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CHAPTER 38 - MISCELLANEOUS SERVICES TO FAMILIES, CHILDREN AND ADULTS

38.18 ADULT FAMILY HOMES (WAC 388-63)

1. Definition.

An adult family home is a home that provides board and room, supervision and personal and social care to one or two unrelated adults. Homes caring for more than two unrelated adults in need of domiciliary or protective care must be licensed by the State Health Services Division under Chapter 18.20 RCW. pertaining to laws, rules, regulations and standards for boarding homes (for the aged).

Family homes are a resource for individuals who due to mental retardation, physical or mental handicaps, age or frailty cannot live by themselves but can benefit from a family environment.

2. Licensing or Approval.

A home caring for one or two mentally retarded adults must be licensed by the ESSO as provided for in Chapter 74.15 RCW. This applies to homes taking care of private-pay guests as well as those who are beneficiaries of SSI or recipients of financial assistance.

Homes used by the ESSO for placement of beneficiaries or recipients who are not retarded must be approved for placement.

A home maintained by the legal guardian of or a person related by blood or marriage (parent, grandparent, brother, sister, stepparent, stepsister, uncle, aunt, first cousin) to the retarded adult receiving care is not licensed, or approved for placement.

3. Homefinding.

a. Community Resources.

A worker in homefinding should be familiar with his community resources. Service clubs and special interest groups may be sources for homes or homefinding. A list of organizations and clubs can be obtained from the local Chamber of Commerce.

Depending on the particular patterns of the individual community, the following may be good sources of homefinding:

(1) Public Media

Newspaper - feature stories, articles, want ads.
Radio - panel shows, talk programs, spot announcements.
TV - news stories, community service programs, spot announcements.
Posters - in agencies, banks, and other public places.

(2) Agencies

Employment Security, Community Mental Health Clinics, Local Public Health Office, Family Counseling Service, American Red Cross, St. Vincent de Paul, Goodwill, Salvation Army, Social Security Administration, Senior Centers, Council on Aging, Churches, Multipurpose Centers, Chambers of Commerce.

(3) Organizations

Service clubs, men and women; WARC, Association for the Blind, Clubs for the Handicapped, Rehabilitation Centers, Hospitals and Clinics, Housing Projects, VNA, LPN, RN Assoications.

(4) Churches

Church bulletins and guilds or societies.

b. Agency Resources

(1) All service workers. Records of beneficiaries of SSI who may wish to avail themselves of additional exempt income.

(2) Applicants wishing to give foster care who are more suited to giving care to adults than to children.

(3) Foster parents who no longer want to take children but are still interested in giving service.

(4) Food Stamp office.

(5) Nursing Care Consultants.

Once a family home program has been established, the existing homes prove to be a good resource for finding additional homes among the sponsor's relatives and friends.

c. Screening

Any mass media publicity may result in a flood of calls. To protect the homefinder's time and quickly screen out inappropriate inquiries or requests, the following may be helpful:

(1) Use a clerk or volunteer to take telephone inquiries, gather preliminary information and where appropriate, mail out an application blank.

(2) On receipt of application blank, service worker further explains program, and makes appointment for home visits as indicated.

(3) Volunteers might be used for home visits to gather facts, licensing and approval information.

(4) If a home is patently inappropriate, the serivce worker should frankly discuss this at the time of the first visit.

(5) Questions to keep in mind are:

(a) Is the sponsor's home adequate for the purpose?

(b) Can he cope with the problems of the ex-mental patient, the retarded, disabled, and aged?

(c) Is he willing to work with the agency and learn how to deal with the above problems?

Remember all levels of homes are needed for matching purposes. Three or four potential homes are needed for every potential client, in order that the client may have a choice and the worker may consider how well the client and sponsor "match".

38.20 PROCEDURES FOR LICENSING ADULT FAMILY HOMES (WAC 388-63)

1. Application.

Application for a license for a family home is made to the ESSO using the DSHS 10-15 Application to Maintain Family Home for Adults. The ESSO shall either grant or deny a license within ninety days of the application.

2. Purposes of Licensing.

The purposes of licensing a family home for adults are:

a. Safeguard the well-being of retarded adults receiving care in family homes,

b. Strengthen and encourage family unity and sustain rights and responsibilities to the end that family care is provided only when the family of the retarded adult is unable to provide necessary care,

c. Provide consultation to families caring for adult retarded persons to help them improve methods of care,

d. Assure maintenance of adequate standards of care in family homes serving adults.

3. Home Study.

a. In studying a home for licensing, the service worker shall discuss with family home sponsors all requirements and rules. Observations regarding inter-relationships of various family members or of boarders in the home are important. Attitudes of neighbors and the relationships of the sponsors with the community are of importance to the adult in care and shall be considered. The family home sponsors should be a person or persons with established standards and behavior by other individuals. The ESSO should give consideration to the financial ability of the sponsor to provide the care required under the rules of the Department.

b. For initial licensing the service worker should review with the applicant the status of his health and the physical condition of the members of his household. If question arises concerning a condition which would seem to adversely affect his ability to provide care, the applicant shall be required to submit a physician's statement in evaluation of such condition. In some communities TB tests and X-rays are available without charge from the county health department or other agency. Applicants shall be encouraged to avail themselves of these tests.

c. In evaluating the suitability of a home for licensing, the ESSO shall consult the references suggested by the applicant and other persons when appropriate. Contact with references should preferably be by personal interview or telephone or may be by letter when the personal interview is not feasible. The frank opinion of the references shall be solicited about the suitability of the home, the capacities and qualifications of the potential sponsor and the reputation of the household members. At least one reference must be interviewed in person.

4. Physical Aspects of Home.

a. The home shall be in a neighborhood conducive to the general welfare of the persons receiving care. The dwelling and furnishing shall be clean, comfortable, and in good repair. The home and grounds shall be reasonably free from hazards. If question rises concerning fire danger, the local fire protection authority shall be consulted.

b. Ventilation, light and heat to insure health and comfort shall be provided and there shall be facilities for sanitary storage, refrigeration, preparation and service of food.

c. There shall be adequate space to accommodate all members of the household. This includes comfortable bedrooms with outside exposure and suitable bathing and toilet facilities.

d. Each person under care shall be provided with a separate comfortable bed and appropriate bedding. Hallways, kitchens, living rooms, dining rooms, and unfinished basements shall not be used as sleeping quarters.

e. Suitable storage space shall be provided for the personal belongings and clothing of each occupant. Individual towels and toilet articles shall be provided.

f. Drinking water obtained from a private source must be approved by the county health department or other authorized agency. The use of raw milk is prohibited.

