Policy and Procedures Manual

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Vision Statement
To assist in restoring hope to people's lives one person at a time.

Restoring Hope, LLC's Mission Statement:
It is our mission to support individuals with disabilities by encouraging and assisting them to accomplish health and fitness goals, valued personal goals, and a sense of belonging in their home and community. We will provide a supportive atmosphere of love, care, acceptance, dignity, and respect. We will uphold the individual's rights to be free to make decisions and choices, be an integral member of the community in which they live and be the best that they have the desire to become.

The Restoring Hope Policy and Procedures Manual should be used in conjunction with the Employee Handbook.
The Policy and Procedures Manual contains information and details about how Restoring Hope employees perform their jobs, use and store consumer information, professional interaction, and training requirements. All employees are required to read the Policy and Procedures Manual, and sign a statement indicating they have read, reviewed, and understand its contents.

1.0 Services Provided

Restoring Hope, LLC will not discriminate against recipients of services on the basis of race, color, religion, national origin, sex, handicap or age. We strive to meet the needs of individuals with developmental disabilities in various settings who qualify for services by meeting the Medicaid Waiver requirements for the rendered service.

1.1 Individualized Supported Living (ISL)

An ISL is a form of residential habilitation that allows individuals the opportunity for community living regardless of the competency of the individual, the severity of the individual's disability, or the degree of any physical or behavioral challenges the person may have. Individuals may live alone or may share a living arrangement with others. When living arrangements are shared, no more than three individuals with disabilities may reside together and qualify for ISL services. Emphasis is placed on the individuals choosing where they reside, with whom they reside, and the type of community in which they wish to be involved. Except when the individuals served are children, the residence must be leased or owned by at least one of the residents or by the family or guardian of the residents. Supports are individually designed and coordinated to enable their living.

1.2 Shared Living: Host Home and Companion Services (See Appendix A)

Shared living is an arrangement in which an individual(s) with a disability chooses to live with an individual, couple, or a family in the community to share their life experiences together. Shared living arrangements may not be provided by a parent, legal guardian or spouse for their child, ward, or spouse. For further information on Shared Living, see Appendix A.

- *1.2.1* Host Home: The setting in the home of a caregiver: a single person, college students, single parent, empty nesters, or a two-parent family with or without children. The Host Home provides supports as directed by the individual and identified in the Individual Support Plan. A Host Home cannot serve more than three individuals at one time per physical address.
- *1.2.2* Companion Home: A person providing support services may also live in the supported individual's own home, sharing their life with the person with a disability. Companion supports are provided by a caregiver and identified in the Individual Support Plan.
- *1.2.3* Relief Home: The setting, most often in the home of a relief caregiver, but can be provided in the full-time host home. Relief caregivers are held to the same requirements, standards, and level of care as a full-time host or companion caregiver. Relief is designed to give the full-time caregiver and the supported individual a break from each other. DMH ratio requirement for relief designates it is a 1:1 (supported individual: caregiver) service.

1.3 *Respite Care: In-Home*

In-home respite care is provided to individuals unable to care for themselves, on a short-term basis, because of the absence of the need for relief of those persons normally providing the care. To be eligible for in-home respite care, the persons who normally provide care to the individual must be other than formal, paid caregivers. This service is not delivered in lieu of daycare for children, nor does it take the place of day service programming for adults. While ordinarily provided on a one-to-one basis, in-home respite may include assisting up to three individuals at a time. The services are provided in the individual's place of residence, at a qualified day program site or elsewhere in the community.

1.4 *Community Integration*

Some supported individuals benefit from having 1:1 community integration with staff. During this time, the support staff focuses on skills that help the supported individual be a valued and integral part of the community in which they live. Supervision for safety, assistance with purchases and budgeting, social skills, etc. can all be worked to enhance self-direction, independent living skills, community integration, social, leisure and recreational skills.

1.5 *Day Habilitation*

Some individuals benefit from having a group activity and community day setting. Day Habilitative services focuses on skill acquisition/development, retention/maintenance to assist the individual in achieving maximum self-sufficiency. The service assists the individual to acquire, improve and retain the self-help, socialization, and adaptive skills necessary to reside successfully in the community. Fundamental skills are a foundation for further learning, such as etiquette in a public setting, recognition of money, proper clothing attire for the time and setting, answering phone, etc. The Day Habilitation service will be provided at a specified location and various community settings.

1.6 Service Provider Conflict of Interest

Restoring Hope, LLC strives to avoid "Conflict of Interest" situations as much as possible. In order to meet Medicaid and DMH requirements and avoid Conflict of Interest, Restoring Hope, LLC will not employ or contract anyone to provide Restoring Hope contracted services or supports (Host Home, relief, companion, personal assistant, community integration, etc.) to an individual that they serve in another capacity. This applies to guardians, case workers, support coordinators, medical personnel, etc. Example: a guardian or support coordinator cannot be a host or relief caregiver for an individual they have guardianship over or provide support coordination for.

2.0 The Restoring Hope, LLC Team

At Restoring Hope, LLC, we work together, adhering to our mission. The team consists of integral members. Each role is identified and holds its own responsibilities.

2.1 Administration

Responsible for the oversight of the agency; development and implementation of policies and procedures; recruitment, training, and staff/caregiver development of additional services; communications with the state agencies.

2.2 Human Resource Coordinator

Oversee tracking of employee files and records; responsible for oversight of all employee benefits; responsible for development of training systems; grievances.

2.3 Office Supervisor

Oversee office and organizational operations; maintain office efficiency by planning and implementing office procedures, correspondence, and file systems; assign and monitor clerical functions. Determine staff needs; assess performance issues; oversee state required documentation.

2.4 Placement Coordinator

Direct the agency's placement system by managing all placement referrals, assessing the compatibility of potential placements, and coordinating all placement transitions. Manage

placement intake processes, interagency communications, and placement follow-up procedures.

2.5 Receptionist

Answer office phones, screen, and direct calls. Provide general information to callers. Greet public and other agency staff in a professional manner with a friendly and positive attitude. Monitor visitor access and maintain security awareness. Assist in general administrative and clerical support. Tidy and maintain the reception area.

2.6 Administrative Assistant

Tracks employee/contractor files, schedules trainings; corresponds with potential employees/contractors, as well as active employee/contractor by providing information, educational opportunities, and experiential growth opportunities.

2.7 Program Manager

Manages the delivery of services to the supported individual by regularly supervising the individual's supports, maintenance of assigned programs, and implementation of the ISP. Program Managers communicate with the direct caregivers, the Service Coordinator(s), guardians, physicians and healthcare personnel, school/work/day habilitation program staff, and other support team members as identified. Program Managers may coordinate services between caregivers; assist with transportation and appointments; provide training, directive, education, and assistance to the individuals or caregivers to promote the greatest quality of life.

2.8 ISL Caregiver

Responsibilities play a pivotal role in the life of the individual by providing care on a 24-hour-a-day basis including but not limited to the following: maintains a safe and healthy living environment; participates in the Person-Centered Plan development; attends medical/health appointments; provides transportation to/from appointments, activities, and employment; provides nutritious meals and snacks. An ISL caregiver maintains a level of care and supervision as outlined in the person's ISP and reports to Program Manager the needs, concerns and issues that arise. ISL caregivers may be included in team meetings for the individual(s) they work with. ISL Caregiver must meet documentation requirements as specified by Restoring Hope and required by MO Department of Mental Health.

2.9 Shared Living Host Home Caregivers

Caregiver contracts with DMH licensed agency to provide supports to an individual with developmental disabilities in the caregiver's home. A Host Home may not serve more than three individuals at one physical location at a time, and the caregiver to individual ratio must adhere to the supervision levels of the ISPs of the those receiving services.

- Responsibilities play a pivotal role in the life of the individual by providing care on a 24-hour-a-day basis including but not limited to the following: maintains a safe and healthy living environment; participates in the Person-Centered Plan development; attends medical/health appointments; provides transportation to/from appointments, activities, and employment; provides nutritious meals and snacks. Caregivers maintain level of care and supervision as outlined in the person's ISP and reports to Program Manager needs, concerns, and issues that arise. Caregiver must meet documentation requirements as specified by Restoring Hope and required by MO Department of Mental Health. Host Home caregivers communicate and work with the supported individual, support team

members, Program Managers, and other professional personnel towards the success of the individual.

2.10 Shared Living Relief Home Caregivers

May Contract with or be employed by DMH licensed agency to provide supports to an individual with developmental disabilities in the relief caregiver's home, the individual's home, or other approved arrangement. The relief home supports are designed to be 1:1 caregiver to individual ratio unless otherwise approved by the agency. Relief Caregiver is designed to support the individual in the primary Host Home caregiver's absence. Relief caregivers must turn in the hours the provided relief care to agency central office/payroll to assure payment of services. *Responsibilities are the same as Host Home Caregiver as noted about in 2.9 *Shared Living Host Home Caregivers* above.

