Chapter 388-842 WAC
RESIDENTIAL HABILITATION FOR DEPENDENT YOUTH (RHDY) PROGRAM

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WAC

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PURPOSE

WAC 388-842-0001 What is the residential habilitation for dependent youth program? (1) The residential habilitation for dependent

youth (RHDY) program is administered by the developmental disabilities administration (DDA) through a person-centered service plan. The program provides residential habilitation services to a dependent child or youth in a qualified setting outside of the family home that is agreed to by the parent, guardian, or legal representative.

(2) The RHDY program does not include:

(a) Behavioral health services;

(b) Care provided by other paid supports or the client's family; or

(c) Education and related services provided under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), which are the responsibility of state and local education agencies.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0001, filed 7/17/25, effective 8/17/25.]

DEFINITIONS

WAC 388-842-0005 What definitions apply to this chapter? Client means a person who has a developmental disability as defined in RCW 71A.10.020 and who has been determined DDA-eligible under chapter 388-823 WAC.

Community inclusion activities means person-centered activities where clients engage with others in their local community.

Court order means a direction ordered by a court or judge. Court orders may be redacted.

CRM means DDA case resource manager, social worker, or social service specialist.

DDA means the developmental disabilities administration within the department of social and health services.

Department means the department of social and health services of the state of Washington.

DCYF means the **department of children, youth, and families**. DCYF has authority through a dependency action to make certain decisions for children and youth (dependents) placed in out-of-home care by the court through DCYF. DCYF licensing division is the licensing entity for contracted children's residential habilitation providers.

Dependency action means a court action taken under the authority of RCW 13.34.030 or a similar tribal court action. The court process begins with filing a dependency petition and can result in a court determining a child or youth to be dependent. The dependency action process assigns legal authority to the court and delegated entities to support children and youth. The child or youth remains dependent until the dependency action is dismissed by the court when permanency is achieved.

Dependent means a child or youth for whom the court has entered an order of dependency determining that the child or youth is dependent as defined in RCW 13.34.030 or a similar tribal court action.

Family means one or more of the following relatives: Spouse or registered domestic partner; natural, adoptive, or stepparent; grandparent; child; stepchild; sibling; stepsibling; uncle; aunt; first cousin; niece; or nephew.

Habilitation means support provided by a DDA-contacted or DDA-certified provider that assists people with developmental disabilities

to acquire, retain, or improve upon the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

HCBS waiver means the home and community-based services waiver program under section 1915(c) of the social security act.

Individual instruction and support plan means a written document that describes how staff will provide habilitation and supports to meet the needs identified in the client's person-centered service plan, which are assigned to and agreed upon by the RHDY provider.

Individualized team meeting means a strengths-based process to review the client's individual support needs and ensure coordination with the client's team. The process is driven by the perspectives of the client.

Legal representative means a parent of a client if the client is under age 18 and parental rights have not been terminated or relinquished, a court-appointed guardian if a decision is within the scope of the guardianship order, or any other person authorized by law to act for the client. DCYF is the legal decision maker for all children and youth (dependents) placed in out-of-home care by the court.

Maintenance means the cost of rental or purchase of real estate and home furnishings, utilities, maintenance of the building and associated administrative services, including a full nutritional regimen of three meals a day.

Medication administration means the direct application of a prescribed medication by injection, inhalation, ingestion, application, or other means, to a client by a person legally authorized to do so under chapter 246-945 WAC.

Out-of-home placement means a living arrangement for a child outside of the family home that is court ordered through a juvenile court.

Out-of-home services (OHS) means a program administered by the developmental disabilities administration (DDA) through a person-centered service plan to provide residential habilitation services for a client in a qualified setting outside of the family home that is agreed to by the client's parent or legal representative.

Parent or **legal guardian** means a biological or adoptive parent, title 11 or title 13 guardian, or legal custodian with legal authority to make decisions on behalf of the child regarding healthcare and public benefits.

Participation has the same meaning as is under WAC 182-513-1100.

Personal needs allowance (PNA) means an amount set aside from a client's income under WAC 182-513-1105.

Person-centered service plan (PCSP) has the same meaning as is under WAC 388-845-0001.

Physical intervention means the use of a manual technique intended to interrupt or stop a behavior from occurring. Physical intervention includes using physical restraint to release or escape from a dangerous or potentially dangerous situation.