5. Other Requirements in Providing Care.

a. The family shall respect the department's responsibility for the planning for recipients under care.

b. The family home sponsor shall not be employed outside the home except by agreement with the department.

c. If it is necessary for the family home sponsors to be absent overnight, the department or responsible relative(s) or guardian shall be notified and suitable arrangements made for the care of the retarded adult. Permission for travel on extended trips with family home sponsors shall be obtained from the department, or from responsible relative(s) or guardian.

d. Family home sponsors shall not place a person in another home without the consent of the person, department, or of his responsible relative(s) or guardian.

e. Family home sponsors shall provide opportunities for recreation within the family group and encourage participation in community activities in accord with the retarded adult's capacity for such experience.

f. Clothing of persons under care shall be kept clean and in good condition and shall be in keeping with the standards of the community.

g. Family home sponsors shall supply a wholesome general diet sufficient quantity and quality to meet the nutritional and physiological needs of the persons under care and such special diet or health program as may be directed by such persons' physician.

h. If the placement includes an employment arrangement, specific agreements as to duties and compensation shall be reached between the department, if applicable, the person under care, and the family home sponsors. Compensation shall be paid at regular intervals. Work duties shall be in keeping with the person's capacity and other needs.

i. The family home sponsors shall assist and encourage the adult guest to:

(1) Seek, obtain and continue appropriate training and employment;

(2) Maintain an adequate personal appearance, good health and personal hygiene; to take medications prescribed by his physician; to keep medical appointments and to stay on prescribed diet;

(3) Participate in social and recreational activities and keep contact with his relatives and friends when appropriate;

(4) Attend church of his choice.

j. The family home sponsors shall provide the adult guest with transportation on occasion and assist him with shopping, letter writing and other necessary activities.

k. If the family home sponsors assume responsibility for the guest's money, a bookkeeping and accounting record shall be kept of all personal money and the balance of his funds shall be given to him when he leaves. The record of the money must be available for the guest, responsible relative, guardian, and the inspection of the department's representative.

6. Register.

Each family home shall maintain a register containing the following information about each person accepted for care:

a. Name, birthdate, and dates of admission and discharge.

b. Names, addresses, and telephone numbers (home and business) of responsible relative(s) or guardian, physician, and other persons to be notified in case of an emergency.

7. Action in Event of Illness or Accident.

a. There must be a plan of action to be taken in event of medical emergencies and arrangements for the provision of needed medical care. No medication except as prescribed by a physician shall be given.

b. Serious illness, injury or death of a person under care shall immediately be reported to the department or, in the case of a person not placed by the department, directly to the responsible relative or guardian and to the department.

8. Discipline.

Discipline shall be remedial rather than punitive and shall be based on an understanding of the person's needs and state of development. Discipline shall be directed toward teaching acceptable behavior and respect for the rights of others. Harsh or severe corporal punishment and humiliating or frightening punishment shall not be administered.

9. Duration and Provisions of License.

a. A license is issued by the ESSO for a period of two years and is granted to specific persons and for a specific location only. Any change in location or household composition shall be reported to the department immediately. The license shall state the number of persons for which the home is authorized to care and the type of care for which the home is licensed. A request for renewal of license shall be filed with the department ninety days prior to the expiration date of the license. If the department fails to act upon a timely request for renewal by the expiration date, the license shall continue in effect until such time as the department shall act.

b. It is a misdeameanor to operate a family home for adult retarded persons without a license. If such a family home knowingly operates without a license or fails to apply for a license, a summary of the facts shall be sent to the Adult Program Section for review and recommendations for additional action.

c. The Family and Children's Service Section and the Adult Programs Section of an ESSO shall issue only one license to a foster family home. Ordinarily, a home is not used for the care of children and adults. The ESSO makes the decision on exceptions, considering the best interest of all parties involved.

10. Periodic Visits--Consultation.

A representative of the department shall visit licensed homes periodically to determine whether there is compliance with requirements and to help improve their facilities and methods of care. Visits shall be at no less than six-month intervals.

38.24 PROCEDURES FOR APPROVING ADULT FAMILY HOMES FOR PLACEMENT (WAC 388-63)

1. Application - Home Study.

a. Application for approval for placement in an adult family home is made by the family or individual to the ESSO on form DSHS 10-15.

b. Form DSHS 10-20 is used by the service worker to open the application for home study and for all subsequent actions.

c. If the home is not licensed to care for mentally retarded adults the ESSO service worker determines if the applicant and his home meet the standards for approval described. He visits the home and discusses all requirements with the applicant.

d. Approved family homes are expected to provide room, board, laundry, necessary supervision, personal and social care and, when appropriate minimal nursing care.

e. Minimal nursing care is nursing care not equal to 24-hour nursing service as required in a licensed nursing home, but such nursing care as is determined by the nursing care consultant may be safely given in a family home.

f. If providing a minimum of nursing care, the sponsor or a member of his family shall be a registered nurse or licensed practical nurse not working full-time outside the home. Such registered or licensed practical nurse shall give needed nursing care under a licensed physician's direction.

g. The home study will include observation and information about inter-relationships of various family members or guests in the home. The attitudes within the community should be considered since these are important to the adult selecting the home.

h. Opinion of references should be solicited about the suitability of the home and the capacities and reputation of the applicant and household members to establish the applicant's capacity to maintain an adequate adult family home. All three references listed by the applicant will be consulted by personal interview, telephone or letter. At least one reference must be interviewed in person.

2. Standards for Home.

The home shall:

a. Be safe, clean, in good repair, and reasonably free from hazards to residents,

b. Have adequate and easily accessible toilet facilities,

c. Have rooms for use of residents which are sufficiently large and comfortable with enough window space for good light and ventilation,

d. Have water and milk supplies which meet health department standards.

3. Standards for Sponsor.

The home sponsor shall:

a. Be dependable, demonstrate good judgment and be interested in helping persons in his care;

b. Demonstrate adequate physical and mental health, good moral character and reputation. Personal relationships in his family shall be free from serious conflict and the family be capable of providing comfortable inter-personal relationships for the resident;

c. Demonstrate ability to meet the usual financial obligations of family living;

d. Be willing and able to:

(1) Offer the resident understanding, encouragement and emotional support in taking responsibility for himself insofar as his physicial and mental condition permits;

(2) Encourage and provide social and recreational activities for the resident, including opportunity for visits from family and friends;

(3) Give assistance with shopping and correspondence as necessary;

(4) Help the resident to participate in religious and church activities according to his choice;

(5) Encourage the resident to carry out health plans set forth by his doctor.

4. Services to be Provided.

The sponsor shall:

a. Provide family living and necessary supervision;

b. Serve a minimum of three nutritious and well-balanced meals a day at regular intervals. If required, a special diet shall be provided in accordance with the recommendations of the resident's physician;

c. Keep a record of each resident, including the name and telephone number of his physician, family members and person(s) to notify in an emergency; and advise the ESSO of any significant changes in recipient's condition;

d. Expend the recipient's personal funds only on his request or that of his guardian or protective payee and keep a current record of such expenditures;

e. During temporary period of illness, fourteen days or less, arrange to have medications the individual cannot take himself administered by a registered nurse or licensed practical nurse who may be the sponsor, if qualified, or by a licensed physician, or by a registered or licensed practical nurse from the community.

5. Approval, Denial and Duration of Approval.

a. The ESSO administrator shall approve or deny the application and send the applicant written notice of the deicision.

b. Approval for placement shall continue in effect until termination by the department on request of the home sponsor or because the home no longer meets the standards of approval for placement in an adult family home.

6. Periodic Evaluation.

A periodic evaluation of the family home shall be made at least every six months. Significant findings will be included in the record. The DSHS 10-46 is used for this purpose. Telephone contact between visits can help the family home sponsors maintain good functioning or alert the service worker to situations where more frequent visiting is desirable.

