is to review effectiveness of the service every six months and determine if ongoing authorization of the service is necessary. The CRM must receive plan approval or a signature from the client before authorizing services for the Staff and Family Consultation provider.
7. Case Resource Managers must notify the client, family, and representative when the service is approved in the client's PCSP.
8. Upon receipt of the signed consent form, the CRM must contact the provider to let them know that they can begin services with the client.

## **PROCEDURES**

### **Reporting Requirements**

- A. 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 in order 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.
  1. Staff and Family Consultation providers must work with the client and the client's representative to identify the service provider or family member who will be receiving the consultation.
  2. Staff and Family Consultation providers must create an initial plan of work with the client and family, staff, and provider. The initial plan of work must be created using the DDA-provided template, and indicate how they plan to reach the client's goals.

3. If the requested support is consultation to a client's positive behavior support plan or any other professional support plan, an indication of what the family or staff member needs in order to implement the plan successfully must be clearly identified in the initial staff and family consultation plan. This should include explanation of support available through the professional who wrote the plan, and barriers to accessing that support.
  4. The Staff and Family Consultation provider must submit a 90-day progress report to the CRM using the DDA-provided template. The report must describe:
    - a. Steps made toward reaching the family member or support staff's identified goal;
    - b. New issues that may have arisen;
    - c. Any referrals recommended or made by the provider; and
    - d. Any barriers identified that make it difficult for the staff or family member to reach their goals and how those barriers will be addressed.
  5. The CRM must review the 90 day progress report for sufficient completion and authorize services for the next 90 days if the need is indicated in the report. CRMs must end future payment authorizations to a provider if the report is not received on time.
  6. For waivers and RCL, Staff and Family Consultation cannot be used to provide training to caregivers, professional staff, or other supports persons.
  7. 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.
  8. Staff and Family Consultation cannot be used to provide direct observation of the client or direct support to the client.
- B. The provider must provide recommendations of other resources and referrals necessary to maintain the health and safety of the client or caregiver. Such referrals also maintain integrity of their work within the context of their contract and professional ability. The provider must document all referral recommendations and provide that documentation in the quarterly report. If a referral is necessary due to imminent danger of the client or caregiver, the provider must initiate the referral and notify DDA within two hours of the referral.

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**EXCEPTION**

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

**SUPERSESSSION**

None.

Approved:



Date: October 1, 2020

Deputy Assistant Secretary  
Developmental Disabilities Administration