2.11 Shared Living Companion Home Caregiver

May be contracted or employed by the DMH licensed agency to provide supports to an individual in their own home. A companion home may not serve more than three individuals at one physical location at a time, and the caregiver to individual ratio must adhere to the supervision levels of the ISPs of those receiving services. *Responsibilities are the same as Host Home Caregivers as noted above in 2.9 *Shared Living Host Home Caregivers*.

2.12 Shared Living Companion Home Relief Caregiver

May be contracted with or be employed by a DMH licensed agency to provide supports to an individual with developmental disabilities in the relief caregiver's home, the individual's home, or the other approved arrangement. The companion home relief support is designed to be 1:1 caregiver to individual ratio unless otherwise approved by the agency. Companion home relief caregiver is designed to support the individual in the primary Host Home caregiver's absence. Relief caregivers must turn in the hours they provided relief care to agency central office/payroll to assure payment of services. *Responsibilities are the same as Host Home Caregiver as noted above in 2.9 *Shared Living Host Home Caregivers* above.

2.13 Community RN

Monitors health and safety of the individuals receiving services; provides appropriate delegation and supervision of unlicensed assistive personnel who perform such duties as medication administration and other nursing tasks when applicable, and document those activities; completes regular physical assessments and medical records reviews; maintains accountability for activities; communicates with supported individuals, direct caregivers, Program Managers, billing department and administration as necessary. Community RN must submit appropriate documentation to agency central office/payroll department to assure payment of services.

2.14 Community Specialist/Community Integration Specialist

Assist the individual and their caregivers to design and implement specialized programs to enhance self-direction, independent living skills, community integration, social, leisure and recreational skills. Community Specialist/Community Integration Specialist communicates and works directly with the supported individual and caregivers and communicates with the Program Manager and support teams as necessary, focusing on progress and integration in the supported individual's community. Community Specialist/Community Integration Specialist must submit appropriate documentation to agency central office/payroll department to assure payment of services.

2.15 Day Habilitation Director

Manages the delivery of day habilitation services to the supported individuals by regularly supervising the individual's supports, communicating with direct staff, maintenance of authorized services, and implementation of the ISP. Director will communicate with the direct staff, the Service Coordinator(s), guardians, and other support team members as identified. Director will be responsible for securing appropriate service authorizations, tracking service billing, overseeing required documentation guidelines and accurate billing procedures.

2.16 Day Habilitation Staff

Assists with the delivery and implementation of the day habilitation service. Supports vary per individual and may include but are not limited to: developing and connecting community relationships, peer socialization, hobby development, behavioral supports, volunteering, assisting with skill development, etc. Day Habilitation should provide support in a way that fully promotes independence for the individual to the fullest extent possible. Day Habilitation staff must maintain service documentation as directed in the DD Waiver Manual per each date of service as associated with the goals and services listed in the supported individual's ISP. Appropriate documentation regarding hours of service must be submitted to agency central office/payroll department to assure payment of services.

3.0 Employment/Contractor Information

Restoring Hope, LLC may utilize employees, as well as contractors, to provide services to individuals with developmental disabilities in which we serve. Payment may be based hourly, daily, bi-weekly, or monthly contingent on the type of service provided.

3.1 Hiring/Contracting Policy

Restoring Hope:

- Will not discriminate against any employee, applicant, or contractor on the basis of race, color, religion, national origin, age, sex, or handicapped status.
- Will not discriminate against any employee, applicant, or contractor on the basis of that person's status such as disabled, Vietnam or other war veteran.
- Shall notify the Department of Mental Health immediately of any allegation, claims, disputes, or challenges made against the agency concerning the Americans with Disabilities Act.

3.2 Employment/Contractor Eligibility

An applicant must be at least 18 years old and depending on the position applied for, must be able to show proof of having a minimum of a high school diploma or GED. Applicant (and adult household members) must pass a background check, complete training requirements, and meet housing requirements, as necessary.

3.3 Family Care Safety Registry (FCSR) (Appendix B)

In accordance with state regulations for community service providers, 9 CSR 10-5.190, Restoring Hope, LLC will conduct a background screening on all applicants, employees and contractors who provide direct care services to the individuals we support, and all persons over 18 years of age who reside in the home of the applicant. All new applicants for employment, contract or volunteer positions involving direct care contact with persons

supported by Restoring Hope, LLC shall be required to register with FCSR prior to beginning their service. Failure to register with FCSR is a Class B misdemeanor. Information contained within the registry includes screening by the State Highway Patrol's criminal background records, DFS child Abuse and Neglect records, Division of Aging Employee Disqualification list, and the Department of Mental Health Disqualification Registry, as well as child care licensing records, foster parent and child-placing records, and nursing home/residential care facility records.

To register with FCSR, an applicant/contractor/volunteer will complete an FCSR Authorization form which gives the agency signed permission to register an individual through the FCSR online system. The administration of Restoring Hope, LLC is certified to conduct background screens through the FCSR online system.

For applicants/contractors/volunteers already registered with the FCSR, the FCSR Authorization form gives the agency signed permission to retrieve the results of the background screen through FCSR online system.

A person who has been found guilty of a crime against persons as identified in the attached list (Appendix B; excerpted from the Code of State Regulations) will be disqualified from employment/contract agreement/volunteer services. Any person disqualified under this rule may appeal to the DMH Exceptions Committee. The Exceptions Committee may uphold the disqualification or grant the appeal subject to certain conditions (also see attached Exceptions Committee Rules). Registrants are notified in writing of the results that are recorded in the FCSR. Registrants are also notified each time a background screening request is made. This notification will include the name and address of the agency requesting the background information, as well as the information that was issued to the agency. All screening information shall be maintained in the applicant/employee/contractor's file in strictest confidence. Anyone who uses information obtained from the registry for any purpose other than employment/volunteer/contractor purposes is guilty of a Class B Misdemeanor.

3.4 Training Requirements

Employees and contractors will be responsible for taking the training required by the Regional Offices on their own time, paying the initial training fee, and keeping track of when the training needs to be updated. The agency will pay renewal training fees after one (1) year of employment.

3.4.1 First Aid/CPR

Training must be completed by approved instructor, certified to teach First Aid or CPR by American Red Cross, American Heart Association, or otherwise valid, certifying entity. Training and certificate valid for two (2) years. Fee required. CPR and First Aid courses are often taught as a combined course but may be accepted if courses are taught and certified separately.

3.4.2 Medication Administration

Training must be completed by an approved instructor/RN that is certified to teach the Level 1 Medication Aide course. Training and certification is good for two (2) years. Once initially certified, re-certification is shorter and less intensive. If training lapses, you will be required to take the full course in its entirety. Fee required.

3.4.3 Mandt/CPI

Employees, contractors, and family members as applicable, who interact with supported individuals are required to have MANDT or CPI training. Exceptions

may be granted as determined by agency and the person's support team on a case by case basis. Training must be completed by an approved instructor and certification is good for one (1) year for both Mandt and CPI. Generally, no fee.

3.4.4 Abuse and Neglect (See Appendix C)
An online training issued by the Department of Mental Health. Must be updated annually by employees, contractors, and family members as applicable, who interact with supported individuals on a regular basis. No fee. The following link should be used to complete the online course; the course is accessible through the agency website as well.
http://mimhtraining.com/dd/abuse-neglect-17/story_html5.html

3.4.5 Positive Behavior Supports (See Appendix D)
Taught by an agency representative, or available course online as indicated by the agency. Need for recertification determined by the provider agency. No fee. The course is available through the agency website.

3.4.6 HIPAA/Confidentiality
Taught by agency representative, updated signed statement completed annually. No fee.

3.4.7 Clients Rights (See Appendix E)
Taught by agency representative and reviewed annually. No fee.

3.4.8 Missouri Quality Outcomes (See Appendix F)
A required training for any employee or contractor with less than one year of experience in the field of developmental disabilities. Training can be found on DMH website.

3.4.9 Person Centered Planning and Individual Support Plan (See Appendix G)
Employees and contractors will be trained on each supported individual's ISP, ISP addendums, and behavior support plan (if applicable).

3.4.10 HCBS Training (Home Community Based Services)
Employees and contractors will be trained initially during orientation and annually thereafter. The HCBS training is trained by an agency representative based on the Federal Rule and State Transition Plan.