30.30 PROVISIONS COMMON TO ALL FAMILY HOMES

1. Records.

a. An ESSO file shall be maintained for each applicant for a license or approval to provide family home care to adults. The record must include:

Application to Maintain Family Home for Adults	DSHS 10-15
Sponsor Agreement - Family Homes for Adults (when applicable)	DSHS 15-52
Adult Family Home Report for Licensing or Approval	DSHS 10-45
Licensing Report	DSHS 10-20
Copy of License (when applicable)	DSHS 10-10
Adult Family Home Re-evaluation	DSHS 10-46

2. Sponsor Agreement.

a. Whenever a family home is approved or a licensed home is used for placement, the sponsor shall sign the Sponsor Agreement.

b. The service worker reviews form DSHS 15-52, Sponsor Agreement, with the sponsor(s) and secures his signature on two copies. The sponsor retains one copy and one copy is filed in the family home record.

c. The agreement will remain in effect unless terminated at the request of the sponsor or by the department.

d. The agreement automatically terminates if the home is closed for any reason.

3. Discrimination Prohibited.

a. In providing services a family home shall not discriminate because of race, creed, color or national origin.

b. A family home which wishes to serve only members of a particular religious denomination shall not be deemed to practice discrimination unless it specifically excludes from the benefits of its program members of specified other demoninations, or if it discriminates based on race, color or national origin.

38.32 PLACEMENT IN FAMILY HOMES

1. Placement Procedure.

a. When the service worker feels that a client's needs may be best met in an adult family home, the matter will be discussed with the client and/or his relatives if available.

b. The nursing care consultant determines the minimum of nursing care appropriate when the client has a nursing need.

c. The service worker arranges the individual's placement after discussion with the client and the relatives of the needs of the client, and the availability of homes appropriate for meeting these.

2. Review.

The service worker shall reevaluate the individual's continuing adjustment in the adult family home and continued need for care as often as the case plan indicates or at least every six months. If the individual receives nursing care, the nursing care consultant shall reevaluate his nursing needs and the quality of the nursing care provided at the same interval.

3. Notifying Financial Services.

The service worker will notify financial section when an adult is placed in a family home, moves out of a home, or transfers from one family to another. Financial service will also be informed if any special nursing care or personal service need be considered in the amount of the grant.

38.40 CONGREGATE CARE (WAC 388-16-335)

A congregate care facility is a facility which provides its residents (in addition to shelter, food nonpersonal laundry and household maintenance) encouragement and assistance in taking responsibility for themselves, guidance as necessary in the activities of daily living and social and recreational activities and opportunities, but which does not provide medical or social services.

1. Eligible Persons.

Persons eligible to receive congregate care are current beneficiaries of SSI and recipients of continuing GAU, who:

a. Do not require care in an Intermediate Care Facility or skilled nursing facility, and

b. Can benefit from a group living arrangement which provides personal and social care and necessary supervision.

2. Determination of Need for Congregate Care.

a. Congregate care is more appropriate for the individual who, due to age or physical or mental handicaps, requires personal and social care and rehabilitation and for the individual needing protective care, either permanently or temporarily, due to money management problems, mental confusion, or other inability to manage his own affairs effectively.

b. The determination of a person's need for congregate care is a casework decision based on mutual planning with the client, where possible, and utilizing any information which may be available to the service worker.

c. Medical information is secured when the individual's health indicates physical problems. This information may be contained in reports from state hospitals or schools for the retarded, or secured from physicians. Medical information will indicate health needs which require visits to physicians, special diets and/or taking medications.

d. When the individual has physical problems the service worker shall consult with the nursing care consultant who has primary responsibility for determining if the person needs skilled nursing care or intermediate care. The nurse will serve, when indicated, as a consultant regarding the individual's medical needs, medical information, and medical resources in the community. Any possible need for skilled nursing care or intermediate care must be ruled out prior to placement in congregate care. When the resident takes medications, the nursing care consultant shall be asked to determine if they can be self-administered.

e. The service worker or referring source will secure and complete form DSHS 15-30(X). This is retained in the individual resident's service record. Information from the DSHS 15-30(X) will be shared with the CCF operator to help him in meeting the specific personal and social needs of the individual client. The service worker may furnish him with a copy of the DSHS 15-30(X) as desirable.

3. Placement of Residents.

a. Selection of facility.

(1) The need for congregate care must be agreed to by the resident, his relatives acting on his behalf, guardian, or attending physician or,

(2) Christen Science practioner, with assistance from the service worker in preplacement planning.

(3) In areas where there is a choice between two or more facilities, the service worker will discuss the available facilities as related to the individual's needs. Use of form DSHS 15-30(X) will assist in identifying these needs.

(4) The service worker is responsible for selecting the home only when the resident is incapable of making the selection and there is no other responsible person to make the selection in his behalf.

b. Emergency placement.

The placement of a resident in a CCF must have prior approval by the ESSO. However, in case of emergency admission of a resident to a home when the ESSO is not open, the ESSO must be notified by the home the morning of the first ESSO working day following the emergency admission. The ESSO must establish the fact of the emergency in order for the Department to authorize care from the date of admission.

c. Out-of-Local-Office-Area Placement.

(1) Out-of-area placement of a resident may be made at the request of the resident or his relatives, or when there is no available CCF in the area of residence.

(2) Initial placement or replacement of a resident in an area other than the area of residence is arranged by the service worker in the area of placement. The service worker in the area of present residence supplies a referral summary containing information concerning the resident's personal care needs for the information and assistance of other county. Form DSHS 15-30(X) may be used for this purpose.

d. Form DSHS 2-26(X) or RFIS-13 will be sent to financial services following placement or replacement of a resident.

e. Application for SSI and/or representative payment.

(1) It shall be the service worker's responsibility to assist potentially eligible beneficiaries who are residing in, or being placed in congregate care facilities to make application for SSI when they experience difficulty in doing this themselves. This may be done in cooperation with the individidual's relatives, or friends or with the operators of the facility, as appropriate. The service worker will, when necessary, be an advocate for the applicant with the Social Security Administration in pursuing the claim, including helping him to request an appeal in case of denial.

(2) The service worker will review the SSI status of the individual at time of placement, when a service need is identified or at the time of periodic review. SSI status of all persons in the facility shall be discussed at the time of renewal of the agreement and the service worker will seek the cooperation of the CCF operator in aiding any individuals to complete an SSI application who seem to qualify.

4. Periodic Review and Reevaluation.

As often as necessary and at least each six months the ESSO service worker will review and reevaluate the resident's need for congregate care and determine whether the services actually rendered to him are adequate to his identified conditions and needs. The nursing care consultant will participate in the reevaluation <u>if</u> it appears the resident may need nursing care.

a. Form DSHS 15-34(X) initiated by the service worker, is used to record periodic review findings.

b. If the service worker finds that the resident may need nursing care, he routes form DSHS 15-34(X) to the nursing care consultant who determines if nursing care is needed. This may include consultation with the service worker.

c. After review, decision and signature by the nursing care consultant, form DSHS 15-34(X) is always routed to the service worker for final review decision.

d. After final action, form DSHS 15-34(X) is filed in the resident's case record.

e. If it is determined that the resident no longer needs or can use congregate care, the service worker is responsible for working out a new living arrangement with the individual. This may include placement in an ICF, a skilled nursing home or an adult family home, or other alternate care living arrangements.