Registered nurse delegator means a licensed registered nurse who delegates specific nursing care tasks to a qualified nursing assistant or home care aide, and supports clients in a community-based care setting or in-home care setting under RCW 18.79.260.

Residential habilitation services means instruction and support services under WAC 388-845-1500.

RHDY acknowledgment means a document that outlines the rights and responsibilities of DCYF, the legal representative, and the provider while a client is receiving services through the RHDY program.

RHDY engagement plan means a written agreement between the client's legal representative and the RHDY program provider.

RHDY program means a children's residential habilitation program available to waiver-eligible DDA clients who are a DCYF or tribal court dependent.

Shelter care means court hearings that occur when a child or youth is taken into custody pursuant to a court order issued under RCW 13.34.050 or when child protective services is notified that a child or youth is taken into custody pursuant to RCW 26.44.050 or 26.44.056. Shelter care can lead to a child or youth becoming dependent.

Significant change, as defined in WAC 388-832-0001, means a change in a client's medical condition, caregiver status, behavior, living situation, or employment status.

SOLA means a certified state-operated living alternative program.

Staffed residential home, as defined in WAC 110-145-1305, means a licensed group care facility that provides 24-hour care to six or fewer children who require more supervision than can be provided in a foster home.

Supervision means the oversight of a client when habilitation activities or personal care are not occurring (e.g., monitoring a client while watching tv, sleeping, sitting in a classroom setting or worksite; or other day-to-day, line-of-eyesight or earshot monitoring).

Supplemental security income (SSI) means a needs-based assistance program administered by the federal Social Security Administration for blind, disabled, and aged individuals.

Treating healthcare provider means a healthcare professional who specializes in the discipline within the professional's scope of practice.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0005, filed 7/17/25, effective 8/17/25.]

ELIGIBILITY

WAC 388-842-0010 Who is eligible for the residential habilitation for dependent youth program? A person is eligible for the RHDY program if the person's legal representative requests residential habilitation services and the person:

(1) Is DDA-eligible under chapter 388-823 WAC;

(2) Is eligible for the core waiver under chapter 388-845 WAC;

(3) Is age 8-17 at the time they enter service;

(4) Has completed the DDA assessment process under chapter 388-828 WAC;

(5) Has received medically necessary inpatient treatment, when recommended by the client's treating professional;

(6) Does not have a treatment recommendation for a locked or secure facility;

(7) Is placed out of home:

(a) By a dependency action and is in the custody of the department of children, youth, and families under chapter 13.34 RCW and is:

(i) In shelter care under RCW 13.34.060; or

(ii) A dependent under RCW 13.34.130;

(b) In the custody of a federally recognized Indian tribe as defined in RCW 43.376.010 or the tribe's placing agency.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0010, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0015 How does the provider determine if they can safely meet a client's needs? (1) To determine whether they can safely meet a client's needs, the RHDY provider must review available client information, such as:

(a) The client's referral packet;

(b) Information gathered from the client, collateral contacts, or case manager;

(c) Client placement and legal history;

(d) Child health and education tracking (CHET) report; and

(e) Copy of behavior rehabilitation services (BRS) packet and all attachments, if applicable.

(2) Information provided as part of the client referral to the RHDY program may be redacted as necessary.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0015, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0020 May a client age 18 or older continue to access the RHDY program? (1) A client age 18 or older may continue in the RHDY program if the client is:

(a) Under the age of 21;

(b) Accessing the RHDY program the day before their 18th birthday;

(c) Enrolled in extended foster care; and

(d) Pursuing a high school or equivalency course of study (GED/HSEC) or vocational program.

(2) If a client over 18 and under 21 is no longer pursuing their GED, HSEC, or attending a vocational program, DDA will begin the process of transitioning the client to adult services.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0020, filed 7/17/25, effective 8/17/25.]

PROVIDER QUALIFICATIONS

WAC 388-842-0025 Who can be a RHDY program provider? To be a RHDY program provider, an entity must be one of the following:

(1) A children's state-operated living alternative; or

(2) A staffed residential home contracted with the developmental disabilities administration and licensed under chapter 74.15 RCW.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0025, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0030 Must a RHDY provider be certified? A RHDY provider must be certified by DDA.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0030, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0035 Is a site visit required and what does DDA review during a site visit? (1) To be a certified provider, a RHDY provider must participate in site visits.

