

## Resident/Client Settings Regulated by RCS

Facility/Program type	Type of setting	Regulatory structure
ICF/IID Residential Habilitation Centers (RHC)	Institution	Federal CFR/W tags
ICF/IID Group Home	Community setting	Federal CFR/W tags State WAC 388-101
ICF/IID Nursing Home	Institution	Federal CFR/F tags State WAC 388-97
Supported Living	Clients own home	State WAC 388-101
Adult Family Home	Community setting	State WAC 388-76
Assisted Living (formerly Boarding Home)	Community setting	State WAC 388-101
Nursing Home	Institution	Federal CFR/F tags State WAC 388-97

Bob McClintock, DSHS

**Descriptions of Provider types  
regulated by RCS**

## Fact Sheet: Adult Family Homes

This **Fact Sheet** provides an overview of Adult Family Homes and their services.



### **Adult Family Home Residential Setting**

Adult Family Homes (AFHs) are regular residential homes licensed to care for up to six residents. The homes are private businesses and provide the residents with a room, meals, laundry, supervision, assistance with activities of daily living, and personal care. Some provide nursing or other special care and services.

### **Services in Adult Family Homes**

Room and board, care and services vary depending on provider qualifications and resident needs. Providers must provide adequate staffing to meet the needs of each resident.

Residents may receive home health services or delegated nursing care while in the AFH. Staff who have credentials of Nursing Assistant Certified or Registered may receive training to perform some nursing tasks, such as glucometer testing or medication administration.

### **Characteristics of Adult Family Homes**

The diversity of AFHs can satisfy different resident preferences. The AFH may be run by a family with children, a single person, or a couple. The AFH may also hire other employees. Some AFHs allow pets. In some homes, multiple languages may be spoken.

If providers take special training, they can provide specialized care to people with developmental disabilities, dementia, or mental illness. All AFH providers are required to respect resident rights and preferences, as well as provide a safe and healthy environment.

### **Adult Family Home Residents**

AFHs are available to anyone over age 18 requiring support and supervision. Residents can pay privately or be funded through DSHS.

### **Resident Rights – Basic Rights in AFHs**

AFH residents have the right to exercise reasonable control over life decisions. See <http://www.aasa.dshs.wa.gov/Professional/afh/AFHinfo.htm> for additional information on Resident Rights and more.

Provisions of Initiative 1163 (I-1163) take effect January 2012 requiring additional training and certification for long-term care workers. For further information, see

<http://www.aasa.dshs.wa.gov/professional/training/afhalf/>

The toll-free complaint hot line to notify DSHS about suspected abuse or neglect in AFHs is

**1-800-562-6078**

AFH applications for licensure are available on the ADSA website at

<http://www.aasa.dshs.wa.gov/professional/>

or by calling (360) 725-2540

### Staff Training

All AFH providers must meet certain training requirements before becoming licensed. The requirements include:

- A one-day orientation class. The class provides information about what is required to operate an AFH. You may register for online at <http://www.aasa.dshs.wa.gov/professional/afh.htm>.
- A 48 hour business and administration class.

AFHs must ensure staff are trained to meet the needs of their residents. Staff training requirements include:

- Basic caregiver training.
- Special training in developmental disabilities, dementia, and mental illness if residents have those diagnoses.
- Nurse delegation training before performing any nurse-delegated tasks.
- CPR and first aid.
- Continuing education.

### Protecting Adult Family Home Residents

All AFH providers and staff are required to report suspected abuse, neglect, or financial exploitation of residents. Registered Nurse Complaint Investigators investigate complaints. Follow-up visits are made to ensure that regulation violations are corrected and do not continue.

Adult Family Homes are required by law to be inspected at least every 18 months in addition to complaint investigations.

If a home is not in compliance with licensing requirements, DSHS may take one or more of the following enforcement actions:

- Conditions on the license;
- Fines;
- Termination of state contract;
- Stop placement of admissions;
- Revocation of license;
- Summary suspension/revocation of the license;
- Referral of criminal allegations to law enforcement.

### Licensing AFHs

DSHS licenses Adult Family Homes. There are currently 2,862 licensed homes operated in Washington State, with 15,917 beds available in these homes.

The licensing process includes:

- Criminal background checks on all providers, staff, volunteer caregivers, and anyone who will have unsupervised access to residents
- National fingerprint-based background checks on all providers, entity representatives, resident managers, and caregivers hired after January 1, 2012;
- Financial assessments;
- Review of any complaints received by either DSHS or Department of Health;

- Review of the department's registry;
- Ensuring completion of the department-approved orientation for AFH providers;
- Ensuring that the provider/caregivers have completed specific training requirements; and
- On-site inspections to ensure homes meet all licensing requirements.
- See "[Understanding the Licensing Process](#)" Fact Sheet for additional details.

Before selecting an AFH, individuals and families should:

- Ask to see the AFH license to be sure the home has a current WA State AFH license.
- Ask the provider to see the last inspection report and/or complaint report.
- Check the AFH locator to see if it has any enforcement actions.  
<http://www.adsa.dshs.wa.gov/Lookup/AFHRequestv2.asp>
- Call the local ADSA office for information regarding complaints.
- Ask for references from former or current residents and their families.
- Review the person's needs.
- Visit the facility several times, at different times of the day, and observe care being provided.
- Check costs and finances, the surroundings, physical setting, services and activities, and food.
- Carefully read preadmission agreement before placement.