3.5 Employee/Contractor/Volunteer Telephone Use
Employees/Contractors/Volunteers are not allowed to make personal phone calls from a supported individual's phone. Phone calls that are posted on the phone bill that are not associated with the supported individual's home will be taken off of your payroll check. For example, if a phone call is charged during the shift in which you are working (that is not business-related call) it will be debited from your following payroll check. Also, no "411" calls are allowed. They too, will be charged to the person working at the time of the call. Do not call long distance unless it is an emergency. For example, if an employee/contractor has a question about their payroll check, call the Restoring Hope, LLC Administrator on your own time from your own phone.

3.6 Smoking Policy
Each ISL or Shared Living home will develop smoking/non-smoking practices based on the health and safety concern of individuals we serve. Restoring Hope will not support the use of tobacco products for individuals under the legal age.

3.7 Medical/Health Requirements
All employees and contractors are offered assistance in locating a provider for Hepatitis B information and vaccinations. All health restrictions must be stated before hire or can result in termination of employment or contract.

3.8 Payroll/Compensation Schedule

Restoring Hope, LLC will follow the designated payroll and compensation schedule for the year. Payroll funds will be available by the third business day from the date of processing. Funds for employees as well as contractors, are primarily paid via direct deposit. New contractors receive a paper check in the mail if their contractor's LLC account is not yet established.

Timesheets/Relief records must be filled out by the employee contractor completely and received in the business office 24-48 hours before payroll is processed. If employee/contractor does not have their own time sheet(s) filled out, added up correctly, and/or submitted on a timely basis, there may be a delay in processing their payroll information. If a caregiver works with more than one consumer during the compensation period, a separate time sheet/relief record is required for each supported individual.

Contractor wages are dispersed once monthly, on the 15th of the following month. Contractor compensation schedule is the first through the last day of the month. Full-time Host Homes do not complete a time sheet/relief record for the individual they support full-time. If a full-time Host Home contractor provides relief for other individuals part-time, they will need to complete and turn in relief records as stated above.

Employee wages are processed on the 1st and 16th of the month, or the next business day following. Funds should be available by the third business day from the date of processing.

Documentation for contracted services shall be completed according to Restoring Hope, LLC policy and DMH Center for Medicaid Services state and federal requirements. If documentation is not completed and provided according to policy and requirements, wages for services may be delayed or withheld until documentation is completed. *See 5.2 Communicating Daily Activities/Documentation Guidelines for documentation requirements.*

Any questions regarding the disbarment of wages or compensation, should be directed to the financial department at Restoring Hope, LLC central office.

3.9 Absenteeism

No call/no shows may be terminated from employment or contract unless just cause is excused by Restoring Hope, LLC Administrator. Excessive absenteeism can lead to termination. Obtaining call-ins on a regular basis can lead to termination.

3.10 Alcohol/Drug Abuse

Any employee or caregiver providing direct care or support to a supported individual under the influence of illegal drugs or impaired by alcohol, or allowing illegal drugs into a home, will be subject to disciplinary action. Restoring Hope, LLC, in accordance with the Federal Drug Free Workplace Act of 1988 and state law, strictly prohibits employees from the unlawful manufacture, distribution, dispensation, possession, sale or use of illegal drugs, controlled substances or alcohol while on the job. Restoring Hope, LLC reserves the right to take appropriate and lawful action to enforce this Drug and Alcohol-Free Workplace Policy. These rights include drug and/or alcohol testing and inspection of any and/or all employee's personal property with reasonable suspicion that this policy has been violated. Restoring Hope, LLC reserves the right to conduct a random drug screen at any time.

3.11 Foul Language

Excessive foul language will result in a warning, disciplinary action and/or possible termination of employment or contract. Foul language used against anyone is considered verbal abuse. In addition, no foul language is to be used during a conversation with those we support. Abrasive speaking or yelling at someone can also be considered verbal abuse.

3.12 Use of Items Belonging to a Supported Individual

Personal use or theft of a supported individual's belongings by an employee or contractor is classified as a type of abuse and neglect and will be subject to disciplinary action.

3.12.1 Stealing

Taking any personal belongings, including, but not limited to food, clothing, furniture, money, supplies is considered stealing from either the person(s) we provide services to and/or the Service Providers. Restoring Hope, LLC will pursue legal action and the employee will be terminated.

3.12.2 Use of Individual's Belongings

Anything owned by the people we support cannot be used for employee or contractor's personal use. For example, clothing, radios, lawnmowers, etc. If there is an accident or extenuating circumstance where change of attire or other use of an individual's belongings is necessary, contact the assigned agency program manager and return or replace the items ASAP.

3.13 Disciplinary Policy

Disciplinary action may be taken for issues concerning employee or contractor non-compliance including but not limited to: agency policies and procedures, state or federal mandates, incidents of abuse and neglect, misuse of funds, improper use of modifications, Disciplinary action may include consultation meetings with Restoring Hope, LLC Administrator, Directors, Program Manager, or Community RN. The following actions may be taken:

- First Offense of non-compliance: Employee/Contractor consultation (discuss the incident, contributing factors, and action for resolution), documented, signed by supervisor(s) and employee/contractor, and placed in employee/contractor file.
- Second Offense of non-compliance: written warning-documented, signed by supervisor(s) and employee/contractor, and placed in employee/contractor file.
- Third Offense of non-compliance: Probation or possible termination; terms of probation or cause for termination documented, signed by supervisor(s) and employee/contractor, and placed in employee/contractor file.

Termination will be determined based on the severity of the offense(s) and at the discretion of the Administrator. If an investigation completed by an agency outside of Restoring Hope, LLC, and the agency finds the employee or contractor in neglect of his/her responsibilities, that person's employment or contract will be immediately terminated. The party found guilty of neglect or wrongdoing has the opportunity to appeal the decision with the presiding agency. If the appeal is granted, work as an employee or contractor may be appealed with Restoring Hope. Restoring Hope Administration will make the final determination on continuing to employ or contract with said party.

3.14 Employee Probation

New employees will have a three (3) month probationary period. Criteria for passing probation and continuing employment includes passing background check through FCSR; work attendance; performance of duties; dependability; completion of applicable training; and ability to carry out ISP objectives.

3.15 Employee/Contractor Grievance Policy

If an employee or contractor hold a grievance with Restoring Hope, LLC or an affiliated support professional, the employee or contractor should first report it to their assigned Program Manager. The employee or contractor may choose to report their grievance directly to administration if:

1) they have reported it to the Program Manager and failed to receive acceptable resolution: 2) they are not comfortable discussing it with the assigned Program Manager or 3) if the grievance is related to billing, central office procedures or placement longevity. Restoring Hope, LLC will make reasonable efforts to resolve employee/contractor grievances amicably and in a timely manner. If the grievance is regarding an affiliated support professional (medical professional, employment or day program, Service Coordinator, caseworker, etc.) the assigned Program Manager will offer assistance to resolve the issue with the outside party according to their own grievance/complaints protocol.

3.16 Supported Individual Conflict of Interests

Restoring Hope, LLC will strive to avoid conflict of interests; however, due to the nature of the services provided, it is possible that such conflicts may occur. Restoring Hope, LLC will manage perceived conflict of interests individually and request information regarding the conflict be included in the ISP. In order to assure the conflict of interests does not breach Clients' Rights, HCBS Requirements and individual desires, Restoring Hope, LLC will offer the supported individual the opportunity to meet with their assigned agency Program Manager and the DMH Support Coordinator privately, quarterly at minimum, and as often as necessary and requested. Provider will refer to their own Policies and Procedures, 4.2.12 Grievance Policy for Supported Individuals, regarding individuals' grievance reporting system and the agency's HCBS Participant Notification brochure.

3.17 Implementation Strategies

Restoring Hope, LLC administration will assure caregivers have completed the required trainings, included but not limited to Policy and Procedures, to assure compliance with all Medicaid and DMH guidelines and requirements. Restoring Hope, LLC Program Managers will oversee caregivers and supports provided to individuals to assure continued compliance. Implementation strategies include initial trainings, re-certification, in-service as needed, ongoing supervision and observation, and routine employee evaluations.

In addition to agency compliance, Restoring Hope, LLC Program Managers will develop and implement strategies that help facilitate:

- Supported Individuals' personal outcomes and related goals,
- Individual teaching activities and necessary tools, supplies and technology,
- Processes used to foster learning based on an individuals' learning styles and support needs,
- Delegating a party responsible for carrying out these strategies,

- Specific, individualized, measurable steppingstones necessary for the individual to achieve his/her personal outcomes, to get from point A to point B
- Stating the timelines/target dates for completion.