(2) During a site visit, DDA verifies the provider's compliance with the following safety requirements:

(a) The common areas of the home are unrestricted.

(b) All entrances and exits are unblocked.

(c) The home is maintained in a safe and healthy manner.

(d) The home has a storage area for flammable and combustible materials.

(e) Every floor of the home has working smoke and carbon monoxide detectors.

(f) The home has a fire extinguisher that meets requirements for the residence type. There must be a fire extinguisher in the kitchen and at least one on every floor of the home.

(g) The home has a stocked first-aid kit.

(h) The home has a working and accessible telephone.

(i) The home has a working and accessible flashlight or alternative light source.

(j) Emergency contact information is available and accessible in the home (e.g., 911, poison control, nonemergency 911, adult protective services, child protective services).

(k) The contact information for the developmental disabilities ombuds is available and accessible in the home.

(l) The water temperature at the home is 120 degrees Fahrenheit or less.

(m) There is a safety plan for any body of water more than 24 inches deep at the home.

(n) The home has an evacuation plan and an emergency food and water supply.

(o) The home meets integrated setting requirements under WAC 388-823-1096.

(p) The home has a backup power source (e.g., generator, battery pack) if the provider supports a client who uses life sustaining medical equipment.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0035, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0040 What training must a children's state-operated living alternative provider complete? (1) To provide direct support to a client in the RHDY program, a direct support professional at a children's state-operated living alternative must complete:

(a) Training and continuing education required under chapter 388-829 WAC;

(b) Training according to the timelines in chapter 388-101D WAC; and

(c) Nurse delegation training if delegation criteria are met under WAC 246-840-930.

(2) The provider must ensure that each employee providing direct support keeps their first-aid training, CPR certification, food worker card, and bloodborne pathogens training current.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0040, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0045 What training must a staffed residential home provider complete? To support a client in the RHDY program, a direct support professional of a staffed residential home must complete:

(1) Training required under chapter 110-145 WAC;

(2) Training and continuing education required under chapter 388-829 WAC;

(3) Client-specific training based on the individual instruction and support plan; and

(4) Nurse delegation training if the client needs delegation and criteria are met under WAC 246-840-930.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0045, filed 7/17/25, effective 8/17/25.]

HEALTH AND SAFETY

WAC 388-842-0060 What water temperature safety measures must be met? (1) The provider must regulate the facility's water temperature no higher than 120 degrees Fahrenheit.

(2) The provider must complete and document monthly water temperature checks.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0060, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0065 What infection control practices must the provider implement? (1) The provider must have written policies and procedures about the control of infections. These must include, but are not limited to, the following areas:

(a) Isolation of sick individuals;

(b) Germ control procedures;

(c) Hygiene, including hand washing, toileting, and laundering;

(d) Prevention of the transmission of communicable diseases including management and reporting;

(e) First aid;

(f) Care of minor illnesses;

(g) Actions to be taken for medical emergencies; and

(h) General health practices.

(2) The provider must promote personal hygiene to help prevent the spread of germs.

(3) The provider must provide staff with the supplies necessary for limiting the spread of infections.

(4) Staff with a reportable communicable disease or a notifiable disease condition in an infectious stage, as defined by the department of health in chapter 246-101 WAC, must not be on duty until they have a healthcare professional's approval for returning to work.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0065, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0070 What are the fire drill requirements for providers? (1) The provider must conduct a fire drill at least once each month at varying times of the day and night so that staff on all shifts practice the procedures with the clients they support.

(2) The provider must maintain a written record on the premises that indicates the date and time each fire drill is completed.

(3) If a provider supports a non-ambulatory client, the provider must consult with and follow the Washington state patrol/fire protection bureau (WSP/FPB) protocol for simulated fire drills.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0070, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0075 What must the provider do to prepare for emergency evacuations? (1) The provider must display an emergency evacuation plan in a common area on every floor of the home.

(2) The emergency evacuation plan must include:

(a) A floor plan of the home with clearly marked exits;

(b) Emergency evacuation routes; and

(c) The location for the clients to meet outside the home.

(3) The provider must educate and familiarize clients with the emergency evacuation plan.

(4) The provider must be able to evacuate all clients to a safe location outside the home.

