Chapter 388-101D WAC

REQUIREMENTS FOR PROVIDERS OF RESIDENTIAL SERVICES AND SUPPORTS

WAC

388-101D-0020 Residential services contract.
388-101D-0025 Service provider responsibilities.
388-101D-0030 Staffing requirements.
388-101D-0035 Liability insurance required.
388-101D-0040 Liability insurance required—Commercial general liability insurance coverage.
388-101D-0045 Liability insurance required—Professional liability insurance coverage.
388-101D-0050 Administrative documents.
388-101D-0055 Administrator responsibilities and training.
388-101D-0060 Policies and procedures.
388-101D-0065 Background check—General.
388-101D-0070 Background checks—National fingerprint background checks.
388-101D-0075 Background checks—Requirements for service providers.
388-101D-0080 Background checks—Provisional hire—Pending results.
388-101D-0085 Training requirements.
388-101D-0087 Long-term care worker requirements.
388-101D-0090 Staff training.
388-101D-0095 Staff training before working alone with clients.
388-101D-0100 Staff training within four weeks of employment.
388-101D-0105 Staff training within six months of employment.
388-101D-0110 Staff training to be current.
388-101D-0115 Certified community residential services and supports—General training requirements.
388-101D-0120 Approval of staff-coverage schedules.
388-101D-0125 Client rights.
388-101D-0130 Treatment of clients.
388-101D-0135 Subcontracting.
388-101D-0140 Residential guidelines.
388-101D-0145 Client services.
388-101D-0150 Client health services support.
388-101D-0155 Medical devices.
388-101D-0160 Nurse delegation.
388-101D-0165 Client transportation.
388-101D-0170 Physical and safety requirements.
388-101D-0175 Services to nonclients.
388-101D-0180 Community protection clients and other clients in the same household.
388-101D-0185 Client refusal to participate in services.
388-101D-0190 Changes in client service needs—Nonemergent.
388-101D-0195 Changes in client service needs—Emergent.
388-101D-0200 Service provider refusal to serve a client.
388-101D-0205 Individual support plan.
388-101D-0210 Development of the individual instruction and support plan.
388-101D-0215 Documentation of the individual instruction and support plan.
388-101D-0220 Implementation of the individual instruction and support plan.
388-101D-0225 Accessibility of the individual instruction and support plan.
388-101D-0230 Ongoing updating of the individual instruction and support plan.
388-101D-0235 Shared expenses and client related funds.
388-101D-0240 Individual financial plan.
388-101D-0245 Managing client funds.
388-101D-0250 Using client funds for health services.
388-101D-0255 Reconciling and verifying client accounts.
388-101D-0260 Combining service provider and client funds.
388-101D-0265 Client bankbooks and bankcards.
388-101D-0270 Client financial records.
388-101D-0275 Transferring client funds.
388-101D-0280 Client loans.
388-101D-0285 Client reimbursement.
388-101D-0290 Client payment.
388-101D-0295 Medication services—General.

(1/10/17)

WAC 388-101D-0020 Residential services contract.
(1) The service provider may request a department residential services contract after approval for initial certification or for change of ownership.
(2) The service provider must have a separate contract for each region where they receive referrals to serve clients.
(3) The service provider's residential services contract will be terminated by the department upon termination of certification.

[Ch. 388-101D WAC p. 1]
WAC 388-101D-0025 Service provider responsibilities. (1) Service providers must meet the requirements of:
(a) This chapter;
(b) Each contract and statement of work entered into with the department;
(c) Each client's individual support plan when the individual support plan identifies the service provider as responsible; and
(d) Each client's individual instruction and support plan.
(2) The service provider must:
(a) Have a designated administrator and notify the department when there is a change in administrator;
(b) Ensure that clients have immediate access to staff, or the means to contact staff, at all times;
(c) Provide adequate staff within contracted hours to administer the program and meet the needs of clients;
(d) Not routinely involve clients in the unpaid instruction and support of other clients;
(e) Not involve clients receiving crisis diversion services in the instruction and support of other clients; and
(f) Retain all records and other material related to the residential services contract for six years after expiration of the contract.

WAC 388-101D-0030 Staffing requirements. The service provider must ensure each staff meets the following minimum requirements:
(1) Have a high school diploma or GED equivalent, unless the employees were hired before September 1, 1991;
(2) Be at least eighteen years of age or older when employed as a direct care staff, or at least twenty-one years of age or older when employed as an administrator;
(3) Have a clear understanding of job responsibilities and knowledge of individual support plans and client needs; and
(4) Passed the department background check as required by WAC 388-101-3250.

WAC 388-101D-0035 Liability insurance required. The service provider must:
(1) Obtain liability insurance upon certification and maintain the insurance as required in WAC 388-101-3206 and 388-101-3207; and
(2) Have evidence of liability insurance coverage available if requested by the department.

WAC 388-101D-0040 Liability insurance required—Commercial general liability insurance or business liability insurance coverage. The service provider must have commercial general liability insurance or business liability insurance that includes:
(1) Coverage for the acts and omissions of any employee and volunteer;
(2) Coverage for bodily injury, property damage, and contractual liability;
(3) Coverage for premises, operations, independent contractors, products-completed operations, personal injury, advertising injury, and liability assumed under an insured contract; and
(4) Minimum limits of:
   (a) Each occurrence - One million dollars; and
   (b) General aggregate - Two million dollars; and
   (c) For community protection service providers—Three million dollars general aggregate.

WAC 388-101D-0045 Liability insurance required—Professional liability insurance coverage. If the service provider employs professional staff, the service provider must have professional liability insurance or errors and omissions insurance. The insurance must include:
(1) Coverage for losses caused by errors and omissions of the service provider, its employees, and volunteers; and
(2) Minimum limits of:
   (a) Each occurrence - One million dollars; and
   (b) General aggregate - Two million dollars.

WAC 388-101D-0050 Administrative documents. The service provider must prepare and maintain written documents as follows:
(1) A mission statement;
(2) A program description;
(3) An organizational chart and description showing all supervisory relationships;
(4) Description of staff roles and responsibilities, including the person designated to act in the absence of the administrator; and
(5) Staffing schedules.

WAC 388-101D-0055 Administrator responsibilities and training. (1) The service provider must ensure that the administrator delivers services to clients consistent with this chapter, and the department's residential services contract. This includes but is not limited to:
   (a) Overseeing all aspects of staffing, such as recruitment, staff training, and performance reviews;
   (b) Developing and maintaining policies and procedures that give staff direction to provide appropriate services and support as required by this chapter and the department contract; and
   (c) Maintaining and securely storing client, personnel, and financial records.
(2) Before assuming duties, an administrator must complete required instruction and support services staff training if the administrator may provide instruction and support services to clients or may supervise instruction and support services staff.


WAC 388-101D-0060 Policies and procedures. (1) The service provider must develop, implement, and train staff on policies and procedures to address what staff must do:

(a) Related to client rights, including a client’s right to file a complaint or suggestion without interference;

(b) Related to soliciting client input and feedback on instruction and support received;

(c) Related to reporting suspected abuse, neglect, financial exploitation, or abandonment;

(d) To protect clients when there have been allegations of abuse, neglect, financial exploitation, or abandonment;

(e) In emergent situations that may pose a danger or risk to the client or others, such as in the event of death or serious injury to a client;

(f) In responding to missing persons and client emergencies;

(g) Related to emergency response plans for natural or other disasters;

(h) When accessing medical, mental health, and law enforcement resources for clients;

(i) Related to notifying a client’s legal representative, and/or relatives in case of emergency;

(j) When receiving and responding to client grievances; and

(k) To respond appropriately to aggressive and assaultive clients.

(2) The service provider must develop, implement, and train staff on policies and procedures in all aspects of the medication support they provide, including but not limited to:

(a) Supervision;

(b) Client refusal;

(c) Services related to medications and treatments provided under the delegation of a registered nurse consistent with chapter 246-840 WAC;

(d) The monitoring of a client who self-administers their own medications;

(e) Medication assistance for clients needing this support; and

(f) What the service provider will do in the event they become aware that a client is no longer safe to take their own medications.

(3) The service provider must maintain current written policies and procedures and make them available to all staff; and to clients and legal representatives upon request.

