

DEFINITIONS

ART means Admissions Review Team which is a statewide team of DDA professional staff appointed by the DDA Deputy Assistant Secretary.

CRM means the Developmental Disabilities Administration Case Resource Manager, Social Worker, or Social Service Specialist.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) means facilities federally regulated by 42 CFR 483 subpart I and [WAC 388-835](#).

Long-Term Admission of a person to an RHC means the request has gone through the DDA Admissions Review Team (ART) and admission has been approved by the Assistant Secretary or designee. Nursing Facility (NF) rules require PASRR Level II to be completed prior to any stay expected to last more than thirty (30) days.

Pre-Admission Screening and Resident Review (PASRR) means a federally mandated program required for every person prior to admission to a Medicaid certified nursing facility.

PASRR Assessor means the regional designated CRM identified to complete the PASRR process.

Nursing Facility (NF) means a facility federally regulated by 42 CFR 483 subpart B and C and [WAC 388-97](#).

Residential Habilitation Center (RHC) means a residential facility for individuals with intellectual disabilities or other condition similar to intellectual disability operated by the DDA. RHCs may meet the requirements to be certified as an ICF/IID, or a Nursing Facility (NF), or both. When a RHC meets the requirements for both, the NF and ICF/IID are separate facilities and have different requirements.

Short-Term Stay (STS) means temporary residential services provided to a person on an emergency or planned basis. A short-term stay at an ICF/ID can be any number of days up to a year. Nursing Facility (NF) rules limit short-term stays to thirty (30) days without an exception.

State Operated Nursing Facility (SONF) means any of the three NFs operated by DDA for DDA clients.

SCOPE

- A. This protocol applies to persons requesting long-term admission to an ICF/IID or SONF, and includes the following:
1. ICF/IIDs operated by the DDA. This includes Fircrest School, Lakeland Village, and Rainier School;
 2. Private ICF/IID programs sited in local communities; and
 3. Nursing Facilities located at Fircrest School, Lakeland Village, and Yakima Valley School. This includes any move from an ICF/IID service to a SONF service for long-term admission whether at the same or a different RHC.
- B. Clients requesting ICF/IID or SONF admission directly from a state psychiatric hospital must follow the procedures and process described in this policy.
- C. For short-term admissions for thirty (30) days or less refer to [DDA Policy 4.01](#), *Planned and Emergency Short-Term Stays*.
- D. Long-term admissions are typically those which are expected to last for more than thirty (30) days and there is no active plan for the person's discharge from the ICF/IID or SONF. Nursing Facility (NF) rules limit short-term stays to thirty (30) days. Any SONF stay of more than thirty (30) days requires a full PASRR Level II prior to admission.

POLICY

- A. **Admissions Review Team**
1. A statewide team of professional staff known as the Admissions Review Team (ART) will review all requests for admission to an ICF/IID or an SONF and provide recommendations to the DDA Deputy Assistant Secretary for final decision.
 2. The Deputy Assistant Secretary will appoint a minimum of six (6) members to serve on the ART. Members must be knowledgeable about both community and RHC programs and resources.

The Deputy Assistant Secretary will designate the team chair. Membership will reflect representation from:

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- a. Central Office:
 - 1) Clinical Director;
 - 2) Community Residential Services Program;
 - 3) Children's Community Residential Services Program; and
- b. Field Services Administrator; and
- c. Representative(s) from RHC Administration.

B. Eligibility for ICF/IID Services

Persons requesting admission must be eligible for Medicaid services and meet specific eligibility criteria for ICF/IID as follows:

1. Meet the ICF/IID eligibility determination in the DDA Assessment; and
2. Need active treatment per 42 CFR 483.440(b)(1) that requires:
 - a. Twenty-four (24) hour awake supervision for the protection of self and others (42 CFR 483.430c (2)); and
 - b. Supervision or substantial training in one or more of the following activities of daily living:
 - 1) Toileting;
 - 2) Personal hygiene;
 - 3) Feeding self;
 - 4) Bathing;
 - 5) Dressing;
 - 6) Grooming;
 - 7) Communication; and
 - 8) Self-medication.

C. Eligibility for SONF Services

1. Persons requesting admission must be eligible for Medicaid services and meet the NF eligibility determination (NFLOC) in CARE.
2. Prior to admission, the PASRR process must be completed by the DDA regional PASRR Assessor.

