



STATE OF WASHINGTON

December 30, 2022

As per the December 8, 2022 email from Amanda Hill, CMS, below please find Washington State's responses to clarify modifications approved in the Statewide Transition Plan.

1) Description of how the state's oversight systems (licensure and certification standards, provider manuals, person-centered plan monitoring by case managers, etc.) have been modified to embed the regulatory criteria into ongoing operations;

Modifications are listed in the approved [Statewide Transition Plan \(STP\)](#) and are as follows:

➤ **Letter to clients (page 193-195)**

Letter Sent to Participants Regarding their Rights (Updated 1/15/16)

The following is the letter that DSHS sent to participants on July 31, 2015, to notify them about their rights under the HCBS rules.

You are receiving this notice to tell you about important federal rules because you live in a home and community setting. The federal Home and Community Based Services rules are similar to Washington state laws related to your rights when receiving services.

These rules are intended to ensure that you enjoy full access to the benefits of living in the community. The rules also ensure your right to privacy, to be treated with dignity and respect, and to make your own decisions.

You have the right to:

- Lead your service planning process by:
- Inviting who you want to come to your assessment;
- Having the assessment and service planning process take place in your home or a place that is convenient for you; and
- Getting the information you need to make choices about all the services and supports available to you.
- Be involved in your community, including the right to:
- Work;
- Participate in activities with other members of your community;
- Control your own money and resources; and
- Receive services in the community
- Have privacy and be treated with dignity and respect
- Make your own life choices, including, the freedom to decide:
- Which services you will receive;
- Who will provide your services;
- Where you live;
- What activities you want to do;
- Who you want to spend time with; and
- Not to accept services you do not want.
- Be free from restraints, abuse, exploitation or neglect

In addition, if you live in a residential setting, you also have the right to:

- Have a lockable entry door;
- Choose your roommate from among others who live there;
- Decorate your bedroom or unit;
- Make your own schedule and choose what activities you want to do;
- Have access to food at any time; and
- Have visitors at times that are convenient to you.

If you live in a residential setting and any of these rights cause your health and safety to be in danger, that right may be modified with your consent. Changes can only be made based upon your needs, and only after other things have been tried and did not work.

If you live in an adult family home or assisted living facility, the Admissions Agreement tells you the rules and policies in that facility. These rules must protect your rights. Admissions Agreements must be provided before you move in and every 2 years after that.

If you live in a residential facility, you have an additional written plan that is an agreement between you and your residential provider. The plan outlines the care and services that the provider has agreed to provide you. The plans include your preferences and choices about the services you receive. Among other things, your plan includes your preferences about your daily routine, food, grooming, and activities as well as how your preferences will be met. The plans have different names depending on what type of residential setting you live in:

- Adult Family Homes have Negotiated Care Plans
- Assisted Living Facilities have Negotiated Service Agreements
- Group Homes and Supported Living services have Individual Instruction and Support Plans
- Alternative Living has Alternative Living Services Plans

DSHS is committed to making sure your rights are protected. Please reach out if you feel any of your rights are not being honored. Contact your case manager to discuss your rights, ask questions or ask for help.

If you feel that you have been abused, exploited or neglected, please call End Harm at 1-866-363-4276

If you live in a residential setting, and you feel that any of your rights are being violated, please contact the Complaint Resolution Unit at: 1-800-562-6078.

If you live in an adult family home or an assisted living facility and would like to talk to an advocate or make a complaint, please call the Washington state Ombuds office 1-800-562-6028.

➤ [Service plan for clients choosing a residential facility \(page 206\)](#)

Client Service Summary Excerpt

DSHS/ALTA

Service Summary Pending Interim

Client Signature

I am aware of all alternatives available to me and I understand that access to 24-hour care is available only in residential settings, including community residential settings. I agree with the above services outlined on this summary.

- I understand that participation in all ALTA/LTC paid services is voluntary and I have a right to decline or terminate services at any time.
- I understand that I must notify my case manager if I have a change in my living situation.
- I understand that I have the right to have a lockable entry door, choose my roommate (if I have one), decorate my own room or unit, make my own schedule and choose what activities I want to do, have access to food at any time, and have visitors at times that are convenient to me.
- I understand that if any of these rights increase risk to my health or safety, these rights may be changed with my consent. If changes must be made, they will be specific to my health and safety needs and only after other options have been tried that did not work.
- I understand that if I feel any of my rights are being violated to call the Complaint Resolution Unit at: 1-800-562-6028.

Client/Representative signature

Date

Provider

Date

Social Worker/Case Manager signature

Date

➤ **Policy changes (pages 197-205)**



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: COMMUNITY RESIDENTIAL SERVICES: POLICY 4.02
REFERRAL, ACCEPTANCE, AND CHANGE OF RESIDENTIAL PROVIDERS

Authority: [Chapter 71A RCW](#) *Developmental Disabilities*
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*
[Chapter 388-826 WAC](#) *Voluntary Placement Services*
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Support*
[Chapter 388-829C WAC](#) *Companion Homes*
[Chapter 388-829A WAC](#) *Alternative Living*

PURPOSE

This policy establishes a process for referral to and acceptance of community residential services, and the process for changing service providers for eligible clients of the Developmental Disabilities Administration (DDA).

SCOPE

This policy applies to DDA staff and the following DDA contracted residential service programs:

For adults:

- Supported Living (SL)
- Group Homes (GH)
- Group Training Homes (GTH)
- State Operated Living Alternatives (SOLA)
- Crisis Diversion Bed and Support Services

For children:

- Licensed Staffed Residential (LSR)
- State Operated Living Alternatives (SOLA)
- Licensed Child Foster Home (CFH)
- Licensed Group Care Facility

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D. A supported living service provider agency, administrator, or owner cannot own homes that are rented by the clients they serve.

1. Exceptions to this will be considered by the Assistant Secretary for scenarios that have been in existence prior to July 1, 2013. ETPs will be reviewed annually. The residential service provider will complete the [DSHS 27-124, Provider Owned Housing Memorandum of Understanding Residential Provider Attestation](#), form. The Resource Manager will work with the client/legal guardian to complete the [DSHS 27-123, Provider Owned Housing Memorandum of Understanding Renter Attestation](#), form. Both of these documents will be attached to the ETP prior to the Assistant Secretary review. A signed copy of ETP will be kept in the DDA client file and forwarded to the provider within thirty (30) days of submission. ETPs will be tracked.

2. No new provider owned homes will be considered.

E. When an SL or GH/GTH provider has capacity in a home, they may complete [DSHS 15-360, Residential Services Capacity Profile](#), and send it to the RM to seek referrals.

PROCEDURES

A. The RM and the CRM/SW/SSS will work collaboratively on client referrals.

1. The CRM/SW will identify the current needs of the client through the DDA Client Assessment process, submit a Waiver request if one is needed, and prepare the referral packet.