[WRS 16-14-058, recodified as § 388-101D-0060, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3240, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0065 Background check—General. (1) The department is authorized to conduct background checks under the background check requirements of this chapter and of chapter 388-113 WAC. Background checks include but are not limited to an inquiry into any of the following:

(a) Department and department of health findings;

(b) Administrative actions taken by the department or by other agencies;

(c) Washington state criminal background check information from the Washington state patrol;

(d) National fingerprint-based background check information from the Federal Bureau of Investigation, when required; and

(e) Information from Washington state courts.

(2) Nothing in this chapter should be interpreted as requiring the employment of a person against the better judgment of the service provider. In addition to chapter 71A.12 RCW, these rules are authorized by RCW 43.20A.710, RCW 43.43.830 through 43.43.842 and RCW 74.39A.056.


WAC 388-101D-0070 Background checks—National fingerprint background checks. (1) Administrators and all caregivers who are hired on or after January 1, 2016, and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

(2) After receiving the results of the national fingerprint background check the service provider must not employ, directly or by contract, an administrator, employee, volunteer, student or subcontractor who has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113, or that is a disqualifying negative action under WAC 388-78A-2470 or WAC 388-76-10180.

(3) The service provider may accept a copy of the national fingerprint background check results letter and any additional information from the department's background check central unit from an individual who previously completed a national fingerprint background check under chapter 388-113 WAC. Background checks include but are not limited to an inquiry into any of the following:

(a) Department and department of health findings;

(b) Administrative actions taken by the department or by other agencies;

(c) Washington state criminal background check information from the Washington state patrol;

(d) National fingerprint-based background check information from the Federal Bureau of Investigation, when required; and

(e) Information from Washington state courts.

[WRS 17-03-062, recodified as § 388-101D-0070, filed 1/10/17, effective 21/1. Statutory Authority: Chapters 71A.12, 74.34, and 74.39A RCW. WSR 16-18-040, § 388-101-3202, filed 8/30/16, effective 9/30/16.]

WAC 388-101D-0075 Background checks—Requirements for service providers. (1) Service providers must follow the background check requirements described in chapter 388-113 WAC and in this chapter. In the event of an inconsistency, this chapter applies.

(2) The service provider must obtain background checks from the department for all administrators, employees, volunteers, students, and subcontractors who may have unsupervised access to clients.

[Ch. 388-101D WAC p. 3]
(3) The service provider must not allow the following persons to have unsupervised access to clients until the service provider receives the department's background check results:
   (a) Administrators;
   (b) Employees;
   (c) Volunteers or students; and
   (d) Subcontractors.
(4) If the department's background check results show that an administrator, employee, volunteer, student, or subcontractor has any of the following, then the service provider must prevent that person from having unsupervised access to clients:
   (a) A disqualifying conviction or pending criminal charge under chapter 388-113 WAC; or
   (b) A disqualifying negative action under WAC 388-101-3090.
(5) If the background check results show any of the following, then the service provider must conduct a character, suitability, and competence review before allowing the person unsupervised access to clients:
   (a) The person has a conviction or pending criminal charge, but the conviction or criminal charge is not disqualifying under WAC 388-113-0020;
   (b) The person has a conviction or pending criminal charge that meets one of the exceptions listed in WAC 388-113-0040; or
   (c) Any of the circumstances described in WAC 388-101-3080 apply to the individual.
(6) When a service provider receives the results of a person's background check, the service provider must:
   (a) Inform the person of the results of the background check;
   (b) Inform the person that they may request a copy in writing of the results of the background check. If requested, a copy of the background check results must be provided within ten working days of the request; and
   (c) Notify the department and other appropriate licensing or certification agency of any person resigning or terminated as a result of having a conviction record.
(7) The service provider must renew the Washington state background check for each administrator, employee, volunteer, student, or subcontractor of a service provider. The service provider must at least every thirty-six months keep current background check results for each administrator, employee, volunteer, student, or subcontractor of a service provider.
(8) Licensed assisted living facilities or adult family homes must adhere to the current regulations in this chapter and in the applicable licensing laws.
(9) All applicants for certification must have a background check.

WAC 388-101D-0080 Background checks—Provisional hire—Pending results. Persons identified in WAC 388-101-3250 and who have lived in Washington state less than three years, or who are otherwise required to complete a national fingerprint-based background check, may be hired for a one hundred twenty-day provisional period when:
(1) The person is not disqualified based on the initial results of the background check from the department; and
(2) A national fingerprint-based background check is pending.

WAC 388-101D-0085 Training requirements. The service provider must ensure that individuals identified under WAC 388-101-3302 have met the training requirements under WAC 388-101-3260 through 388-101-3300.

WAC 388-101D-0087 Long-term care worker requirements. Beginning January 1, 2016, all staff employed as long-term care workers as defined by RCW 74.39A.009 (17)(a) are required to meet all the training requirements in the following:
(1) Chapter 388-112 WAC, if the service provider is also licensed as an adult family home or assisted living facility.
(2) Chapter 388-829 WAC, if the service provider is certified only.

WAC 388-101D-0090 Staff training. The service provider must:
(1) Provide and document required training to staff;
(2) Within the first six months, ensure that staff receives a minimum of thirty-two total hours of training that meets the training requirements of this chapter;
(3) Provide staff training sooner if required by the client's identified needs; and
(4) Meet state and federal laws regarding training; such as, bloodborne pathogens training referenced in WAC 296-823-120.

WAC 388-101D-0095 Staff training before working alone with clients. The service provider must train staff in the following before the employee works alone with clients:
(1) Current individual instruction and support plans of each client with whom the employee works;
(2) Emergency procedures for clients;
(3) The reporting requirements for abuse and neglect under chapter 74.34 RCW; and
(4) Client confidentiality.

[WSR 16-14-058, recodified as § 388-101D-0095, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3270, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0100 Staff training within four weeks of employment. The service provider must provide training within the first four weeks of employing a staff person to include:

(1) The service provider's mission statement;
(2) Policies and procedures; and
(3) On-the-job training.

[WSR 16-14-058, recodified as § 388-101D-0100, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3280, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0105 Staff training within six months of employment. The service provider must provide training within the first six months of employing a staff person, to include:

(1) First aid and CPR;
(2) Bloodborne pathogens with HIV/AIDS information;
(3) Client services;
(4) Residential guidelines; and
(5) Positive behavior support.

[WSR 16-14-058, recodified as § 388-101D-0105, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3290, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0110 Staff training to be current. The service provider must ensure that each employee keeps their first-aid training, CPR certification, and bloodborne pathogens training current.

[WSR 16-14-058, recodified as § 388-101D-0110, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3300, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0115 Certified community residential services and supports—General training requirements. (1) The service provider must ensure the following instruction and support services staff meet the training requirements of this chapter:

(a) Administrators who may provide instruction and support services to clients or may supervise instruction and support services staff; and
(b) Instruction and support services staff including their supervisors.

(2) Applicants for initial certification and applicants for change of ownership that are not current providers, who may provide instruction and support services to clients or may supervise instruction and support services staff must meet the training requirements of this chapter.

[WSR 16-14-058, recodified as § 388-101D-0115, filed 6/30/16, effective 8/1/16, Statutory Authority: RCW 71A.12.030 and [71A.12].080. WSR 12-02-048, § 388-101-3302, filed 12/30/11, effective 1/30/12. Statutory Authority: RCW 71A.12.080, chapter 74.39A RCW. WSR 10-16-084, § 388-101-3302, filed 7/30/10, effective 1/1/11.]

WAC 388-101D-0120 Approval of staff-coverage schedules. (1) The service provider must obtain division of developmental disabilities approval of schedules to provide twenty-four hour support, at the following times:

(a) Prior to certification review;
(b) When household configuration changes affect staff coverage; or
(c) When additional staffing is requested or needed by the client.

(2) The service provider must retain copies of the staff coverage schedules.

