

POLICY

DDD supports the right of clients to make the choice to change residential service providers, selecting from among a pool of qualified providers. In order to provide services to as many clients as possible and making efficient use of public funds, residential services funds are available most often for clients at a level that assumes they will share staff support and living expenses with one to three other persons. DDD is committed to meeting the best interests of:

1. The client who chooses to change his/her residential service provider;
2. Clients who remain in the household (i.e., those persons who share expenses and support staff with the client who has chosen to change provider); and
3. Others affected by the move.

PROCEDURES

A. Working with the Client and Current Service Provider

1. A client who is seeking a change in service provider must, along with his/her legal representative, and Case Resource Manager (CRM), discuss with the current residential service provider whether the client's services can be adapted to respond to what he/she is requesting.
2. If the client and/or their legal representative refuse to meet, the CRM must inform the service provider.
3. If a mutually acceptable plan cannot be developed, the client will initiate the process to seek a new service provider that can provide his/her needed supports. This process of developing an acceptable plan will include the client, his/her legal representative, family, residential service provider, and DDD staff. The plan must consider rental agreement, subsidized housing, employment, and other similar factors.
4. DDD staff will develop a transition plan with the client and his/her legal representative. DDD staff will use DSHS 15-358, *Client Referral Information*, to accomplish the requested change of service provider. See also DDD Policy 4.02, *Referral and Placement into Community Residential Services*.

B. Calculation of ISS Hours

The original residential service provider may request a cost-of-care adjustment up to the amount necessary to continue to support the remaining housemates. The Resource Manager will recalculate the ISS hours using the rate calculator within ninety (90) days.

6. For Supported Living services, options may include restructuring of household configurations, increasing the number of housemates, or moving to a different residence closer to other service recipients.
7. Restructuring of a household for group homes is more difficult. DDD and the service provider will work together to explore other options to support the remaining clients.

E. Client Appeal Rights

The client or his/her legal representative may appeal any department decision of denial, termination or reduction in services. The client and his/her legal representative must be informed of their appeal rights (WAC 388-825-120).

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Division Director.

SUPERSESSION

DDD Policy 6.18
Issued July 1, 2007

DDD Policy 6.18
Issued September 1, 2005

DDD Policy 6.18
Issued November 1, 2003

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

Date: July 1, 2008

Attachment A - DSHS 15-357, *Residential Services Opening Description*

ATTACHMENT A



Residential Services Opening Description

DATE VACANCY IS AVAILABLE	AGENCY NAME		
AGENCY ADDRESS	CITY	STATE	ZIP CODE
AGENCY CONTACT PERSON		TELEPHONE NUMBER	
Address of available vacancy or the geographical area where services can be provided:			
ADDRESS	CITY	STATE	ZIP CODE
PROGRAM TYPE (CHECK ONE) <input type="checkbox"/> SL <input type="checkbox"/> GH <input type="checkbox"/> CP/SL <input type="checkbox"/> GTH <input type="checkbox"/> SR <input type="checkbox"/> IMR-E <input type="checkbox"/> Other:			
Briefly describe the residence that is available:			
RESIDENCE IS WHEELCHAIR ACCESSIBLE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interior <input type="checkbox"/> Exterior		MAXIMUM OCCUPANCY	PRESENT OCCUPANCY
AGES AND GENDERS OF CURRENT TENANTS			
DESIRED REFERRALS CAN BE <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either		DESIRED REFERRALS CAN BE <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/> Either	
		REFERRED INDIVIDUAL'S BEDROOM <input type="checkbox"/> Private <input type="checkbox"/> Shared	
Describe the level of assistance available for referred clients (e.g., daily living skills, one-to-one behavioral support, etc.)			
Describe any professional or specialized services available (e.g., nursing, etc.)			
Other characteristics agency specializes in providing (e.g., specific age group, mental health supports, etc.)			
A current staffing schedule is attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Comments			

DSHS 15-357 (05/2008)