D. **Youth Admissions**

1. No children under the age of sixteen (16) years will be admitted to an RHC.
2. **Youth age 16 to 21 years may be admitted for short-term respite or crisis stabilization services to an RHC by prior approval from the Assistant Secretary or Deputy Assistant Secretary only when** no service options are available in the community. Refer to [DDA Policy 4.01](#), *Planned and Emergency Short-Term Stays*, for more information and requirements.

E. **Facility Location and Admission Timeframe**

If admission is approved, the client will be admitted to a specific ICF/IID, a community ICF-IID facility or a SONF, as determined by the Deputy Assistant Secretary.

1. Clients must be admitted to the facility no later than ninety (90) days from approval for admission. If the client or legal representative does not agree to placement within ninety (90) days of approval for admission, it will be necessary to re-apply for admission if future ICF/IID or SONF placement is desired.
2. Clients who are admitted to an ICF/IID or SONF and are subsequently discharged at their own or their legal representative's request, will need to re-apply for admission should they want future placement. If admission is approved, the Deputy Assistant Secretary will determine the placement facility.
3. If a client's legal representative or family member demonstrates by a pattern of behavior (e.g., interfering with programming, staff, etc.) that there is a likelihood the placement will be disrupted and cause harm to the client, DDA will make a report to Adult Protective Services (APS), Child Protective Services (CPS) or the Complaint Resolution Unit (CRU), as appropriate.

PROCEDURES

A. **Requests for ICF/IID Admission**

1. If an adult client, the client's legal representative, and/or family requests admission to an ICF/IID, the Case Resource Manager, Social Worker, or Social Service Specialist (CRM/SW/SSS) will talk with the client to ascertain the client's willingness to reside in an ICF/IID.

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- a. If the client requests to reside at either a RHC ICF/IID or a community ICF/IID, the CRM/SW/SSS shall have the client sign [DSHS 15-420, Request for ICF/IID or SONF Admission](#), and document the request in the client's Individual Support Plan (ISP). If the client has a legal representative with full guardianship powers, the legal representative must also sign the request.
 - b. Regardless of the preference of the client's legal representative or family, if the client communicates or otherwise exhibits an unwillingness to reside at an ICF/IID, the CRM/SW/SSS will document this in the client record and DDA will take no further action.
2. The CRM/SW must discuss community residential placement options with the client, the client's legal representative, and/or family, and assist them in visiting the various residential service models available through DDA.
- a. This includes, but is not limited to, a community ICF/IID, if possible, and other community options such as Supported Living. This must occur **prior** to the ART review of the request.
 - b. If the client has been denied access to a Home and Community Based Services (HCBS) waiver and no other community funding options are available, the CRM/SW will proceed to Step 3 below.
3. If the client and/or the client's legal representative or family is interested in admission to a community ICF/IID, the CRM/SW/SSS will work with the Resource Manager to ensure that a referral packet has been sent to the ICF/IID and a client visit to the ICF/IID has occurred **prior** to initiating a long term admission request.
4. The CRM/SW/SSS will:
- a. Complete a new DDA Assessment (all three modules) if circumstances warrant. DDA Assessments completed within the past year are acceptable, provided that there have been no significant changes in the client's status or functioning. Contact the ART Chairperson if you are unsure.
 - b. Compile a packet for the ART that includes the following:

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- 1) A cover letter from the Regional Administrator with the signed *Request for ICF/IID or SONF Admissions* (DSHS 15-420) attached.
- 2) A written case summary, current within thirty (30) calendar days, which addresses all of the following elements:
 - a) The client's current status and a brief description;
 - b) The urgency and reason/circumstances for the request;
 - c) Where the client is currently residing and prior placement history;
 - d) Any extraordinary or unstable medical conditions;
 - e) Any challenging behaviors the client exhibits and the severity of the behaviors;
 - f) Special staffing or supports required at home or school;
 - g) Alternatives to ICF/IID placement that have been explored, including if a HCBS waiver enrollment request was submitted and denied;
 - h) Whether the client or the client's legal representative will accept diversion to community placement if offered;
 - i) Placement goals, including what supports are needed at the ICF/IID to enable the client to return to their home community at the earliest clinically approved opportunity; and
 - j) Plan for discharge from the ICF/IID.

Note: If the client is currently residing at an ICF/IID or SONF, the case summary must also contain information on the client's current status and progress while at the ICF/IID or SONF.

