Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE:	YOUTH TRANSITIONAL CARE FACILITY ADMISSIONS	18.02

Authority:	Chapter 71.34 RCW	*Behavioral Health Services for Minors*
	RCW 71.34.500	*Self-admission of adolescent for inpatient behavioral health treatment or substance use disorder treatment—Requirements.*
	42 C.F.R. 441.150	*Basis and purpose.*
	42 C.F.R. 441.152	*Certification of need for services.*
	42 C.F.R. 441.153	*Team certifying need for services.*
	42 C.F.R. 441.155	*Individual written plan of care.*
	42 C.F.R. 456	*Inpatient Psychiatric Services for Individuals Under Age 21: Admission and Plan of Care Requirements*
	Title 71A RCW	Developmental Disabilities
	Chapter 388-825 WAC	*Developmental Disabilities Administration Services Rules*
	Chapter 246-337 WAC	*Residential Treatment Facility*
Reference:	State Operations Manual	*Appendix N—Psychiatric Residential Treatment Facilities Interpretive Guidance*

BACKGROUND

To address the needs of youth in crisis who experience lengthy stays at emergency rooms without an acute medical need, out-of-state treatment facilities, or other temporary settings the 2024 Legislative Session, in the supplemental budget, appropriated funds to DSHS/DDA to create and operate a new therapeutic facility to serve youth with intellectual and developmental disabilities, autism spectrum disorder, and behavioral health needs. This new facility, known as the Lake Burien Transitional Care Facility, has capacity to serve 12 youth. This innovative model offers therapeutic modalities designed to serve the needs of this co-occurring population, including a combination of adapted evidence-based practices and experiential learning in and out of the facility to achieve treatment goals. Using an individualized integrated system of specialized treatment that is designed to address the whole youth, including developmental needs, mental health concerns, physical health and social connection. This will enable youth to

transition into community-based settings that are less restrictive, which aligns with the facility's commitment to supporting youth with complex needs in progress towards independence.

PURPOSE

This policy establishes the admissions process for the Youth Transitional Care Facility.

SCOPE

DDA field staff and facility staff responsible for admission to the Youth Transitional Care Facility.

DEFINITIONS

Individualized treatment plan or **ITP** means a detailed plan that documents treatment activities that utilizes the youth's strengths and protective factors to support treatment activities, therapies, training, and future planning customized to address the youth's needs as a whole person. The individualized treatment plan is continuously reassessed and changed based on the youth's treatment progress and evolving needs.

Multidisciplinary team or **MDT** means a group of people who collaborate to develop the youth's Individualized Treatment Plan.

Specialized treatment means adapted mental health modalities and habilitative interventions through a multidisciplinary approach to support youth with complex developmental disabilities, intellectual disabilities, or autism spectrum disorder who may also have a mental health or substance use diagnosis.

Youth Transitional Care Facility means a staff-secure and voluntary facility offering specialized treatment for suitable youth.

POLICY

A. Specialized treatment will only be offered until a less restrictive, community-based option will meet the youth's need. DDA staff must discuss the youth's discharge goals during the admission process. The MDT will develop targets based on the youth's needs to meet the discharge goals. Permanent admission at the facility is not available. The facility is accessible to youth aged 13-17.

B. The facility is a psychiatric residential treatment facility. The facility admissions team must ensure the youth is medically stable prior to admission. The facility physician may work with the community provider to ensure the youth's medical needs are met and the

youth is medically stable before admission is approved. These decisions are made on an individual basis by the Executive Medical Officer.

C. After the facility admissions team identifies an admission date, the MDT must begin to develop the individualized treatment plan (ITP) based on clinical impressions and information in the application packet.

D. The facility must obtain written consent and authorization for treatment and provide youth resident rights before the youth is admitted to the facility.

E. No more than 14 days after admission, the facility must develop and implement the youth's ITP. The ITP must:

1. Determine the youth's immediate and long-term therapeutic needs, developmental priorities, personal strengths, and vulnerabilities;

2. Set treatment objectives;

3. Prescribe therapeutic modalities to achieve the treatment objectives;

4. Address the barriers to living in a less restrictive setting; and

5. Identify resources needed for a successful discharge to a community-based setting.

F. The facility must provide, in a language understood by the youth and legal guardian, facility policies regarding restraint, specifically during emergency situations. The facility must retain a signed acknowledgement from youth and legal guardian that this information was provided, and questions answered.