[WSR 16-14-058, recodified as § 388-101D-0120, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3310, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0125 Client rights. Clients have the same legal rights and responsibilities guaranteed to all other individuals by the United States Constitution, federal and state law unless limited through legal processes. Service providers must promote and protect all of the following client rights, including but not limited to:

(1) The right to be free from discrimination;
(2) The right to be reasonably accommodated in accordance with state and federal law;
(3) The right to privacy, including the right to receive and send private mail and telephone calls;
(4) The right to participate in an appropriate program of publicly supported education;
(5) The right to be free from harm, including unnecessary physical restraint, isolation, excessive medication, abuse, neglect, abandonment, and financial exploitation; and
(6) The right to refuse health services, medications, restraints, and restrictions.

[WSR 16-14-058, recodified as § 388-101D-0125, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3320, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0130 Treatment of clients. Service providers must treat clients with dignity and consideration, respecting the client's civil and human rights at all times.

[WSR 16-14-058, recodified as § 388-101D-0130, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3330, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0135 Subcontracting. The service provider must not subcontract any service without prior written approval from the department. The service provider must ensure that all required terms, conditions, assurances and certifications are included in all subcontracts.

[WSR 16-14-058, recodified as § 388-101D-0135, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3340, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0140 Residential guidelines. The service provider must use the following department residential guidelines when providing services to each client:

(1) Health and safety;
(2) Personal power and choice;
(3) Competence and self-reliance;
(4) Positive recognition by self and others;
(5) Positive relationships; and
WAC 388-101D-0145 Client services. Service providers must provide each client instruction and/or support to the degree the individual support plan identifies the service provider as responsible. Instruction and/or support to the client may include but are not limited to the following categories:

1. Home living activities;
2. Community living activities;
3. Life-long learning activities;
4. Health and safety activities;
5. Social activities;
6. Employment;
7. Protection and advocacy activities;
8. Exceptional medical support needs; and
9. Exceptional behavioral support needs.

WAC 388-101D-0150 Client health services support.
The service provider must provide instruction and/or support as identified in the individual support plan and as required in this chapter to assist the client with:

1. Accessing health, mental health, and dental services;
2. Medication management, administration, and assistance;
3. Maintaining health records;
4. Arranging appointments with health professionals;
5. Monitoring medical treatment prescribed by health professionals;
6. Communicating directly with health professionals when needed; and
7. Receiving an annual physical and dental examination unless the appropriate medical professional gives a written exception.

WAC 388-101D-0155 Medical devices. (1) For purposes of this section the term "medical device" means any piece of medical equipment used to treat a client's assessed need.

2. Use of some medical devices poses a safety risk for clients. Examples of medical devices with known safety risks are transfer poles, helmets, straps and belts on wheelchairs or beds, and bed side rails.

3. Medical devices with known safety risks must not be used by the service provider:
   (a) As a restraint; or
   (b) For staff convenience.

4. Before using medical devices with known safety risks for any client, the service provider must:
   (a) Review the client's assessment to identify the client's need;

   (b) Identify and implement interventions that might decrease the need for the use of a medical device;

   (c) Document the use of less restrictive and less invasive options, successful or not;

   (d) Provide the client and client's family or legal representative with information about the anticipated benefits and safety risks of using the device to enable them to make an informed decision about whether or not to use the device;

   (e) Obtain a current physician's order that describes the medical necessity for use of the device and the anticipated duration of use; and

   (f) Provide written instructions to staff regarding safe and proper use of the device.

WAC 388-101D-0160 Nurse delegation. (1) Service provider staff must not perform a delegated nursing task for the client before the delegating nurse has obtained consent from the client or person authorized to give consent.

2. The service provider must not allow an employee to perform any nursing task that violates applicable statutes and rules, including:
   (a) Chapter 18.79 RCW, Nursing care;
   (b) Chapter 18.88A RCW, Nursing assistants;
   (c) Chapter 246-840 WAC, Practical and registered nursing;
   (d) Chapter 246-841 WAC, Nursing assistants; and
   (e) Chapter 246-888 WAC, Medication assistance.

WAC 388-101D-0165 Client transportation. (1) The service provider must meet the client's transportation needs by:

   (a) Not charging the client for transportation costs except as specified in the client's individual support plan;
   (b) Using the client's medicaid coupons for covered transportation, if available; and
   (c) Ensuring that other transportation is provided as specified in the client's individual support plan.

2. The service provider must provide transportation or ensure that clients have a way to get to and from:
   (a) Emergency medical care;
   (b) Medical appointments; and
   (c) Therapies.

3. As specified in the client's individual support plan, the service provider must provide necessary assistance with transportation to and from:
   (a) School or other publicly funded services;
   (b) Work;
   (c) Leisure or recreation activities; and
   (d) Client-requested activities.

4. A vehicle that the service provider uses to transport clients must be insured as required by chapters 46.29 and 46.30 RCW.

5. The service provider must maintain a business automobile insurance policy on service provider owned vehicles used to transport clients.

[Ch. 388-101D WAC p. 6]
(6) The service provider must maintain nonowned vehicle insurance coverage for vehicles not owned by the service provider but used to transport clients.

(7) Service providers, employees, subcontractors, and volunteers who transport clients must have a valid driver's license as required by chapter 46.20 RCW.

[WSR 16-14-058, recodified as § 388-101D-0165, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3380, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0170 Physical and safety requirements. (1) Crisis diversion support service providers are exempt from the requirements in this section.

(2) The service provider must ensure that the following home safety requirements are met for each client unless otherwise specified in the client's individual support plan:

(a) A safe and healthy environment;
(b) Accessible telephone equipment and a list of emergency contact numbers;
(c) An evacuation plan developed and practiced with the client;
(d) Unblocked door and window for emergency exit;
(e) A safe storage area for flammable and combustible materials;
(f) An operating smoke detector, with a light alarm for clients with hearing impairments;
(g) An accessible flashlight or other safe accessible light source in working condition; and
(h) Basic first-aid supplies.

(3) The service provider must assist clients in regulating household water temperature unless otherwise specified in the client's individual support plan as follows:

(a) Maintain water temperature in the household no higher than one hundred and twenty degrees Fahrenheit;
(b) Check water temperature when the client first moves into the household and at least once every three months from then on; and
(c) Regulate water temperature for clients who receive twenty-four hour support, and for other clients as specified in the individual support plan.

(4) The service provider must document and keep records that indicate that physical safety requirements are met for each client.

(5) A client may independently document these requirements are met when the client's individual support plan specifies this level of client involvement.

[WSR 16-14-058, recodified as § 388-101D-0170, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3390, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0175 Services to nonclients. Before providing services to nonclients in the same household with clients, the service provider must:

(1) Provide the department with a written description of the household composition;
(2) Obtain written approval from the division of developmental disabilities; and
(3) Obtain written consent from each client in the household or the client's legal representative if the client is unable to consent.

(1/10/17)

[WSR 16-14-058, recodified as § 388-101D-0175, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3400, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0180 Community protection clients and other clients in the same household. Before allowing a community protection program client to live in the same household with supported living clients who are not in the community protection program, the service provider must:

(1) Provide the department with a written description of the household composition;
(2) Participate with the treatment team during the household composition review;
(3) Obtain written approval from the division of developmental disabilities; and
(4) Obtain written consent from each client in the household or the client's legal representative if the client is unable to consent.

[WSR 16-14-058, recodified as § 388-388-101D-0180, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3410, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0185 Client refusal to participate in services. (1) The service provider must notify the case manager if the client's health and safety is adversely affected by the client's refusal to participate in services.

(2) Service providers must document each client's refusal to participate in:

(a) Physical and safety requirements, as outlined in WAC 388-101-3390; and
(b) Client health services support under WAC 388-101-3370.

(3) Service providers must document the following:

(a) A description of events relating to the client's refusal to participate in these services;
(b) That the client was informed of the benefits of these services and the possible risks of refusal;
(c) A description of the service provider's efforts to give or acquire the services for the client; and
(d) Any health or safety concerns that the refusal may pose.

(4) The service provider must:

(a) Review this documentation with the client or the client's legal representative at least every six months; and
(b) Request that the client or client's legal representative sign and date the document after reviewing it.

[WSR 16-14-058, recodified as § 388-101D-0185, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3420, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0190 Changes in client service needs—Nonemergent. The service provider must notify the department:

(1) When a client's service needs change and the individual support plan no longer addresses the client's needs; and
(2) May request in writing, assistance from the department's case manager in setting up an assessment meeting.

