



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

---

TITLE: OPERATIONAL REPORTING REQUIREMENTS POLICY 6.09  
FOR RESIDENTIAL SERVICES PROVIDERS

---

Authority: [Chapter 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Supports*  
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*

**PURPOSE**

This policy establishes additional reporting requirements and procedures for community residential services providers contracted with the Developmental Disabilities Administration (DDA).

**SCOPE**

This policy applies to DDA contracted residential services programs, which includes Supported Living (SL) and State Operated Living Alternatives (SOLA), Companion Homes (CH), Group Homes (GH), Group Training Homes (GTH), and Alternative Living (AL).

**DEFINITIONS**

**DNR** means Do Not Resuscitate.

**Earned Income** means salaries, commissions, bonuses, severance pay, and other cash or in-kind payments received from employment, net earnings from self-employment, and earned income tax credits (see [20 CFR 416.1235](#) for further details).

**POLST** means a *Physician’s Order for Life Sustaining Treatment*.

**Resource** means cash and other liquid assets, or real or personal property that an individual or spouse owns and could convert to cash. See [20 CFR 416, Subpart L](#) for definition of resources and exclusions.

**Unearned Income** means annuities, pensions, and other periodic payments such as Social Security (SSI) benefits, disability benefits, veterans benefits, and unemployment insurance benefits, alimony and support payments; dividends, interest, and royalties; rents; proceeds of life insurance policy; prizes and awards; gifts and inheritances; and support and maintenance in-kind (see [20 CFR 416.1121](#) for further details).

## **POLICY**

Residential services providers must report in writing to the DDA Case Resource Manager (CRM) under the following circumstances:

### **A. Client Medical and Social Absences**

1. Client absences and overnight facility stays must be reported. “Facility” includes, but is not limited to, crisis diversion beds, detention, hospitals, psychiatric hospitals, jails, nursing homes, and residential habilitation centers (RHCs).
2. Documentation is required as follows:
  - a. Social absences must be reported to the CRM in writing within three (3) working days of the first date of absence, when it is expected to exceed thirty (30) calendar days. Social absences include family/friend vacations without residential services staff.
  - b. For Group Homes (GH), Group Training Homes (GTH) and Supported Living (SL): Use [DSHS 06-124, Cost of Care Adjustment Request](#), when the medical absence is expected to be overnight or longer. A medical absence also includes psychiatric hospitalizations. Submit the completed [DSHS 06-124, Cost of Care Adjustment Request](#), to the Resource Manager (RM).

### **B. Income Reporting for all Clients Receiving Residential Services**

1. Each month for clients having resources of \$1,700.00 or more; and
2. For clients who receive State Supplementary Payment (SSP) funds, when they stop receiving Social Security Income (SSI).

### **C. Income Reporting for Clients Receiving GH/GTH Services**

GH/GTH providers must submit to DDA each client's income and resource status, using [DSHS 14-238, DDA Client Monthly Income Report](#), as follows:

1. At twelve (12) month intervals for clients who are SSI recipients;



- a. The provider must submit the request to the DDA regional office. The request must include the signed POLST and a signed statement or letter from the client's physician as required under section D.2 above.
- b. Through the prior approval process, the region then submits the request to the Central Office Community Residential Services Program Manager for review and to obtain approval from the Deputy Assistant Secretary.
- c. The region will notify the service provider of the Deputy Assistant Secretary's decision.
- d. The Administration recognizes the urgency of responding to requests to withhold CPR. The Administration will make every effort to process this request in the shortest possible timeframe, not to exceed two (2) working days upon receipt of all information required under this policy. This includes the required statement from the person's physician per Section D.2 of this policy.

### **EXCEPTIONS**

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

### **SUPERSESSION**

DDD Policy 6.09  
Issued July 1, 2011

Approved: /s/ Donald Clintsman  
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 1, 2013

*Attachment A – Sample Letter Required from Physician*

## ATTACHMENT A

### *Sample Letter Required from Physician*

Date

RE: <Client Name>

As the physician for the above patient, I request that the agency not perform CPR if the patient stops breathing. Administering CPR to the patient would not be in the patient's best interest and must not be administered under any circumstances, unless specifically requested by the patient's guardian.

Please contact me at *<insert phone number>* if you have questions.

Sincerely,

*Signature of physician*