2. DDA will consider the following factors when reviewing client requests for residential services and identifying potential service providers and distributing referrals:

- a. Personal preference of the individual being referred;
- b. Parent/legal representative requests;
- c. Personal preferences of potential housemates;
- d. Provider's ability to meet the client's health, safety, and program needs;
- e. Needs of all persons in the residence, including safety and protection;
- f. Capacity in existing homes;
- g. Provider areas of specialty;
- h. Provider interest and ability to expand services; and
- i. Enforcement action regarding placements.

3. The RM will distribute the referral packets to potential service providers and receive the providers' response.

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- B. Prior to referring a client to residential service providers, the CRM/SW/SSS must obtain a signed [DSHS 14-012, Consent](#), from the client and/or the client's legal representative. The form must have been signed within the last six (6) months. When discussing services available, the CRM will document the client preferences on [DSHS 15-358, Client Referral Information](#).
- C. CRM/SW/SSS will compile the contents of the referral packets. Referral packets must include all required forms and available information in the client record, including:
1. [DSHS 10-232, Provider Referral Letter for Supported Living/Group Home Providers](#), that lists the information included in the packet or [DSHS 27-057, Voluntary Placement Services Program Provider Referral Letter](#), for children up to age 18. The provider will send a copy of the signed form to the CRM/SW/SSS for inclusion in the client record.
 2. For adult clients only: A completed [DSHS 15-358, Client Referral Information](#).
 - a. History of residential services received from other providers.
 - b. Legal representative information and documentation.
 - c. Marital status and ages of children, if any.
 - d. The client's current DDA Assessment and Individual Support Plan (ISP) as identified in [DDA Policy 3.01, Service Plans](#). Assessment for clients referred for Supported Living, Group Home, or Group Training Home services will indicate the residential level of supervision and support (i.e., support levels 1 through 6 per [WAC 388-828-9540](#)).
 - e. Dates, sources, and copies of the most recent psychological and/or mental health evaluations, including any behavioral and psychiatric information and treatment plans.
 - f. A summary of incidents that warranted an Incident Report (IR) within the past twelve (12) months, including behavioral incidents and medical issues.
 - g. Criminal history, if applicable.
 - h. Educational and vocational records, including Individual Education Plan (IEP) information if available.
 - i. Financial information (may be found in ACES), such as:

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- 1) Verification of SSI/SSA status;
 - 2) Eligibility for financial assistance (e.g., food stamps, Medicaid);
 - 3) Earned and unearned income and resources;
 - 4) Payee information; and
 - 5) Client receiving SSP funds.
- j. Legal information, such as:
- 1) Copies of court orders or legal action involving the client; and
 - 2) Names of perpetrator or victims of crime (if known); this must be on a need to know basis only. The client's expressed consent must be obtained before sharing this information. Note: The client cannot give consent to release names of victims.
- k. Medical history, immunization records, and medications. Note: A client's Hepatitis B Virus (HBV) and HIV status are confidential and cannot be shared ([RCW 70.24.105](#)); and
- l. Nurse delegation assessments, when applicable. The contracted Registered Nurse (R.N.) must use [DSHS 10-217, Nurse Delegation: Nursing Assistant Credentials and Training](#).
- m. List of family members and names and addresses of all significant people in the client's life.
- n. Adults with challenging support issues who have a history of offenses and/or behaviors that may be of concern must be identified on [DSHS 10-234, Individual with Challenging Support Issues](#), and are subject to the additional procedures described below when being referred for services.
- o. The CRM/SW/SSS will include the following in addition to [DSHS 10-234, Individual with Challenging Support Issues](#):
- 1) Describe, the level of supervision and support needed by the client as identified in their DDA Assessment;
 - 2) Identify any significant risks to others posed by the client and what supports are necessary to manage these risks. This must include the risk posed by the client to vulnerable people (e.g., housemates, children, neighbors, schools, childcare centers, etc.);

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- 3) Provide the names and phone numbers of people to call if the client's behavior becomes dangerous beyond the provider's ability to ensure the safety of the client or others; and
 - 4) For clients with community protection issues, complete the [DSHS 10-258, Individual with Community Protection Issues](#), and give a copy of the form and the most recent psychological and/or psychosexual evaluation/risk assessment to the provider.
- D. The CRM/SW/SSS will send the completed referral packet to the RM team for processing.
- E. The RM will consider the following when sending the referral packets to the identified residential service providers:
1. Personal preference of the individual being referred;
 2. Parent/legal representative requests;
 3. Personal preferences for potential housemate(s);
 4. Provider's ability to meet the client's health, safety, and program needs; and
 5. Needs of all persons in the residence, including safety and protection.
- F. Distribution and Documentation of Referrals
1. In the case of statewide referrals, send the referral packet to the regional RMA for adults and the Regional Voluntary Placement Coordinator for children;
 2. Document in the client's Service Episode Record (SER) which agencies received the referral packet; and
 3. Document all residential agencies' response to the referral in a SER.
- G. Review and acceptance
1. The provider must evaluate the referral for service to determine whether they have the resources to meet the client's needs.
 - a. Within ten (10) working days of receipt of the referral packet, the provider must notify the RM whether or not they accept the referral for further evaluation; and

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- b. If a decision is not possible within ten (10) days, the provider will consult with the RM to agree on a mutually extended timeframe.
2. Following acceptance of the referral for further evaluation, the provider, the client, and the client's legal representative must meet to discuss the support services that the provider will offer to meet the client's assessed needs.
 - a. The provider must offer and provide access to the agency's written policies to the potential client and/or the client's family.
 - b. The provider will arrange for potential housemates to meet and spend time together to get to know one another as well as visit the home they will be sharing.
3. If the individual/legal representative decides not to select the provider, packets will be sent to new providers and the provider will be notified.
4. If the provider decides not to accept the referral, the provider must put their decision and reason for not accepting the client in writing and destroy the referral information.
5. The provider must adhere to all relevant statutes and WACs regarding confidentiality.
6. If the provider accepts the referral, the client, the RM, and the provider must agree on a timely process to begin services. If there is a significant delay in the start of services, the referral process may start over in order to meet the client's identified needs.
7. When the potential need for Nurse Delegation services is identified, DDA staff will make a referral for a Nurse Delegation assessment. If delegation services are needed, the service provider must ensure that Nurse Delegation is in place prior to the client beginning services.
8. The CRM/SW/SSS will facilitate the client, family, and provider to make arrangements for the transfer of birth certificate, client finances, insurance cards (ProviderOne and Medicare, etc.), photo ID card, Social Security card, and any other legal documents in the previous provider or client's/family's possession. The CRM may also facilitate a plan for moving basic personal items, clothing, and furniture, including the personal property inventory when previously served by a residential provider.

