

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: RHC PLANNED AND EMERGENT SHORT-TERM STAYS POLICY 4.01

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Authority: [42 CFR Sec. 483.440\(b\)](#) *Condition of participation: Active treatment services*  
[Chapter 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-97 WAC](#) *Nursing Homes*  
[Chapter 388-825 WAC](#) *DDA Service Rules*

Reference: [DDA Policy 3.04](#), *Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and State Operated Nursing Facility (SONF) Admissions Protocol*  
[DDA Policy 4.15](#), *Overnight Planned Respite Services for Adults*

## **PURPOSE**

This policy establishes procedures for authorizing and providing planned and emergent short-term stays at the Developmental Disabilities Administration's (DDA) Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and State Operated Nursing Facilities (SONF).

## **SCOPE**

This policy applies to all DDA staff.

## **DEFINITIONS**

**Active Treatment** means aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services directed toward:

1. Acquiring the behaviors necessary for the client to function with as much self-determination and independence as possible; and
2. Preventing or slowing the regression or loss of optimal functional status.

**Adult Respite Service Committee** is a committee that reviews and processes planned and short term stay requests for adults.

**Comprehensive Assessment and Reporting Evaluation (CARE) system** is an online system used to coordinate services for DDA clients.

**Emergent request** means a client is at risk of not having a bed within the next ten days.

**Long-term admission** is a client's admission to a Residential Habilitation Center (RHC) that has been reviewed by the DDA Admissions Review Team (ART) and approved by the Assistant Deputy Secretary or designee.

**Preadmission Screening and Resident Review or PASRR** is a program that identifies individuals with intellectual disabilities or related conditions (ID/RC) who have been referred for nursing facility care.

**Planned** means a short-term stay with predetermined admission and discharge dates.

**Short-term stay** means a planned or emergent stay in an ICF/IID or SONF:

1. ICF/IID short-term stays must not exceed 180 days unless alternative conditions have been met. See Procedures.
2. SONF short-term stays must not exceed 30 days unless an exception has been granted.

Note: A short-term stay, for purposes of financial benefits under the Social Security Administration and other benefits, is defined as no more than 30 days.

**Transition** is when a client, the client's family or guardian, RHC staff, and DDA Field Services staff develop a person-centered plan to help the client move from an RHC into the community. The person-centered transition plan identifies community supports necessary for the client to be successful in the community.

**Youth** means a DDA-eligible client age 16 through 20.

## **POLICY**

- A. If a client requests a short-term stay at an ICF/IID or SONF, the client's DDA Assessment must show a need for active treatment services as defined in [42 CFR Sec. 483.440\(b\)\(1\)](#) or nursing services.
- B. If an ICF/IID or SONF is not at capacity, the facility may be available for planned or emergent short-term stays. Planned or emergent short-term stay admissions do not require review by the DDA Admissions Review Team and are not approved long-term admissions.

- C. Recommendations related to short-term stay admissions must be submitted to the DDA Adult Respite Service Committee.
- D. Emergent short-term stay requests to an ICF/IID or SONF are temporary, pending resolution of a crisis and the development or procurement of statewide community resources.
- E. Clients under age 16 may not be admitted to an RHC for a short-term stay.
- F. Youth may be admitted to an RHC if:
  - 1. No community options are available statewide;
  - 2. The admission is for a short-term stay or crisis stabilization services;
  - 3. Prior approval has been obtained from the Deputy Assistant Secretary or designee;
  - 4. Separate prior approval has been obtained from the Deputy Assistant Secretary or designee for any short-term stay greater than 30 days in a calendar year. See Procedures; and
  - 5. The referring regional PASRR assessor has completed the PASRR process before the client is admitted to a SONF. See Procedures.
- G. Clients age 21 or older may be admitted to an RHC if:
  - 1. Statewide community options have been explored before considering an RHC stay;
  - 2. Prior approval has been obtained, for a short-term stay of 30 days or fewer, from the Regional Administrator (RA) of the region in which the client resides;
  - 3. Prior approval has been obtained from the Deputy Assistant Secretary or designee for a short-term stay of more than 30 days total in a calendar year. See Procedures; and
  - 4. The referring regional PASRR assessor has completed the PASRR process before the client is admitted to a SONF. See Procedures.
- H. If a short-term stay at an RHC exceeds 180 days, field services staff must exhaust all community resources. If no resources are available, the case resource manager (CRM)

and the client or the client's legal representative must request ICF/IID or SONF admission according to DDA Policy 3.04, unless all of the following has occurred:

1. The region has identified a service provider with a discharge date no longer than one year from the client's date of admission;
2. Transition planning is actively occurring and the client has been given:
  - a. Information regarding Roads to Community Living including the benefits of enrollment, such as person-centered planning, referral videos, and other specialized transition services; and
  - b. The opportunity to receive Family Mentoring Services; and
3. The Deputy Assistant Secretary or designee has granted an exception for a short-term stay of no longer than 180 additional days.

## **PROCEDURES**

### **A. Requests**

1. Before submitting a request for a planned or emergent short-term stay at an RHC, the CRM must obtain a signed [DSHS 14-012, Consent](#), form from the client or the client's legal representative.
2. The CRM must complete and submit the following documentation to their supervisor:
  - a. [DSHS 14-012, Consent](#);
  - b. [DSHS 10-572, Respite Application for Overnight Planned, RHC Emergent and/or Planned Respite Services](#) (Primary reason for request must be completed in the Social Summary section of this form);
  - c. Current CARE DDA Assessment details. If the client has not received a DDA Assessment within the past 12 months, the CRM must complete a Support Assessment to identify the client's support needs;
  - d. Positive Behavior Support Plan, if available; and
  - e. Cross-System Crisis Plan, if available.
3. If the request is for a planned respite stay, the CRM supervisor must review and submit a completed referral packet to the Adult Respite Service Committee.