G. Throughout the youth's treatment at the facility, facility staff must remain in regular contact with the youth's parent or legal guardian, CRM, and DCYF caseworker (if applicable) to ensure that necessary information is communicated to aid in planning for community-based services.

H. The facility staff must work with the local school district to ensure all youth admitted receive timely and appropriate public education in the least restrictive environment based upon their individualized needs.

PROCEDURE

A. PREADMISSION TO THE FACILITY

1. The facility staff must schedule and facilitate a preadmission meeting and include:

   a. The youth;

   b. The youth’s parent or legal guardian;

   c. The DDA CRM, DCYF case worker, or both; and

   d. Professionals or support staff from disciplines and service areas identified by the youth’s support needs.

2. At the preadmission meeting, attendees must:

   a. Determine the need for an environmental evaluation, such as an assessment for structural modifications, durable medical equipment, accessibility needs, etc.;

   b. Discuss the youth’s identified needs, including any future scheduled outpatient services with community providers;

   c. Determine school coordination with the local school district;

   d. Discuss with the youth and parent or legal guardian the requirement to meet continued medical necessity criteria after the youth is admitted by the facility social worker; and

   e. Confirm the youth’s admission date and communicate the date to the Youth Transitional Facility (YTF) Program Manager.

3. Once the admission date is determined, the YTF Program Manager must:

   a. Send a notification email of the admission date to the CRM, appropriate regional staff, facility staff, and HQ staff, and include instructions for documenting the admission in CARE; and

   b. Provide the Youth Transitional Facility admission checklist to the CRM and supervisor.

4. After receiving the notification of admission, the CRM must:

   a. Communicate with the youth and the youth's parent or legal guardian regarding the information and documents that will be required before admission;

   b. Assist the facility admission coordinator in obtaining required documents outlined in the admission checklist;

   c. Update CARE according to instructions provided by the YTF Program Manager; and

   d. Notify the Long-Term Care and Specialty Unit, using Barcode 15-345, of the youth's admission date to the facility.

B. ADMISSION TO THE FACILITY

1. On or before the youth's date of admission to the facility, the facility must:

   a. Complete DSHS 15-597, *Youth Transitional Care Facility Admissions Checklist*;

   b. Show the youth and the youth's parent or legal guardian the youth's new cottage;

   c. Update MyUnity with admission information;

   d. Establish a communication framework with the youth's parent or legal guardian and CRM;

   e. Within 24 hours of admission, ensure the comprehensive medical assessment is completed by the Executive Medical Officer in accordance with the youth's healthcare needs, unless a comprehensive medical assessment was performed within the past three months and is available to the facility upon admission;

   f. Establish meeting dates and timelines for comprehensive assessments and development of the ITP; and

g. Obtain current medication orders, supplies, and all medically necessary items.

2. Before the 30th consecutive day of treatment:

a. The CRM must:

i. Update the youth's person-centered service plan, as needed (e.g., terminate service authorizations or waivers); and

ii. Send planned action notices as appropriate.

b. The facility must:

i. Develop an ITP per 42 C.F.R. 441.155 and outline the discharge goals;

ii. Notify the Social Security Administration of admission to the facility; and

iii. Notify the Long-Term Care and Specialty Unit using Barcode 15-345 of the youth's admission date to the facility.

3. The MDT must convene every 30 days to review progress toward treatment goals and whether the youth meets discharge criteria.

a. If the youth does not meet discharge criteria, the MDT must make necessary changes to the youth's ITP, continue treatment, and schedule the next 30-day review; or

b. If the youth does meet discharge criteria, the discharge process must begin.

i. The facility must document the evidence of an assessment that evaluates the pros and cons of the discharge and rationale for the final decision.

ii. The assigned regional field office must work with the youth and their parent or legal guardian to identify appropriate community-based services.

4. If the MDT determines the youth has not met discharge criteria:

   a. The facility must apply to be the youth's representative payee, unless the family or legal guardian request to continue as payee; and

   b. The CRM must move the DDA CARE assessment to history.

EXCEPTION

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary or designee.

SUPERSESSION

None.

Approved: ______________________________ Date: July 1, 2024

Deputy Assistant Secretary
Developmental Disabilities Administration