If questions, contact the local ombudsman or visit us online at [www.adsa.dshs.wa.gov](http://www.adsa.dshs.wa.gov)

### Rates

Aging and Disability Services Administration (ADSA) payment rates for AFHs rates for state pay residents are determined using a resident-focused system based on seventeen levels of resident care needs. Each facility determines the amount that they will charge private pay residents. To access the most current state pay rates, visit our website at

[http://www.adsa.dshs.wa.gov/professional/Rates/documents/All\\_HCS\\_Rates.xls](http://www.adsa.dshs.wa.gov/professional/Rates/documents/All_HCS_Rates.xls).

### Rules & Regulations

#### Washington Administrative Code (or WAC)

Chapter [388-76 WAC - AFH Minimum Licensing Requirements](#)

Chapter [388-112 WAC - Residential Long-Term Care Services \(Training WAC\)](#)

WAC 51-51-0325, Section R325 Adult Family Home Building Code

#### Revised Code of Washington (or RCW)

Chapter [70.128 RCW - Adult Family Homes](#)

Chapter [70.129 RCW - Long-Term Care Resident Rights](#)

Chapter [74.34 RCW - Vulnerable Adults](#)

### AFH Associations

Adult Family Homes United  
(509) 924-1800

[WA State Residential Care Council \(WSRCC\)](#)  
1-800-439-8999

Both associations provide education for members, and represent members in advocacy and legislative activities.



# Fact Sheet: Boarding Homes

*This Fact Sheet provides an overview of services boarding homes provide and how Boarding Homes are regulated.*

*Many independent residential settings within the community do not require a license.*



*Boarding Homes enable residents to live an independent lifestyle in a community setting while receiving necessary services from staff.*

## **What is a Boarding Home?**

A boarding home (BH) is a facility in a community setting licensed to care for seven or more residents. The majority are privately owned businesses. The home provides housing, meal services and assumes general responsibility for the safety and well-being of the resident. The majority of residents pay for their care privately. BHs allow residents to live an independent lifestyle in a community setting while receiving necessary services from staff. BHs can vary in size and ownership from a family operated 7-bed facility to a 150-bed facility operated by a large national corporation. Some BHs provide intermittent nursing services. Others may specialize in serving people with mental health problems, developmental disabilities, or dementia.

The Department of Social and Health Services (DSHS) Aging and Disability Services Administration (ADSA) licenses BHs. BHs are inspected to ensure that they meet minimum care and safety requirements specified in law and rule. ADSA also inspects boarding homes that provide contracted services (see below) to ensure the facility meets the additional contracting requirements.

## **Medicaid-Contracted Services in a BH**

BHs that contract with ADSA provide one or more of the following service packages:

### **Assisted Living:**

- Private apartments, with an emphasis on privacy, independence, and personal choice
- Intermittent nursing services must be provided
- Help with medication administration and personal care

### **Adult Residential Care (ARC)**

- Medication assistance and personal care
- Residents may need/receive limited supervision

### **Enhanced Adult Residential Care (EARC)**

- Help with medication administration and personal care.
- No more than two people will share a room
- Intermittent nursing care must be provided
- Specialized dementia care – requires competitive bid & available funding

Provisions of Initiative 1163 (I-1163) take effect January 2012 requiring additional training and certification for long-term care workers.

For further information, see <http://www.aasa.dshs.wa.gov/professional/training/1163/>



*The toll-free number for reporting suspected abuse or neglect of a BH resident is **1-800-562-6078***

BH applications for licensure are available on the ADSA website at <http://www.aasa.dshs.wa.gov/professional/>

### Staff Training

BHs must ensure direct care staff are trained to meet the needs of the current residents. The requirements include:

- Basic training;
- Orientation and safety;
- Specialty training for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- Cardiopulmonary resuscitation and first aid;
- Continuing education; and
- Nurse delegation training if provided, before performing any nurse-delegated tasks.

The BH administrator must complete certification requirements and training on Washington state statutes related to operation of the BH.

If a BH has residents with dementia, developmental disabilities, or mental health needs, the administrator or designee, and all caregivers, must complete training in that specialty area. BHs may apply to DSHS to teach these courses to their own staff, and to staff from other facilities in the area.

### Protecting Residents

All BH staff are required by law to report suspected abuse or neglect of a resident. ADSA offers training for these mandatory reporters. Specially trained ADSA employees investigate complaints. Follow-up visits are made to ensure that regulatory violations do not continue. If a report is substantiated, DSHS may take enforcement action, ranging from imposing a civil fine to revocation of the license to referral for investigation of criminal charges.

Knowledge of resident rights is another important requirement. The Washington State Long Term Care Ombudsman Program (LTCOP) promotes consumer healthcare education and empowers older adults and their family members to make informed long term care decisions. You can reach the LTCOP at 1-800-562-6028 or visit their website at [www.LTCOP.org](http://www.LTCOP.org).

### Inspections

Inspections are one of numerous quality assurance activities that occur in BHs. The department is required, at least every eighteen months, to make an inspection of all BHs. This is an on-site visit and includes resident interviews and review of resident records.