[WSR 16-14-058, recodified as § 388-101D-0190, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3430, filed 12/21/07, effective 2/1/08.]
WAC 388-101D-0195 Changes in client service needs
—Emergent. (1) The service provider must promptly notify the department to ask for emergency assistance when a client’s needs change and the actions or continued presence of the client endangers the health, safety and/or personal property of other clients, the client, those working with the client, or other public citizens.

(2) If further assistance is needed following the department’s initial response, the service provider must confirm in writing to the client’s case manager on the first working day after initiating a verbal request for such assistance:
   (a) The nature of the emergency;
   (b) The need for immediate assistance and the specific type of assistance needed; and
   (c) The specific type of assistance needed.

(3) When the emergency cannot be resolved and the service provider wants to terminate services to the client, the service provider must:
   (a) Notify the department in writing;
   (b) Specify the reasons for terminating services to the client; and
   (c) Ensure that the department receives the notice at least seventy-two hours before moving the client from the program.

WAC 388-101D-0200 Service provider refusal to serve a client. (1) The service provider may refuse services to a client when the service provider has determined and documented:
   (a) Why the provider cannot meet the client’s needs; or
   (b) How the provider’s refusal to serve the client would be in the best interest of the client or other clients.

(2) Before terminating services to the client, the service provider must notify the department, the client and the client’s legal representative in writing ten working days before terminating services.

WAC 388-101D-0205 Individual support plan. The service provider must use the client’s current individual support plan in the development of the individual instruction and support plan.

WAC 388-101D-0210 Development of the individual instruction and support plan. (1) The service provider must develop and implement an individual instruction and support plan for each client that incorporates the department’s residential guidelines in developing instruction and support activities.

(2) In developing the individual instruction and support plan, the service provider must:
   (a) Work with the client to develop goals based on the individual support plan that will be worked on during the implementation of the individual instruction and support plan for the upcoming year;
   (b) Identify how the instruction and/or support activities will be provided to meet the assessed needs of the client as described in the individual support plan;
   (c) Ensure that the individual instruction and support plan contains or refers to other applicable support and/or service information; and
   (d) Include the participation and agreement of the client and other individuals the client wants included.

(3) The service provider must send a copy of the individual instruction and support plan goals together with a list of applicable support and service information and where the information is located to the case manager for review.

WAC 388-101D-0215 Documentation of the individual instruction and support plan. For each client the service provider must:

   (1) Develop and keep a written record of the individual instruction and support plan that includes the elements required in WAC 388-101-3470;

   (2) Include a section or page in the individual instruction and support plan that provides or references all applicable support or service information pertaining to the client;

   (3) Review and update the plan to reflect changes in the assessed needs as described in the individual support plan;

   (4) Sign and date the plan’s documents; and

   (5) Document the client’s agreement with the plan as well as the client’s legal representative if applicable.

WAC 388-101D-0220 Implementation of the individual instruction and support plan. The service provider must:

   (1) Oversee the progress made on each client’s individual instruction and support plan;

   (2) Coordinate with other staff, and other providers serving the client, and other interested persons as needed, in implementing the individual instruction and/or support plan; and

   (3) Revise and update the plan as the client’s assessed needs change.

WAC 388-101D-0225 Accessibility of the individual instruction and support plan. The service provider must make the individual instruction and support plan accessible at all times to:

   (1) Staff to provide direction on what they are to do to instruct and/or support the client;

   (2) The client receiving service;

   (3) The client’s legal representative; and

   (4) Representatives of the department.
WAC 388-101D-0230 Ongoing updating of the individual instruction and support plan. The service provider must:

(1) Review and revise the individual instruction and support plan as goals are achieved or as client assessed needs change in order to reflect the client's current needs, goals, and preferences:
   (a) At least semi-annually; and
   (b) At any time requested by the client or the client's legal representative.

(2) Send an updated copy of the instruction and support goals of the individual instruction and support plan and the list of applicable support and service information and where the information is located to the case manager for review.

WAC 388-101D-0235 Shared expenses and client related funds. (1) For purposes of this section "common household expenses" means costs for rent, shared food and household supplies, and utilities, including but not limited to water, garbage, cable television/radio, telephone, and electricity.

(2) The service provider must ensure that common household expenses are shared equitably among all clients living in the household.

(3) If the service provider receives funds for the client from any source, the service provider must be able to show that all the funds received are:
   (a) Given to the client or the client's legal representative;
   (b) Deposited to the client's account; or
   (c) Used only for the client.

WAC 388-101D-0240 Individual financial plan. (1) The service provider must develop and implement an individual financial plan with client participation when the client's individual support plan:

(a) Identifies that the client needs support to manage funds; and
(b) Designates the service provider as responsible for that support; or
(c) Indicates the service provider manages any portion of the client's funds.

(2) The service provider must obtain signatures from the client and the client's legal representative on the individual financial plan.

(3) The service provider must include the following in the client's individual financial plan:
   (a) Client funds and income managed by the service provider;
   (b) Client funds and income managed by the client and the client's legal representative;
   (c) The type of accounts containing client funds;
   (d) A description of how the client's funds will be spent during a typical month;
   (e) Money management instruction or support provided to the client; and
   (f) If applicable, asset management including such things as personal property, burial plan, retirement funds, stock, and vehicles.

(4) The service provider must review the individual financial plan with the client at least every twelve months.

(5) The service provider must send a copy of each client's individual financial plan to:
   (a) The client's legal representative; and
   (b) The client's case manager upon request.

WAC 388-101D-0245 Managing client funds. (1) Before managing a client's funds the service provider must either:

(a) Obtain written consent from the client or the client's legal representative; or
(b) Become the representative payee.

(2) For any client funds managed by the service provider, the service provider must:

(a) Separately track each client's money, even when several clients reside together;
(b) Maintain a current running balance of each client account;
(c) Make deposits to the client's bank account within one week of receiving the client's money;
(d) Prevent the client's bank account from being overdrawn;
(e) Ensure that client cash funds do not exceed seventy-five dollars per client unless specified differently in the individual financial plan; and
(f) Retain receipts for each purchase over twenty-five dollars.

(3) Social Security Administration requirements for managing the client's Social Security income take precedence over these rules if:

(a) The service provider is the client's representative payee; and
(b) The Social Security Administration requirement conflicts with these rules.

(4) When the service provider manages the client's funds and receives a check made out to the client, the service provider must:

(a) Get the client's signature and designation "for deposit only";
(b) Get the client's "x" mark in the presence of a witness and cosign the check with the designation "for deposit only"; and
(c) Deposit the check in the client's bank account as required under subsection (2)(c) of this section.

(5) If a check for the client is made out to a payee other than the client, the service provider must ask the payee to sign the check.

(6) The service provider must not ask the client to sign a blank check.
(7) The service provider may only assist the client to make purchases by check when the client signs the check at the time of the purchase unless:
   (a) Otherwise specified in the client's individual financial plan; or
   (b) The service provider is the client's representative payee.

(8) The service provider must document in the client's record the name of each staff that may assist the client with financial transactions.

[WSR 16-14-058, recodified as § 388-101D-0245, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3540, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0250 Using client funds for health services. The service provider must document all denials for client health services from the health care authority, the department, and medical insurance companies. The service provider:

(1) Must notify the case manager of the denial in writing; and

(2) May use client funds for the client's health services if no other funding is available.


WAC 388-101D-0255 Reconciling and verifying client accounts. (1) For any client funds managed by the service provider, the service provider must:

   (a) Reconcile the client's bank accounts to the client's bank statements each month;
   (b) Reconcile the client's cash account each month; and
   (c) Verify the accuracy of the reconciliation.

(2) The service provider must not allow the same staff person to do both the verification and reconciliation of the client's account.

(3) The service provider must ensure that the verification or reconciliation is done by a staff person who did not:

   (a) Make financial transactions on the client's behalf; or
   (b) Assist the client with financial transactions.

[WSR 16-14-058, recodified as § 388-101D-0255, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3550, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0260 Combining service provider and client funds. The service provider must not combine client funds with any service provider funds, such as agency operating funds.

[WSR 16-14-058, recodified as § 388-101D-0260, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3560, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0265 Client bankbooks and bankcards. (1) For clients who manage their own funds, the service provider must document in the client's record when the client asks the provider to hold the client's bankbooks and bankcards.