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- 3) A completed [DSHS 13-830](#), *Admissions Review Team Checklist for Admission to an ICF/IID or SONF*, which should also be sent via email to the ART Chairperson as a Word document.
 - 4) A copy of the client's most recent DDA Assessment Details Report.
 - 5) Any other relevant information that you want the ART to consider. It is not necessary to send laboratory reports, data recording sheets/charts, progress notes, etc.
 - 6) The CRM or other regional staff name and contact information.
- c. Forward the complete packet to the Regional Administrator for review.
5. The Regional Administrator will forward the complete packet to the ART Chairperson in DDA Central Office along with his/her recommendation. Hard copies are not required when all materials have been sent electronically.

B. ICF/IID STS Lasting Beyond Ninety (90) Days

1. The originating Region will initiate an admission request when a client has been on STS for longer than ninety (90) days and:
 - a. There is no active or identified provider interested in serving the person; and
 - b. No resources have been identified to support the person in the community.
2. Proposed admission must meet both tests ("a" and "b" above). To be considered an "active or identified provider" the provider must, at a minimum, have met with and visited the client.
3. Regions are expected to actively work on supporting the STS client to return to his or her community.
 - a. The originating region is required to initiate an Exception to Rule (ETR) request monthly to the Deputy Assistant Secretary using the Comprehensive Assessment and Reporting Evaluation (CARE) system whenever the STS exceeds thirty (30) calendar days per year.

- b. When exceeding ninety (90) calendar days, the ETR must indicate the service provider(s) that the region is working with and a target date for which the client plans on returning to his/her community.

C. **Requests for SONF Admission**

1. If an adult client, the client's legal representative, and/or family requests admission to a SONF, the CRM will talk with the client to ascertain the client's need, interest, preference and willingness to reside at a SONF or other community options, including a private NF.
 - a. If the client appears to be certain that they want to reside at a SONF, the CRM shall have the client sign [DSHS 15-420](#), *Request for ICF/IID or SONF Admission* and document the request in the client's Individual Support Plan (ISP). If the client has a legal representative with full guardianship powers, the legal representative must also sign the request.
 - b. Regardless of the preference of the client's legal representative or family, if the client communicates or otherwise exhibits an unwillingness to reside at a SONF, the CRM will document this in a Service Episode Record (SER) and DDA will take no further action.
2. The CRM must discuss community residential placement options with the client, the client's legal representative, and/or family, and assist them in visiting the various residential service models available through DDA.
 - a. This includes community residential options that provide skilled nursing services by a Supported Living provider. This must occur prior to or within thirty (30) days of the signed request for SONF admission.
 - b. If the client has been denied access to a Home and Community Based Services (HCBS) waiver and no other community funding options are available, the CRM/SW will proceed to Step 3 below.
3. The CRM/SW will:
 - a. Complete a new DDA Assessment (all three modules) if circumstances warrant. DDA Assessments completed within the past year are acceptable, provided that there have been no significant changes in the client's status or functioning. Contact the ART Chairperson if you are unsure.

- b. Compile a packet for the ART that includes the following:
- 1) A cover letter from the Regional Administrator with the signed Request for ICF/IID or SONF Admissions (DSHS 15-420) attached.
 - 2) A written case summary, current within thirty (30) calendar days, which addresses all of the following elements:
 - a) The client's current status and a brief description;
 - b) The urgency and reason/circumstances for the request;
 - c) Where the client is currently residing and prior placement history;
 - d) Any extraordinary or unstable medical conditions;
 - e) Any challenging behaviors the client exhibits and the severity of the behaviors;
 - f) Special staffing or supports required at home or school;
 - g) Alternatives to SONF placement that have been explored, including if a HCBS waiver enrollment request was submitted and denied;
 - h) Whether the client or the client's legal representative will accept diversion to community placement if offered;
 - i) Placement goals, including what supports are needed at the NF to enable the client to return to their home community at the earliest clinically approved opportunity; and
 - j) Plan for discharge from the SONF.

Note: If the client is currently residing at an RHC ICF/IID, the case summary must also contain information on the client's current status and progress while at the RHC.

- 3) A completed [DSHS 13-830](#), *Admissions Review Team Checklist for Admission to an ICF/IID or SONF*, which should also be sent via email to the ART Chairperson as a Word document.
 - 4) A copy of the client's most recent DDA Assessment Details Report.
 - 5) Any other relevant information that you want the ART to consider. It is not necessary to send laboratory reports, data recording sheets/charts, progress notes, etc.
 - 6) The CRM/SW/SSS or other regional staff name and contact information.
- c. Forward the complete packet to the Regional Administrator for review.
 - d. Contact the regional PASRR Coordinator to arrange for PASRR to be completed by a regional PASRR Assessor. The PASRR must be completed prior to NF admission.
4. The Regional Administrator will forward the complete packet to the ART Chairperson in DDA Central Office along with his/her recommendation. Hard copies are not required when all materials have been sent electronically.