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9. If the service being considered is SL, GH, or GTH, the RM will conduct a rate assessment meeting with the provider to determine the daily rate for the residential service.
 10. If a child is being considered for Voluntary Placement Services (VPS) and will be residing in a licensed staffed residential program, the RM will work with the provider to develop a daily rate. If a child will be residing in a foster home, the RM will conduct a foster care rate assessment with the foster parents using the CARE tool.
 11. DDA will start payment for services after the rate has been approved and service has begun. Authorizations will be made through the ProviderOne system.
- H. When emergency situations arise and the immediate support needs of the person do not allow for the standard referral process described in Sections B and C of this policy to occur (including emergent residential services and adult crisis/mental health diversion services), the CRM must:
1. Attach any client information immediately available, including the DDA Assessment Detail and Service Summary;
 2. Provide a current medication list and name of pharmacy and treating practitioner. When possible, provide medications in their original labeled container;
 3. Complete [DSHS 10-232, Provider Referral Letter for Supported Living/Group Home Providers](#) to document information given and received;
 4. Document conversations with the provider in the client's SER; and
 5. Provide complete referral information within five (5) working days of service provision (i.e., social, medical, and criminal history, and an updated ISP).
- I. When client requests a change in residential service provider, the Administration and the service provider will work together to address the client's request.
1. A client who is seeking a change in service provider must inform the CRM of the desire to change providers. The CRM will meet with the client and the client's legal representative to discuss the reasons for the move. The CRM will encourage the client and the client's legal representative to meet with the current residential services provider to talk about whether the client's services can be modified to respond to the client's concerns.
 2. If a mutually acceptable plan cannot be developed, the client will request the CRM to initiate the process to seek a new services provider that can address the

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client's needed supports. This process of developing an acceptable plan will include the client, the client's legal representative, family, current and potential residential services providers, and DDA staff. The plan must consider the rental agreement, other persons on the lease, subsidized housing, employment, and other similar factors. The CRM will assist the client/legal representative in understanding the client's current lease/rental obligations and the impact on their finances if they chose to break a rental agreement prior to its expiration.

3. Follow procedures regarding referrals noted above.
4. DDA will develop a transition plan with the client and their legal representative.

J. Notification to Terminate Services

When a provider determines that they can no longer meet the client's needs and termination of services would be in the best interest of the client or in the best interests of other clients:

1. The service provider administrator will identify in writing whether the situation is emergent or non-emergent as defined in their contract. Written notification will be sent to the RMA with a copy to the RA and Field Services Administrator.
2. DDA will start the referral process to identify a new provider and keep the current provider informed on progress. DDA will respond according to contract.

EXCEPTIONS

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

SUPERSESSION

DDA Policy 4.02
Issued July 1, 2013

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

Date: July 1, 2015

➤ **LTC Worker Training (page 196)**

Long-Term Care Worker Orientation Training (Updated 1/15/16)

Excerpt of the resident rights module of this training:

Client Rights

A client receiving care has certain rights protected by federal and state laws. It is a part of your job to understand and protect a client's rights.

The state law regarding client rights can be found in [RCW 70.129](#) and in Washington Administrative Code (WAC) [388-106-1300](#).

You must:

- Treat clients with respect.
- Support a client's choices and independence.
- Protect a client's privacy and confidential information.
- Keep client's safe.

Below are some of the client rights protected by law in our state.

- Choice & Freedom
- Clients have the right to:
 - Take an active role in making or changing their care plan.
 - Refuse care, medications, or treatment.
 - Choose their activities, schedules (including [meal times](#) and when care is given), health care, clothing, and hairstyle.
 - Join in social, religious, and community activities.

A client needs and has the right to privacy

- When performing personal care:
 - Screen or cover a client.
 - Make sure doors and window curtains are closed.
- Only share medical, financial or other personal information about a client with appropriate care team members.
- Give the client privacy for phone calls and visits.
- Let a client open mail in private.

Respect privacy.

➤ **Provider contracts (pages 207-217)**

[Excerpt from Client Service Contract for Companion Home 7-1-2015](#)

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3. Expectations

- a. Companion Home services are provided in an integrated setting and facilitate the client's full access to the greater community. This may include opportunities to seek employment and work in competitive, integrated settings, engage in community life, control personal resources and receive services in the community in the same manner as individuals without disabilities. The Contractor will:
 - (1) Protect essential personal rights of privacy, dignity, respect and freedom from coercion and restraint.
 - (2) Support the Client's initiative, autonomy and independence in making life choices. This may include but is not limited to choices in daily activities, physical environment and with whom to interact. Client's choices are optimized and not regimented.
 - (3) The client's home is a specific physical place that can be owned, rented or occupied under another legally enforceable agreement by the client receiving services. The client has the same

- responsibilities and protections from eviction from their home under the landlord tenant law of the State of Washington, County, City or other designated entity as the general public.
- (4) Honor the Client's right to privacy in their bedroom and right to decorate and furnish their bedroom.
 - (5) Allow Clients to lock the door to their sleeping unit. The Contractor can retain a key to use in case of emergency.
 - (6) Support Clients to have the freedom and support to control their own schedules.
 - (7) Support the Client to have visitors of their choosing at any time.
 - (8) Support the Client's freedom to access to food at any time.
 - (9) Provide a setting that is physically accessible to the Client.

Excerpt from DDA County Services Contract effective 7/1/2015

7.
 - (8) Provide a copy of each subcontractor's contract upon written request from the DDA Region; and
 - (9) Notify and work with the DDA Region when performing on-site evaluations of direct service providers.
- c. Compliance with BARS Policies: The County shall take any necessary and reasonable steps to comply with BARS.
- d. The County shall comply with the following referenced documents found at DDA Internet site

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SHS Central Contract Services
769CS County Agreement 7-14-2015

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<https://www.dshs.wa.gov/dda/county-best-practices> under "Counties":

- (1) DDA Policy 4.11, County Services for Working Age Adults;
 - (2) WAC 388-850, WAC 388-828, WAC 388-845-0001, 0030, 0205, 0210, 0215, 0220, 0600-0610, 1200-1210, 1400-1410, 2100, 2110;
 - (3) Criteria for Evaluation;
 - (4) County Guidelines; and
 - (5) Disability Rights Washington (formerly Washington Protection and Advocacy System) Access Agreement.
- e. The County shall develop and submit a comprehensive plan for the County DD Services as required by WAC 388-850-020.
 - (4) Work with the DDA Region regarding service termination;
 - (5) Work with the DDA Region on Spending Plan adjustments;
 - (6) Inform the DDA Region of new providers to be included on the CMIS system;
 - (7) Notify the DDA Region of any intent to terminate a subcontractor who is serving a DDA referral;