5. Application to Provide Congregate Care (Congregate Care Agreement).

a. A facility wishing to provide congregate care must have a valid license as a boarding home (for the aged or infirm) or as a private establishment (Alcoholism Treatment Facility). Alcoholism rehabilitation centers will be licensed under the latter licensure unless they are located in a facility with a nursing home license. A nursing home license will only be acceptable for congregate care if the facility has already made application to the licensing section of the Health Services Division to convert to a boarding home license.

b. To apply for approval of payment of the state supplementation for SSI beneficiaries or payment of GAU for congregate care the facility contacts the ESSO and signs form DSHS 10-23(X), Application for Approval for Payment Congregate Care Facility, in triplicate. The ESSO service worker will:

(1) Establish a case record for the facility,

(2) Visit the premises,

(3) Discuss the CCF agreement in detail with the operator,

(4) Explain the use of form DSHS 15-28(X), Notice of Action,

(5) Make sure that the operator will have adequate supervisory staff, not from the resident population, on the premises at all times,

(6) If the ESSO approves the application, have the facility sign three copies of the CCF agreement,

(7) Note ESSO approval on form DSHS 10-23(X) and send all copies with all copies of the signed CCF agreement to the state office, Adult Programs Section.

c. If the ESSO does not approve the application, the service worker explains the reason fully to the applicant. If the applicant wishes to sign the CCF agreement he may do so. If he does, two copies of DSHS 6-44(X) are also signed. The service worker routes all forms as for an approved application to the state office, Adult Services Programs Section with a memorandum of explanation. The state office notifies the facility of the decision.

d. If, after an explanation of the reasons the ESSO will not approve an application, the facility withdraws its application to provide congregate care, no further action is taken by the ESSO.

e. The signature of the state office supervisor of the Contracts Unit on the agreement will constitute state office approval. After state office action, a copy of form DSHS 10-23(X) and the CCF agreement are returned to the ESSO for filing in the CCF record. The other copy of form DSHS 10-23(X) and a copy of the agreement are sent to the facility to signify final approval. The third copy of the agreement is retained in the state office.

f. Since approval of the application is essentially and ESSO function, placements may be made in a facility when all forms for the approved application have been sent to the state office for action.

6. Activities After Agreement Approved.

a. The service worker shall visit the facility at intervals of no longer than six months, when the agreement is due for renewal and at more frequent intervals if the ESSO deems necessary to review and when necessary help upgrade the standards of personal care. Such visits are recorded in the CCF record. See #4 above, Periodic Review and Reevaluation.

b. A CCF operator will not receive or accept money from or on behalf of a resident in excess of the amount properly payable for the basic cost of CCF care. Violation will subject the home to termination of the CCF agreement. Evidence that an operator solicited or accepted payment for CCF care in excess of the amount payable according to the department's payment standard shall be immediately discussed with the operator by the appropriate ESSO staff. If the problem cannot be resolved by the ESSO the facts should be sent by memorandum to the Special Investigations Unit.

(1) Absences for Social Reasons.

When a recipient is to be absent from the facility for social reasons for more than 36 hours, the facility will immediately contact the ESSO for approval of the social plan. If the ESSO finds the social plan satisfactory, absences of up to four days may be agreed on without change in the payment to the facility, provided there is no duplication of payment for the recipient's requirements . Longer absences, without change in payment to the facility, may also be approved in writing by the ESSO when justified by the social reasons and no duplication of payment occurs. The service worker will write a letter of approval to the facility, retaining a copy in the record. State office exception to policy is required to continue payment to the facility during social absences of more than seven calendar days.

(a) Hospitalization for diagnostic purposes or emergency treatment, not to exceed 72 hours, shall be considered as social absences.

(b) The facility will provide the ESSO with written confirmation of approved social absences by submitting the notification form DSHS 15-38(X) for all resident absences of more than 24 hours.

(2) Renewal of CCF Agreement.

(a) Each facility must sign a new Agreement with Congregate Care Facility (form DSHS 9-09(X)) each year.

(b) It is the responsibility of the ESSO service worker to contact the facility prior to the expiration date of the current agreement and secure the signature of the owner on three copies of the DSHS 9-09(X). Additional documents are not required for the renewal of an agreement when there has been no change in ownership of the facility.

(c) The new agreement must be received in the state office, Adult Programs Section, no later than one month after expiration date of the previous agreement.

(d) When a facility changes ownership procedures are the same as described in #5 above, Applicaton to Provide Congregate Care. Agreements are valid for one year from the date of signature, except when either the

ESSO or the facility chooses to elect a shorter period. Since agreements may expire any month during the year, timely reminders of the expiration dates shall be built into the ESSO tickler file system (Manual E, Section 56.30).

7. Stop Placement Procedure.

   a. When a facility is not living up to the terms of the agreement, particularly those in the Statement of Work, the ESSO may elect to stop placement, either until the facility comes into compliance or a decision is made to revoke the agreement.

   b. When a stop placement is made because of unsafe or unsanitary conditions, the Health Facilities Survey Section shall be notified.

8. Termination of Agreement.

   a. An agreement is terminated when:

      (1) The facility closes;

      (2) The ESSO does not choose to have the facility sign a new agreement;

      (3) The agreement is revoked;

      (4) There is a change in ownership.

   b. In the event of any of the above actions, the ESSO notifies the state office, Adult Programs Section, of the intended action.

   c. When for any reason an Agreement is terminated, the ESSO shall furnish the SO Adult Programs Sction with a memo describing the particulars leading to this action.

   d. A decision to revoke or choose not to renew an agreement must be discussed with the SO in advance.

38.42 CONSIDERATIONS FOR THE PLACEMENT OF THE ALCOHOLIC IN A CONGREGATE CARE FACILITY

1. With the passing of the Uniform Alcoholism Act, the treatment of the alcoholic moved to a new dimension in state responsibility. A comprehensive plan involving both identification and treatment was made feasible, providing equity for the alcoholic and his problem wherever he might reside within the state. With the decriminalization of public intoxification came the need to provide services for detox. The knowledge from our experience in detox. now shows us we are in need of a

long-term treatment capacity in order to help the alcoholic stay dry. DSHS, through the use of its Congregate Care Facility program, can and should be a tremendous resource to the community alcoholism program.

2. The concept of a CCF to provide long-term treatment for the hard core alcoholic, is both appropriate and necessary . The alcoholic placed in this system has both an opportunity and support for a living, learning situation in which to break his pattern of alcohol abuse.

3. Three facets are involved under present policy and procedures for placement in a CCF. These are:

   a. Service eligibility requirements,

   b. Financial eligiblity,

   c. Acutal placement.

4. The above three aspects of placement, when properly linked together under our department's existing rules and procedures, provided us with the mechanism for placing the hard core alcoholic in a CCF for long-term care.

5. The three considerations need to be approached by a worker in order that they have been listed. This becomes obvious as one workes through a placement, for example:

   a. Eligibility requirements:

      Presently only a current recipient of SSI or of an ongoing GAU grant may be placed in a CCF. (See 38.40)

   b. Financial eligibility needs to be established in conjunction with the ESSO decision of its Incapacity Review Team. (Manual Reference 38.70).

   c. With eligibility established on the basis of the procedures used in 1 and 2 above, the caseworker determines the person's need for congregate care. This decision should be mutually planned whenever possible with the client, considering all information available to the worker.

6. Three areas of responsibility are involved to effect a smooth placement for an alcoholic in a CCF. One involves the staff of the ESSO. The second, the alcoholism director and his staff, and the third involves the operator and staff of the CCF.