### Licensing

ADSA licenses Boarding Homes. The licensing process includes:

- Completion of an application packet and submitting the license application and fees to ADSA.
- A DSHS criminal history background check on the potential licensee and any staff with unsupervised access to residents
- National fingerprint-based background check on all caregivers hired after January 1, 2012.

- Review of the facility to ensure that it meets construction requirements
- Review of the potential licensee's financial solvency as a business.
- Inspection of the BH to ensure compliance with state laws and rules.
- See "Understanding the Licensing Process" Fact Sheet for additional details.

### **Rules & Regulations**

#### **Washington Administrative Code (or WAC):**

Chapter 388-78A - Licensing Rules

Chapter 388-110 – Contracted Residential Care Services

Chapter 388-112 - Residential Long Term Care Services

#### **Revised Code of Washington (or RCW)**

18.20 - Licensing Statute

70.129 - LTC Resident Rights Statute

74.34 - Abuse of Vulnerable Adults

### **How to find a Boarding Home**

*Thoroughly examine the options the home provides to assure it is appropriate for the resident's needs, interests & hobbies.*

Under the rules and regulations, BHs must disclose to residents, the resident's representative, if any, and interested consumers upon request, the scope of care and services it offers, on the department's approved disclosure form (DSHS 10-351).

The ADSA web features the BH Locator, which allows you to search by county, by zip code, and by specialty care type. Also featured online are numerous publications, such as the Guide to Choosing Care in an Adult Family Home or Boarding Home (DSHS 22-270X), which includes practical tips on how to find a facility, questions you should ask, and steps that should be taken prior to placing a loved one in any setting.

### **Rates**

For the care of Medicaid residents, ADSA pays BHs with an AL, ARC and/or EARC contract using a seventeen -level payment system based on resident needs. To access the most current rates, visit our website at:

[http://www.adsa.dshs.wa.gov/professional/Rates/documents/All\\_HCS\\_Rates.xls](http://www.adsa.dshs.wa.gov/professional/Rates/documents/All_HCS_Rates.xls)

Each facility determines the amount that they will charge private pay residents. Private pay rates will differ.

### **Mission**

The Department of Social and Health Services will improve the safety and health of individuals, families and communities by providing leadership and establishing and participating in partnerships.

Visit us online at [www.adsa.dshs.wa.gov](http://www.adsa.dshs.wa.gov)

## Fact Sheet:

# Certified Community Residential Services and Support

*This Fact Sheet provides an overview of certified community residential services and supported living.*

### **What are Certified Community Residential Services & Support?**

Residential services are instructions and supports provided to eligible clients by service providers to enable clients to live in their community. These may include: (1) Supported living services; (2) Group home services; or (3) Services provided in a group training home.

### **What is a Certified Group Home?**

A Certified Group Home is a community-based licensed residential program where the provider, who contracts with the Department of Social & Health Services (DSHS), Division of Developmental Disabilities (DDD) to provide residential services, owns or leases the facility. The majority are privately owned businesses. The homes vary in size, serving from 4 to 10 clients.

Residential Care Services (RCS) licenses the home as either a Boarding Home or an Adult Family Home, and certifies the group home through a separate process. This supports the provision of services at the levels required by the DDD contract.

Room and board expenses are included in the rate paid by DDD and the clients participate toward their cost of care. DDD contracts with these providers to provide 24-hour supervision.

### **What are Certified Supported Living Services?**

These are residential services provided to DDD clients living in their own homes in the community, which are owned, rented, or leased by the clients or their legal representatives. DDD contracts with individuals and agencies to provide these services. Providers who offer these services are certified by RCS. Supported living offers instructions and supports which may vary from a few hours per month to 24 hours of one-on-one support per day. Clients pay for their own rent, food, and other personal expenses. DDD pays for residential services provided to clients under department contract at the contracted rate.

### **What is the SOLA Program?**

SOLA is an acronym for State Operated Living Alternatives. A SOLA is a RCS Certified Supported Living program staffed by DDD employees. Clients live in their own homes, which are owned, rented, or leased by the clients or their legal representatives. Clients pay for their own rent, food, and other personal expenses. There are 4 SOLA programs in the state.

### **What are Crisis Diversion Services?**

Crisis diversion services are a type of Supported Living service. DDD-authorized crisis residential services and supports are offered to clients on a temporary basis and are provided by a RCS certified Supported Living program. DDD typically offers these services to clients who show a serious decline in mental functioning that puts them at risk of psychiatric hospitalization.

### **What are Community Protection Supported Living Services?**

Community Protection Supported Living Services refers to RCS certified Supported Living services provided to clients who meet the DDD community protection eligibility requirements. The program provides 24-hour supervision in a structured, therapeutic environment for persons with community protection issues, in order for the clients to live safely and successfully in the community without re-offending, while minimizing the risk to public safety.

### **What are Group Training Homes?**

A Group Training Home is a RCS certified facility contracted by DDD to provide 24-hour supervision, full-time care, treatment and training for adults with developmental disabilities. By law, it is required to be operated on a non-profit basis by a person, association or corporation. Room and board expenses are included in the rate paid by DDD and the clients participate toward their cost of care. Also known as "Epton Act Homes", the Group Training Home model was created by legislation drafted in the early 1970's.