- f. Conveyance of The Estimated Number of People to be Served and Targeted Outcomes: The County shall submit the Service Information Forms (SIF's) (provided by DDA at Internet site <https://www.dshs.wa.gov/dda/county-best-practices>) to indicate the estimated number of people to be served, targeted outcomes, and identified goal(s) that focus on quality improvement within the categories of Training, Community Information, Direct Client Services, and Other Activities within 30 days of execution of the Program Agreement. Once approved, the SIF outcomes may be modified only by mutual agreement of the County and the DDA Region.
- g. Solicitation for Qualified Employment and Day Program Service Providers: Requests for Information (RFI's) and/or Requests for Proposals (RFPs), Requests for Qualifications (RFQ's) for direct services will be issued at a minimum of once every four years for new providers. If a Client's needs cannot be met by the current qualified providers or there is a capacity issue, then the County shall issue an RFQ prior to the four year cycle.
- h. Qualified Providers: A qualified provider must be a county or an individual or agency contracted with a county or DDA.
- i. Regional Approval of Subcontractors: The DDA Region shall review new subcontractors and shall immediately notify the County of any disapproval of the subcontractors identified by the County.
- j. Subcontractors: The County will pass on all applicable contractual requirements that are between DDA and the County to the subcontractor. The County shall immediately notify the DDA Region of the County's intent to terminate a subcontractor who is serving a DDA referral.
- k. The County shall provide or contract with qualified Employment and Day Program Service Providers for consumer support services that include the following program outcomes:
 - (1) Monthly Community Access service support hours will be based on the Client's community access service level per WAC 388-828-9310 for all Clients who began receiving community access services July 1, 2011 and forward.
 - (a) To ensure health and safety, promote positive image and relationships in the community, increase competence and individualized skill-building, and achieve other expected benefits of Community Access, services will occur individually or in a group of no more than two (2) or three (3) individuals with similar interests and needs.

- (b) Community Access services will focus on activities that are typically experienced by the general public. Support to participate in segregated activities and/or specialized activities will not be reimbursed.
 - (c) A Client receiving Community Access services will not receive employment support simultaneously.
 - (d) A Client receiving Community Access services may at any time choose to leave Community Access to pursue work and receive employment support.
- (2) Clients in an employment program will be supported to work towards a living wage. A living wage is the amount needed to enable an individual to meet or exceed his/her living expenses. Clients should average twenty (20) hours of community work per week or eighty-six (86) hours per month. The amount of service a Client receives will be based on his/her demonstrated need, acuity level and work history per WAC 388-828.
- (3) Prior to beginning service or prior to an expected change in service, the provider will clearly communicate to the Client and the County the maximum service hours per month the Client can expect to receive. Service changes will not occur until the Client has received proper notification from DDA.
- (a) The Client's DDA ISP is the driver for service. The CMIS County Service Authorization and updated Planned Rates information will not exceed the Client's DDA ISP.
 - (b) The amount of service the Client receives should match with the CMIS County Service Authorization and updated Planned Rates information
- (4) All Clients will have an individualized plan to identify Client's preferences. Minimum plan elements are outlined in the reference document "Criteria for an Evaluation." A copy of the Client's individualized plan will be provided to their CRM, guardian and others as appropriate.
- (5) Semi-annual progress reports that describe the outcomes of activities will be provided by the provider or the County to the CRM, guardian and others as appropriate. The report will summarize the progress made towards the Client's individualized goals.
- (6) All Clients will be contacted by their service provider according to Client need and at least once per month.

- (7) If Clients in Individual Employment, Group Supported Employment, or Prevocational services have not obtained paid employment at minimum wage or better within **six (6) months**, the County will assure the following steps are taken:
- (a) Review the progress toward employment goals;
 - (b) Provide evidence of consultation with the family/Client; and
 - (c) Develop additional strategies with the family/Client, county staff, employment support staff and the case manager. Strategies may include providing technical assistance, changing to a new provider, and/or providing additional resources as needed to support the individual's pursuit of employment. The additional strategies will be documented for each Client and kept in the Client's file(s).
- (8) If after twelve (12) months the Client remains unemployed, an additional review will be

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conducted. The provider will address steps outlined in the previous six month progress report in the next six month progress report. The Client may request to participate in Community Access activities or the Client may choose to remain in an employment program. When requesting to participate in Community Access services, the Client shall communicate directly with his or her DDA Case Manager. The DDA Case Manager is responsible for authorizing Community Access services.

- (9) For Individual Employment where the service provider is also the Client's employer long term funding will remain available to the service provider / employer for six months after the employee / DDA Client's date of hire. At the end of the six month period, if the DDA Client continues to need support on the job, another service provider who is not the employer of record must provide the support unless the County issues prior written approval for the service provider to continue to provide long-term supports if needed.

- (10) For Group Supported Employment, Clients must have paid work or paid training. The total number of direct service staff hours provided to the group should be equal to or greater than the group's collective amount of individual support monthly base hours. If the direct service staff hours are less than the collective amount, then the provider will be reimbursed only for the number of hours staff actually provided.
- (11) For Prevocational services, Clients will receive training and skill development in groups as well as individual support in the community. The total number of direct service staff hours provided to the group should be equal to or greater than the group's collective amount of individual support monthly base hours. If the direct service staff hours are less than the collective amount, then the provider will be reimbursed only for the number of hours staff actually provided.
- (12) Employment and day services must adhere to the Home and Community Based settings (HCBS) requirements of 42CFR 441 530(a)(1), including that:
 - (a) The setting is integrated in the greater community and supports individuals to have full access to the greater community;
 - (b) Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS;
 - (c) The setting provides opportunities to seek employment and work in competitive integrated settings; and
 - (d) The setting facilitates individual choice regarding services and supports, and who provides them.
- I. Quality Assurance and Service Evaluation: The County shall develop and have available an evaluation system to review services. The evaluation system must have both a Quality Assurance and a Quality Improvement component, and both must include objective measures. The County's service evaluation system shall serve as the method by which current providers demonstrate that they continue to be qualified providers. A copy of such evaluation system shall be provided upon request to DDA for review and approval.
- m. On-Site Evaluation: The County shall evaluate and review services delivered to reasonably assure compliance and quality. The County shall conduct at least one on-site visit to each subcontractor during the biennium. The County shall maintain written documentation of all evaluations, recommendations and corrective action plans for each subcontractor. Copies of such documentation will be provided to the DDA upon request.
- n. The County shall work with local developmental disability advisory groups to plan for and coordinate services.
- o. The County shall participate in regularly scheduled bi-monthly meetings between County developmental disability staff and DDA staff to remain updated and current.
- p. CMIS Data System: The County shall use the CMIS data system for all billing requests, service provider address and phone number maintenance, evaluation dates and to provide employment outcome information.
 - (1) Monthly provide all data described in the Billing Instructions and in the Employment Outcomes Instructions, which is hereby incorporated by reference.
 - (2) Assure the integrity of data submitted to the State. When data is submitted and rejected due to errors or an error is later identified, the County will correct and resubmit the data within thirty (30) days.

Excerpt from Group Training Home Contract 7-1-2015

3. Statement of Work. The Contractor shall provide Supported Living, Group Home or Group Training Home Instruction and support services for Clients of DDA in accordance with Chapter 388-101 WAC and Exhibit A.

a. Group Homes or Group Training Homes

(3) For Group Homes and Group Training Homes:

- (a) Group Homes and Group Training Homes are specific physical places that can be owned, rented or occupies under another legally enforceable agreement by the individual receiving services. The contractor must have a lease, residency or other form of written agreement in place with the client that provides the same responsibilities and protections from eviction from their home under the landlord tenant law of the State of Washington, County, City or other designated entity as the general public.
- (b) Clients have the right to privacy in their bedroom.
 - i. Clients are allowed lockable doors to their bedroom (while still allowing for independent egress) with appropriate staff having keys to the door(s).