38.44 BUREAU OF DEVELOPMENTAL DISABILITY GROUP HOMES - SPECIAL PRODEDURES:

1. Bureau of Developmental Disability Group Homes are Congregate Care Facilities that have been developed by BDD to provide community

living for individuals from schools for the retarded. As such they remain the primary responsibility of the Bureau of Developmental Disabilities.

2. Group Homes must have a current license from the Health Services Division as a Boarding Home for the Aged, a certificate of approval from BDD and enter into a Congregate Care Facility Agreement with the department. The appropriate ESSO will be responsible for negotiating the agreement with the facility.

   a. Placement.

      (1) The BDD case services placement team shall be responsible for all placements in BDD group homes. Except in emergency situations, these placements shall be cleared with the ESSO in advance. Medical information which indicates a need for nursing care must be reviewed by the nursing care consultant who has the responsibility of determining the level of care (Nursing or ICF) the individual may need.

      (2) DD case services staff will take responsibility for assisting individuals in making application for SSI benefits and advising the ESSO regarding prospective eligibility.

      (3) DD case service staff will provide medical and social information that will enable ESSO to determine appropriateness of placement. The DSHS 15-30(X) is not necessary in group home placement.

   b. Supervision.

      (1) The DD case service worker has responsibility for case management and social services to residents in group homes.

      (2) The DD case service worker will also be responsible for arranging any necessary changes in placement for the resident and providing the ESSO with timely notification.

      (3) Problems of group home residents' inability to manage their personal funds or need for a representative payee, coming to the attention of the ESSO, will be referred to the DD case service worker for action.

      (4) BDD case service staff will also be responsible for supervising the operations and programs of the group homes in terms of their certificate of approval and the standards BDD has set for group home practice.

   c. Periodic Review.

      (1) The DD case service worker will be responsible for preparing the DSHS 15-34(X), Periodic Review of Need for Congregate

Care. This review is done as often as necessary and at least every six months and is essential to establish that congregate care remains appropriate and that a need for a different type of care, particularly nursing care, has not developed.

(2) If there are no indications of a change in the individual's medical needs, the DSHS 15-34(X) is completed entirely by the nursing care consultant to determine if a need for nursing care exists.

(3) Where the resident has developed medical problems or experienced deterioration in his physical condition, the situation must be reviewed by the nursing care consultant to determine if a need for nursing care exists.

(4) The DD case service worker will be responsible for arranging any alternate placement for the resident if the periodic review establishes that congregate care is no longer appropriate.

d. Social Absences.

Social absences from group homes will be approved by BDD. BDD will notify the ESSO of approved absences on their Request for Social Absence Form.

e. Payment Process.

Payment for care in group homes will be authorized by the ESSO according to procedures in Manual F, Chapter 36.

f. Compliance with Congregate Care Agreement.

(1) If it comes to the attention of the ESSO that a group home is violating the terms of the Congregate Care Agreement this shall be referred to the Bureau of Developmental Disabilities for action.

(2) The ESSO shall not deny or revoke an agreement with a certified BDD Group Home without the consent of BDD.

(3) Any possible violations of boarding home licensing standards shall also be discussed with BDD before any contact is made with the licensing section of the State Health Services Division.

38.50 SKILLED CARE AND INTERMEDIATE CARE

1. Skilled Nursing Facilities are facilities providing twenty-four hour nursing services to individuals in need of this type of care.

2. Intermediate Care Facilities are nursing facilities which specialize in restorative nursing and also furnish personal and social care (Chapter 78).

38.50 VOLUNTEER SERVICES

1. Volunteers may perform such services as friendly visiting, reassurance calling and other companionship services. These may include reading to individuals, remembering special occasions such as holidays and birthdays, taking adults into their homes for weekends, helping them to become involved in group activities or such services as transportation, shopping, assistance in grooming, meal preparation, home and yard maintenance (see Chapter 90).

2. Volunteers can also be a valuable help in supplementing and extending the range of the service workers services. Possible services they may perform are: Transporting and escorting individuals to courts, doctors, clinics, training facilities and social agencies; informing casework staff of social, family and medical problems of the client; contributing knowledge of client problems; and helping in developing community resources.

38.54 ASSISTANCE TO INFIVIDUALS IN INSTITUTIONS FOR MENTAL DISEASE - AGE 65 OR OVER AND UNDER AGE 21

1. Introduction.

   The Title XX program in the state mental hospitals is designed to meet the needs of eligible individuals, namely:

   a. Individuals age 65 and over

   b. Individuals under age 21, except that if receiving services prior to 21st birthday, eligibility may continue until age 22.

2. The Office of Personal Health Service maintains staff in the two state mental hospitals to administer this part of the program of medical assistance.

   The mental hospitals which are approved by the Joint Commission on Accreditation of Hospitals, provide care based on an individual treatment plan covering the patient's medical, psychiatric and social needs, as developed by an interdisciplinary team.

3. The ESSO has service responsibilities for recipients on the Title XIX program while they are residing in the community.

   a. Provides preadmission service to assist the recipient in the community with admission to the mental hospital or in seeking an alternative to mental hospital admission;

b. Provides service to family during patient's hospitalization;

c. Provides service to recipient at time of release from the mental hospital; i.e., placement, counseling, support, advocacy and referral to other services.

4. Program Enrollment.

The individual in the state mental hospital may be enrolled in the Title XIX program as follows:

a. Age 65 or Over.

(1) Transfer to the "T" program at time of admission as an active recipient;

(2) Be referred by facility staff at time of admission as a potentially eligible applicant;

(3) Be referred by facility staff as a new applicant during hospitalization because applicant has attained age 65 and is without resources;

(4) Be age 65 or over and have depeleted resources during hospitalization.

b. Procedure for Adults Age 65 and Over.

(1) Upon notification by facility staff that a patient/recipient age 65 or over has been admitted to the mental hospital, the Mental Health Services Representative notifies the patient's ESSO of admission, requesting transfer to the "T" program.

(2) When applicable for the potentially eligible patient age 65 or over, facility staff prepares DSHS 19-134 Referral for Assistance which is forwarded by the Mental Health Services Representative to the ESSO of the patient's county of residence, accompanied by a completed DSHS 14-01 Application for Assistance, if available. When the medical assistance application cannot be completed at the facility, the ESSO service worker will seek to have the medical assistance application completed by the family or guardian in the community. The ESSO of the patient's county of residence will be responsible for processing the medical assistance application and issuing award letters to the recipient and the Mental Health Services Representative.

c. Under Age 21.

Be an active AFDC grant recipient or SSI beneficiary at time of admission and thereby eligible for transfer to the program.

Those with legal charges other than civil commitment are ineligible.

d. Procedure for Children Under 21.

Upon notification by facility staff that an under age 21 individual has been admitted to the mental hospital, the Mental Health Services Representative verifies AFDC or SSI status with the ESSO. The Mental Health Services Representative provides wirtten confirmation of eligibility to the facility and the ESSO. The ESSO issues award letters to recipient and the Mental Health Services Representative.

e. ESSO Responsibility for Social Services.

Casework services are provided to the following individuals in two age groups, 65 and over and under age 21.