Caregivers will work directly with agency Program Managers, as well as the supported individuals' Support Team to ensure these strategies are formulated and implemented correctly, satisfactorily with the entire Support Team, Regional Office Public Relations (PR) Team, and DMH State Survey/Certification Team. These strategies will be monitored monthly and modified as the need arises.

3.18 Variance Reporting

Restoring Hope, LLC will utilize each supported individual's annual ISP year as the basis for tracking variances of service provisions. Restoring Hope, LLC will document supported individuals' service provision monthly and maintain any variances to said provisions. When service variance has occurred, the contracted Host Home/ISL budget along with the DD Waiver Variance Calculation Worksheet will be used for reporting service provisions. Under-Serviced Provisions will be reported directly to Missouri Medicaid Audit and Compliance (MMAC). Units of over-serviced provisions will be maintained internally and available to Provider Relations of the assigned regional office, as necessary. Restoring Hope, LLC will cooperate with MMAC and their recoupment process regarding variances to service provisions.

3.19 Relief Procedures

3.19.1. Inter-agency use of relief

a) Host Homes may only use relief homes contracted and associated with Restoring Hope, LLC. No Host Home can make arrangements with another agency's relief providers to provide relief of an individual supported by Restoring Hope, LLC without agency administrator permission.

b) Any Restoring Hope caregiver who is also employed or contracts with another agency shall not provide relief for individuals supported by Restoring Hope at the same time they are serving as relief or direct support staff/caregiver for another agency's consumer without permission.

3.19.2. Relief Level of Supervision and Care

a) Relief caregivers are required to maintain the level of supervision (ie. line of sight, general whereabouts, etc.) and safety as outlined in their consumer's Individual Support Plan in all settings, including home, agency wide events, inter-agency events, community outings, etc.

b) Relief caregivers are expected to support the individual in a manner consistent with the daily routines and patterns set in place by the individual's full time Host Home caregivers. Consistency of care between the Host Home and relief home caregivers shall be maintained as much as possible to assure an individual's ongoing success.

c) Relief caregivers are required to provide each supported individual with their own private sleeping arrangements during their time at the relief home. Each supported individual must be provided with their own bed and private room. Sofas, air mattresses, sleeping bags, and any other non-traditional sleeping arrangements are not permitted. Individuals supported by Restoring Hope MAY NOT sleep in the same room with other consumers, caregivers, or caregiver family members.

3.19.3 Relief Scheduling and Manager Approval

a) All relief should be scheduled on a monthly basis.

b) All proposed relief arrangements must be approved by the assigned agency Program Manager prior to the supported individual receiving relief services from the proposed relief caregiver and home.

c) Agency Program Manager shall be expected to assess the level of compatibility between the supported individual and the relief caregiver/home and family to determine is the proposed relief arrangement is suitable for the supported individual. The agency Program Manager shall have the final decision-making authority on all relief caregiver/home arrangements.

3.19.4 Relief Hours Documentation and Tracking

a) All relief hours will be tracked by the Agency. The Agency may inform each Host Home caregiver/LLC Contractor when more than the appropriate hours of relief has been used. Host Home caregiver shall be required to bring their balance of relief hours back to zero by the end of the following month. Failure to reduce the relief hours balance to zero will result in a deduction equal to the amount of additional relief that was serviced.

b) Host Home caregiver shall be required to utilize all of the supported individual's relief hours in the given month. No relief hours may be "rolled over: into the next month's balance. All hours that are not utilized in the given month will be lost.

c) All relief hours that are serviced by the agency must be documented by the submission of Relief Records. Any arrangement made between caregivers to "trade" relief hours without first asking the assigned Program Manager for approval and documenting those hours through relief records is prohibited.

3.19.5 Relief Management Decisions

a) The assigned agency Program Manager shall have the final decision-making authority on all relief caregiver/home arrangements.

b) Certain exceptions may be made to these procedures on a case-by-case basis if deemed necessary. However, said exceptions shall only be made by the Administrative Team.

3.20 Use of Restoring Hope property/equipment

In the event Restoring Hope purchases non-consumable equipment for employee or contractor use, the item(s) will be recorded on an acknowledgement and agreement form and returned to Restoring Hope at such time that the employee is no longer employed/contracted with the agency. Equipment may include, but is not limited to computers, printers, office accessories, etc. All equipment should be properly cared for and returned in working order. Failure to properly maintain and return all equipment to the agency may be considered theft and subject to criminal action. Company information stored on such devices or equipment shall remain on the equipment and shall not be copied or duplicated by employee/contractor who is ending their work with Restoring Hope.

4.0 Individual Supports

Maslow's Hierarch defines the basic human needs in five categories:

I) Physiological: shelter, food, water, warmth
II) Safety: security, stability, freedom of fear
III) Belonging/Love: family, friends, significant other
IV) Self-esteem: achievement, mastery, recognition, respect
V) Self-actualization: pursue inner talent, creativity, fulfillment

Restoring Hope, LLC will strive to meet the abovementioned "basic needs" for the individuals we support.

4.1 Physiological Needs (shelter, food, water, warmth)

4.1.1 Environmental/Housing

Each site in which a supported individual may reside permanently or for relief, must first be approved by the agency, then by the overseeing TCM entity, prior to services being provided at the location. Site reviews will follow the DMH Environmental Checklist for ISL or Host Home Settings. Reviews completed by the agency will be placed in the corresponding file for the address or caregiver in which support will be rendered.

Program Managers will conduct monthly home check at the residence where the supported individuals reside, which includes environmental/housing factors to assure continued compliance with DMH guidelines and HCBS Requirements.

TCM Support Coordinators will conduct routine Service Monitoring at the site in which the supported individual lives. This review will be completed quarterly at minimum per DMH guideline, but it is often done monthly. The frequency at which the Service Monitoring is completed is up to the discretion of the overseeing TCM entity. Environmental assurances are to be included as part of the review.

- The home and other environments (indoor and outdoor) are to be clean, safe and well maintained. Home has acceptable and working locks on exits.
- The home meets the needs of the individual(s) who will receive services at said location; modifications or adaptations are in place as necessary.
- The temperature of the home will remain between 71-81 degrees Fahrenheit.
- Water temperature does not exceed 120 degrees Fahrenheit and safe for use (city or well water is tested and acceptable).
- The home will maintain First Aid supplies.
- Emergency drills will be held monthly at various times to include all shifts. Two exits that are adequate and accessible, are present on each floor.
- Firefighting equipment will be properly marked and easily accessible.
- The home will have at least one fire extinguisher, operating smoke detectors and carbon monoxide detectors as necessary, and evacuation plan posted.
- The home will pass externally conducted safety inspections.
- At least one bathroom is accessible without passing through a bedroom. Bathroom must have window or fan for ventilation. Bathroom should be able to lock (best practice).
- The household maintenance material and flammables will be properly stored.
- Safe and sanitary procedures will be practiced in all places of food preparation and clean up. Kitchen appliances in working order. Kitchen must have a window or stove top fan for ventilation.
- Dryer vents to the outdoors under the house or to garage, etc.
- Bedroom used by supported individual is private, at least two electrical outlets, one window and able to lock.

4.1.2 Choice of Settings, Services and Supports per HCBS Requirement 5,6,8 and 13

Restoring Hope, LLC will work with individuals who have the desire to live in the least restrictive environment. Prior to beginning services with Restoring Hope, LLC the individual and/or guardian has been presented with options for choices of settings and information on affordable housing. Individuals and their support team will have the opportunity to discuss with Restoring Hope, LLC and assigned a Service Coordinator during the Person-Centered Planning process, their waiver funding, resources available for

housing, and overall characteristics that they would like to see in their situation to have the "best fit." Restoring Hope, LLC will give choice of housing and caregiver options and living arrangements available within the agency. The setting options for an individual will be directly related to the documented wants and needs of the individual's ISP. From the choices of providers and settings, the individual and/or guardian may select Restoring Hope, LLC, a non-disability specific setting, to provide the needed support to the individual. Before agreeing to support an individual, Restoring Hope, LLC will help educate and engage participants and seek their input, as well as their support team (guardians, family, caseworkers, Service Coordinators, prior caregivers, etc.) and discuss the individual's preferences in activities, living arrangements and caregivers to assure Restoring Hope, LLC can accommodate the person's wants and needs. Individuals, and guardians when applicable, will decide where the person wants to live, who they live with and who they want to provide their supports.

Throughout the time of support with Restoring Hope, LLC the agency will continue an environment of supporting the individual's choices of settings and preference of caregivers. As needs and preferences change, if participants convey they want services at other locations, or wish to change housemates and/or caregivers, or their living arrangement, Restoring Hope, LLC will assist and educate the individual and the planning team on choices and the outcomes of those choices. Restoring Hope, LLC offers participants opportunities to change their services, and express their concerns or ask questions regarding services they receive.