Excerpt from Washington Initiative for Supported Employment (WISE) Contract

Exhibit A3 Statement of Work: Pathway to Employment

The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work. The Contractor will provide the following statewide services and activities:

(5) Employment Agency Business Model:

- a. The Contractor will provide the technical assistance necessary to promote employment agency viability and best available practice by conducting in-depth conversations, analysis, and assessment.
- b. Said conversations, analysis, and assessment will culminate in an “Organizational Change Towards Effective Business Models for Employment Agencies” report identifying key components of an effective employment agency model within Washington.

(8) DDA will provide prior acceptance of the selected staff, third party consultant, to execute the quality assurance portion of the contract.

- a. The consultant will collaborate with DDA to assess the quality and effectiveness of the Employment and Day Program.
- b. The consultant will work with DDA to support counties and employment agencies looking to transform employment services from segregated to integrated models.
- c. The consultant will communicate regularly with DDA.

➤ **Staff communication (pages 218-221)**

R15-047 – INFORMATION

June 22, 2015

TO: RCS Regional Administrators
RCS Field Managers
RCS Management Team
RCS Compliance Specialists

FROM: Kathy Morgan, Interim Director Residential Care Services

SUBJECT: IMPLEMENTING FEDERAL HOME & COMMUNITY BASED SETTINGS (HCBS) RULES

PURPOSE: To inform staff that a letter is being sent to all AFH providers and ALF administrators. The letter explains the expectations that the Centers for Medicaid and Medicare Services (CMS) has for providers when developing care plans that are in compliance with the new HCBS rules.

BACKGROUND:

- In 2014, CMS released federal regulations about home and community based settings. The regulations are intended to ensure that individuals receiving long-term care services have full access to the benefits of community living.
- These rules apply to adult family homes and assisted living facilities.
- How a resident accesses the community and is able to make choices about the care and services they receive is to be documented in their care plan.

WHAT'S NEW, CHANGED, OR

The attached letters will be sent to all AFHs & ALF, reviewing the key requirements of the federal HCBS regulations.

CLARIFIED:

ACTION: Read the attached letters and be prepared to answer any questions that providers or administrators may have.

RELATED REFERENCES: None

ATTACHMENT(S):

1. Dear AFH Provider - ALISA: AFH #2015-013
2. Dear ALF Administrator - ALISA: ALF #2015-014

CONTACT(S): If you have any questions about person-centered planning please contact your local Home and Community Services Office.

RCS Management Bulletin

R15-056 - INFORMATION

July 27, 2015

TO: RCS Regional Administrators
RCS Field Managers
RCS Management Team

FROM: Kathy Morgan, Interim Director Residential Care Services

SUBJECT: TRAINING ANNOUNCEMENT FOR AFH AND ALF PROVIDERS/ADMINISTRATORS ON
HOME & COMMUNITY BASED SERVICES (HCBS) SETTING REQUIREMENTS

PURPOSE: To let field staff know that a provider/administrator letter is going out to AFHs & ALFs announcing that Home and Community Services (HCS) is going to provide two webinar trainings for providers/administrators.

BACKGROUND:

- In 2014, CMS released federal regulations about home and community-based settings. The regulations are intended to ensure that individuals receiving long-term care services have full access to the benefits of community living.

WHAT'S NEW, CHANGED, OR CLARIFIED:

- HCS will conduct a webinar for providers to explain the new expectations.
- The webinar will be done twice and the presentation slides will then be posted on the professional web pages.

ACTION:

- RCS staff are to read the provider/administrator letter and be aware of the training.
- Providers are to be directed to the number below if they have questions.

RELATED REFERENCES:

R15-047

ATTACHMENT(S):

- Dear AFH Provider – ALISA AFH #2015-017
- Dear ALF Administrator – ALISA: ALF #2015-016

CONTACT(S): Valentina Karnafel, HCS Residential Program Manager, 360-725-2370

➤ [Survey resident interview \(pages 222-232\)](#)

Resident Interview Questions

Attachment G



**Assisted Living Facility
 Resident Interview**

ASSISTED LIVING FACILITY NAME

LICENSE NUMBER

INSPECTION DATE

LICENSOR NAME

RESIDENT NAME	RESIDENT NUMBER	ROOM NUMBER	PAY STATUS
			<input type="checkbox"/> Private <input type="checkbox"/> State
Brief Review of Negotiated Service Agreement:			

The questions below are intended as a guide and should not prevent the interviewer from asking more questions or obtaining more data if concerns are identified. If you are concerned about the answers, please investigate further.

Introductory questions: The interviewer may want to consider one of the following questions as a lead to the interview.

SELECT ONE	
<input type="checkbox"/> Resident Interview <input type="checkbox"/> Representative Interview	
A. The following are REQUIRED questions and MUST be asked during the interview. Check "Y," if the answer is yes; check "N," if the answer is no and document the interviewee's response; or check "D" if the interviewee declined to answer the question.	
Y N D	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can you make choices about the care and services you receive here at the home? <input type="checkbox"/> <input type="checkbox"/>	

<p><input type="checkbox"/> If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do you have an opportunity to participate in community activities?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can you choose who visits you and when?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do they pay attention to what you have to say?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can you choose to lock your door?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do you have access to food anytime?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do you receive services in the community?</p>	
<p>B. Care and Service Needs</p>	
<p><input type="checkbox"/> What kind of help do you get from the staff?</p> <p><input type="checkbox"/> How well does staff meet your needs?</p>	<p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> No Concerns</p>
<p>C. Support of Personal Relationships (if the resident has family or significant others)</p>	
<p><input type="checkbox"/> Does staff give you time and space to meet / visit with friends and family who come to visit?</p>	<p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> No Concerns</p>

<input type="checkbox"/> Are you able to make personal phone calls without being overheard?	
D. Reasonable House Rules	
<input type="checkbox"/> Tell me about the rules of the house. <input type="checkbox"/> What have you been told about how long you can stay up at night or how early or late you can watch TV?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
E. Respect of Individuality, Independence, Personal Choice, Dignity	
<input type="checkbox"/> Does the staff here know about your preferences? <input type="checkbox"/> What kinds of things do you make choices about? <input type="checkbox"/> How does the staff treat you? Speak to you? <input type="checkbox"/> Do you have any concerns about how you are treated?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
F. Homelike Environment	
<input type="checkbox"/> What is your room like? <input type="checkbox"/> Are you comfortable there? <input type="checkbox"/> What personal items were you allowed to bring when you came here? <input type="checkbox"/> Is the temperature here comfortable to you?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns

G. Response to Concerns	
<input type="checkbox"/> Do you feel like you can tell someone if you don't like it here? <input type="checkbox"/> Who would you talk to if you had concerns? <input type="checkbox"/> What do you think they would do about it?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
H. Sense of Well-Being and Safety	
<input type="checkbox"/> Do you feel safe here? <input type="checkbox"/> Does anything make you feel uncomfortable here?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
I. Meals / Snacks / Preferences	
<input type="checkbox"/> How is the food here? <input type="checkbox"/> If you can't eat something or don't like something, what kind of replacement does the home offer you? <input type="checkbox"/> How often do you get the foods you like to eat?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
J. Activities	
<input type="checkbox"/> What activities are offered to you by the home? <input type="checkbox"/> What kinds of things did you do for fun and relaxation before you came here?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
<input type="checkbox"/> Are there activities you would like to do that you are not offered? <input type="checkbox"/> Is there anything you wanted to do and the home helped you do it?	
K. Notice	
<input type="checkbox"/> Do you handle your own finances or does someone help you with that? <input type="checkbox"/> What were you told about paying for your care here and the home's policy about admitting and keeping residents whose stay is paid for by the state (Medicaid)? <input type="checkbox"/> When and how were you told about this?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns

Leave a contact number for the resident to be able to contact you/RCS staff in the future.

Adult Family Home Resident Interview



ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

Comprehensive Resident / Representative Interview (Resident: 1 2)

RESIDENT'S NUMBER	RESIDENT'S NAME
REPRESENTATIVE'S NAME	TELEPHONE NUMBER (AREA CODE)
Introductory Questions: First determine if the resident is <u>interviewable</u>. Indicate the question asked by checking the corresponding box.	
<input type="checkbox"/> What is the best part about living here? <input type="checkbox"/> How long have you lived here? <input type="checkbox"/> Are you from around here? <input type="checkbox"/> If you could change one thing about living here, what would it be?	<input type="checkbox"/> Other question (write it out):
SELECT ONE <input type="checkbox"/> Resident Interview <input type="checkbox"/> Representative Interview	
L. The following are REQUIRED questions and MUST be asked during the interview. Check "Y," if the answer is yes; check "N," if the answer is no and document the interviewee's response; or check "D" if the interviewee declined to answer the question.	
Y N D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can you make choices about the care and services you receive here at the home? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?	



ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

Comprehensive Resident / Representative Interview
 (Resident: 1 2)

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do you have an opportunity to participate in community activities? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can you choose who visits you and when? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do they pay attention to what you have to say? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Can you choose to lock your door? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do you have access to food anytime? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Do you receive services in the community?	
INSTRUCTIONS: Your interview must address each category. Check the question asked or <u>write your own question</u> . If you are concerned about the answers, please investigate further. If resident is not <u>interviewable</u> , modify questions for Representative interview.	
M. Care and Service Needs	
<input type="checkbox"/> What kind of help do you get from the staff? <input type="checkbox"/> How well does staff meet your needs?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
N. Support of Personal Relationships (if the resident has family or significant others)	
<input type="checkbox"/> Does staff give you time and space to meet / visit with friends and family who come to visit? <input type="checkbox"/> Are you able to make personal phone calls without being overheard?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
O. Reasonable House Rules	
<input type="checkbox"/> Tell me about the rules of the house. <input type="checkbox"/> What have you been told about how long you can stay up at night or how early or late you can watch TV?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns
P. Respect of Individuality, Independence, Personal Choice, Dignity	
<input type="checkbox"/> Does the staff here know about your preferences? <input type="checkbox"/> What kinds of things do you make choices about?	<input type="checkbox"/> Other:



ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

Comprehensive Resident / Representative Interview
 (Resident: 1 2)

<input type="checkbox"/> How does the staff treat you? Speak to you?	<input type="checkbox"/> No Concerns
<input type="checkbox"/> Do you have any concerns about how you are treated?	
Q. Homelike Environment	
<input type="checkbox"/> What is your room like?	<input type="checkbox"/> Other:
<input type="checkbox"/> Are you comfortable there?	<input type="checkbox"/> No Concerns
<input type="checkbox"/> What personal items were you allowed to bring when you came here?	
<input type="checkbox"/> Is the temperature here comfortable to you?	
R. Response to Concerns	
<input type="checkbox"/> Do you feel like you can tell someone if you don't like it here?	<input type="checkbox"/> Other:
<input type="checkbox"/> Who would you talk to if you had concerns?	<input type="checkbox"/> No Concerns
<input type="checkbox"/> What do you think they would do about it?	
S. Sense of Well-Being and Safety	
<input type="checkbox"/> Do you feel safe here?	<input type="checkbox"/> Other:
<input type="checkbox"/> Does anything make you feel uncomfortable here?	<input type="checkbox"/> No Concerns
T. Meals / Snacks / Preferences	
<input type="checkbox"/> How is the food here?	<input type="checkbox"/> Other:
<input type="checkbox"/> If you can't eat something or don't like something, what kind of replacement does the home offer you?	<input type="checkbox"/> No Concerns
<input type="checkbox"/> How often do you get the foods you like to eat?	
U. Activities	
<input type="checkbox"/> What activities are offered to you by the home?	<input type="checkbox"/> Other:



ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALISA)

Comprehensive Resident / Representative Interview
(Resident: 1 2)

<input type="checkbox"/> What kinds of things did you do for fun and relaxation before you came here? <input type="checkbox"/> Are there activities you would like to do that you are not offered? <input type="checkbox"/> Is there anything you wanted to <u>do</u> and the home helped you do it?	<input type="checkbox"/> No Concerns
--	--------------------------------------

V. Notice	
<input type="checkbox"/> Do you handle your own finances or does someone help you with that? <input type="checkbox"/> What were you told about paying for your care here and the home's policy about admitting and keeping residents whose stay is paid for by the state (Medicaid)? <input type="checkbox"/> When and how were you told about this?	<input type="checkbox"/> Other: <input type="checkbox"/> No Concerns



ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

Comprehensive Resident / Representative Interview
 (Resident: 1 2)

W.	
X.	
Y.	
Z.	
AA.	
BB.	
CC.	
DD.	
EE.	
FF.	



ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

Comprehensive Resident / Representative Interview
 (Resident: 1 2)

GG.	