(5) If a client requires assistance during an evacuation, the provider's evacuation plan must describe the type of assistance that will be provided.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0075, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0080 What are the requirements for storing chemicals and other substances? (1) The provider must safely store cleaning supplies, flammables, and other combustible materials, toxic or poisonous substances, and aerosols in a locked container.

(2) If a container is filled with a toxic substance from a bulk supply, the provider must clearly label the container.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0080, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0085 How must the provider store medication? (1) The provider must store a client's medication:

(a) So they are not readily available to other clients;

(b) In a locked container, such as a lockbox;

(c) Separate from food and toxic chemicals;

(d) Under proper conditions for sanitation, temperature, and ventilation; and

(e) In the original medication container with the pharmacist-prepared or manufacturer's label, or in a medication organizer clearly labeled with the:

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

(ii) Name of the medication;

(iii) Dosage and frequency; and

(iv) Route each medication is to be administered.

(2) The provider may store a client's medication in a medication organizer if the medication organizer was prepared by a pharmacist or registered nurse.

(3) Life-saving medications must be accessible in an emergency.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0085, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0090 When and how must the provider dispose of medication? (1) The provider must follow the Food and Drug Administration guidelines on proper disposal of medications.

(2) When disposing a client's medication, the provider must list the:

(a) Client's name;

(b) Medication name;

(c) Amount disposed; and

(d) Date of disposal.

(3) Two people must verify the disposal by signature.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0090, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0095 What must the provider do if a client declines a prescribed medication? If a client declines a prescribed medication, the provider must:

(1) Document the decline, including the time, date, and medication declined;

(2) Inform the client of the benefit of the medication;

(3) Consult a pharmacist or licensed medical provider with prescription authority to determine if declining the medication could significantly harm the client;

(4) If recommended, continue to offer the medication following consultation with subsection (3) of this section; and

(5) Inform the client's parent or legal representative of the declined medication and any reasons for declining if shared by the client.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0095, filed 7/17/25, effective 8/17/25.]

FACILITY REQUIREMENTS

WAC 388-842-0110 What fire safety requirements must the facility meet? (1) The provider must be located in an area with public fire protection.

(2) The provider must have working smoke and carbon monoxide detectors installed. Each smoke and carbon monoxide detector must address the needs of clients who are deaf or hard of hearing.

(3) Smoke detectors must:

(a) Be in operating condition both inside and outside of all sleeping areas.

(b) Be installed on each story of the facility, in all play areas, and in the basement.

(c) Be installed and maintained according to the manufacturer's specifications.

(d) If mounted on a wall, be 12 inches from the ceiling and a corner.

(e) Be tested twice a year to ensure they are in working order. The provider must document the date and time of the test.

(4) Carbon monoxide detectors must be located in or near each client's bedroom and on every floor of the facility.

(5) The provider must have at least one approved 2A10BC-rated five pound or larger all-purpose (ABC) fire extinguisher readily available at all times. "Approved 2A10BC-rated" means a fire extinguisher with an underwriters laboratory label on the nameplate classifying the extinguisher as 2A10BC-rated or larger.

(6) The provider must maintain and service fire extinguishers according to manufacturer's specifications.

(7) An approved fire extinguisher must be located in the area of the normal path of exiting. The maximum travel distance to an extinguisher from any place on the premises must not exceed 75 feet. When the travel distance exceeds 75 feet, additional extinguisher(s) are required.

(8) The provider must install at least one fire extinguisher on each floor of a multilevel facility.

(9) Fire extinguishers must:

(a) Be mounted in a bracket or in a fire extinguisher cabinet so that the top of the extinguisher is no more than five feet above the floor; and

(b) Receive an annual maintenance certification by a licensed firm specializing in this work, based on the manufacturer's recommended schedule. Maintenance means a thorough check of the extinguisher for:

(i) Mechanical parts;

(ii) Extinguishing agent; and

(iii) Expelling means.

(10) New fire extinguishers do not need to receive an additional certification test during the first year.

(11) DDA may require that additional fire extinguishers be available on the premises, in consultation with the local fire authority or Washington state patrol's fire protection bureau.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0110, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0115 What other requirements must the facility meet? (1) The provider must maintain buildings, premises, and equipment in a clean and sanitary condition, free of hazards, and in good repair. The provider must ensure the facility has:

(a) Handrails for steps, stairways, and ramps if identified as a safety need.

(b) Appropriate furnishings, based on the age and activities of the client supported.