4.1.3 Rental Agreement per HCBS Requirement 15:

Restoring Hope, LLC has supported individuals that may live in a home that is owned by a third party. Individuals have legally enforceable agreement or lease that give the same tenant responsibilities and protection from eviction that tenants have under a landlord-tenant law of the state, county, city, or other designated entity. Individual participants will learn how to express what they want in order to relocate or request new housing.

4.1.4 Accessibility regarding mobility per HCBS Requirement 19:

Restoring Hope, LLC will ensure that all supported individuals have access to their home and community. Practical accommodations will be offered to allow for the person to move about freely in their home. Individuals with mobility difficulties will be supported in environments suitable to their needs, including, but not limited to the bedroom and bathroom. An individual's physical needs for mobility are conserved and discussed with support teams prior to services to assure the needs can be met satisfactorily.

4.1.5 Nutrition

Restoring Hope, LLC and caregivers understand that supported individuals should be provided with nutritious, well balanced meals. Individuals will be educated and assisted with making healthy food choices. Physicians or nutritionists may be consulted regarding specific diet needs contingent on the induvial, their diagnoses, and health status. Physician's orders will be followed, and due process addressed if food restrictions apply.

*4.1.6 Access to food per HCBS Requirement 17**

Supported individuals have the right to nourishing and well-balanced meals; however, they also have the same freedom and right as same-age peers, to have access to food at any time. Individuals have the right to access food (or other items) at any time that they have personally, purchased for themselves. Restoring Hope, LLC will implement teaching and support strategies to assure the individual's health and safety regarding food consumption

(i.e. quantities, nutrition, frequency, etc.). Mealtimes should be personalized, and individuals supported and given the opportunity to participate in meal preparation if they so desire.

4.2. Safety (security, stability, freedom of fear)

4.2.1 Communicable Disease Protection

In the event that any of the individuals we serve is diagnosed with an infectious or contagious disease, the administration shall immediately consult with the physician to determine a plan of action necessary to protect or treat the other individuals or the household. The administration shall follow the physician's recommendations in notifying the Department of Health and shall immediately notify the assigned Regional Office or their after-hours on-call number.

If the physician determines the need for isolation of any individual, the agency will work with the assigned Regional Office, TCM, and guardian in relocating the individual if necessary.

Restoring Hope, LLC does not admit, employ, or enter contract with persons with untreated infectious disease. Screening for infectious diseases, such as tuberculosis or blood borne pathogens, will be conducted as recommended by the Department of Mental Health or the person's physician. Infections that arise after residence is established, are referred to the person's physician for a timely, effective treatment and reported to the Communicable Disease Center and/or DHSS. Due to the fragile health status of most individuals supported, control of infections is a serious and diligent effort.

4.2.2 Infection Control Techniques

Objective: To prevent and cope with infections within the home. Restoring Hope, LLC will maintain current and continued compliance with current Centers for Disease Control (CDC) recommendations.

Ways to spread infections:
Contact: touching the infected site or a contaminated object
Airborne: containing droplets from an infected person who sneezes or coughs
Common vehicle: dirty needles
Vector: insect, as in Lyme Disease

The most effective way to prevent the spread of a disease is basic hand washing. Hand washing must be applied to employees, caregivers, family members as well as the supported individual. You can never wash your hands to much!

Steps to handwashing: Wet your hands with clean, running water, apply soap. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds. Rinse well. Dry hands with a clean or disposable towel or air dryer. If possible, use a towel or elbow to turn off the faucet.

- Wash hands before coming on duty.
- Wash hands before and after direct care with supported individuals.
- Wash hands before and after performing any body functions, such as blowing your nose, coughing, sneezing, toileting, serving foods, and passing medications.

- Be sure to remind individuals that may drool, to wipe their mouths. Wipe countertops and other surfaces after someone has drooled on them.
- Coughing is the main source of airborne disease. Remind others to use tissues and cover their mouths when coughing, then wash hands.
- Dirty hands should never touch eating utensils. Clean hands should not touch the food surface of the utensil (bowls of the spoon, prongs of the fork).
- When no opportunity for hand washing is available, an anti-bacterial hand sanitizer should be used.

Remember: Controlling infection is everyone's responsibility, no matter where you are, where you work, or what you do. Employees, caregivers, people we support, and visitors all play a part in preventing and controlling infections.

4.2.3 Universal Precautions

Universal precautions require health care workers/caregivers to assume that all supported individuals are potentially infected with HIV or other bloodborne agents, and to use barriers and other protective equipment to prevent parenteral, mucous membrane, and non-intact skin exposure to blood and certain body fluids of all supported individuals. Blood and bodily secretions of all individuals should be considered hazardous. You can protect yourself by using gloves and barrier equipment. Know where it is and use it. Caregivers are cautioned to carry out control measures in an inconspicuous manner maintaining the least "clinical" appearance possible even though control of infection is stressed. The fundamental to any infection control program is hand washing.

4.2.4 Medication: Administration, Storage, Reordering, Disposal, Monitoring, Charting

4.2.4a Medication Administration

All caregivers must attend a certified medication aide class. Caregivers cannot administer medications without first completing the course. All caregivers will follow procedures as instructed in the course. Any missed medication, for any reason, will be reported to the assigned Program Manager and result in writing a Medication Error Report by the caregiver or Program Manager. The Community RN will review all medication charting monthly.

- All medications will be given per doctor's orders.
- Medications should be administered at the appointed time designated on the MAR. Administration should not waiver more than one hour before or after the designated time. If it is outside the two parameters, caregiver should notify the Program Manager, physician, or Community RN for further direction. A Medication Error Report will need to be completed.
- Only administer medications that you, yourself have measured out and check per the POs, MARs, and medication packaging.
- Whenever possible, medications in a bubble pack should be initialed by the person who "popped" and administered the medication.

Self-Administration of medications shall be supported as written in the person's ISP, agreed upon by the support team and as recommended and approved by the physician and Community RN. Caregivers supervising the medication administration by the individual are responsible for the following:

- Tracking medications via documentation (MAR and charting notes).
- Oversight of completing what is directed in the ISP.

- Filling out or assisting in the completion of incident reports medication errors.
- Notifying Program Manager and Community RN of medication errors.
- Notifying physician if the incident involves a critical medication.

4.2.4b Medication Storage

Medication will be stored in a locked container, and all controlled medication will be double locked (i.e. locked inside another locked container or behind locked doors). Medications taken by caregivers should be out of reach of the supported individual.

4.2.4c Medication Reordering

Medication will be reordered in a timely manner to prevent a supported individual from missing scheduled medications. Medications on auto refill should be checked upon delivery to assure all medications are filled and supplied correctly and for the caregiver to know when to expect another delivery. If any medications are missing from an order, caregiver should contact the providing pharmacy to follow up as soon as possible to discuss the discrepancy and attempt to get it resolved before the individual misses any scheduled medication.

4.2.4d Medication Disposal

Medication cannot be disposed of without approval by the Community RN. If the Community RN approves of the disposal, then two people, one being the Community RN, when at all possible, will be witnesses to each other. The Community RN will determine the disposal method based upon the drug type, control, etc. Medication that become contaminated, are discontinued, or expired should be separated, identified, and stored separately from the scheduled medications to avoid confusion and error in administration. Medications needing to be destroyed shall be brought to the attention of the Community RN.

4.2.4e Medication Training/In-Service

The Community RN may have in-service training updates as he/she feels necessary to ensure that all medication policies and practices are adhered to. A caregiver may be subject to such in-service training updates if they have completed medication errors. All caregivers are required to take the medication training re-certification as required by DMH.

4.2.4f Monitoring Medication Usage

<u>Drug Reactions:</u>

- Side effects- undesirable reactions of the drug that may accompany the desired effects.
- Allergic responses- develop when the person is sensitive to the medication's chemical nature. These are usually manifested by welts or rashes and should be reported to a physician, the Program Manager and Community RN promptly.
- Anaphylactic reactions- are a systemic or body-wide allergic reaction to medication that occur suddenly and are often fatal. Caregivers should be especially watchful when people receiving antibiotic therapy, for any indication or allergic reactions.
- Drug tolerance- occurs when the person's body has adapted to the dosage of medication, thus requiring an adjustment to the dose or potentially a new medication change entirely, for the desired drug effect to be maintained.

- Cumulative effects- reflect the body's inability to excrete the medication from the system. The drug level remains high and additional dosage may cause serious health concerns. Some medications cause urinary retention. It is the responsibility of the caregiver to know if that is the side effect of the medication a person is receiving and to monitor for any urinary problems (inadequate output for amount of fluid consumed).
- Drug interaction- is the result of drugs reacting to each other in the body. Some drugs work with others making the effect stronger and longer acting than the physician desires.