D. **SONF STS Lasting Beyond 30 Days**

1. The originating Region will initiate a PASRR Level II assessment request when a determination is made that a STS will last longer than thirty (30) days.
 - a. If the STS is planned to last more than thirty (30) days, PASRR Level I and Level II must be completed prior to admission.
 - b. If the STS is planned for less than thirty (30) days, the PASRR Level I must be completed before admission.
 - c. If a STS planned for less than thirty (30) days will unexpectedly extend beyond thirty (30) days, the PASRR Level II must be completed before the extension can be approved.
2. Regions are expected to be actively working on returning any client on a STS to their community. The originating Region is required to initiate an Exception to

Rule (ETR) request monthly to the Deputy Assistant Secretary using the Comprehensive Assessment and Reporting Evaluation (CARE) system whenever the STS exceeds thirty (30) calendar days per year. A PASRR assessment must be completed by the 40th day of stay.

PROCESS

A. ART Review

1. The ART will review the client information packet and confirm eligibility for ICF/IID or SONF services. During the ART meetings, the CRM and/or a regional staff who knows the client well must be available by telephone, in the event the ART needs additional information or clarification.
2. After review and discussion, the ART will make a recommendation regarding admission, placement location, and possible diversion.
3. The ART Chairperson will meet with the Deputy Assistant Secretary to discuss each request and will notify the Region of the decision. The Region is responsible to notify the client and the client's legal representative. Client notification for all decisions must follow the notice procedures in [DDA Policy 5.02](#), *Necessary Supplemental Accommodation*.
4. If admission is approved, a Pre-admission Planning Conference must be scheduled immediately with the client, the client's legal representative/family, regional staff, and ICF/IID or SONF staff, as appropriate. The meeting/conference must address what supports are needed to enable the client to return to their home community. The CRM must document this meeting in a SER.

Following approval, the CRM/SW/SSS must terminate all DDA paid services and transfer the client to the identified ICF/IID or SONF in CARE. This will allow for the client record to be transferred and admitted in CARE.

B. Review Period

1. Reviews of ICF/IID and SONF admission requests will be completed within ninety (90) days of the date of receipt of the signed request, unless the time period is extended by mutual agreement of the requestor and DDA.

2. If RHC ICF/IID or SONF admission is approved, the ICF/IID or SONF will review the person's continued need for ICF/IID or SONF level of care, as applicable, quarterly (42 CFR 483).

C. **Notice and Appeal Rights**

1. The CRM/SW must notify the client and the client's legal representative of the decision in accordance with the requirements of [DDA Policy 5.02](#), *Necessary Supplemental Accommodation*.
2. If a request for admission is denied, the CRM/SW must enclose information about appeal rights and a form for requesting an administrative hearing with the notice.
3. The client and the client's legal representative have ninety (90) days to appeal the denial or termination of ICF/IID or SONF services.
4. For SONF decisions, the PASRR Assessor will distribute all PASRR documents, including the PASRR Planned Action Notice.

CONSIDERATION

A. **Washington State Considerations for NF**

1. The DDA Assessment may be used to assist in determining if the client's support needs require NF level of care as follows:
 - a. The Support Assessment Acuity Scales ratings;
 - b. If the client scores low on the acuity scales referred to in "a" above, the ART may consider the following documented habilitation needs, which meet NF criteria, but are not adequately reflected in the above assessments:
 - 1) Complexity and/or instability of health conditions.
 - 2) Complexity of nursing services and/or rehabilitative services provided by or supervised by licensed or credential professionals.
 - 3) Need for licensed staff supervision and treatment for personal care.
 - 4) Safety of the client, family, caregiver, and community.
2. The following two (2) conditions must also be present:

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- a. The client must exhibit a willingness to reside at an SONF and the client and/or the client's legal representative must agree to participate in regular discharge planning; and
- b. The client's critical safety and/or health needs are currently not being met (i.e., shelter, food, medical, personal care, and supervision).

EXCEPTIONS

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

SUPERSESSSION

DDA Policy 3.04
Issued December 1, 2013

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

Date: August 15, 2015