(c) Washable, water-resistant floors in bathrooms, kitchens, and other rooms exposed to moisture. Washable short-pile carpeting may be approved in kitchen areas if kept clean and sanitary.

(d) Tamper-proof or tamper-resistant electrical outlets or blank covers installed in areas accessible to clients who might be endangered by access to them.

(e) Easy access to the outdoors and rooms occupied by children in case an emergency arises.

(f) Non-breakable light fixture covers or shatter-resistant light bulbs or tubes in food preparation and dining areas.

(2) Adequate indoor and outdoor space, ventilation, light, and heat to ensure the health and comfort of all members of the household.

(3) The bathroom facilities must include:

(a) Toilets, urinals, and handwashing sinks appropriate to the height for the clients supported, or have a safe and easily cleaned step stool or platform that is water-resistant; and

(b) Soap and clean towels, disposable towels, or other approved hand-drying devices.

(4) The cleanliness and care of the premises must meet generally accepted health standards for the storage and preparation of food.

(5) The provider must make reasonable attempts to keep the premises free from pests, such as rodents, flies, cockroaches, fleas, and other insects using the least toxic methods.

(6) The provider must have an immediate plan to address hazardous conditions on the property or in the facility.

(7) The facility must be accessible to emergency vehicles and the address must be clearly visible on the facility or mailbox so that first responders can easily find the facility.

(8) The facility must be located on a well-drained site, free from hazardous conditions.

(9) Utility rooms with mop sinks that do not have windows opening to the outside must be ventilated with a mechanical exhaust fan to the outside of the building.

(10) The use of window blinds or other window coverings with pull cords capable of forming a loop and posing a risk of strangulation to children are prohibited under RCW 43.216.380.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0115, filed 7/17/25, effective 8/17/25.]

SERVICE DELIVERY

WAC 388-842-0120 When must an individual instruction and support plan be developed or revised? (1) The provider must develop and implement an individual instruction and support plan for each client they support.

(2) The provider must develop and implement a client's instruction and support plan no more than 30 days after the client begins receiving RHDY services.

(3) The provider must revise a client's individual instruction and support plan:

(a) As goals are achieved or as the client's assessed needs change;

(b) At least semi-annually; and

(c) If requested by the client or the client's legal representative.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0120, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0125 What requirements must the individual instruction and support plan meet? The individual instruction and support plan must:

(1) Describe habilitation goals that the provider and client will work on together while the provider supports the client;

(2) List the instruction and support activities the provider will provide to the client and explain how those activities meet the assessed needs identified in the client's person-centered service plan;

(3) Describe other relevant support and service information; and

(4) For clients over age 16, include a plan for promoting independent living skills, including financial readiness education and internet literacy.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0125, filed 7/17/25, effective 8/17/25.]

RECORDKEEPING

WAC 388-842-0140 What are the quarterly report requirements? A staffed residential provider or a children's SOLA provider must complete a quarterly report. The quarterly report must:

(1) Be submitted to DDA and sent to the client's parent or legal representative no more than 10 business days after the end of each quarter; and

(2) Include:

(a) A copy of the client's current positive behavior support plan and individual instruction and support plan, including progress charts or graphs;

(b) A document that tracks community inclusion activities and a running balance of funds;
(c) A brief summary of progress toward habilitation goals listed in the individual instruction and support plan;
(d) A summary of target behaviors and any notable observations;
(e) Description of significant incidents;
(f) Total number and type of physical interventions implemented;
(g) Integrated settings modifications being requested, if any;
(h) Any significant changes in the client's condition or prescribed medications;
(i) Summary of school participation; and
(j) Additional resources needed to support the client.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0140, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0145 Must the provider keep a record of a client's property? The provider must maintain current, written property records. The record must consist of:
(1) A list of personal possessions with a value of at least $25.00 that the client owns when moving into the program;
(2) A list of personal possessions with a value of $75.00 or more per item after the client moves into the program;
(3) Description and identifying numbers, if any, of the property.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0145, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0150 What records must the provider keep and how long must the records be retained? (1) The provider must keep the following in the client's record:
(a) Referral packet contents;
(b) Service notes;
(c) The client's individual instruction and support plan;
(d) The client's positive behavior support plan;
(e) Signed RHDY acknowledgment;
(f) RHDY engagement plan;
(g) Log of client expenses for community inclusion;
(h) Medication records; and
(i) Incident reports.
(2) The provider must retain a client's records for at least six years after delivering services to the client.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0150, filed 7/17/25, effective 8/17/25.]