(1) Persons in either age group who may require hospitalization;

(2) Families or relatives of hospitalized eligible patients;

(3) Discharged individuals released from a mental hospital.

f. The following services will be provided:

Counseling and other services to assist the individual in the understanding of, and ability to carry out, medical recommendations for continued care and services. The frequency of contact will vary depending upon the care needed. The caseworker will:

(1) Arrange for services and resources available in the community;

(2) Seek to develop and/or maintain the family and community ties for the individual;

(3) Facilitate the provision of medical services, including assistance in locating mental health clinic services or a physician and in obtaining medications. The attending physician may prescribe the necessary drugs for discharged recipients on form DSHS 13-32(X) and mail the prescription directly to the institution. The service worker shall inform the recipient's physician of this procedure;

(4) Provide the MHSR with a follow-up report evaluating the individual's adjustment in the community within 30 days following release;

(5) Coordinate planning when it is necessary to make changes in the alternate care arrangement. Resources to be explored include homemaker service to assist individuals to live in own

or relative's home, arrangements for home health services such as visiting nurse, physical or speech therapy and services of other agencies, foster family care arrangements which provide general protection and a family environment not available in his own home.

(6) Confer with local community mental health clinics and psychiatric consultants to evaluate recipient needs. If possible, treatment should be provided in the community.

(7) Determine status of service eligibility under Title XX see 10.08. SSRS forms may be made out either by hospital staff or ESSO staff as appropriate (see Chapter 99).

(8) Document social service actions in the service record. When social services are not being provided or have been discontinued the service record must contain fully documented reasons, such as the individual's refusal, inability to use services, services being provided by another agency or no further need for social service exists.

38.56 ADMISSIONS TO STATE HOSPITAL

When it is in the best interests of the individual to be hospitalized for mental illness, the following will apply:

1. Voluntary admission.

   a. The ESSO service worker, as appropriate, assists in pre-admission plans in consultation with the MHSR.

      (1) The individual should be encouraged to admit himself voluntarily to the hospital and, where feasible, help of relatives should be sought.

      (2) A voluntary patient may be admitted to a mental hospital at the discretion of the admitting physician if he presents himself at the hospital and signs a voluntary admission request.

2. Involuntary Admission.

   a. The ESSO service worker contacts the Mental Health Professional when an individual refuses to admit herself voluntarily.

3. Recipient Admission.

   When a recipient enters a mental hospital, the ESSO will forward all pertinent medical and social information about the individual in the record to the MHSR outstationed at the hospital. This may include:

a. Medical reports from the patient's physician(s),

b. Information on contacts with the family which might influence planning,

c. Other information, such as behavior prior to admission.

4. Sharing Clinical Information With the Local Office.

The MHSR at the mental hospital will share the following information with the ESSO:

a. Initial Review - Social, psychiatric and medical assessment made within 30 days of transfer to or enrollment in the program.

b. Quarterly and/or Special Review - Ongoing record of the treatment goals and achievements.

c. Annual Review - Comprehensive examination of the patient's social, psychiatric and medical status.

38.58 RELEASE PLANNING

1. The hospital will provide a formal release request which the MHSR routes to the appropriate ESSO. The service worker will assist in arrangements for alternate care, medical services, and use of other supportive community services.

2. The ESSO notifies the MHSR when plans are completed for return to the community, giving the location and the date of placement, and confirming names of community physician.

3. The hospital social worker will complete preparation for release after notification from the MHSR that planning is completed. The hospital will work directly with the ESSO, families, nursing homes, etc., in completing release plans. the MHSR will confirm the final plan by memorandum to the ESSO.

4. If time-limited visits are utilized prior to formal release, planning will be coordinated by the MHSR with the ESSO and hospital (see 38.60).

38.60 MHSR COORDINATION WITH ESSO AND HOSPITALS

1. The MHSR is responsible for the administration of the Title XIX program at each state hospital and coordinates all program-related activities between the hospital and the ESSO in behalf of the patient/applicant/recipient. The MHSR shall:

a. Maintain file of Hospital Daily Population Movement Reports;

b. Advise ESSO of changes in financial status of the patient as reported by the hospital which require ESSO action;

c. Distribute to the ESSO copies of all Initial and Quarterly Reviews and other pertinent information;

d. Request ESSO service worker assistance with family and/or community when needed in establishing treatment plans as developed by hospital clinical team;

e. Notify ESSO of planned trial visits to the community and request evaluation of visit from ESSO;

f. Transmit to the ESSO appropriate referral material received from the hospital social worker when release is planned and request a date when the patient/recipient may return to the community;

g. Receive recommendation from the ESSO for an appropriate and available alternate care plan based on planning done with family;

h. Request the transfer of case records from one ESSO to another, depending upon release plans as established by the clinical team of the hospital;

i. Notify ESSO of date of patient's death in the facility.

2. The ESSO should direct all information, reports, queries, etc., regarding the treatment and release of a patient/applicant/recipient directly to the MHSR at the hospital involved.

3. Addresses of the MHSR's outstationed from the Office of Personal Health Services are:

DSHS, Office of Personal Health Services
Mental Health Services Representative
Mail Stop B 32-23
Medical Lake, Washington 99022
SCAN: 675-1383

DSHS, Office of Personal Health Services
Mental Health Services Representative
Mail Stop B 27-19
Fort Steilacoom, Washington 98494
SCAN: 654-3306/3317

38.62 RECIPIENTS OF TIME-LIMITED VISITS FROM STATE MENTAL HOSPITALS

A plan for time-limited visits was included in manual material with the hope that funds would be available for temporary maintenance in the community, but funds are not available at this time. The following, therefore, applies

to the patient/recipient 18 through 20 years of age, or 65 and over (WAC 388-95) who have appropriate alternate living arrangements available for a trial visit.

1. Definition - A trial visit is a pre-planned, time-limited leave, granted by the institution, for a minimum of ten and maximum of 30 calendar days unless a reevaluation indicates an extension.

2. Purpose - The purpose of a trial visit is to prepare a recipient for return to the community by providing an opportunity to participate in community living. The information provided by the ESSO concerning recipient's ability to function adequately within the community assists the institution's treatment staff in assessing readiness for release.

3. Procedure-Planning - The initial determination that it would be therapeutic for the recipient to make a trial visit in the community is made by the institution's treatment team. Planning for the Trial Visit will be coordinated by Office of Personal Health Service staff (MHSR) in liaison with ESSO and institution treatment staff.

   Upon request, ESSO will be responsible for providing an evaluation of the recipient's adjustment in the community. This evaluation may be made initially by telephone, but shall be followed by a written report routed through the MHSR.

38.64 HOME DELIVERED MEALS (WAC 388-15-260)

1. Definition - Home delivered meals are those services provided in arranging for the delivery of one or more hot, nourishing meals on a regular basis to the homes of eligible persons unable to obtain or prepare meals for themselves. This service also consists of identifying those individuals who are not able to take advantage of congregate meals because of physical disabilities, illness or frailty and having a need for a better, more nutritional diet to improve or preserve their health. Part of this service also is counseling with individuals in need of meals services, determining their eligibility for the service, and contacting community resources able to provide them.

2. Eligibility.

   a. Individuals eligible for home delivered meals are those who meet the financial criteria in 10.08 and,

   b. Meet the social criteria as follows:

      (1) Require help in preparing some of their meals and would benefit nutritionally or otherwise from home delivered meals;

(2) Such help is not reasonably available without cost to the individual;

(3) Board (or board and room) is not feasible or possible for the individual;

(4) It is not possible for the individual to take advantage of congregate meals.

3. Goals.

Home delivered meals may be provided to meet the following goals:

a. In Adult Protective services to prevent or reduce inappropriate institutional care.

b. In Health Support Service to meet either the goals of achieving or maintaining self-sufficiency or preventing or reducing inappropriate institutional care.