(2) When the service provider holds the client's bankcards or bankbooks as requested by the client:

   (a) It is not assumed that the service provider is managing the client's funds; and
   (b) The client must continue to have access to his or her own funds.

[WSR 16-14-058, recodified as § 388-101D-0265, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3570, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0270 Client financial records. (1) For client funds that the service provider manages, the service provider must retain documentation including documentation for bank and cash accounts.

(2) The service provider must also keep the following documentation for client financial transactions:

   (a) Monthly bank statements and reconciliations;
   (b) Checkbook registers and bankbooks;
   (c) Deposit receipts;
   (d) Receipts for purchases over twenty-five dollars;
   (e) A ledger showing deposits, withdrawals, and interest payments to each client; and
   (f) A control journal for trust accounts.

(3) The service provider must keep the following documentation for cash and debit transactions:

   (a) A detailed ledger signed by the staff who withdrew any of the client's money;
   (b) A detailed accounting of the funds received on behalf of the client including:
      (i) Cash received from writing checks over the purchase amount; and
      (ii) A list of where the money was spent.
   (c) Receipts for purchases over twenty-five dollars when service provider staff withdrew the money.

[WSR 16-14-058, recodified as § 388-101D-0270, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3580, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0275 Transferring client funds. (1) When the service provider manages a client's funds and the client changes service providers, the previous service provider must transfer all of the client's funds, except funds necessary to pay unpaid bills, to the client or designee as soon as possible but no longer than thirty days.

(2) When transferring funds, the previous provider must:

   (a) Have an agreement with the client regarding the amount of money to be withheld to pay bills;
   (b) Inform the client's case manager about any agreement in subsection (2)(a) of this section;
   (c) Give the client and the client's legal representative a written accounting of all known client funds;
   (d) When applicable, give the new service provider a written accounting of all transferred client funds;
   (e) Obtain a written receipt from the client and legal representative for all transferred funds; and
   (f) When applicable, obtain the new service provider's written receipt for the transferred funds.

(3) When the client moves to another living arrangement without supported living services or the client's whereabouts are unknown, the service provider must transfer the client's funds within one hundred eighty days to:

   (a) The client's legal representative;
   (b) The department; or
   (c) The client's legal representative.
(c) The requesting governmental entity.

(4) When the client dies, the service provider must transfer the client's funds within ninety days to:
   (a) The client's legal representative;
   (b) The requesting governmental entity; or
   (c) The department if the client does not have a legal heir.

(5) Social Security Administration requirements for managing the client's Social Security income take precedence over these rules for transferring client funds if:
   (a) The service provider is the client's representative payee; and
   (b) The Social Security Administration requirement conflicts with these rules.

[WSR 16-14-058, recodified as § 388-101D-0275, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3590, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0280 Client loans. (1) The service provider may loan funds to a client from the service provider's funds and collect the debt from the client in installments.

(2) The client's service provider must not:
   (a) Charge the client interest for any money loaned; or
   (b) Borrow funds from the client.

(3) The provider must keep the following loan documentation for each loan:
   (a) A loan agreement signed by the client or the client's legal representative;
   (b) Amount of the loan;
   (c) Payments on the loan balance; and
   (d) The current balance owed.

[WSR 16-14-058, recodified as § 388-101D-0280, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3600, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0285 Client reimbursement. The service provider must pay the client the total amount involved when:

(1) The service provider or staff has stolen, misplaced, or mismanaged client funds; or

(2) Service charges are incurred on a trust account that the service provider manages for the client.

[WSR 16-14-058, recodified as § 388-101D-0285, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3610, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0290 Client payment. When the client performs work for the service provider, the service provider must pay the client:

(1) At least the current minimum wage; and

(2) According to state and federal requirements.

[WSR 16-14-058, recodified as § 388-101D-0290, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3620, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0295 Medication services—General.

(1) If the service provider is involved in assisting any client with medications, as identified in the client's individual support plan, the service provider must:

(a) Have systems in place to ensure that medications are given as ordered and in a manner that safeguards the client's health and safety;

(b) Ensure that each client receives their medication as prescribed, except as provided for in the medication refusal section or in the medication assistance section regarding altering medication; and

(c) Have a legible prescription label completed by a licensed pharmacy before providing medication assistance or medication administration to a client for prescribed medications.

(2) Group homes licensed as an assisted living facility or adult family home must meet the medication management requirements of chapter 388-78A or 388-76 WAC. For any difference in requirements the assisted living facility or adult family home medication rules take precedence over the medication rules of this chapter.


WAC 388-101D-0300 Medication—Types of support. The service provider must provide medication support as specified in the client's individual support plan. Types of client support include:

(1) Self-administration of medication;

(2) Medication assistance;

(3) Nurse delegated medication administration; and

(4) Medication administration by a practitioner.

[WSR 16-14-058, recodified as § 388-101D-0300, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3640, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0305 Medication—Self-administration. If a client is assessed as independent in self-administration of medications the service provider must inform the client's case manager if they have a reason to suspect that the client is no longer safe to self-administer medications.

[WSR 16-14-058, recodified as § 388-101D-0305, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3650, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0310 Medication assistance. If the client is assessed as needing assistance with medication, the service provider may assist the client to take medications in any of the following ways:

(1) Communicating the prescriber's order to the client in such a manner that the client self-administers his/her medication properly;

(2) Reminding or coaching the client when it is time to take a medication;

(3) Opening the client's medication container;

(4) Handling the client the medication container;

(5) Placing the medication in the client's hand;

(6) Transferring medication from one container to another for the purpose of an individual dose (e.g., pouring a liquid medication from the container to a calibrated spoon or medication cup or using adaptive devices);
(7) Altering a medication by crushing or mixing:
   (a) Only if the client is aware that the medication is being altered or added to food or beverage; and
   (b) A pharmacist or other qualified practitioner has determined it is safe to alter medication; and
   (c) It is documented on the prescription container or in the client’s record.

(8) Guiding or assisting the client to apply or instill skin, nose, eye and ear preparations. Hand-over-hand administration is not allowed; and

(9) For group homes that have an assisted living facility or adult family home license, refer to chapter 388-78A or 388-76 WAC for additional tasks that may be allowed.

WAC 388-101D-0315 Medication administration—Nurse delegation. If a client is assessed as requiring medication administration and the service provider is not a practitioner, the service provider must ensure the assistance is provided by a licensed health care professional or under nurse delegation as per chapters 246-840 WAC and 18.79 RCW.

WAC 388-101D-0320 Medication administration. (1) If a service provider is a licensed health care professional, the licensed professional may administer the client’s medication.

(2) Service providers may only administer medication under the order of a physician or a health care professional with prescriptive authority.

WAC 388-101D-0325 Medication refusal. (1) When a client who is receiving medication support from the service provider chooses to not take his or her medications, the service provider must:

   (a) Respect the client’s right to choose not to take the medication(s) including psychoactive medication(s); and

   (b) Document the time, date and medication the client did not take.

(2) The service provider must take the appropriate action, including notifying the prescriber or primary care practitioner, when the client chooses to not take his or her medications and the client refusal could cause harm to the client or others.

WAC 388-101D-0330 Storage of medications. (1) The service provider must keep a client’s medications so they are not readily available to other clients.

(2) The service provider must store medications:

   (a) Under proper conditions for sanitation, temperature, moisture and ventilation, and separate from food or toxic chemicals; and

   (b) In the original medication containers with pharmacist-prepared or manufacturer’s label, or in medication organizers which are clearly labeled with the:

      (i) Name of the client for whom the medication is prescribed;

      (ii) Name of the medications; and

      (iii) Dosage and frequency.

(3) Group homes must:

   (a) Keep all medications in locked storage; and

   (b) Use medication organizers only when filled by a pharmacist.

WAC 388-101D-0335 Medication organizers. (1) Service providers may allow medication organizers maintained by the individual when the organizers are filled by:

   (a) The client;

   (b) A licensed pharmacist;

   (c) An RN; or

   (d) The client’s legal representative or a family member.

(2) Service providers providing medication assistance or administration to a client must ensure that the medication organizers are labeled.

   (3) The client, a pharmacist, an RN, or the client’s legal representative or family member may label the medication organizer.