Techniques of Observation for Medication Reactions and Health Concerns

- Vital signs- blood pressure, pulse, respirations, and temperature. It is important for a record of baseline vital signs (normal for individual) to be documented routinely, in order for the caregivers to compare and determine when there is a concern. For example, a pattern of increasing diastolic blood pressure is a problem. A reasonable guideline for obtaining vital signs is monthly whether or not the person is on medication. The Restoring Hope, LLC Community RN will take each supported individual's vital signs at least once monthly during the nursing assessment and document the readings in the monthly nursing summary. Monthly vital signs will also be kept in the supported individual's home book for quick reference. If a person is receiving blood pressure or cardiac medications, vital signs may need to be increased to weekly or more frequently depending on the stability of the readings and physician's orders.
- Caregivers who spend the most time with the individual they support can be the best source of information. The caregiver's role is very important to the health care team because he/she will know what the day-to-day baseline behavior and health for the person is. By utilizing the simple strategies below, any significant abnormalities or patterns of abnormalities may be observed, recorded, and reported. General observation methods include:
    - Sight – Is the person displaying normal behavior? Are there any tics or tremors? Are there any skin issues being displayed? Swelling, rash, redness, broken skin, eyes dilated, etc.
    - Smell – Is there an unfamiliar odor of body, urine, or breath?
    - Touch – Does the person display increased sensitivity to touch? Do swollen areas pit (when pressure is applied to the skin and an indentation remains once pressure is released)?
    - Hearing – Do you hear the person coughing, having difficulty breathing, gasping, wheezing, complaining of pain?
- Adverse reactions are a serious concern for anyone receiving medications, especially those psychotropic, neurological, or cardiovascular in nature. It is the responsibility of caregivers to be familiar with the person's medical diagnoses and medications prescribed for the person. It is recommended that each living arrangement have the appropriate equipment available for the proper monitoring of the person's health status. Items such as blood pressure cuffs, stethoscope, watch with a second hand, thermometer, scale, and drug reference book should be standard equipment for those who may need it. Each caregiver who is responsible for administering medications should review the side effects and understand the adverse reactions of each medication. The importance of proper documentation and prompt reporting of abnormalities cannot be stressed too highly to ensure the quality care for our supported individuals.

4.2.4g Medication Charting

Charting should be completed on the following as they occur:

- Administration of medications-initial the Medication Administration Record (MAR) upon administrating medications. Only sign the MAR for medications you administered or supervised self-administration for.
- Response to PRN medications-when a PRN medication is administered, caregiver shall monitor the individual to understand if the PRN medication given resolved the issues in which it was warranted. The follow up response timeline is contingent on the medication and ailment, but a response must be noted on the reverse side of the MAR. If the PRN medication did not give the desired relief/effects, further PRN medication may be needed.
- Responses to changes in medication

4.2.5 Health/Medical Appointments

Caregivers will always complete a professional visit form for all medical appointments, including vision, dental, counseling, etc. The notes on the form should verify why the appointment occurred, when, who the medical professional was, treatment completed or recommendations of care, and what and when any follow up appointments or action is necessary. Caregivers should schedule a follow up appointment at that time unless otherwise stated by the doctor. The caregiver taking the individual to the appointment should sign the form as well as request that the attending medical professional sign the form whenever possible. A clinic visit summary may be obtained and attached to the professional visit form. After the appointment, the professional visit form is to be placed in the appropriate section of the individual's home book.

Annual physical: when attending an annual physical, caregiver will take the agency annual physical examination form. Caregiver may fill out name, age, and date while the attending medical professional (physician or Nurse Practitioner) is responsible for the rest. Differing forms may be used, however; often, they omit information necessary for out supported individuals. It is best practice that the following labs are completed annually, at the time of the physical, whenever possible: UA, CBC, TB Tine, and drug levels, as necessary. Females should also receive a PAP test as recommended by their physician. Caregiver must request the results be mailed to full-time caregiver/individual's address.

Dental: when attending a dental exam, the regular professional visit form is to be used. Caregiver may complete as much of the form as possible, with the dentist/dental office completing the rest and signing it. Dental visit summaries should be requested and attached when possible. Dental visit professional forms are then placed in the individual's home book in the dental section.

Vision: when attending a vision appointment, the regular professional visit form is to be used. Caregiver may complete as much of the form as possible, with the physician/clinic completing the rest and signing it. Vision appointment summaries should be requested and attached whenever possible. Vision appointment professional forms are then placed in the individual's home book in the vision section.

4.2.6 Bowel Elimination Protocol

Caregivers will monitor and document daily for bowel elimination on each supported individual. Caregiver will review bowel chart each day and monitor number of days without a bowel movement. Unless otherwise specified on physician's orders, if it has been documented that three days have passed without the individual having a BM, then a PRN

medication for bowel movement may be given if listed on the Physician's Orders. If no PRN bowel elimination medication is noted on the Physician's Orders, caregiver will notify the Community RN who will provide directives to be completed at that time. If 24 hours after treatment has passed, and the individual still has not had a BM, then the primary care physician shall be called for further directions.

4.2.7 Holding Constipation Medications

If a supported individual has a daily medication for constipation and they have experienced diarrhea multiple times over a 12-hour period, the Community RN shall be called. The Community RN may give a verbal order to hold specific regularly scheduled medications for that day/next doses. Caregiver must document the holding of medication, who gave the directive to hold it, and why, on the back of the MAR. If diarrhea persists the next day, the Community RN will be contacted again for further instruction. After the third day, the primary care physician will be notified if this has not been completed already.

4.2.8 Medication Error Reporting

The purpose of having a medication error policy is to assist caregivers in becoming more aware of the seriousness of properly administering medications per physician's orders. All of this information has been given to each person who receives Medication Aide administration training and should not be perceived as new information. Any missed medication (prescribed/scheduled and PRN when applicable) shall require proper reporting. Reporting shall be required for incorrect charting and improper administration of medications. Reporting shall be done immediately for critical medications and within 24 hours for non-critical medications. The following guidelines shall be followed:

- **Contact Program Manager, follow requests or directives from them in order for a Medication Error Report to be completed.**
- **Administrator shall be notified; follow directives.**
- **Community RN shall be notified if available; follow directives.**
- **Notify physician if incident involves a critical medication; follow directives.**

Medication errors will be classified as follows:

- Critical medication psychotropic drug, seizure drug, etc.
- Non-critical medication: PRN, antibiotics, prescriptions (including lotions/topicals)

When in doubt of the classification, caregivers shall assume it is critical until told otherwise.

Disciplinary action may be taken for caregivers demonstrating medication error(s) depending on the severity of error and consequences thereof. Community RN may find it reasonable to do re-training or an in service with caregiver making error(s) to assure they understand the error, and their responsibilities when administering medications.

4.2.9 Safety

4.2.9a Emergency Procedures

Caregivers will always call 911 first if there is a life-threatening situation. The next contact is the Program Manager. Caregiver will let them know of the situation and status. They will follow directives from the Program Manager. Program Manager may assist in contacting other team members and necessary parties. If the

Program Manager cannot be reached, caregiver may try alternate Program Manager, Community RN, Director or Administrator – in that order. The Program Manager will contact the guardian, family, Support Coordinator, and other parties as needed.

Caregiver should be familiar with the different types of accidents that may occur (cuts, fractures, seizures, poisoning, etc.) and the appropriate emergency first aid procedures to follow according to training in First Aid and CPR. If more than a simple first aid procedure is required, the person supported should be taken to the doctor or hospital emergency room by either the caregiver or ambulance as appropriate. In such cases, caregiver shall contact the Program Manager, who will in turn contact the Administrator. After the person supported has been seen by the doctor, the Program Manager and Administrator should be notified again with the status of the person's health/diagnosis and whether or not the person shall be released, admitted to the hospital, or transferred to another medical facility.

If there has been an emergency, illness or accident and the supported person taken to the hospital is dead on arrival, the hospital will contact the police who will notify the medical examiner's office. Caregiver will inform the Agency Program Manager and Administrator who will notify the Regional Office and the parents/guardians.

Caregivers shall report immediately by telephone to the Program Manager, who will in turn, contact the appropriate Regional Office when any of the following circumstances occur:

- An individual's death
- Injuries or illness requiring emergency medical treatment
- Unscheduled hospitalizations
- Any incidents of suspected abuse or neglect
- Any criminal activity
- Any unauthorized absence of an individual

Follow-up of the incident shall be documented in daily progress notes within 24 hours including the following information:

- Whereabouts
- Health
- Emotional well-being

Notes should also include who was contacted and their response.