RIGHTS AND RESPONSIBILITIES

WAC 388-842-0165 What is the RHDY acknowledgment? (1) The RHDY acknowledgment is a document that outlines the rights and responsibil-

ities of the client, DCYF, and the provider while a client is receiving services from a RHDY provider. The RHDY acknowledgment is signed by the client's legal representative, client if over 18, and the provider designee at the time of mutual acceptance and yearly at the annual assessment.

(2) The RHDY acknowledgment must state:

(a) Integrated setting requirements under 42 C.F.R. 441.301 (c)(4);

(b) The responsibilities of the legal representative;

(c) DSHS and DDA are offering services through medicaid;

(d) That the client's receipt of services is voluntary;

(e) Termination requirements for the provider under RCW 71A.26.030;

(f) The provider will assist in accessing non-DDA related services including but not limited to education and medically necessary treatments. This includes participation in IEP and individualized team meetings; and

(g) The provider will participate in the creation and implementation of a RHDY engagement plan.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0165, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0170 What is a RHDY engagement plan? (1) A RHDY engagement plan is a written agreement between DCYF and the provider.

(2) A RHDY engagement plan must include:

(a) A schedule of court-ordered family time or a copy of the family time plan.

(b) A safety plan for any documented safety issues.

(c) Identification of any legal documents that place restrictions on the child or family members.

(d) Identification of a DCYF representative who is able to make decisions on behalf of the youth, to provide consents, and to attend medical and dental appointments as required, unless the parent is serving in that capacity.

(e) Identification of a court-ordered educational liaison who will sign documents for school and participate in meetings, including individual education plan meetings, unless the parent is serving in that capacity.

(f) A plan for after-hours emergencies.

(3) A RHDY engagement plan must:

(a) Outline the provider's role, including:

(i) Participation in scheduling and attending medical and dental appointments, school meetings, and community inclusion activities;

(ii) Supporting the client or families cultural or religious practices; and

(iii) Celebrating holidays and special occasions;

(b) Be developed before the start date of the client's RHDY services;

(c) Be reviewed during the annual assessment or more frequently upon request; and

(d) Be updated when:

(i) Changes to the family time plan occur; or

(ii) The client turns age 18 to reflect the client's individualized transition goals, and legal guardianship if applicable.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0170, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0175 What are DDA's responsibilities for a client in the RHDY program? When a client is in the RHDY program, DDA must:

(1) Facilitate the development of the RHDY engagement plan under WAC 388-842-0170 before the start of service and at each annual assessment;

(2) Visit the client in their licensed or certified setting at least every 90 days;

(3) Develop the client's person-centered service plan as required under WAC 388-845-3055;

(4) Assist with accessing a client's medically necessary physical or behavioral health benefits, which may include attending care conferences and sharing information with medicare, medicaid, or private health insurance representatives for purposes of care coordination;

(5) Monitor the client's services by:

(a) Facilitating individualized team meetings on a quarterly basis;

(b) Reviewing the individual instruction and support plan;

(c) Reviewing the quarterly report;

(d) Reviewing incident reports and follow-up measures involving the client;

(e) Authorizing payment for services;

(6) Determine eligibility for medicaid coverage under chapters 182-513 and 182-515 WAC;

(7) Complete an individual rate assessment;

(8) Monitor the provider to ensure the provider complies with contract and certification requirements, which includes compliance with DDA policies;

(9) Refer a client for a nurse delegation assessment by a registered nurse delegator, if required under chapter 246-945 WAC.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0175, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0180 What are the provider's responsibilities for a client in the RHDY program? (1) When a client is in the RHDY program, the licensed or certified provider must:

(a) Ensure the health and safety of the client, which includes access to routine medical care;

(b) Provide adequate staff to meet the needs of the client as identified in the rate assessment;

(c) Develop and implement the client's individual instruction and support plan;

(d) Complete quarterly reports as outlined under WAC 388-842-0140;

(e) Participate in the development of the RHDY engagement plan with the client, the client's legal representative, and DDA social service specialist;

(f) Implement the RHDY engagement plan;

(g) Support the client in regular school attendance, including following the school's reporting requirements when the client is absent or has an appointment during the school day;