### **What are the Primary Rules and Regulations that Apply?**

Chapter 388-101 WAC

#### **Quality Assurance**

RCS is responsible for certification and oversight of the residential service provider. DDD is responsible for contracting, with a focus on case management and resource maintenance/development.

#### **Resident Protection**

All supported living staff are required by law to report suspected abuse or neglect of a resident. ADSA offers training for these mandatory reporters. Specially trained ADSA employees investigate complaints. Follow-up visits are made to ensure that regulatory violations do not continue. If a report is substantiated, DSHS may take enforcement action, ranging from sanctions on a named individual to termination of program certification.

#### **Certification**

Certification refers to the determination by RCS that an agency or service provider has satisfactorily complied with the requirements outlined in Chapter 388-101 WAC and in the department contract. This certification allows a service provider to continue to receive referrals and provide residential instruction and support to DDD clients. Regular certification may be granted to service providers for up to two years.

*Effective April 1, 2008, the Resident Client Protection Program was implemented for this care setting. For additional information, view the fact sheet on Protection of Vulnerable Adults in Licensed or Certified Residential Care Settings or Programs.*

Visit us online at [www.adsa.dshs.wa.gov](http://www.adsa.dshs.wa.gov)

## Fact Sheet:

# Nursing Facilities

*This Fact Sheet provides an overview of Nursing Facilities and their services.*

*Residents, families and citizens are encouraged to call if they suspect abuse or neglect of a NF resident. The toll-free number for reporting these concerns is*

**1-800-562-6078.**

### **What is a Nursing Facility?**

A nursing facility (NF), or nursing home, provides 24-hour supervised nursing care, personal care, therapy, nutrition management, organized activities, social services, room, board, and laundry. The majority are privately owned businesses.

The Department of Social and Health Services (DSHS) Aging and Disability Services Administration (ADSA) licenses nursing facilities. NFs are inspected to ensure that they meet minimum care and safety requirements specified in law and rule.

### **Surveys**

Facility licensing/certification surveys are one of numerous quality assurance activities that occur in NFs. On average, nursing facilities are surveyed annually. The on-site survey includes observation of resident activities and care, resident interviews, and review of resident records. ADSA also employs Quality Assurance Nurses, registered nurses who visit NFs, conduct utilization review, and provide regulation-based technical assistance to maximize resident care quality.

### **Staff Training**

Only individuals enrolled in a nursing assistant (NA) training program or waiting to take the National Nurse Aide Assessment Program (NNAAP) Examination qualify to work in a NF under the 120 day rule. The NA must complete a minimum of 16 hours of approved training before any direct contact with residents.

### **Protecting Nursing Facility Residents**

All NF staff are required by law to report suspected abuse or neglect of a resident. Specially trained ADSA employees investigate complaints. If a report is substantiated, DSHS may take enforcement action, ranging from imposing a civil fine to revocation of the license to referral for investigation of criminal charges.

### Resident Rights

NF residents have the right to exercise reasonable control over life decisions in a safe, clean, comfortable, and homelike environment. They have a right to choice, participation, privacy, and the opportunity to engage in religious, political, civic, recreational, and other social activities that foster self-worth and enhance quality of life.

*It's important to thoroughly examine a facility's options to assure it is right for your needs.*

### Comparison of Nursing Facilities

Nursing facilities can be compared in a variety of ways, including the quality of care provided.

One comparison tool is available at

<http://www.medicare.gov/NHCompare/include/DataSection/Questions/SearchCriteriaNEW.asp?dest=NAV|Home|Search|Home%20Page#TabTop> on the national Medicare website. This tool enables you to sort your search by geography, proximity, or facility name and view information reported by each nursing facility, as well as state inspection results.

The most recent full survey report and any subsequent complaint investigation reports are also available for review in each NF. Those considering placement in any facility are always encouraged to visit the facility, meet the staff, and ask any questions necessary to assist in reaching a placement decision.

### Paying for Care in a Nursing Facility

For people with limited income and resources, **Medicaid** uses both state and federal money to help pay for nursing facility care. The state bases payment rates on the care needs of the individual. **Medicare** pays for a minimal amount of nursing facility care. People who are veterans or related to veterans may qualify to have care paid for through the **Veterans Administration**.

Each facility determines the amount they will charge private pay residents. Private pay amounts will differ.

*There are currently 243 nursing facilities in Washington State.*

### Nursing Facility Resources

These organizations are involved in NF industry-related advocacy and legislative activities.

#### Long Term Care Ombudsman Program

1-800-562-6028

#### Washington Pioneer Network

206-224-3740

Visit us online at

[www.adsa.dshs.wa.gov](http://www.adsa.dshs.wa.gov)

#### Aging Services of Washington

1570 Wilmington Drive, Suite 220  
Dupont, Washington 98327  
253-964-8870

#### Resident Councils of Washington

220 East Canyon View Road  
Belfair, WA 98528-9597  
360-275-8000

#### Washington Health Care Association

303 Cleveland Avenue SE Suite 206  
Tumwater, Washington 98501  
1-800-562-6170



## Fact Sheet:

# DDD Residential Habilitation Centers (RHCs)

The Power of the PERSON, the FAMILY, and the COMMUNITY

## DESCRIPTION

The Division of Developmental Disabilities (DDD) operates five Residential Habilitation Centers (RHCs). One of these, the Frances Haddon Morgan Center in Bremerton, is scheduled to close by December 31, 2011.