➤ [Staff training \(pages 239-245\)](#)

DDA Residential Provider Training

Washington State Department of Social and Health Services

Transforming Lives

The Purpose of this training is to provide you with an overview of DDA Policy 4.02

By the end of this webinar you will be able to:

- ✓ Recognize the importance of client choice and control regarding their services

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4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers

Purpose:

Establishes a process for referral to & acceptance of community services and the process for changing service providers for

- Supported Living
- Group Home & Group Training Home
- SOLA (adults & children)
- Crisis Diversion Bed & Support Services
- Licensed Staffed Residential
- Licensed Child Foster Homes & Group Care Facilities

4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers

Purpose:

Establishes a process for referral to & acceptance of community services and the process for changing service providers for

- Supported Living
- Group Home & Group Training Home
- SOLA (adults & children)
- Crisis Diversion Bed & Support Services
- Licensed Staffed Residential
- Licensed Child Foster Homes & Group Care Facilities

4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers

What's New:

- CMS Guidelines for integrated settings clearly outlined
- Clarity that no new provider owned homes will be considered for Supported Living
- Typical households of 2 to 4 individuals
- Single person household defined
- Forms 15-360 & 10-232 were revised; form 15-357 removed, and 27-123 and 2-124 added

4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers

What's New (continued):

- Process for changing providers was moved from Policy 6.18 into this policy
- IISP information moved to policy 5.08
- Contents of referral packet updated
 - The previous policy stated that 2 referral packets would be sent; this has been changed to just 1 packet
- Process for notification to terminate services was added to the policy

4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers

Policy Overview

- DDA has an obligation to offer an informed choice to clients regarding residential services and support change when requested
 - Providers must have necessary contract, certification or licensure
- The RM and CRM work together to make a referral and distribute referral packets (for details on contents – refer to policy)

4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers

Policy Overview (continued)

- The provider evaluates the client information and notifies the RM whether they are accepting the referral *for further evaluation* within 10 days
 - Can ask RM for additional time to evaluate if needed
 - Destroy the packet if do not accept referral
- If accepting referral:
 - Meets with client & family
 - Arrange for potential housemates to meet & spend time together, and visit potential home they will share

4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers

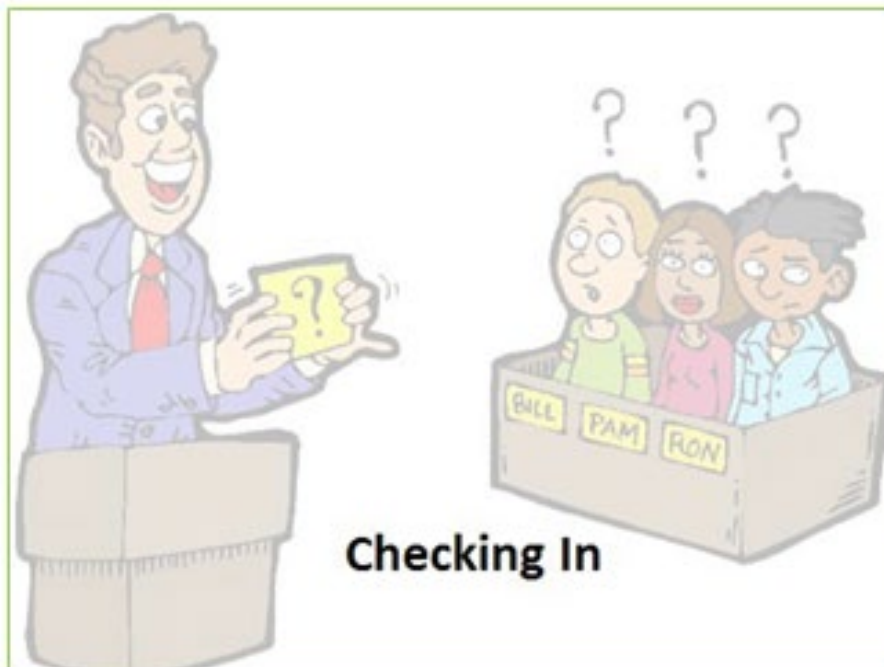
Policy Overview (continued)

- Client / family may select another provider
- If mutually agreeable acceptance:
 - Client, RM & provider agree on timely process for services
 - CRM makes Nurse Delegation referral if needed
 - Rate assessment completed (SL, GH, GTH)
 - Payment authorization can begin after rate approved & service has begun

4.02 Community Residential Services: Referral, Acceptance and Change of Residential Providers

Policy Overview (continued)

- Abbreviated process for emergencies
- If client seeks change of provider – CRM encourages meeting, facilitates request & follows referral process
- Written communication and notice expected if services need to be terminated for client currently being supported







What 2 Ideas are you taking away from this presentation?

How will you use these ideas in your work?



Washington State Department of Social and Health Services

Transforming Lives



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2) Description of how the state assesses providers for initial compliance and conducts ongoing monitoring for continued compliance; and

Initial and ongoing monitoring is described on pages 11 and 18-19 of the STP, as well as outlined below.

[Monitoring On-Going Compliance \(page 11\)](#)

DSHS licenses Adult Family Homes and Assisted Living Facilities, and certifies supported living and group home providers, according to state laws (Revised Code of Washington, RCW) and Washington Administrative Code (WAC). The Department's Residential Care Services Division (RCS) conducts unannounced inspections at least every 18 months and at least every two years for supported living and DDA group homes, complaint investigations and monitoring visits to determine if homes are in compliance with laws, regulations, and contract requirements. Washington has provided monitoring services for many years and is a leader in promoting community integration. The provider must promote resident rights and the health, safety, and well-being of each resident living in each licensed or certified setting.

The licensing and certification processes include monitoring of the following:

- Criminal background checks on all providers, staff, volunteer caregivers, and anyone who will have unsupervised access to residents;
- National fingerprint-based background checks on all providers, entity representatives, resident managers, and caregivers hired after January 1, 2012;
- Financial assessments;
- Complaints received by either DSHS or Department of Health;
- The Department's abuse registry;
- Ensuring completion of the Department-approved orientation for AFH providers and administrator training for AFH administrators;
- Ensuring that providers and caregivers have completed specific training requirements; and
- On-site inspections to ensure homes meet all licensing and certification requirements in WAC and RCW, including those regarding resident rights. DDA Client rights draft revised WAC 388-823-1095 specifically includes references to HCBS settings rights and applies to all DDA participants (in Appendix E Attachments). Revised WAC will be implemented by July 1, 2017, and is listed in Appendix C: State's Remedial Work Plan and Timelines.

The Washington State Long-Term Care Ombuds Program provides advocacy support for residents in licensed residential settings. They receive complaints and resolve problems involving quality of care, restraint use, transfer and discharge, abuse, and other aspects of resident dignity and rights.

DSHS contracted evaluators conduct annual inspections of adult day service centers and companion homes to ensure that they are complying with state laws and regulations, including those regarding resident rights.

Children's Administration's Division of Licensed Resources (DLR) conducts inspections of licensed staffed residential, child foster homes, and group care facilities at least every three years. DLR is also responsible for complaint investigations along with Child Protective Services (CPS).