4.2.9b Seizure Management Assessment

Any consumer who comes into care with Restoring Hope and has a seizure diagnosis will be supervised while in the bath or shower. This may include being in the bathroom during the entire bath or shower or standing outside the bathroom door and doing 5-minute verbal/visual checks. Each individual will have this more specifically addressed in their Personal Plan.

Caregiver Procedure during Grand Mal Seizure Activity

Initial Precautions:

- Begin timing seizure activity immediately at onset of muscle involvement. If possible, one caregiver should note the time and call out each minute seizure activity continues.
- Clear away all items that may cause injury to the person.
- Do not attempt to confine or restrain the person on their side.
- Put something soft under their head.
- Observe the person at all times, with special attention to color of skin, lips, fingernail beds, and breathing.

Special Note: Timing of seizure activity should only be the time muscle involvement is apparent (rigid muscles, jerking, etc.) and timing should stop when muscle involvement is no longer apparent. Caregiver should not include the time the person is "coming around".

If the seizure activity ceases in five (5) minutes or less and no breathing difficulties were noted, caregiver should allow the person to rest as needed and document observations in the individual's health record notes. Caregiver will follow any notification order for length/frequency of seizure activity as per doctor's orders. For example, some physicians may wish to be notified if an individual has two (2) or more seizures in a 24-hour period.

4.2.9c Secondary Assessment Procedures for Non-Typical Seizure Activity

Breathing Assessment

If caregiver cannot visually see the chest rising and falling during inhalation and exhalation, they should utilize a stethoscope on the mid-right side of upper chest to listen for breath sounds and heartbeat. Caregiver should be careful not to restrain the person and cause injury. Caregiver will listen for one full minute for breath sounds.

Breathing: Two (2) Minute Warning

If caregiver cannot hear or visualize breathing and the person's skin color, lips and nail beds are canonic (blue tinged) for two full minutes, they should call for Emergency Personnel assistance (911, hospital, ambulance, etc.) and attempt to ventilate by blowing air into their lungs (CPR).

Note: With the seizure activity, the muscle contractions will impede full lung inflation, if caregiver is able to detect a heartbeat, chest compressions are not recommended.

Seizure Activity: Four (4) Minute Warning

If the seizure activity continues for four (4) full minutes, caregiver should begin to prepare to leave.

Seizure Activity: Five (5) Minute Warning

If the seizure activity continues for five (5) full minutes, caregiver should call for Emergency Personnel assistance (911, hospital, ambulance, etc.).

Other Information for Assessment During a Seizure

A major responsibility of caregivers is to observe and record the sequence of symptoms and events. These should be properly documented or recorded on a seizure record or progress notes and reported to the proper medical consultant. The following should be noted:

- Description of circumstances before the seizure (type of stimuli present, visual, tactile, auditory, etc. If there were emotional or sleep disturbances, etc.)

- Where the movements started (in recording, caregiver should always state if start of seizure was observed)
- The type of movements involved
- Incontinence of urine or feces
- Duration of the attack
- Unconsciousness if present and its duration
- Any obvious weakness of extremities after attack
- Whether or not person slept afterwards or was confused

Obtain vital signs: blood pressure, pulse, respirations, and temperature, as soon as movements stop, and it is safe to do so. Do not obtain a temperature by mouth. Use auxiliary (under the arm) method. Obtain vital signs 15 minutes after the first set omitting the temperature. Obtain a 3rd set of vital signs one hour after the first set. Record and report any abnormalities to appropriate medical consultant.

4.2.9d Status Epilepticus

Status Epilepticus is acute prolonged seizure activity. It is a series of generalized convulsions that occur without recovery of consciousness between attacks. It is considered a major medical emergency. There is some respiratory arrest at the height of each seizure that procedures venous congestion (swelling of brain) and hypoxia (lack of oxygen) to the brain. Repeated episodes of cerebral anoxia (no oxygen to brain) and swelling may lead to irreversible and fatal brain damage. Common factors that lead to status epilepticus include withdrawal of anti-convulsant medication, fever, and infections. It is important for caregiver to be knowledgeable of the management of seizures. It is equally important that the caregiver remain calm to provide safe care for the person.

4.2.9e Lifting Procedures

Missouri Division of Health Ten Commandments of Body Mechanics

1. Whenever caregiver is lifting someone, they should be sure that the person knows he/she is going to be lifted – and how caregiver plans to do it – and where caregiver is going to lift him/her.
2. Caregiver should size up the load to be lifted. Caregiver should not attempt to lift alone if they have any doubt about ability to do so.
3. Caregiver should check footing. Feet should be apart to give you a broad base of support (good balance).
4. Caregiver should get close to whatever is being lifted – instead of reaching for it. Move in and hold close.
5. Caregiver should get "lined up" i.e., keep back straight (put on "high midriff") bend at the knees and hips.
6. Caregiver should straighten your legs to lift.
7. Caregiver should lift smoothly to avoid strain produced by jerky movements – and get together (it's a good idea to count 1, 2, & 3) with the person helping.
8. Caregiver should shift the position of feet to turn – never twist body.
9. Caregiver should push or pull an object (instead of lifting) whenever they can and use these same rules. It is safe and easier that way.
10. Caregiver should spread this information to others so that all of us will lift well and safely.

Points to Remember When Moving and Lifting

- Correct position
  - Stand facing the direction of the move.
  - Place feet wide enough apart to give good balance.
  - Place one foot well in front of the other.
- Keep back as straight as possible.
- Flex knees to lower your body to the working level.
- Use the strong muscles of the arms, thighs, and legs for lifting. Muscles of the back are supportive muscles, not lifting muscles.
- Never lift an unconscious, wet, or extremely heavy person alone.
- When working with others in lifting, have a signal for all lifting to be done at the same time.
- Encourage the person to use every muscle he/she can move.
- Roll or slide someone, when possible, instead of lifting the individual.
- Be certain the person understands the move and has part in it.
- Make use of the head of the bed, side-rails, pull-up straps, and the trapeze by the person, when possible. The more action he/she performs, however limited, it is his/her action, not yours.

Points to Watch for in Transfer

- All equipment in good working order and stabilized for the transfer.
- Elicit the greatest potential of the patient in the transfer.
- Do not fatigue the person.
- Make the transfer in easy stages.
- Make use of the supporting belt, when possible… it gives sense of security to the person and allows you a free hand.
- When a "lifting sheet" is called for, be certain it will hold the person. Stabilize the arms before attempting to lift, by crossing them over the person's chest. Be certain the lifting sheet is large enough to hold the entire torso (shoulders to and including buttocks).

4.2.10 Missing or Runaway Persons

A consumer should be considered "missing" or "runaway" if he/she has been unaccounted for more than ten minutes. If a supported individual leaves the premises when upset or when otherwise not appropriate or scheduled to do so, the caregiver should follow by foot or by car whenever possible. Procedures to follow if a person is missing.

- Attempt to locate the person within the facility and on the immediate grounds.
- If the search is unsuccessful and the supported individual has a high and immediate health and safety risk, caregiver shall call 911 immediately.
- Caregiver should immediately notify the Agency Program Manager, Supervisor, or next person in the chain of command.
- Administrator shall notify the appropriate Regional Office Targeted Case Manager or designee for further recommendations.
- The parent/guardian shall be notified as directed by the Regional Office.
- If the person was not a high health and safety risk, and law enforcement has not been otherwise notified, agency caregiver, Program Manager or Administrator shall notify local law enforcement if the individual's whereabouts cannot be determined within one hour.

4.2.11 Emergency Procedures

The following procedures should be carefully followed in the event of an emergency. Caregivers should always remember that their primary responsibility is the safety of the person supported and should do nothing that might lead to the endangerment of others. Caregivers and Program Managers should use the following order for contacting those who have the immediate need-to-know on emergencies. Keep calling or email until all persons have been contacted. All necessary emergency telephone numbers will be posted in the Home books.

