

Frequently Asked Questions

What are Out-of-Home Services?

Out-of-Home Services provide residential habilitation services for children and youth outside of the family home under DDA's Core waiver. The service is voluntary and agreed to by the child's parent/ legal guardian and service provider. Services are provided in licensed or certified community-based settings.

Parents retain legal rights and responsibilities for their child while they are receiving OHS, and work in partnership with the provider through a child and family engagement plan that supports the child and their individual support needs. In partnership with parents, OHS supports access to other essential services and supports, including educational and medical services and helps to coordinate services that wrap around the individual.

Who is eligible?

A client is eligible for Out-of-Home Services if:

The client:

- Is DDA enrolled and eligible for Core waiver or Roads to Community Living grant.
- Has received medically necessary inpatient treatment—when recommended by the client's treating professional—for conditions related to behavioral health or autism.
- Does not have a treatment recommendation for a locked or secure facility.
- Will begin receiving out-of-home services before turning 18.
- Is not in the custody of DCYF under RCW 13.34.050 or 26.44.050 or in shelter care under RCW 13.34.130.



The client's parent or legal guardian:

- Has accessed available services the client is eligible for, including those available through private insurance, Medicare, the Medicaid state plan and DDA.
- Requests out-of-home services solely because of the child's developmental disability.
- Acknowledges and understands that enrollment in out-of-home services does not affect the legal rights and responsibilities of a client's parent or legal guardian.



What is an OHS Acknowledgment?

Before a child or youth begins receiving OHS, the child's parent or legal guardian must sign an OHS Acknowledgement. This signed document acknowledges the parent or legal guardian's custodial responsibility and decision-making authority while the child is receiving OHS from a licensed or certified provider which includes:

- Authorizing medical care.
- Continuing to make all legal decisions.
- Be responsible for the cost of the client's care, including room and board and basic expenses that are not covered by private insurance, Medicare, the Medicaid state plan or other funding sources.
- Understanding that parents may terminate OHS at any time.
- If a child's services are disrupted under the terms of the OHS Acknowledgment, it remains the parent or legal guardian's legal responsibility to determine a plan of care until a new service provider is identified. That may be in the family home or with another identified responsible party.
- The parent or legal guardian is available and actively participates in the client's life and decisions.
- The child's parent or legal guardian retains legal custody of the child.
- Any party to the OHS Acknowledgment may terminate services at any time.

What services does a child receive directly from OHS providers?

A provider offers residential habilitation services which develops and implements instruction and support to learn, improve or retain social and adaptive skills necessary for living in the community. In addition, the provider works with the family to coordinate supports to meet the child's needs as noted in the Child and Family Engagement plan and the person-centered service plan. The provider ensures the child receives therapeutic supports in a structured environment including assistance with activities of daily living, behavioral support and participation in their local communities.

How does OHS partner with parents to support a child's access to education?

OHS supports children's day to day access to school, and joins the parent as a member of the child's school team, including an Individualized Education Program team or Section 504 team, to support the child's access to a Free and Public Education services. If the OHS provider is located in a district other than the one the child has been attending, parents are expected to collaborate with the OHS provider to enroll their child in the school district where the OHS provider is located, and to participate in ongoing educational planning.

What type of settings may OHS be provided in?

OHS may be provided in the following settings:

- Licensed child foster home.
- Licensed staffed residential home.
- Children's state-operated living alternative, also known as Children's SOLA.



How is OHS monitored

A DDA assessment is completed annually in the home where the child resides by the DDA Social Service Specialist. DDA conducts an in-person health and safety review where the child resides every 90 days.

The Department of Children, Youth, and Families licenses OHS settings and conducts licensing reviews of the physical environment every three years. For staff residential homes and Children's SOLA, DDA conducts annual quality assurance evaluations.

What happens after a child is approved for OHS?

After consent is received, DDA sends the child's referral information to contracted and certified providers that can serve new clients. The referral information may include: assessment details, Positive Behavior Support Plan, Functional Assessment, Behavior Intervention Plan, Applied Behavioral Analysis and plan, Individualized Education Program, and any other relevant documentation. Potential providers review the child's individualized needs and housemate compatibility. Once a provider accepts a referral, the family signs the OHS Acknowledgment.

How will medical support be provided in an OHS setting?

Prior to moving into an OHS setting, a Child and Family Engagement Plan is created. This plan outlines medical services including primary care physician, dentist, Applied Behavior Analysis providers and other specialists the child is currently utilizing. Coordination of these services is defined in the Child and Family Engagement plan between the provider and family.

What is a Child and Family Engagement Plan?

The Child and Family Engagement plan is a written agreement between the parent or legal guardian, licensed/certified provider and DDA. This plan includes:

- A schedule for visiting the child.
- An activities schedule.
- Emergency contact information.
- Participation in regard to medical care.
- A process to exchange routine communication about medical issues, education, daily routines and special considerations in the life of the child.
- Expectations for each party's role.
- Coordination of healthcare benefits.
- The name of the child's representative payee.
- Identification of the child's available income sources.

How does the contracted provider get paid?

The DDA OHS Resource Manager conducts a rate assessment for a child preparing to access services in a Licensed or Certified Staffed Residential setting or Child Foster home. The rate is based on the child's needs as identified in the DDA assessment. The rate for staff supports and services is paid by DDA to the service provider directly.



What expenses are families responsible for?

A parent or legal guardian is not required to contribute financially towards the cost of OHS services. A parent, on behalf of their child, must apply for all benefits for which they are eligible, such as Supplemental Security Income and Social Security Disability Insurance. These benefits go towards the child's cost of care. This is known as client responsibility, and covers the basic expenses for food and shelter. A parent or guardian must pay for the child's clothing, activities, special events and gifts.

What is the role of the representative payee?

The child's representative payee manages the child's countable income and uses those funds towards the cost of the child's rent, utilities, food and other personal items. The representative payee also monitors the child's account to maintain eligibility for supplemental security income and Medicaid. Children receiving OHS services are required to have a representative payee.

What happens when a client turns 18 in OHS?

If a client turns 18 while receiving OHS, a new Child and Family Engagement Plan is completed. The provider, DDA case manager, youth and family collaborate to determine if the youth should remain in OHS or transition to adult services. Clients can remain in OHS until age 21, as long as they are enrolled in school.

What are some of the other things I should know about Out-of-Home Services?

- Providers have a choice about who they want to serve. They can also choose to end services if they do not feel they can meet the client's needs.
- Licensed and certified staffed providers hire staff to work with clients. Most service providers have a core team of employees for a home; however, at times there is staff turnover. The service provider hires and trains their employees.
- There is a limited number of programs licensed or certified to provide OHS statewide. The client may need to move from their family's local community to receive Out-of-Home services; however, DDA will work to keep children close to their families whenever possible.
- Finding a home that meets a client's needs can take time. Among other factors, DDA considers the following when searching for a child's OHS provider: accessibility, gender preferences and appropriate housemate matches.