Settings Identified for Heightened Scrutiny Evaluation (pages 18-19)

AL TSA and DDA identify facilities for a Heightened Scrutiny evaluation via multiple avenues, including:

- RCS monitoring visits including interviews with staff, management, and residents
- RCS investigations of non-compliance with regulations
- Reports from stakeholders, community advocacy agencies, Ombuds, family, or other community members
- Comments or complaints received by case management staff directly from the participant

Ongoing evaluation of all settings for HCBS characteristics

All settings must meet the HCBS final federal rule. Where noted in the “Analysis by Setting” section, the State is using WAC 388-823-1095 as an overarching rule to ensure DDA settings compliance. The State evaluates settings for HCBS characteristics during the monitoring process completed by the monitoring entity. During this process, sites or homes receive an on-site review, interviews are completed with participants, staff, and administrators as appropriate to the setting, and a visual review of the home or facility, and client record reviews are completed. A more comprehensive outline of the rules and regulations used during monitoring activities of provider owned settings is provided in Appendix B.

To assist in evaluating provider owned settings, an existing RCS report is being revised to track and trend RCS facility citations for non-compliance. When issues are identified through this report, the state will develop and implement an improvement plan to address systemic issues.

Additionally, DDA is developing a database to track all reported instances of sites that are not in full compliance with HCBS settings requirements, remediation measures taken, and follow-up inspections to verify compliance. This database and data from RCS databases will allow for monitoring compliance across all settings.

Remediation

For settings who fail to meet any of the HCBS requirements, outcomes of the licensing/certification processes include citations and/or enforcement actions taken on non-compliant providers (such as plans of correction, shortened timelines for certification, fines, and certification/license revocation).

In addition, system issues are addressed through training of providers, revision of laws and rules, and strengthening of licensing requirements. AL TSA is revising reports to track and trend issues that arise regarding participant rights. This information is used by the RCS Management Team, HCS Management Team, DDA Management team, and an AL TSA-wide executive management committee to address systemic issues through Quality Improvement projects.

When providers are unable to come into compliance with the HCBS rules (or other rules and regulations that pose a health or safety risk to residents), RCS revokes the license of the facility. When a facility's license is revoked, AL TSA and DDA have the following procedures for resident relocations:

Resident Relocation Procedure

- 1) After receiving notification from Residential Care Services (RCS), or written notification from a facility, the Agency's Social Services Program Manager, Field Services Administrator (FSA) or their designee will notify the Social Services Supervisors of the closure.
 - 2) Clients are notified of the pending closure.
 - a) Clients are provided a 30 day advance notification.
 - b) When client safety is a significant concern or there is imminent risk of harm, shorter timeframes may be given to protect residents.
 - c) All residents are provided the opportunity to a fair hearing.
 - 3) The Program Manager, FSA, or designee and Supervisors, after obtaining the resident list, will determine the level of involvement needed by staff and response time needed to assist with relocating clients based on the facility census and closure date.
 - a) Determine an Agency Point Person(s) and a Point Person(s) in the facility.
 - b) Identify HCS, DDA, VA and managed care (e.g. PACE) clients from the census list to enlist additional case management assistance by all appropriate agencies.
 - c) Assign Agency Case Managers to each client.
 - d) The Agency Point Person will notify facility staff of client assignments and the Program Manager, FSA, or designee and DDA Policy and Quality Improvement (PQI) Specialist of any issues that will need special consideration.
 - e) Case management staff will:
 - i) Complete a face-to-face visit to determine level of care, provide placement setting options, and evaluate the need for assessment.
 - ii) Complete comprehensive assessments as required.
 - iii) Identify placement options and availability.
 - iv) Review all placement options with the client, the client's representative, and other parties chosen by the client.
 - v) Once the client chooses a placement option, staff will:
 - (1) Arrange for transportation.
 - (2) Authorize placements.
 - (3) Notify Financial Services of new placement.
 - (4) Follow-up with the client two weeks after placement.
 - f) Staff will notify their supervisor as relocations are completed.
- The Program Manager, FSA, or designee will coordinate with RCS as needed.

3) Description of a beneficiary's recourse to notify the state of provider non-compliance (grievance process, notification of case manager, etc.) and how the state will address beneficiary feedback.

Washington State notifies beneficiaries of their rights per 42 CFR 441.530 in writing annually at the time of the person-centered service planning meeting. Clients are provided with a copy of their rights, the client complaint process, and contact information to file a grievance. Beneficiaries may notify the State of provider non-compliance by phone or email by contacting their Case Worker. Additionally, when specific to a residential setting, the investigative agency, the Compliant Response Unit (CRU), may be notified by the client. When the state receives a complaint, the State follows the processes identified in the STP on pages 168-170 (please see excerpt below).

Remediation

For settings who fail to meet any of the HCBS requirements, outcomes of the licensing/certification processes include citations and/or enforcement actions taken on non-compliant providers (such as plans of correction, shortened timelines for certification, fines, and certification/license revocation). For repeat violations, progressive disciplinary actions will be taken depending on the severity of the violation.

In addition, system issues are addressed through training of providers, revision of laws and rules, and strengthening of licensing requirements. AL TSA and DDA are revising reports to track and trend issues that arise regarding participant rights. This information is used by the RCS Management Team, HCS Management Team, DDA Management team, and an AL TSA-wide executive management committee to address systemic issues through Quality Improvement projects.

When providers are unable to come into compliance with the HCBS rules (or other rules and regulations that pose a health or safety risk to residents), RCS or DDA will revoke the license and/or contract of the facility. When a facility's license is revoked, AL TSA and DDA follow the procedures for resident relocations outlined above on page 17 of this document.

Resident Relocation Procedure

- 4) After receiving notification from Residential Care Services (RCS), or written notification from a facility, the Agency's Social Services Program Manager, Field Services Administrator (FSA) or their designee will notify the Social Services Supervisors of the closure.
- 5) Clients are notified of the pending closure.
 - a) Clients are provided a 30-day advance notification.
 - b) When client safety is a significant concern or there is imminent risk of harm, shorter timeframes may be given to protect residents.
 - c) All residents are provided the opportunity to a fair hearing.
- 6) The Program Manager, FSA, or designee and Supervisors, after obtaining the resident list, will determine the level of involvement needed by staff and response time needed to assist with relocating clients based on the facility census and closure date.
 - a) Determine an Agency Point Person(s) and a Point Person(s) in the facility.

- b) Identify HCS, DDA, VA and managed care (e.g. PACE) clients from the census list to enlist additional case management assistance by all appropriate agencies.
- c) Assign Agency Case Managers to each client.
- d) The Agency Point Person will notify facility staff of client assignments and the Program Manager, FSA, or designee and DDA Policy and Quality Improvement (PQI) Specialist of any issues that will need special consideration.
- e) Case management staff will:
 - i) Complete a face-to-face visit to determine level of care, provide placement setting options, and evaluate the need for assessment.
 - ii) Complete comprehensive assessments as required.
 - iii) Identify placement options and availability.
 - iv) Review all placement options with the client, the client's representative, and other parties chosen by the client.
 - v) Once the client chooses a placement option, staff will:
 - (1) Arrange for transportation.
 - (2) Authorize placements.
 - (3) Notify Financial Services of new placement.
 - (4) Follow-up with the client two weeks after placement.
- f) Staff will notify their supervisor as relocations are completed.
The Program Manager, FSA, or designee will coordinate with RCS as needed.