

## Frequently asked questions and answers

### What is a Residential Habilitation Center?

A Residential Habilitation Center, also known as an RHC, is operated by Washington State Department of Social and Health Services' Developmental Disabilities Administration. Under state law, an RHC may be certified for federal funding as either an intermediate care facility for individuals with intellectual disability or nursing facility to eligible clients in an institutional setting. You may look further at the locations, eligibility, supports and services described in the RHC Fact Sheets for [Nursing Facilities](#) and [ICF/IID](#), along with the [ICF/IID Brochure](#).



### What can I expect if I request admission to an RHC for ICF services?

ICF services are temporary. You will receive active treatment to gain and maintain skills to be as independent as possible. Your discharge goals will reflect the skills you need so that you may return to your residence in the community. You can discuss with your case resource manager the next steps in your request.

### What is the process once I request services at an RHC?

Your request starts with your case resource manager, who will submit your request to the RHC Admission Committee. The committee reviews all requests for admission to an RHC. Requests are reviewed in the order received considering factors such as, but not limited to: type of request (intermediate care or nursing facility), specific RHC(s) requested, your current services, functional need and if you can safely be served in an RHC, etc. The RHC requested will review your referral documents outlining your support needs. Once the evaluation is completed, the RHC staff will communicate their decision within five business days to the RHC program manager.

### What does active treatment mean when receiving ICF services?

Per code of federal regulation, active treatment requires that you need, benefit from and are willing to participate in a continuous and aggressive program. You must also continue to meet active treatment criteria after admission.

Admission for ICF/IID services are based upon your assessed needs. You will participate in an active treatment program to gain and maintain skills so that you can live as independently as possible in a less restrictive environment provided in the community.

Active treatment is not for individuals who only need a place to live, are highly independent, unwilling to participate in robust continuous programs or only need medication stabilization.



## What can I expect with a preliminary evaluation by an RHC provider?

Once the RHC receives your referral, they will review the referral packet. It may include scheduling a preliminary evaluation with you and your current supports via in person or through a virtual visit. They will talk with you and your caregivers to further review your needs.

## What happens after a decision is made?

After the decision is made, you will receive a Planned Action Notice outlining the reason for the decision. If the RHC determines you can be supported, staff will facilitate a pre-admission meeting with you and your support team. The pre-admission meeting will coordinate necessary supports while receiving services at the RHC, as well as your admission date. Additionally, for ICF services you will discuss the skills you need to obtain to return to your long-term residence in the community.

## What are responsibilities of legal guardians or other legal representatives after admission?

Your guardian or legal representative, if you have one, is expected to participate in care planning discussions, respond promptly to the RHC when contacted, continue to stay informed on your needs and participate in planning for discharge.

## If I am approved for ICF services, how long are these services approved for?

The RHC interdisciplinary team will meet with you to review your discharge criteria no more than 60 days after your admission to determine if your discharge goals have been met and your needs can be met in a community setting with appropriate supports. The IDT will make any necessary changes and meet to review your progress in another 120 days. Per policy 17.02, ICF/IID services are limited to 180 consecutive days or while you continue to meet eligibility for the service.

## What is discharge criteria for ICF services?

You will have an individual habilitation plan developed by your habilitation plan administrator within 30 days of admission that includes objectives and interventions to obtain your targeted goals and prepare you to live as independently as possible in the community. The RHC conducts assessments and documents your progress towards meeting your goals and readiness to discharge back to your long-term residence in the community.

## What can I expect after I reach my discharge criteria with ICF services?

Staff will discuss community-based services, including Roads to Community Living, as you near readiness for discharge from the RHC. You will be asked to consent to share information with potential community residential providers. This consent does not obligate you to a specific provider but allows an opportunity to know more about available services and provide an opportunity for the provider to know more about you!



## Can community providers (i.e., speech-language pathologist, behavior specialist etc.) continue my services while at an RHC?

There are services available at the RHC, based on your needs, which you may continue to receive while at an RHC, see [RHC Fact Sheets](#). Other services that are not available from the RHC are limited to providers paid through your Medicaid State Plan, private insurance or other resources. It does not include waiver services. You may discuss this further with your Managed Care Organization.

## Can my family visit me at the RHC?

Yes, you can continue to visit and see your family! For optimal coordination, your family should schedule a date and time that works best for you, to plan a visit. You may discuss visitation procedures in more detail with the RHC staff upon your admission.

## What are the staffing ratios?

Staffing is based on your individual need and will be assessed at your preliminary evaluation and continue to be assessed after your admission. The number of staff at your cottage also depends on the needs of all the individuals at your cottage. RHCs are 24/7 facilities, so support is available day and night.

## What personal belongings can be brought or are needed?

You may bring personal items that are important to you such as games, blankets, movies, etc. Larger items such as TVs or furniture may be limited due to space; you may discuss this further at your pre-admission meeting. Basic supplies such as hygiene products are provided, unless you have a specific product that you prefer, then you may bring it with or have personal spending money to purchase it.

## Should I bring spending money?

Each person has different likes and amounts of spending money available. You may have opportunities for on or off campus activities like movies, shopping or going out to eat that you can use your own spending money. You can discuss spending money further with the RHC staff during your pre-admission meeting.

## Additional terms used at the RHCs:

**AC:** Attendant Counselor- provides direct care to you.

**ACM:** Attendant Counselor Manager- manages a cottage overseeing your care.

**HPA:** Habilitation Plan Administrator- facilitates interdisciplinary team meetings to write, implement and monitor your individual habilitation plan.

**IHP:** Individual Habilitation Plan- your plan that identifies your goals, needs and preferences.

**PAT:** Program Area Team- the combination of multiple cottages that are the ICF or NF.

**PBSP:** Positive Behavior Support Plan- a plan to improve, teach and support new behaviors and skills and reduce or eliminate specific behaviors.