(4) When there is a change in medications by the prescriber, the individual filling the medication organizers must replace labels with required updated information immediately.

WAC 388-101D-0340 Medications—Documentation. The service provider must maintain a written record of all medications administered to, assisted with, monitored, or refused by the client.

WAC 388-101D-0345 Disposal of medications. (1) The service provider or his/her designee must properly dispose of all medications that are discontinued, out of date, or superseded by another.

(2) When disposing client medications the service provider must list the:

   (a) Medication;

   (b) Amount; and

   (c) Date that it was disposed.

(3) Two people, one of whom may be the client, must verify the disposal by signature.
(4) For group homes that have an assisted living facility or adult family home license, refer to chapters 388-78A or 388-76 WAC for medication disposal requirements.


WAC 388-101D-0350 Psychoactive medication assessment. If a client displays symptoms of mental illness and/or persistent challenging behavior, the service provider must:

(1) Refer the client for a professional assessment;
(2) Prior to the referral, prepare a psychiatric referral summary, including the frequency and severity of the symptoms or behaviors, and take or send this document to the treatment professional conducting the assessment;
(3) Respect the client's preference to visit the treatment professional independently; and
(4) If drugs are prescribed, have the prescribing professional assess the client at least annually to review the continued need for the medication(s) and possible dosage reduction.

[WSR 16-14-058, recodified as § 388-101D-0350, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3740, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0355 Psychoactive medication treatment plan. (1) If the assessing treatment professional recommends psychoactive medications, the prescribing professional or service provider must document this in the client's psychoactive medication treatment plan. The service provider must ensure the plan includes the following:

(a) A description of the behaviors, symptoms or conditions for which the medication is prescribed and a mental health diagnosis, if available;
(b) The name, dosage, and frequency of the medication and subsequent changes in dosage must be documented in the person's medical record;
(c) The length of time considered sufficient to determine if the medication is effective;
(d) The behavioral criteria to determine whether the medication is effective and what changes in behavior, mood, thought, or functioning are considered evidence that the medication is effective; and
(e) The anticipated schedule of visits with the prescribing professional.

(2) The service provider must make sure the treatment plan is updated when there is a change in psychoactive medication type, including intraclass changes.

(3) The service provider must:
(a) Review the name, purpose, potential side effects and any known potential drug interactions of the psychoactive medication(s) with the client and his/her legal representative and document the review in the client record; and
(b) Have available to staff and clients an information sheet for each psychoactive medication that is being used by each client served by the provider.

(4) The service provider must assist the client in obtaining and taking the medication when:

(a) The client's legal representative if any, is unavailable; and
(b) In the prescribing professional's opinion, medication is needed and no significant risks are associated with the use of the medication.

(5) If a client takes psychoactive medications to reduce challenging behaviors or to treat symptoms of a mental illness that are interfering with the client's ability to have positive life experiences and form and maintain relationships, the service provider must develop and implement a positive behavior support plan.

[WSR 16-14-058, recodified as § 388-101D-0355, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3750, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0360 Psychoactive medication monitoring. The service provider must:

(1) Monitor the client to help determine if the medication is effective based on criteria identified in the psychoactive medication treatment plan; and
(2) Report to the prescribing professional when:
(a) The medication does not appear to have the desired effects; and
(b) Any changes in client behavior or health that might be adverse side effects of the medication(s).

[WSR 16-14-058, recodified as § 388-101D-0360, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3760, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0365 Psychoactive medications—Other. If psychoactive medications are used for diagnoses other than mental illness or persistent challenging behavior, the service provider must follow the general medication requirements in WAC 388-101-3630 through 388-101-3730.

[WSR 16-14-058, recodified as § 388-101D-0365, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3770, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0370 Confidentiality of client records. (1) The service provider must:
(a) Keep all client record information confidential;
(b) Ensure the department's right to have access to and copies of any records as requested or needed; and
(c) Provide access to and copies of client records to the client, or the client's legal representative upon their request.

(2) The service provider must have an authorized release of information form for any transfer or inspection of records, other than those specified in subsection (1) of this section. The authorization form must:
(a) Be specific to the type of information about the transfer or inspection; and
(b) Be signed by the client or client's legal representative.

(3) A signed release of information is valid for up to one year from the date of signature.

[WSR 16-14-058, recodified as § 388-101D-0370, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3780, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0375 Charging for searching and duplicating records. (1) The service provider:

[Ch. 388-101D WAC p. 13]
(a) Must not charge the department or the client for any searching or duplication of records requested or needed; and
(b) May charge the client's legal representative acting on behalf of the client for searching and duplication of records at a cost not to exceed twenty-five cents a page.

(2) The service provider must not charge the client's legal representative acting on behalf of the client for searching and duplication of records if the client is incapable of making the request.

[WSR 16-14-058, recodified as § 388-101D-0375, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3790, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0380 Retention of client records. (1) While supporting a client, a service provider must keep all of the client's records for at least four years.

(2) After a client's participation with a service provider ends, the service provider must keep the client's records for at least six years.

[WSR 16-14-058, recodified as § 388-101D-0380, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3800, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0385 Contents of client records. (1) Crisis diversion service providers are exempt from the client record requirements specified in this section.

(2) Service providers must keep, in each client's record, information including but not limited to the following:
(a) Client's name, address, and Social Security number;
(b) Name, address, and telephone number of the client's involved family members, guardian or legal representative;
(c) Copies of legal guardianship papers, if provided;
(d) Client health records, including:
   (i) Name, address, and telephone number of the client's physician, dentist, mental health service provider, and any other current health care service provider;
   (ii) Current health care service providers' instructions about health care needed, including appointment dates and date of next appointment if appropriate;
   (iii) Written documentation that the health care service providers' instructions have been followed; and
   (iv) Record of major health events and surgeries when known.
   (e) Copy of the client's most recent individual support plan;
   (f) Client's individual instruction and support plan including:
      (i) Instruction and support activities for each client as a basis for review and evaluation of client's progress;
      (ii) Semiannual review of the individual instruction and support plan;
      (iii) Consultation with other service providers and other interested persons;
      (iv) Individual instruction and support plan revisions and changes; and
   (v) Other activities relevant to the client that the client wants included.
   (g) Progress notes and incident reports;
   (h) The client's financial records for funds managed by the service provider, including:
   (i) Receipts, ledgers and records of the client's financial transactions; and
   (ii) Client's related bankbooks, checkbooks, bank registers, tax records and bank statements.
   (i) Burial plans and wills.

[WSR 16-14-058, recodified as § 388-101D-0385, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3810, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0390 Client's property records. (1) Crisis diversion support service providers are exempt from the requirements in this section.

(2) The service provider must assist clients in maintaining current, written property records unless otherwise specified in the individual support plan. The record must consist of:
(a) A list of personal possessions with a value of at least twenty-five dollars that the client owns when moving into the program;
(b) A list of personal possessions with a value of seventy-five dollars or more per item after the client moves into the program;
(c) Description and identifying numbers, if any, of the property;
(d) The date the client purchased the items after moving into the program;
(e) The date and reason for addition or removal from the record; and
(f) The signature of the staff or client making the entry.

[WSR 16-14-058, recodified as § 388-101D-0390, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3820, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0395 Record entries. The service provider must ensure that all record entries are:
(1) Documented in ink;
(2) Written legibly at the time of or immediately following the occurrence of the event recorded; and
(3) Signed and dated by the person making the entry.

[WSR 16-14-058, recodified as § 388-101D-0395, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3830, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0400 Positive behavior support. Positive behavior support means a recognized approach to supporting clients with challenging behaviors. Positive behavior support focuses on changing the client's environment, skills, and other factors that contribute to the client's challenging behavior(s). Positive behavior support uses a functional assessment to help build respectful plans for clients with challenging behavior(s).

[WSR 16-14-058, recodified as § 388-101D-0400, filed 6/30/16, effective 8/1/16, Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3840, filed 12/21/07, effective 2/1/08.]


(2) The service provider must start the functional assessment when the client begins to engage in challenging behav-
ors that interfere with the client's ability to have positive life experiences and form and maintain relationships.