The RHCs are federally certified as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID), Nursing Facilities (NFs), or a combination of both. Federal certification means that each facility must provide a range of services that meet specific standards set by the Centers for Medicare and Medicaid Services (CMS). For this reason, each facility provides the same services as the other facilities with the same certification.

The services and supports are focused to make a difference in the lives of the people living at the RHCs. Services are provided individually, meeting the needs of the person as well as taking into consideration family desires as they are developed through an annual planning process for either Individual Habilitation Plans or Personal Care Plans. The quality services and supports are provided in an atmosphere that values and respects the individuals and their rights and respects the employees that provide the services and supports.

Rainier School in Buckley is certified as an ICF/ID facility. Yakima Valley School in Selah is certified as a Nursing Facility. Fircrest School in Seattle and Lakeland Village in Medical Lake have both ICF/ID and NF certifications. The RHCs currently serve fewer than 850 people, down from a census of more than 4,000 people in the early 1960s. The census varies as all facilities will admit some individuals for short term care, treatment or assessment.

## SERVICES

The RHCs provide 24-hour supervision, habilitation training, health services and other professional supports for eligible clients. Persons eligible for DDD services must meet Medicaid eligibility and need either the active treatment services provided in an ICF/ID or the nursing level of care provided in a nursing facility. The RHCs also provide short term stay services for eligible persons from the community. Short term stay services are either emergent or planned and are accessed through the DDD regional offices statewide.

The RHCs, while more alike than different, do have some unique programs.

- **Fircrest School** is the only facility located within the Puget Sound urban corridor, just north of Seattle. Fircrest currently supports 212 individuals ranging in age from 12 to 85 years. The residents benefit from 24-hour nursing, an in-house medical team, as well as regularly scheduled on-site clinic visits by community specialists in neurology, podiatry,

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### FOR MORE INFORMATION, CONTACT:

**Don Clintsman, Assistant Director, (360)725-3421**  
**Division of Developmental Disabilities**  
**Aging and Disability Services Administration**

ophthalmology, and gastroenterology. There is a state of the art dental clinic with caregivers trained in caring for persons who have physical disabilities and challenging behaviors. Fircrest has special expertise in caring for younger clients. A physician affiliated with Children's Hospital is currently on staff and examines clients one to two times per month.

Fircrest has developed an Assistive Technology and Treatment Center (ATTC), which is an interdisciplinary service that specializes in the use of technology to enhance clients' skills. An interdisciplinary team works to find solutions for individuals experiencing difficulties with communication, wheelchair positioning and seating, mobility or environmental controls. The ATTC Personal Empowerment Program, which works collaboratively with researchers at the University of Kansas and University of Washington, focuses on finding ways that people with the most severe disabilities can independently control some aspect of their environment.

- **Rainier School** is the largest of the facilities with about 350 residents. The extensive capacity at Rainier has allowed the program to develop services and supports for people with people with the co-occurring conditions of mental illness and intellectual disabilities. These services are also offered to families through a respite program and emergency interventions or crisis placements.

Rainier operates a small store at a mall in Buckley which is staffed by many of the residents. Other residents are employed with local, community work crews that support the store. There is a dynamic employment program in several campus workshops, which produce goods sold at the store, such as Adirondack furniture, planters, garden stones and other products. Other residents work for Green River Community College with Rainier employees providing supervision and support. These crews recycle at the college.

- **Lakeland Village** is the only facility on the east side of the state. People who receive services from Lakeland have a wide range of needs, from profound physical and mental challenges to co-occurring conditions, such as intellectual disabilities and mental illness. Lakeland residents have an extensive day program that involves sensory integrative and interactive techniques such as touch, pressure, massage, aromatherapy, relaxation, music, environmental controls, micro technology, audio/visual sensory stimulating activities, and movement. Programs incorporate activation of electronic and assistive devices for cause and effect reaction, response to stimulation, computer programs, ball play, textures, etc. Through these programs, clients have achieved measured success to reduce sensory defensiveness, anxiety, aggression, self-injurious behavior, and success in increasing or maintaining joint and muscle range of motion. Residents may work in a store on campus, recycle, provide print shop service, work in the greenhouse, or produce ceramics as well as perform contracted work for community businesses.

Lakeland Village also has a notable "College in Residence Volunteer" (CIRV) program that offers college students campus housing in exchange for 15 hours of volunteer work weekly. The students focus on enhancing social interactions with clients along with providing a public service of educating students about people with disabilities.

- **Yakima Valley School (YVS)**, geographically located in the middle of the state, is the one RHC that is certified solely as a nursing facility and is the only facility that had a specific appropriation to establish a Short Term Stay (STS) program of 16 beds. The

short term program admits individuals from across the state and is frequently booked months in advance, especially during the summer months and holiday periods. Of the 16 beds, eight are designated as crisis beds for individuals in need of emergent care. The interdisciplinary team provides treatment and support to these individuals as well as transitioning planning for placement back into community settings. Yakima Valley School has a relationship with the local school district to provide employment training within the facility laundry. The YVS laundry supports a number of students each year where they learn hands-on job skills.