(h) With the legal representative and educational liaison or parent's consent, maintain regular communication with school representatives and attend school-related meetings;

(i) Participate in the client's individualized education program and collaborate with the school, legal representative, and parent or educational liaison to ensure timely and continuous access to a free and appropriate public education in the least restrictive environment;

(j) Maintain regular communication with the client's legal representative;

(k) Develop and practice evacuation plans in case of fire, natural disaster, or other emergencies in accordance with WAC 388-842-0075;

(l) Maintain a client rights policy in accordance with chapter 71A.26 RCW;

(m) Request an assessment for nurse delegation if the client needs medication administration;

(n) Monitor community inclusion funds in the following ways:

(i) Discuss and schedule community inclusion activity options with the client; and

(ii) Track, and make available to DDA upon request, the client's participation in community inclusion activities, including:

(A) Date of each activity;

(B) Cost of each activity; and

(C) A running balance of the client's community inclusion activities funds;

(o) Support and assist client with requested or needed DCYF case-specific communications.

(2) If DCYF provides a copy of the family time plan, the provider must support DCYF with implementation by having the client available at scheduled times.

(a) Providers must not provide transportation, supervision, or documentation regarding family time.

(b) If a child chooses to not participate in family time, the provider will not enforce the plan.

(c) DCYF must provide DDA and the provider with updated copies of the family time plan as changes occur.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0180, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0185 What are DCYF's responsibilities for a client in the RHDY program? When a client is in the RHDY program, DCYF must:

(1) Provide DDA with a court order authorizing DCYF to pursue and consent to residential habilitation services. This is not required if DDA obtains consent directly from the parent or guardian.

(2) Ensure that youth under age 16 have access to their:

(a) Insurance card;

(b) Birth certificate (certified is preferred); and

(c) Social security number verification letter or social security card.

(3) Ensure that youth age 16 and older have access to their:

(a) Insurance card;

(b) Certified birth certificate;
(c) Social security card; and
(d) State identification card.
(4) Enroll the client in the local school district where the RHDY program is located.
(5) Identify the court-ordered educational liaison who will sign documents for school and participate in meetings, including individual education plan meetings, unless the parent is serving in that capacity.
(6) Identify a DCYF representative who is able to make medical and dental decisions and provide consents on behalf of the youth as required per WAC 110-145-1845. Attend and participate in:
(a) The development and implementation of the RHDY engagement plan;
(b) Individualized team meetings; and
(c) The DDA annual assessment, including the person-centered service plan.
(7) Ensure management of the client's finances and benefits, by:
(a) Maintaining client financial eligibility;
(b) Managing, or appointing a representative payee to manage, the client's social security or supplemental security income in accordance with federal social security rules, including ensuring that the client is not over federal resource limits; and
(c) Ensuring payment of DCYF's responsibility for the DCYF portion of client's daily rate in the RHDY program.
(8) Coordinate family time visits, in person or remote, by:
(a) Identifying a provider for any supervision or monitoring needs; and
(b) Securing transportation to and from family time visits.
(9) Arrange for non-routine transportation, including transportation:
(a) To the RHDY program;
(b) To and from family time visits; and
(c) To court hearings and other DCYF case related appointments or meetings.
(10) Partner with DDA before any potential change to the client's court-ordered placement or dependency status.
(11) Notify DDA no more than one business day after a change to a client's dependency status or placement.
(12) Provide updated copies of court orders to DDA at the time of each annual assessment showing that the client continues to meet eligibility for the RHDY program.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0185, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0190 How must the provider obtain medical care for a client? (1) The provider is responsible for partnering with a client's legal representative to obtain medical care for the client.
(2) The legal representative must provide a copy of the court order authorizing the recommended medical care, or signed parent consent, to the RHDY provider before care occurs if the client requires:
(a) General anesthesia or surgery and is under age 18;
(b) Gender-affirming medical care and is under age 18; or
(c) A prescribed psychotropic medication, and is:

(i) Under age 13; or

(ii) Age 13-17 and their treating healthcare professional has determined they are not capable of giving consent.

(3) The RHDY provider must notify DCYF and DDA of emergency care provided.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0190, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0195 What is a provider's responsibility to engage in dependency court proceedings? (1) The provider is not required to:

(a) Participate in dependency court proceedings;

(b) Provide court reports and other documentation; or

(c) Provide testimony.