4. Cost Standards.

When a resource for home delivered meals is available and planned to be used by the ESSO, the cost standard to be used for the total food requirement of the individual shall be established by the Office of Program Analysis at ESSO request.

38.70 GAU INCAPACITY DETERMINATION (SEE MANUAL F. 29.35 AND FOLLOWING)

1. Purpose.

Certain individuals may not be sufficiently disabled to meet the criteria for disability benefits under the SSI program, but are too incapacitated to be considered employable for medical or social reasons, or both.

The ESSO must make a determination based on medical and social data that these individuals suffer from a physical and/or social disabiltiy that effectively prevents them from competing in the labor market, at least without remedial treatment.

2. Eligibiltiy Conditions.

a. Meet the general eligibility conditions in Chapter 29.10, Manual F.

b. Be physically, mentally or emotionally impaired sufficiently to render applicant/recipient incapable of performing gainful employment for at least 30 days as determined by the incapacity review team.

c. Must not refuse, without good cause, to accept available medical treatment which can reasonably be expected to render the individual employable. This includes available treatment for alcoholism or drug addiction, if that is the basis of the incapacity. (See Function of Incapacity Review Team - 29.35 F.)

d. Must cooperate in obtaining information to substantiate incapacity.

e. Must not refuse without good cause to utilize Vocational Rehabilitation services after referral to VR.

f. If in an institution, must be:

(1) A patient in a medical institution not because of a diagnosis of psychosis.

(2) A patient in a tuberculosis hospital or skilled nursing faciltiy (medicaid) or SNF (medicare).

(3) A resident of an Intermediate Care Facility.

(4) A resident of a Congregate Care Facility. (See Chapter 47, Manual F.)

(5) A resident of a Group Care Facility - Children. (See Chapter 43, Manual F.)

g. If in an institution, must not be:

(1) A resident or patient of a federal institution. (VA hospitals)

(2) An inmate (nonpatient) in a public institution. (State reformatories and penitentiaries.)

3. Procedures for Incapacity Specialist in Financial Services.

a. Review DSHS 14-84 and any attachments. Determine if information provided is sufficient to establish incapacity based upon criteria in 29.35 F.

b. Interview applicant/recipient.

(1) Obtain information as to claimed incapacity, employment history, educational level, symptoms and reactions, availability of current medical information.

Obtain a signed DSHS 14-12, Authorization to Release Information (See Manual F, Ch. 93, DSHS 14-12) when medical or other information is available from other agencies (e.g., Disability Insurance Benefit Section). Route DSHS 14-12 and cover letter requesting information to appropriate agency.

(2) If no information available regarding claimed incapacity, assist A/R in making an appointment with or obtaining information from a competent source capable of providing needed information.

c. Refer A/R to SSI when:

(1) Medical evidence projects incapacity of 12 months duration or indicates that the incapacity is of an ongoing nature likely to be permanent.

(2) A redetermination of incapacity originally diagnosed as temporary finds that the individual continues to be incapacitated after the initial period, or on redetermination the individual's condition appears to be deteriorating.

(3) Incapacity is based on mental retardation.

(4) Incapacity is due to mental or emotional illness which is recurrent and appears to be chronic to the degree that the person is regularly unemployed due to the condition.

(5) Incapacity is due to alcoholism which is diagnosed as having resulted in demonstrable organic damage or when intensive treatment has failed and the individual continues to be incapacitated.

(6) The individual is over fifty years of age and has an incapacitating condition regardless of the apparent severity of the condition.

(7) The individual was previously found ineligible for SSI but he continues to be incapacitated for an extended period of time or his condition appears to be deteriorating.

Individuals with acute but temporary incapacities should not be referred to SSI.

d. When sufficient information has been obtained to determine length and severity of incapacity complete packet for referral to Incapacity Review Team. The packet will include:

(1) Completed DSHS 14-118, Incapacity Review Team Decision.

(2) DSHS 14-50, Employment and Health Supplement to the Application.

(3) DSHS 13-21, Medical Report, or other information provided by a competent source.

(4) Completed DSHS 14-84, Financial Communication Document (See 93, Manual F, DSHS 14-84). This will include a statement of:

(a) Case history

(b) Employment history

(c) Educational history

(d) Any other information relevant to an incapacity decision.

4. Procedures Respecting Alcoholism.

The Financial Service Technician shall, when an applicant:

a. Has been admitted to an alcoholism treatment facility, open continuing assistance and notify the Incapacity Specialist that assistance has been opened.

b. Open noncontinuing general assistance grant pending decision by Incapacity Review Team.

5. Incapacity Review Team Function.

a. The Incapacity Review Team is to be composed of the ESSO admisistrator (or an administrative staff person as designee) and two other persons, appointed by the ESSO administrator, who have knowledge of and experience in evaluating medical or other disabling conditions. The IRT will:

(1) Consider medical and other related information submitted to them and make a decision confirming or denying the existence of an incapacitating condition.

(2) Determine the probable duration of incapacity based on the medical information.

(3) Determine if good cause for refusal of medical treatment exists. The consulting physician and ESSO administrator shall review all such decisions for their concurrence or denial.

b. The IRT will consider the following criteria when making its decision regarding incapacity:

(1) A person must be substantially prevented <u>by reason of</u> an impairment from engaging in a useful occuaption. Reasons for unemployment other than incapacity, such as individual employer preferences, business and economic conditions, etc., are not factors to be considered in determining his/her inability to obtain and continue in employment.

(2) In all cases incapacity must be verified by medical and/or other appropriate evidence from a competent source. The source of the evidence for physiological incapacity will be a written report from a physician; for a mental and/or emotional incapacity the source may be a report from a psychiatrist or clinical psychologist, or from an institution or agency with expertise and responsibility in a specific area, for example, mental retardation or other developmental disability, or alcoholism. Reports must include a diagnosis and prognosis for the incapacitating condition and the effect of the condition on the individual's ability to function.

(3) The determination of incapacity will be made on the facts of each case. This requires evaluation of the severity of the impairment and its effect on the individual, and consideration of the individual's abilities so that it can be determined whether there remains a capacity to engage in a useful occupation.

(4) Incapacity due to mental or emotional disorders will be determined on the basis of acutal and specific impairment of faculties necessary for the person to be able to engage in gainful employment. The fact that an individual may be receiving treatment for a mental health problem is not of itself evidence that incapacity exists.

c. Such incapacity will be determined on the basis of evidence that the individual:

(1) Is unable to exercise judgment and make decisions necessary to obtain and maintain employment.

(2) Is unable to sustain an adequate attention span.

(3) Manifests bizarre or inappropriate behavior patterns beyond his capability and control.

(4) Does not have the degree of physical and motor control required to sustain employment.

(5) Does not have perception and memory to the degree necessary to obtain and sustain employment.

(6) Is unable to follow directions or learn to the degree necessary to obtain and sustain employment.

(7) Is under medication which impairs functioning.

(8) Any one or a combination of the conditions in subsection (1) through (7) may be sufficient to establish incapacity.

d. Incapacity due to alcoholism will be considered to be established when an individual is accepted into either intensive or long-term treatment at an alcoholism treatment center. If the person has not been referred to the ESSO by the alcoholism treatment program, incapacity will be determined by evidence that:

(1) Pathological or demonstrable organic damage has resulted from chronic alcoholism, or

(2) The individual, as a result of the addiction to alcohol, has his judgment so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment and constitutes a danger to himself, to any other person, or to property.

e. For the use of drugs other than alcohol to be considered an incapacitating condition, there must be evidence that addiction over an extended period of time has resulted in symptoms comparable to those relating to alcoholism as described in subsection d., 1., and 2.