### **HISTORY**

Since 1970 the RHC population has steadily declined from over 4,000 people to today's census of about 850 long-term residents. This decline mirrors the national trend of decreasing institutional populations. Several factors contributed to this decline - perhaps most important was the realization that with appropriate supports and individualized services people with developmental disabilities are capable of achieving major developmental milestones, including personal levels of independence. Community resources have been developed and greatly expanded in the last forty years. Schools are required to include children with disabilities. Medical information and practices have improved dramatically. All of these factors have helped parents keep family members at home or helped them gain access to appropriate services in community settings rather than large institutions. The U.S. Supreme Court decision, *Olmstead vs. L.C.*, determined that individuals should be offered placement in the least restrictive environment possible, with community homes typically being much less restrictive for people. The Centers for Medicare and Medicaid Services (CMS) have made several grant opportunities available over the years to help states rebalance their service systems and provide individualized community living options. Even with the steady decline in RHC population over the last forty years, Washington State remains one of the largest per capita institutional systems in the country.

### **PROGRAM AUTHORITY/REQUIREMENTS**

Chapter 71A RCW, Developmental Disabilities

Chapter 388-837 WAC, Residential Habilitation Center ICF/ID Program

As a state plan service, admission to an RHC is an entitlement, provided the person meets the eligibility criteria, needs the level of care provided, wants to participate in the service, and does not create a danger to other residents. A statewide Admissions Review Team assesses all requests for admission and makes recommendations to the Division Director, who is the final decision-making authority for long term admissions to all RHCs. Approval of admission does not guarantee a particular facility.

### **CURRENT DEVELOPMENTS**

The 2011 Legislature passed 2SSB 5459 which will prohibit persons under age 16 from admission to a RHC effective July 1, 2012 and only allows short term crisis or respite admissions for persons between age 16 and age 21 after that date. This bill set the closure of one facility, Frances Haddon Morgan Center (FHMC) in Bremerton, by December 31, 2011. The Legislation has frozen new, long term admissions to Yakima Valley School (YVS) but allows for limited, short term admissions for crisis services and family respite. When the resident population at YVS reaches 16 individuals, it is intended that YVS either close or be

reconfigured to an organization different from a traditional RHC. This legislation enhances the community service system by establishing new community living alternatives, both state operated and private, for those who choose to move from FHMC to a community home. FHMC residents and their families also have the choice of moving to one of the other RHCs if space is available. New state staffed, community based professional treatment team resources are being established as a result of this legislation along with state operated community crisis stabilization services. A Legislative Task Force to study the future of the Developmental Disabilities Service System and make recommendations for efficient consolidation of RHC capacity, strategies for the use of surplus property that may result from the closure of RHCs, and strategies for reframing the mission of YVS or other facility based care, is expected to complete its work in December 2012.

**For more information, visit the DDD website at:  
[www.dshs.wa.gov/ddd](http://www.dshs.wa.gov/ddd)**

# Intermediate Care Facilities for Individuals with Mental Retardation (ICF/MR)

Intermediate Care Facilities for individuals with Mental Retardation (ICF/MR) is an optional Medicaid benefit that enables States to provide comprehensive and individualized health care and rehabilitation services to individuals to promote their functional status and independence. Although it is an optional benefit, all States offer it, if only as an alternative to home and community-based services waivers for individuals at the ICF/MR level of care.

**IMPORTANT NOTE:** Federal law and regulations use the term "intermediate care facilities for the mentally retarded". CMS prefers to use the accepted term "individuals with intellectual disability" (ID) instead of "mental retardation." However, as ICF/MR is the abbreviation currently used in all Federal requirements, that acronym will be used here.

## Eligibility for ICF/MR Benefit

ICF/MR is available only for individuals in need of, and receiving, active treatment (AT) services. AT refers to aggressive, consistent implementation of a program of specialized and generic training, treatment and health services. AT does not include services to maintain generally independent clients who are able to function with little supervision and who do not require a continuous program of habilitation services. States may not limit access to ICF/MR service, or make it subject to waiting lists, as they may for HCBS. Therefore in some cases ICF/MR services may be more immediately available than other long term care options. Many individuals who require this level of service have already established disability status and Medicaid eligibility.

## State Variation

Need for ICF/MR is specifically defined by states, all of whom have established ICF/MR level of care criteria. State level of care requirements must provide access to individuals who meet the coverage criteria defined in Federal law and regulation. In addition to level of care for AT, the need for AT must arise from ID or a related condition. The definition of related condition is primarily functional, rather than diagnostic, but the underlying cause must have been manifested before age 22 and be likely to continue indefinitely. States vary in practical application of the concept of related condition. In some states individuals applying for ICF/MR residence may be eligible for Medicaid under higher eligibility limits used for residents of an institution.

## Services Included in the ICF/MR Benefit

ICFs/MR provides active treatment (AT), a continuous, aggressive, and consistent implementation of a program of specialized and generic training, treatment, and health or related services, directed toward helping the enrollee function with as much self-determination and independence as possible. ICF/MR is the most comprehensive benefit in Medicaid.

Federal rules provide for a wide scope of required services and facility requirements for administering services. All services including health care services and nutrition are part of the AT, which is based on an evaluation and individualized program plan (IPP) by an interdisciplinary team. Facility requirements include staffing, governing body and management, client protections, client behavior and physical environment, which are specified in the survey and certification process.