(3) The service provider must ensure that a client's written functional assessment addresses:
   (a) A description of the client and pertinent history;
   (b) The client's overall quality of life;
   (c) The behaviors that are considered challenging and/or are of concern;
   (d) The factors or events which increase the likelihood of challenging behaviors;
   (e) When and where the challenging behavior(s) occurs most frequently;
   (f) The factors or events which increase the likelihood of appropriate behavior;
   (g) An analysis and assessment of the possible functions or purpose the challenging behavior(s) serve for the client including what he or she obtains or avoids by engaging in the behavior(s); and
   (h) A concluding summary of the functions or purpose that each challenging behavior serves for the client.

(4) The service provider must include the following sections in the format of each client's written functional assessment:
   (a) Description and pertinent history;
   (b) Definition of challenging behaviors;
   (c) Data analysis/assessment procedures; and
   (d) Summary statement(s).

[WSR 16-14-058, recodified as § 388-101D-0405, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3850, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0410 Positive behavior support plan. (1) The service provider must develop, train to, and implement a written individualized positive behavior support plan for each client when:
   (a) The client takes psychoactive medications to reduce challenging behavior or treat a mental illness currently interfering with the client's ability to have positive life experiences and form and maintain personal relationships; or
   (b) Restrictive procedures, including physical restraints, identified in the residential services contract are planned or used.

(2) The service provider must:
   (a) Base each client's positive behavior support plan on the functional assessment required in WAC 388-101-3850; and
   (b) Complete and implement the client's positive behavior support plan within ninety days of identifying the client's symptoms and challenging behavior.

(3) The service provider must develop and implement a positive behavior support plan that is consistent with the client's cross system crisis plan, if any.

(4) The service provider must include the following sections in the format of each client's written positive behavior support plan:
   (a) Prevention strategies;
   (b) Teaching and training supports;
   (c) Strategies for responding to challenging behaviors; and
   (d) Data collection and monitoring methods.

(5) If data indicates that progress is not occurring after a reasonable time, but not longer than six months, the service provider must:
   (a) Evaluate the positive behavior support plan and the data collected;
   (b) Conduct a new functional assessment when necessary; and
   (c) Develop and implement revisions as needed.

[WRS 16-14-058, recodified as § 388-101D-0410, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3860, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0415 Client protection. While the functional assessment and positive behavior support plan are being developed, the service provider must:
   (1) Protect the client and others; and
   (2) Document in the client's record how the protection is being done.

[WRS 16-14-058, recodified as § 388-101D-0415, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3870, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0420 Group home providers. (1) When considering restrictive procedures, group home providers licensed as assisted living facilities must comply with all requirements in chapter 388-78A WAC regarding restraints.

(2) When considering restrictive procedures, group home providers licensed as adult family homes must comply with all requirements in chapter 388-76 WAC regarding restraints.


WAC 388-101D-0425 Restrictive procedures. (1) The service provider may:
   (a) Only use restrictive procedures for the purpose of protecting the client, others, or property; and
   (b) Not use restrictive procedures for the purpose of changing behavior in situations where no need for protection is present.

(2) The service provider must have documentation on the proposed intervention strategy before implementing restrictive procedures including:
   (a) A description of the behavior(s) that the restrictive procedures address;
   (b) A functional assessment of the challenging behavior(s);
   (c) The positive behavior support strategies that will be used;
   (d) A description of the restrictive procedure that will be used including:
      (i) When and how it will be used; and
      (ii) Criteria for termination of the procedure; and
   (e) A plan to document the use of the procedure and its effect.

[Ch. 388-101D WAC p. 15]
(3) The service provider must terminate implementation of the restrictive procedures as soon as the need for protection is over.

[WSR 16-14-058, recodified as § 388-101D-0425, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3910, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0430 Restrictive procedures approval. (1) The service provider must have documentation of the proposed intervention strategy that:
(a) Lists the risks of the challenging behavior(s);
(b) Lists the risks of the proposed restrictive procedure(s);
(c) Explains why less restrictive procedures are not recommended;
(d) Indicates nonrestrictive alternatives to the recommendation that have been tried but were unsuccessful; and
(e) Includes space for the client and/or the client's legal representative to write comments and opinions regarding the plan and the date of those comments.

(2) The service provider must consult with the division of developmental disabilities if:
(a) The client and/or the client's legal representative disagree with parts of the proposed restrictive procedure; and
(b) An agreement cannot be reached.

(3) Before the service provider implements restrictive procedures they must be approved in writing by:
(a) The service provider's administrator; or
(b) Someone designated by the service provider to have approval authority; and
(c) Someone designated by the division of developmental disabilities, when required by the residential services contract.

[WSR 16-14-058, recodified as § 388-101D-0430, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3900, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0435 Physical intervention systems. Service providers who are using physical interventions with clients must have a physical intervention techniques system that includes at least the following:
(1) Discussion of the need for positive behavior support;
(2) Communication styles that help the client to calm down and resolve problems;
(3) Techniques to prevent escalation of behavior before it reaches the stage of physical assault;
(4) Techniques for staff to use in response to clients and their own fear, anger, aggression, or other negative feelings;
(5) Cautions that physical intervention techniques may not be changed except as needed for individual disabilities, medical, health, and safety issues. A health care professional and a program trainer must approve all modifications;
(6) Evaluation of the safety of the physical environment;
(7) Issues of respect and dignity of the client;
(8) Use of the least restrictive physical interventions depending upon the situation;
(9) Identification of division of developmental disabilities approved and prohibited physical intervention techniques;
(10) The need to release clients from physical restraint as soon as possible;
(11) Instruction on how to support physical interventions as an observer, recognizing signs of:
(a) Distress by the client; and
(b) Fatigue by the staff; and
(12) Discussion of the importance of complete and accurate documentation.

[WSR 16-14-058, recodified as § 388-101D-0435, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3910, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0440 Physical interventions. (1) The service provider must use the least restrictive intervention needed to protect each client, others, and property.

(2) The service provider may only use physical interventions with a client when positive or less restrictive techniques have been tried and determined to be insufficient to:
(a) Protect the client;
(b) Protect others; or
(c) Prevent property damage.

(3) The service provider must:
(a) Terminate the intervention for the client as soon as the need for protection is over; and
(b) Only use restrictive physical interventions for the client as part of a positive behavior support plan except:
(i) In an emergency when a client's behavior presents an immediate risk to the health and safety of the client or others, or a threat to property; or
(ii) When an unknown, unpredicted response from a client jeopardizes the client's or others safety.

[WSR 16-14-058, recodified as § 388-101D-0440, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3920, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0445 Restrictive physical interventions. Prior to implementing restrictive physical interventions with a client, the provider must:
(1) Provide documentation to the division of developmental disabilities regarding the proposed intervention;
(2) Involve the client and the client's legal representative in discussion regarding the need for physical intervention;
(3) Determine the kind of notification the client's legal representative wants to receive when physical interventions are used; and
(4) Comply with the requirements defined under WAC 388-101-3890.

[WSR 16-14-058, recodified as § 388-101D-0445, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3930, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0450 Physical intervention training. (1) Before using physical interventions with a client, the provider must train all staff who will be implementing those interventions in:
(a) The use of physical interventions;
(b) Crisis prevention techniques; and
(c) Positive behavior support.

(2) Each staff designated to supervise or observe restraint use must be trained in:
(a) The observation and supervision of physical restraints; and
(b) The recognition of potential risks or negative outcomes related to the use of physical restraints.

(3) The service provider must ensure that staff receiving physical intervention techniques training:
   (a) Complete the course of instruction;
   (b) Demonstrate competency before being authorized to use the techniques with clients; and
   (c) Review deescalation and physical intervention techniques annually.

[WSR 16-14-058, recodified as § 388-101D-0450, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3940, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0455 Mechanical and chemical restraints. (1) The service provider must protect each client's right to be free from mechanical and chemical restraints and involuntary seclusion.

(2) The service provider must use the least restrictive alternatives needed to protect the client, others, or property.

(3) If needed, mechanical restraints may only be used for needed medical or dental treatment and only under the direction of a licensed physician or dentist.

(4) Restraints used as allowed by subsection (3) of this section must be justified and documented in the client's record.