4. If the request is for an emergent short-term stay, the CRM supervisor must review the request with the Field Service Administrator and Deputy Regional Administrator and submit the completed referral packet to the Adult Respite Service Committee.
5. The CRM must submit a prior approval in CARE to his or her Supervisor. The prior approval request must include a justification for the request and a description of alternative options the CRM has explored. If the request is for an emergent short-term stay, the prior approval must be submitted to the Regional Administrator or designee.
6. If the request is for an RHC admission of youth, the referring region must submit a request for prior approval in CARE to the Deputy Assistant Secretary or designee for approval. The request must include:
  - a. The purpose behind the request for RHC services;
  - b. Justification for the request; and
  - c. Alternative service options in the community that have been explored and an explanation of why those options were unsuccessful or not appropriate.

**B. Notifications**

1. The Adult Respite Service Committee Chair sends the committee's decision to the:
  - a. Case Resource Manager;
  - b. CRM's Supervisor;
  - c. Field Services Administrator;
  - d. RHC Coordinator;
  - e. PASRR unit, if appropriate;
  - f. Regional Administrator, for emergent short-term stay approval only;
  - g. RHC Superintendent, for emergent short-term stay approval only; and
  - h. Deputy Regional Administrator, for emergent short-term stay approval only.

2. The following information should be provided to the ICF/IID or SONF before the client's admission:
  - a. Background information, including the client's:
    - 1) Birth Certificate;
    - 2) Social security card;
    - 3) Washington State ID cards, if applicable;
    - 4) Insurance cards; and
    - 5) Guardianship papers.
  - b. Legal information, including:
    - 1) Criminal justice system actions;
    - 2) Local law enforcement involvement;
    - 3) Contractual obligations or court-ordered decrees; and
    - 4) Pending criminal charges and any related information.
  - c. Medical information, including the client's:
    - 1) Signed consent for release of all medical and psychiatric records;
    - 2) Physician and back-up physician's name, address, and telephone number, which may be found in CMIS Collateral Contacts;
    - 3) Current immunization records;
    - 4) Most recent medical evaluation, including physical examination and current diagnoses. Diagnoses must be listed in the client's DDA Assessment;
    - 5) Report of current Hepatitis B screening;
    - 6) Report of current tuberculosis (TB) screening;
    - 7) Current prescription medications, including physician orders when possible, and purpose;
    - 8) Known allergies;
    - 9) Prescribed diet and reason; and
    - 10) Psychiatric diagnosis, if applicable, any relevant hospitalization records and provider contact information.

- d. If available, most recent functional assessment, developmental assessment, or both, including:
  - 1) A review of any significant challenging behaviors, such as the client posing a danger to self or others;
  - 2) Any planned interventions previously used or in effect; and
  - 3) The client's most recent risk assessment if he or she has community protection issues.
3. If the short-term stay request is approved by the Adult Respite Service Committee:
  - a. The Adult Respite Service Committee Chair must communicate to the identified regional and RHC staff the approved days for the short-term stay.
  - b. The CRM must:
    - 1) Communicate to the family the approval of the service;
    - 2) Complete the Planned Action Notice for the approval of the service in the CARE tool;
    - 3) Update the individual's Person-Centered Service Plan (PCSP);
    - 4) Coordinate the completion of the PASRR, if appropriate; and
    - 5) Update the resident screen in CARE if the short-term stay exceeds 30 days.
4. The CRM, PASRR Assessor, and the SONF Interdisciplinary Team (IDT) must plan services based upon the client's individual needs. The CRM, PASRR Assessor, and the IDT must maintain contact to communicate between all parties the client's progress and status. The CRM, PASRR Assessor, and the IDT must document these communications in the Service Episode Record (SER) in CARE.
5. If the request is denied by the Adult Respite Service Committee, the Adult Respite Service Committee Chair must notify the CRM. The CRM must:
  - a. Work with the family to identify alternative options that may be available; and
  - b. Complete the Planned Action Notice for the denial of the service.

6. If a client receives planned or emergent short-term stay services in the ICF/IID for more than 30 consecutive days, the IDT must develop an Individual Habilitation Plan (IHP) addressing the primary need that led to the STS request. The facility must begin assessments if the facility learns that the client's stay may exceed 30 days.
7. If services in the SONF exceed 30 consecutive days, the PASRR Assessor must complete a PASRR Level II in the PASRR electronic system before the additional stay is approved.
8. If a client remains in an RHC for more than 30 consecutive days, the designated staff at the RHC must notify the Social Security Administration for benefit changes and update the short-term stay tab in CARE. The same staff must notify the Social Security Administration if a client is being discharged.

### C. Discharge Procedures

1. Discharge plans are required for all admissions and are as follows:
  - a. For any stay that exceeds 90 consecutive days, the CRM must work with the regional Roads to Community Living (RCL) staff to explore available services. See Policy above.
  - b. For a planned short-term stay, a discharge plan must be in place upon admission that includes the residence to which the client will return and a planned discharge date; or
  - c. For an emergent short-term stay, an initial discharge plan must be developed jointly by the CRM and the IDT as soon as possible after admission. If the client begins to stabilize (behaviorally, medically, or both), the CRM and the IDT must develop a discharge plan, which must include the location to which the client will be discharged and a projected timeline for discharge.
2. If a discharge does not occur within the 30 days allowed for a short-term stay in a calendar year, the case manager from the referring region must:
  - a. Submit an ETR request in CARE to the Assistant Deputy Secretary for an additional 30 days and repeat for every 30-day period sought thereafter; and
  - b. Include in the ETR request what the region will do to remain actively involved with the client, how the region will participate in the client's