## Day Programs

Many ICF/MR residents work in the community, with supports, or participate in vocational or other activities outside of the residence, and engage in community interests of their choice. These activities are collectively often referred to as day programs. The ICF/MR is responsible for all activities, including day programs, because the concept of AT is that all aspects of support and service to the individual are coordinated towards specific individualized goals in the IPP.

### **Where ICF/MR Services are Provided**

Medicaid coverage of ICF/MR services is available only in a residential facility licensed and certified by the state survey agency as an ICF/MR. Medicaid ICF/MR services are available only when other payment options are unavailable and the individual is eligible for Medicaid. There are few resources similar to an ICF/MR, under any payment source.

Source:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Institutional-Care/Intermediate-Care-Facilities-for-Individuals-with-Mental-Retardation-ICFMR.html>

# RCS Complaint Investigations

## Fact Sheet: RCS Complaint Investigations: A Public Service

*This Fact Sheet provides an overview of the*

- *Investigative Process*
- *Investigation Reports and*
- *Other Hotlines*



The state hotline number for reporting abuse & neglect is  
**1-800-562-6078**



### **What is the Complaint Resolution Unit?**

The law requires Residential Care services (RCS) to investigate reports of abuse, abandonment, neglect, and misappropriation of resident funds. The RCS Complaint Resolution Unit (CRU) hotline accepts calls about nursing homes, boarding homes, adult family homes, institutions for persons with intellectual disabilities, and certified supported living settings. However, there is “no wrong door” in RCS. The CRU has the capability of referring calls about other settings to the appropriate agencies.

Depending on the nature and severity of your reported issues, calls may also be referred to local law enforcement, licensing boards, Medicaid Fraud, county prosecutors and sheriffs, and the RCS Resident Client Protection Program.

By law, RCS investigative visits to the home or facility are never announced. The name of the person that reported the issue is never shared with the home or facility.

Hotline callers (i.e. “complainants”) are our partners in helping to protect residents in residential long-term care settings.

### **Investigation Process**

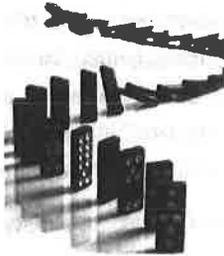
The complainant’s concerns are typed onto an intake form and assigned a complaint number. The intake form is sent by the Complaint Resolution Unit (CRU) to the district field office responsible for investigating the home or facility identified by the complainant.

The investigator will interview, observe and review the records of several vulnerable adults. This allows the investigator to conceal the alleged victim’s identity, protect the identity of the person reporting the concern, and to determine if other vulnerable adults are at risk.

The investigator analyzes the information gathered and determines if the home or facility is in compliance with regulations. There may be times when things have happened or will happen that are not covered by these regulations. If this is the case, it may mean that the complainant needs to continue to directly communicate with the facility about the issues that are of concern.

The investigator will write a report summarizing the investigation findings and conclusions. A copy of the investigative report will be mailed to the complainant, if requested.

*The regulations address many important areas, but not all issues that impact a resident are potential regulatory violations.*



*Intake ID numbers help both the hotline and field investigator track your call and concerns.*

*A number is assigned to each complaint received.*



*Visit us online at [www.adsa.dshs.wa.gov](http://www.adsa.dshs.wa.gov) for information about licensed long-term care settings and recognizing and reporting abuse and neglect.*

### **RCS Investigative Authority**

Long-term care licensing regulations provide guidance to licensees who provide care and services for vulnerable adults. The regulations address many important areas, but not all issues that impact a resident are potential regulatory violations. The regulations establish standards and provide details about what residents should expect from the provider. When RCS conducts a complaint investigation, we are checking to see if the home or facility was in compliance with specific requirements that are part of the regulations, and that govern licensed residential settings.

### **What Happens if a Violation is Found?**

If the investigator identifies a violation of the regulations, a deficiency report is written and sent to the licensee. By law, the licensee is required to correct the problems that are identified in the deficiency report. Depending on the severity of the deficiency, and the number of residents impacted by the deficiency, RCS may also take additional enforcement action. There are a number of enforcement actions that the law authorizes RCS to use, ranging from requiring the licensee to pay a civil fine, to permanent removal of a license. As part of this process, facilities are provided the opportunity to appeal deficiencies.

### **Investigation Reports**

After each investigation, the investigator writes a report that summarizes the investigation findings and conclusions. If requested, the complainant will receive a copy of this report. It will reflect if regulations were met or not met, based upon the concerns raised in the call to the hotline. If the facility or home received a deficiency report, the complainant will also receive a copy of that report, called the "Statement of Deficiencies".

### **Common Questions**

**Q:** I am a complainant; what if I have a question about the investigation of the concerns I reported?

**A:** Please call the Field Manager listed in your letter and reference your intake ID #.

**Q:** What days and hours can I expect to reach the Complaint Hotline?

**A:** The hotline is accessible 24 hours a day, seven days a week for reporting purposes. Hotline staff process calls Monday through Friday between the hours of 8 am and 4:30 pm.

**Q:** What if I have an emergency or need to report life-threatening issues?

**A:** Please call 911 for local law enforcement and emergency service help.

### **Additional Resources**

**Long-Term Care Ombudsmen** advocate for the rights of vulnerable adults in long-term care facilities. Ombudsmen help residents and their families to address concerns with facility owners and administrators.