(2) The provider must ensure that a client is available for scheduled dependency court hearings and court-related appointments.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0195, filed 7/17/25, effective 8/17/25.]

RATES

WAC 388-842-0205 What must a client pay toward the cost of the RHDY program? DDA determines the amount of client responsibility and room and board a client must pay under WAC 182-515-1510.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0205, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0210 How does DDA determine the rate to support a client in the RHDY program and when may it be updated? (1) DDA determines the rate to support a client in a staffed residential home by assessing the client's identified needs.

(2) DDA completes a rate assessment, which consists of four cost centers:

(a) Administrative and non-staff costs, including transportation and damage reimbursement, if applicable;

(b) Funds for community inclusion activities as outlined in WAC 388-842-0180;

(c) Consultant and training costs; and

(d) Instruction and support services, which are determined by assessing a client's identified needs and supervision in the following areas:

(i) Activities of daily living as defined in WAC 388-106-0010;

(ii) Instrumental activities of daily living as defined in WAC 388-106-0010; and

(iii) Support and supervision.

(3) DDA must conduct a rate assessment before a client starts services with a RHDY provider, if a significant change occurs, or if the household composition changes.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0210, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0215 What must DCYF pay when a client is in the RHDY program? When a client is in the RHDY program, DCYF must pay for the client's:

(1) Basic expenses (including maintenance) and supervision.

(2) Essential daily living expenses, which includes hygiene products, clothing, school-related expenses, and other personal care items. These items are categorized as essential because they are critical for the daily care, health, and wellbeing of the youth, and reflect expenses that would ordinarily be covered by a parent or guardian in a home environment.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0215, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0220 What costs does the HCBS waiver cover when a client is in the RHDY program? For a client in the RHDY program, the HCBS waiver covers the cost of the RHDY program services minus maintenance, supervision, and client responsibility.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0220, filed 7/17/25, effective 8/17/25.]

TERMINATION AND CHANGE IN PROVIDER

WAC 388-842-0230 What happens if a provider decides to stop providing services to a client? (1) If a provider decides to stop providing services to a client, the provider must:

(a) Notify DDA and DCYF at least 30 days before the effective date;

(b) Provide one of the following reasons:

(i) The provider cannot meet the needs of the client;

(ii) The client's safety or the safety of other people in the facility is endangered;

(iii) The client's health or the health of other people in the facility would otherwise be endangered;

(iv) The provider ceases to operate; or

(c) Participate in the development of a transition plan.

(2) DDA will work with the legal representative to complete an updated referral packet which will be sent to all providers with current capacity with agreement from the legal representative.

(3) If the client does not transition to a new provider by the end of 30 days, DCYF must resume care and custody of the client pending admission of the client by a RHDY provider.

(4) If the client is in a temporary setting, (e.g., medical or criminal justice facility) and the provider determines they are unable to have the client safely return to their program, DCYF must resume

care and custody of the client upon discharge from the temporary setting.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0230, filed 7/17/25, effective 8/17/25.]

WAC 388-842-0235 What happens if a client's dependency is closed, or the placement is changed to in-home while the client is in the RHDY program? (1) A client is no longer eligible for the RHDY program if the client's dependency status changes and the dependency is closed, or the placement is changed to in-home.

(2) DDA will meet with the parent or legal representative (or client if over 18) and the DCYF caseworker to determine if they wish to continue residential habilitation services or explore other waiver services.

(a) If the client requests services through the out-of-home services (OHS) program, and the client meets eligibility under WAC 388-826-0010, DDA will follow the OHS admission process.

(b) If the client does not pursue services through the OHS program, the client must not remain in the RHDY home or facility more than 15 days after the date of the court-ordered change.

(3) Transportation and moving expenses from the RHDY program are the responsibility of DCYF, the parent, or legal representative.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0235, filed 7/17/25, effective 8/17/25.]

ADMINISTRATIVE HEARING RIGHTS

WAC 388-842-0250 Who may appeal a DDA action? A client, the client's parent, or the client's legal representative may appeal DDA decisions under WAC 388-825-120.

[Statutory Authority: RCW 71A.12.030, 71A.12.380, 71A.12.380(1), and 42 C.F.R. 441.301. WSR 25-15-103, s 388-842-0250, filed 7/17/25, effective 8/17/25.]