[WSR 16-14-058, recodified as § 388-101D-0455, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3950, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0460 Monitoring physical and mechanical restraints. (1) The service provider must ensure that any client who is being physically or mechanically restrained is continuously observed to ensure that risks to the client's health and safety are minimized.

(2) The service provider must keep documentation that includes:
   (a) A description of events immediately preceding the client's behavior which led to the use of the restraint;
   (b) The type of restraint used;
   (c) Length of time the client was restrained;
   (d) The client's reaction to the restraint;
   (e) Staff that were involved; and
   (f) Injuries sustained by anyone during the intervention.

[WSR 16-14-058, recodified as § 388-101D-0460, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3960, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0465 Community protection—Approval. In order to provide support to community protection clients, the community protection service provider must, in addition to the other requirements in this chapter:

(1) Be approved by the division of developmental disabilities to serve community protection clients;

(2) Have security precautions reasonably available to enhance protection of neighbors, children, vulnerable adults, animals, and others;

(3) Have for each client an integrated treatment plan with goals, objectives, and therapeutic interventions to assist the client to avoid offending or reoffending; and

(4) Collaborate and coordinate between division of developmental disabilities staff, the treatment team, and community agencies and members.

[WSR 16-14-058, recodified as § 388-101D-0465, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3970, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0470 Community protection—Policies and procedures. A community protection service provider must, in addition to other policy and procedure requirements listed in this chapter, develop, train to, and implement the following procedures:

(1) Client security and supervision;

(2) Use of a chaperone agreement that describes who will supervise the client when the client is not under the direct supervision of the community protection service provider;

(3) Compliance with state laws requiring sex offender registration with law enforcement;

(4) Reporting to the division of developmental disabilities the client's refusal to comply with the treatment plan; and

(5) Reporting to the division of developmental disabilities and law enforcement client actions that violate the law or a court order.

[WSR 16-14-058, recodified as § 388-101D-0470, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3980, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0475 Community protection—Treatment team meetings. The community protection service provider must participate in treatment team meetings quarterly or more frequently as needed.

[WSR 16-14-058, recodified as § 388-101D-0475, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-3990, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0480 Community protection—Staff training. In addition to the staff training requirements in this chapter and the residential services contract, the community protection service provider must ensure that community protection program staff receive training specific to:

(1) Community protection within ninety calendar days of working with a community protection client; and

(2) The needs, supports, and services for clients to whom they are assigned.

[WSR 16-14-058, recodified as § 388-101D-0480, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-4000, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0485 Community protection—Treatment plan. The community protection service provider must implement the client's treatment plan as written by a qualified professional/therapist in accordance with any procedures published by the department.


WAC 388-101D-0490 Community protection—Client records. In addition to all other client record requirements in this chapter community protection service providers must include the following in the client's record:
(1) Psychosexual and/or psychological evaluations and risk assessments;
(2) Plans and assessments including:
   a) The written individual plan;
   b) The functional assessment;
   c) The positive behavior support plan; and
   d) A therapist approved treatment plan.
(3) The client's sex offender registration with law enforcement authorities when required by law;
(4) Notice to the division of developmental disabilities of the client's sex offender registration; and
(5) Agreements, requirements, and plans, including the chaperone agreement, with individuals who support the client.

[WSR 16-14-058, recodified as § 388-101D-0495, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-4020, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0495 Community protection—Client transportation. In addition to the other client transportation requirements defined in this chapter, community protection service providers must provide or ensure supervised transportation as needed, including but not necessarily limited to, medical emergencies, appointments, to and from the day program site, and community activities.

[WSR 16-14-058, recodified as § 388-101D-0495, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-4030, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0500 Community protection—Program residential location. Before securing and using a residence to provide support to the community protection program client, the community protection service provider must:
(1) Conduct and document site checks of the proposed residence at different days and times of the week;
(2) Consider the client's specific offense patterns;
(3) Determine appropriate and necessary restrictive procedures, including security precautions; and
(4) Obtain written approval for the residential site from the division of developmental disabilities.

[WSR 16-14-058, recodified as § 388-101D-0500, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-4040, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0505 Community protection—Reducing a client's restrictions. The community protection service provider must participate in any treatment team meetings held to review and consider a reduction in client restrictions.

[WSR 16-14-058, recodified as § 388-101D-0505, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-4050, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0510 Community protection—Leaving the program against treatment team advice. The community protection service provider must immediately notify the division of developmental disabilities when the client leaves the community protection program against treatment team advice; and
(2) Document the client's departure in the client's record.

[Ch. 388-101D WAC p. 18]

WAC 388-101D-0515 Crisis diversion—Access to services. The crisis diversion services provider must:
(1) Be approved by the department to provide crisis diversion services; and
(2) Make crisis diversion services available to clients twenty-four hours per day.

[WSR 16-14-058, recodified as § 388-101D-0515, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-4070, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0520 Crisis diversion bed services—Location. The crisis diversion bed services provider must:
(1) Provide those services in a residence that is maintained by the crisis diversion bed services provider;
(2) Provide a private, furnished bedroom for each crisis diversion client; and
(3) Support only one client in each residence.

[WSR 16-14-058, recodified as § 388-101D-0520, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-4080, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0525 Crisis diversion bed services—Services and activities. The crisis diversion bed services provider must provide the following services and activities:
(1) Support staff, twenty-four hour per day, seven days a week, to meet the client's needs as identified in the client's assessment;
(2) Access to the instruction and support services identified in the client's individual support plan;
(3) Three meals per day plus snacks;
(4) The following items at no cost to the client:
   a) Toiletries and personal care items;
   b) Bedding and towels;
   c) Access to laundry facilities; and
   d) Access to local telephone calls.
(5) Therapeutic interventions aimed at improving the client's functioning;
(6) Medication monitoring as needed;
(7) Transportation to and from the crisis diversion bed location and other necessary appointments or services;
(8) Referral to health care services as needed;
(9) Supports for performing personal hygiene routines and activities of daily living if needed by the client; and
(10) An accessible site for clients with physical disabilities.

[WSR 16-14-058, recodified as § 388-101D-0525, filed 6/30/16, effective 8/1/16. Statutory Authority: Chapter 71A.12 RCW. WSR 08-02-022, § 388-101-4090, filed 12/21/07, effective 2/1/08.]

WAC 388-101D-0530 Crisis diversion bed services—Treatment plan. (1) Crisis diversion bed services providers must develop a crisis services treatment plan within forty-eight hours of the client's placement.
(2) The treatment plan must include:
   a) The supports and services that must be provided; and
   b) Client discharge goals.

[1/10/17]
WAC 388-101D-0535 Crisis diversion bed and support service providers—Client records. (1) Crisis diversion bed and support service providers must keep the following information in client records:
   (a) Client's name, address, and Social Security number;
   (b) Name, address, and telephone number of the client's relative or legal representative; and
   (c) Progress notes and incident reports on clients.

WAC 388-101D-0540 Crisis diversion bed services—Client records. (1) Crisis diversion bed services providers must maintain a record for each client admitted to the crisis diversion bed. 
   (2) The client record must include the following information when available:
      (a) Basic demographic information;
      (b) Referral process and intake information;
      (c) Medication records;
      (d) Psychiatric records;
      (e) Crisis diversion bed services provider notes;
      (f) The crisis services treatment plan;
      (g) Cross systems crisis plan;
      (h) Disposition at the client's discharge;
      (i) Dates of admission and discharge;
      (j) Incident reports;
      (k) Copies of legal representative and guardianship papers;
      (l) Health records including the name, address, and telephone number of the client's:
         (i) Physician;
         (ii) Dentist;
         (iii) Mental health service provider; and
         (iv) Any other health care service providers.
      (m) Health care service providers' instructions, if any, about health care tasks and date of next appointment;
      (n) Written documentation that the health care service providers' instructions have been followed; and
      (o) A record of known major health events, including surgeries.

WAC 388-101D-0545 Crisis diversion support services—Location. The crisis diversion support services provider must provide those services in the client's own home.

WAC 388-101D-0550 Crisis diversion support services—Services and activities. The crisis diversion support services provider must provide the following services and activities:
   (1) Therapeutic interventions to help stabilize the client's behavioral symptoms;
   (2) Assistance with referral to mental health services if needed; and
   (3) Technical assistance to the client's caregivers on support strategies.