**Call 1-800-562-6028** for assistance in reaching an ombudsman in your area.

**Call 911** for crimes, physical or sexual abuse or a life threatening emergency.

## **RCS COMPLAINT PRIORITIES**

### **2 working days**

This is an allegation of a life-threatening situation that has caused, or is at risk of causing, substantial harm of such consequence that urgent intervention is necessary. Complaint and incident investigations shall be initiated within 2 working days of receipt in the RCS field unit.

### **10 working days**

This is an allegation of a situation that has caused harm, injury, or impairment to the resident. A timely response is indicated because the situation is present and ongoing, or there is high potential for reoccurrence of the incident. Complaint and incident investigations shall be initiated within 10 working days of receipt in the RCS field unit.

### **20 working days**

This is an allegation of a situation for a resident that is not likely to reoccur, but if it did, would pose a risk of potential harm for that resident or other residents. The facility may have investigated the situation, and initiated corrective action. RCS investigation is required because of the need to determine whether the facility/home's systems are intact. Complaint and incident investigations shall be initiated within 20 working days of receipt in the RCS field unit.

### **45 working days**

This is an allegation of a situation that commonly involves the failure to provide general care and services. The resident has experienced no more than discomfort, and no significant impairment to physical, mental, or safety status. Complaint and incident investigations shall be initiated within 45 working days of receipt in the RCS field.

### **Quality Review**

This is a reported allegation where the home appears to have taken appropriate action in response to the situation, and measures have been instituted by the home to prevent reoccurrences. All appropriate parties have been notified, including professional licensing boards (if appropriate). Allegations may also receive a "Quality Review" designation if any other report of a more urgent nature has already prompted an investigation of the situation by the Department.

### **CRU NFA (No Further Action)**

No further action by CRU is required. Alleged issue is outside of CRU or field investigators jurisdiction, or reports do not contain enough information to initiate an intake. CRU closes the report.

### **90 working days**

Complaint investigation may be delayed if the allegation is general in nature, anonymous, and a survey is scheduled within 90 working days. In general, this is a priority assignment made by the field manager, not the CRU. Complaint issues in this category do not meet the criteria for a 2, 10, 20, or 45 working days assignment. If a complaint is marked 90 working day in box 4, alert the nurse, it is a mistake, only field office assign this category (CRU HAS BEEN USING THIS TO MARK FOLLOW-UP IN BOX 2)

**RCS - Total Complaints Received by Setting - FY10, FY11 & FY12 (July 1 through June 30)**

FY	AFH	AL	ICF/IID BH	ICF/IID NH	NH	No facility at Intake	Supported Living	State operated ICF/IID	Total
<b>FY10</b>	3,417	6,561	218	11	13,993	1,338	5,033	3,956	34,527
<b>FY11</b>	3,864	6,816	332	22	14,995	1,340	5,417	3,144	35,930
<b>FY12</b>	4,108	8,047	323	17	17,327	1,756	5,487	2,906	39,971

**RCS - Complaints Assigned by Setting - FY10, FY11 & FY12 (July 1 through June 30)**

(excludes Not Assigned, No facility identified at intake, No Further Action & Quality Review)

FY10	Priority	AFH	AL	ICF/IID BH	ICF/IID NH	NH	SOLA	Supported Living without SOLA	State operated ICF/IID	Total
	2 Working Days	333	205	5		264	2	82	45	936
	10 Working Days	1,653	1,537	22	3	2,716	12	581	214	6,738
	20 Working Days	495	1,055	12	3	1,884	22	516	296	4,283
	45 Working Days	28	62	8	1	106	4	94	92	395
	90 Working Days	1				1		2		4
	<b>Report Totals</b>	<b>2,510</b>	<b>2,859</b>	<b>47</b>	<b>7</b>	<b>4,971</b>	<b>40</b>	<b>1,275</b>	<b>647</b>	<b>12,356</b>

FY11	Priority	AFH	AL	ICF/IID BH	ICF/IID NH	NH	SOLA	Supported Living without SOLA	State operated ICF/IID	Total
	2 Working Days	409	172		1	196	4	87	36	905
	10 Working Days	1,692	1,536	15	6	2,628	19	572	137	6,605
	20 Working Days	446	952	7	1	1,620	31	519	219	3,795
	45 Working Days	25	60	11	1	137	1	58	56	349
	90 Working Days		2			1			1	4
	<b>Report Totals</b>	<b>2,572</b>	<b>2,722</b>	<b>33</b>	<b>9</b>	<b>4,582</b>	<b>55</b>	<b>1,236</b>	<b>449</b>	<b>11,658</b>

FY12	Priority	AFH	AL	ICF/IID BH	ICF/IID NH	NH	SOLA	Supported Living without SOLA	State operated ICF/IID	Total
	2 Working Days	406	174	4		118	3	56	27	788
	10 Working Days	1,811	1,775	21	5	2,285	19	578	138	6,632
	20 Working Days	420	859	11	2	1,085	17	476	173	3,043
	45 Working Days	8	49			66		18	11	152
	90 Working Days					0			2	2
	<b>Report Totals</b>	<b>2,645</b>	<b>2,857</b>	<b>36</b>	<b>7</b>	<b>3,554</b>	<b>39</b>	<b>1,128</b>	<b>351</b>	<b>10,617</b>