Drug use of itself is not evidence that an incapacitating condition exists.

6. Redetermination of Eligibility.

a. Review financial eligibility for Continuing General Assistance at least once every six (6) months.

b. The Incapacity Review Team will redetermine the individual's continuing incapacity at least once every twelve (12) months.

c. Terminate a recipient of Continuing GA based on incapacity when he becomes employable.

38.78 PROTECTIVE PAYMENTS DUE TO LACK OF PARENT/CARETAKER COOPERATION

1. General Provisions

Protective payments under this title are designed to assure the proper care of children in the AFDC assistance unit when the parent/caretaker is determined ineligible to be named in the AFDC assistance unit financial grant due to a lack of cooperation by failing to assign rights to support; or in failing to cooperate in determining paternity and securing support.

These payments may be either by cash or vendor payment serving the family or a combination of both. The purpose of these protective payments is to help manage and use the money grant for the best

interests of the members of the AFDC assistance unit while the parent/caretaker is under sanction for lack of cooperation. The availability of social services can be important in such situations. All payments are made by the protective payee.

2. Determination of Need

Evidence of lack of cooperation as defined in WAC 388-14-200 (2) (3) must be specific and established by the Office of Support Enforcement (OSE) or the Financial Maintenance Section (FMS) in the case of assignments and Support Enforcement Referral. They shall then notify the ESSO Administrator or his designee in writing when protective payments are to be established for the members of the AFDC assistance unit in the grant.

3. Selection of the Protective Payee

When protective payment due to lack of cooperation by the parent/caretaker has been ordered, the ESSO Administrator or his designee:

a. Appoints a protective payee.

b. Notifies the parent/caretaker in writing that the decision has been made that they have not cooperated and therefore the grant will be redirected through protective payment, that the parent/caretaker's needs will not be considered in the grant amount determination, the name of the protective payee, the effective date of the change; and that they have the right to appeal the decision through the fair hearing process.

c. Notifies the ESSO financial and accounting section.

4. Characteristics of Protective Payee

Social Services or Financial Maintenance Services may recruit the protective payee. An individual designated to receive AFDC payment on behalf of a family must be concerned with the child (children) and the parent/caretaker's welfare. The protective payee should have accessibility to the family, ability to establish and maintain a positive relationship with the family, good character and reliability. To the extent possible, the parent/caretaker shall participate or consent in selection of the protective payee. The payee may be:

a. A relative, friend, neighbor, clergyman, or member of a church or community service group,

b. An individual who serves with a voluntary social agency, such as family services or settlement centers,

c. A home economist with a public or private organization,

d. A staff member of homemaker service, housekeeping aide program, practical nurse association, or other agencies,

e. A staff member of a public agency, such as one administering child welfare, health, rehabilitation, and housing programs.

f. An employee of the department when no other suitable person is available; including specialists in home and money management in the ESSO staff.

5. Persons Excluded As Protective Payee

To avoid conflict of interest the protective payee named due to a lack of cooperation on the part of the parent/caretaker may not be:

a. The ESSO Administrator, an ESSO employee determining eligibility of the family or who has the family in their active caseload, special investigative or resource staff handling fiscal processes related to the family.

b. A vendor of goods and services dealing directly with the family such as landlord or grocer.

c. The parent/caretaker or the spouse of the parent/caretaker.

6. Role of Protective Payee

The protective payee will make decisions and exercise authority concerning the expenditures of the expenditures of the AFDC grant payments only. Fees or costs of the protective payee may not be charged to the AFDC grant account.

a. Disposition of funds shall be made first to assure shelter costs, food, clothing and necessary utilities for the children.

b. Payments for the requirements of the children shall not be used to meet the individual requirements of the parent or caretaker relative, such as clothing or personal incidentals.

c. However, the full amount of the rent and utilities will be paid not just the children's prorated share of these items.

7. Protective Payee Reporting

Protective payee reporting and accounting procedures will vary between those of the ESSO staff member named as protective payee and those of the non-ESSO staff named as protective payee: (Also see Manual F, 21.35, F)

a. Protective payee not a member of the ESSO staff

Each AFDC grant payment will be drawn to the order of the protective payee, who will then make disbursements to landlords, utilities and other vendors.

b. ESSO staff member named as protective payee.

As each AFDC grant warrant is received, it will be endorsed and turned over to the ESSO accounting section for issuance of an official receipt and deposit in the ESSO Administrator's bank account. Handling of receipts (monies) and preparation of DSHS 19-21, Official Receipt is discussed in Manual E, Section 30.15.

For each expenditure required to be made the protective payee will fill out and forward to the ESSO accounting section a Payment Authorization (DSHS 7-03(X)) for the issuance of a check from the ESSO Administrator's bank account. The check may be made payable to the protective payee or to a landlord or vendor, etc., but may, under no circumstances be made payable to to the parent/caretaker or the spouse of the parent/caretaker. Handling of expenditures, preparation of DSHS 7-03(X) and check writing is discussed in Manual E, Section 30.20.

The protective payee will keep a record of expenditures for the basic needs of food, clothing, shelter and utilities, along with a continuing balance in the client's account current for review. At least quarterly the protective payee will reconcile the account record with the ESSO accounting section using the ESSO Protective Payee Quarterly Report form DSHS 1-110(X), 10/75.

c. The protective payee may request consultation from Social Services or Financial Maintenance Services in carrying out the payee's appointment responsibilities in the interest of the AFDC assistance unit.

8. Period Review

The manner in which the protective payee performs will be reviewed for compliance with prescribed duties of the protective payee (See Manual F, 21.35, F) at least every three months by the accounting section in the ESSO and, if appropriate by the social services worker or supervisor. The parent/caretaker overall needs will be reviewed as often as the family unit is reviewed.

9. Modification or Termination of Protective Payment Due to Lack of Cooperation

Payment to the parent/caretaker shall not be resumed without the written approval by the Office of Support Enforcement or Financial Maintenance Services, stating the individual is cooperating in obtaining support or that assignment of support rights has been made. FMS notifies client, ESSO Administrator and protective payee as appropriate.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO: G-101
Issued: February 8, 1982

FROM: COMMUNITY SERVICES ADMINISTRATION
Bruce Ferguson, Assistant Secretary

FOR INFORMATION CALL:
Nancy Roberts-Brown,
SCAN 234-2178 or
Non-SCAN 753-2178

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: INCOME ELIGIBILITY FOR ADOPTION SUPPORT PROGRAM LEGAL SERVICES AND NEW GREEN NOTICE CONTROL SHEET

Place this notice in front of Chapter 38, Manual G, and note on Green Notice Control Sheet the date Notice No. G-101 was entered.

I. Section 38.33 - Determining Amount of Payment

Effective February 1, 1982, this section shall be modified by adding a new sentence (underlined):

G. Attorney fees and court costs, all or a part, may be paid by Adoption Support when prospective adoptive parents cannot pay the costs of an adoption proceeding. This service is only available to families whose annual income is $16,000 or less.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

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NOTICE NO: G-101
Issued: February 8, 1982

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Olympia, Washington

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