

Prevent inappropriate hospitalization of children and adults with developmental disabilities

Problem: Community hospitals continue to be used as crisis placements for children and adults with developmental disabilities across the state. Since July 2018, DD Ombuds has worked with children and adults with developmental disabilities who were or are stuck waiting in a hospital without any medical need because Developmental Disabilities Administration (DDA) cannot provide them with appropriate residential services in the community.

For more information The DD Ombuds released a report about this issue [our Youth report “I Want to Go Home”](#)- and our [Adult report “Stuck in the Hospital”](#)

Proposals:

- a. To prevent further or extended hospitalization, ensure that people currently waiting for placement are receiving all services they are entitled to under Medicaid [Early Periodic Screening Diagnosis and Treatment](#) (EPSDT) with assessments and person-centered service plans to meet all of their medical and behavioral support needs.
- b. Expand the number and types of specialized providers such as psychologists and behavioral support specialists. DDA should analyze the number and type of specialized providers needed to meet the current demands for service in each Region. Using this data, DDA should employ or contract directly with specialists who can provide the following services throughout the state: Psychological assessments; Consultation on behavior supports for family caregivers, staff, and medical providers; Behavior supports for people with developmental disabilities living in hospitals; Specialized habilitation services.
- c. Direct DDA to identify and remove barriers to utilization of behavioral support, such as in-home consultation, for children and adults who reside with parents.
- d. Fund additional diversion beds, emergency respite or other bed capacity to meet the current need for crisis services so individuals with developmental disabilities have an appropriate placement available.
- e. Continued increase in funding for complex transition care-coordinators or teams, mobile diversion rapid response, Intensive Habilitation Services, youth peer mentors, provider development, 24-hour personal care and state operated personal care, smaller caseloads, and enhanced support to providers to prevent unnecessary hospitalization and out of state placement.
- f. Continue the Complex Discharge Task Force pilot program under ALTSA and ask for a study on how it can be expanded statewide
- g. Ensure behavioral health service providers are trained and equipped to serve youth with developmental disabilities.

“I Want to Go Home”

Reevaluating DDA’s Children’s Services to Prevent
Hospitalization and Out-of-State Placement