1. Call 911 if the emergency requires medical care
2. Program Managers/Supervisors
3. Administrator/Community RN
4. TCM Support Coordinator
5. Guardians/Parents
6. Regional Office
    a. Emergency Room: If the individual we serve requires emergency room treatment, then call the persons on the list as soon as possible, tending to the emergency and medical professionals first. An Incident Report is required to be filled out, a copy is made, and the original is given to the Regional Office and Support Coordinator within 24 hours.
    b. Fire
        - Evacuate person supported from the home
        - Call 911 if possible or local fire department
        - Attempt to extinguish fire as practical
        - Keep consumer calm
        - Administer First Aid, as necessary.
        - Be sure to account for all persons supported.
        - Notify the Program Manager, SC, and guardian as applicable.
    c. Tornado
        - When a tornado is spotted in the area, the city sirens will sound.
        - The radio should be turned to a local station to monitor the progressions of the tornado.
        - Remain calm and do not panic.
        - If a tornado were to touch down, it undoubtedly will cover a wide area. Do not expect instant response from outside assistance.
        - All personnel should attempt to get the people supported to a safe place.
        - Direct individuals to the basement or otherwise designated safe area of the environment and ask or assist them in assuming the "Squat and tuck/Duck and Cover" position.
        - Listen for information (all safe) on radio.
        - If damage to the home or environment causes a health or safety risk to the individual, call 911.
    d. Severe Storm
        - Locate persons supported in an appropriate place.
        - Listen for further instructions from the weather service on a radio.
        - Be prepared to act.

<u>After the Tornado or Severe Storm has stopped</u>

- Restore Calm to persons supported

- Check all persons for injuries and other effects. If injuries are present, call 911 or seek medical attention promptly.
- Check for fire and damage throughout the home.
- If damage has occurred, shut off utilities at the main control and call 911 if there is a health or safety risk.
- Notify Program Manager of safety, damage, or injuries. Administration, TCM entity and Regional Office may be notified depending on results of storm.

e. Earthquake

An earthquake will occur without warning and undoubtedly will cover a large area. Caregiver should not expect instant response from outside assistance. Caregiver should attempt to get as many persons as possible into doorways, under beds, tables, and other safe places away from windows, possible flying objects, glass, etc. Caregiver should not move anyone outside.

<u>After the Earthquake has Stopped</u>

- Restore calm to persons supported.
- Check all persons for injuries and other ill effects such as shock, seizures, etc. If damage to the home or environment causes a health or safety risk to the individual, call 911.
- Check for fires throughout the home.
- Shut off utilities at the main controls.
- Notify administrator and family/guardian.
- If no structural or minimal structural damage has occurred, caregiver should turn on utilities one at a time and check building to see if each unit is operating properly.
- If major structural damage has occurred, the person in charge will order and supervise the evacuation of persons from the damaged area.
- For water, electrical, and or gas outage, caregiver should call appropriate utility company and report outage.

f. Flood

- Evacuate the persons supported to a safe place.
- Continue to monitor surroundings, roads, low water areas and move accordingly to maintain safety. If damage to the home or environment causes a health or safety risk to the individual, call 911.
- Notify the Program Manager.

g. Power Outage

In case of a power outage that could last long enough to place the consumer at a health/safety risk, the following guidelines should be used:

- Call 911 if the consumer's health or safety is at risk.
- Contact the agency Program Manager to discuss possible options (motel, another home, shelter, etc.)
- Program Manager will assist with contacting Support Coordinator, guardian, and Regional Office.

h. Emergency While Transporting a Consumer

Caregivers must be prepared for emergencies while transporting individuals. Preparation shall be made for: vehicle breakdown, being stranded in bad weather, behavior crisis, health incidents, etc. Each

vehicle should have a flashlight, warm blanket(s), first aid kit, jumper cables, and fire extinguisher.

i. All caregivers transporting individuals must have a Plan of Action in their glove box as to how they can best be prepared for an emergency while transporting individuals: use of cell phone, windshield, sign, etc. The following is a guideline to be used:
    - Call 911 if anyone's health/safety is at risk.
    - Contact the agency Program Manager for further instructions.
    - If the Program Manager cannot be reached, try an alternate Program Manager, if you are still unable to reach anyone call a Supervisor or Administrator.
    - Support Coordinator or on-call TCM should be notified, followed by the appropriate Regional Office by EMT.
    - If possible, caregiver should make sure flashers are on.

4.2.12 Grievance Policy for Supported Individuals (per HCBS Requirement 10)

Restoring Hope, LLC will provide a setting that ensures the supported individual's right to be free from coercion and/or restraint. This right will not be restricted unless approved by the support team and gone through Due Process when applicable.

Supported individuals can talk to Restoring Hope, LLC caregivers or management any time they are unhappy with the services provided or those that provide the services and the provider will try to resolve the issue. Restoring Hope, LLC will assist the individual with contacting their guardian, Support Coordinator or Case Manager if needed. Complaints can be addressed privately or in support team meetings with appropriate follow up action by designated parties. If the issues have not been resolved, individuals or guardians can report a verbal grievance or file a written grievance, which is a formal way of telling Restoring Hope, LLC that they are unhappy about something and asking for someone to help them with it. If the person grieving is unsatisfied with the attempts at resolution completed within the agency, the person may contact their assigned Support Coordinator. If a supported individual believes their rights have been violated, they are free to discuss this with their caregiver, Program Manager or assigned Support Coordinator.

**Restoring Hope, LLC will make available the Division's complaint process and anonymous complaint information for all individuals and guardians.

Agency Program Managers shall be responsible to address grievances of supported individuals or caregivers in a professional and timely manner. Program Managers may include Service Coordinators, case workers and/or guardians, and agency administration when working towards a resolution of the issue. If the grievance is one that involves an instance of alleged or confirmed abuse or neglect, the Program Manger **must** report it to the Service Coordinator and the appropriate Regional Office. All agency employees and contractors are mandated to report any incident of suspected abuse or neglect; this may include placing a hotline call to the Department of Health and Senior Service or Children's Division. An incident report (EMT) must be completed for any report of abuse or

neglect to be turned into the assigned Service Coordinator and the appropriate Regional Office.

4.3 Belonging/Love (family, friends/community, significant other)

4.3.1 Access to Community Resources per HCBS Requirements 1 and 4:

Restoring Hope, LLC will provide a setting that is integrated in and supports full access to the greater community and engagement in community life. Restoring Hope, LLC will help educate and engage participants to seek their inputs on choices regarding their needs being met and accessing services in their community. Individuals will be supported in making choices related to accessing the community, including medical, behavioral, accessing services provided at local businesses, social and recreational opportunities, types of transportation services available, local events and activities, churches, service/civic organizations, etc. Individuals shall be supported in fully accessing and becoming a member of their community. Restoring Hope, LLC will support individuals in researching their community to identify how to find services, local events, groups, transportation routes, etc. and help identify options for participants to choose between. Supported individuals will be encouraged and supported in becoming a contributing member of their community.

For instance, if a participant wants to attend an event, caregiver will assist the participant in identifying what is needed for them to participate (money, transportation, assistance of caregiver/natural supports, accessibility of location, etc.) and help the participant to plan and make decisions, including considering provider agency and natural support options, available funds, etc.

4.3.2 Human Sexuality

Human sexuality is an integral part of human development beginning at birth and continuing throughout life. For individuals with developmental disabilities, their sexuality needs normally follow the same biological clock as individuals without developmental disabilities. Sexuality encompasses all the things that make us male and female, including, but not limited to, the desire for personal satisfaction, happiness, and need for fulfilling relationships with others. Sexual expression is only one function of our sexuality. Forms of sexual expression vary considerably from learning to say "no" to avoid inappropriate behavior or abuse to building a successful marriage. Expressing sexuality in a healthy and responsible manner requires appropriate supports including education. Restoring Hope, LLC recognizes the normal growth process of all individuals includes having the right to achieve their unique potential. This may include, but is not limited to, training on individual rights, social interaction, sexual relationships, birth control, safe sex, AIDS and STD prevention, and avoidance of sexual abuse and harassment. Restoring Hope, LLC neither condones nor condemns any action taken within the context of this policy made by the consumers.

Definitions:

Age-Appropriate Sexual Behavior – Socio-sexual behaviors considered appropriate to the consumer's chronological age and level of understand.

Common Area – As opposed to private area, any area that is used by more than one consumer on a regular basis.

Confidential – That which has limited access. Particularly in reference to information that can only be released to individuals that are professionally involved with the subject of the information.

Consenting Adult – Any consumer 18 years or older who has the legal right and has evidence of the ability to give an informed decision regarding aspects of his/her life and activities.
Consumer – Person served by Restoring Hope, LLC.
Interdisciplinary Team – The team shall consist of the consumer, parents or guardian, the Community Specialist, the caregiver(s), the Service Coordinator, and any other persons involved with the consumer on a consultation or advocacy basis.
Legal – Permitted or established by law.
Private – The state of being away from others with some control over intrusion from others. For the purpose of this policy, examples of private domains are bedrooms, bathrooms, other identified social rooms, and other appropriate areas identified by the Administrative team. Any areas that are out-of-doors, even though secluded, will be considered public or common areas and do not fit this definition.
Responsible – Accountable: able to distinguish and choose between right and wrong, and to think and act rationally.
Social Sexual Development – The development of sexuality as it is expressed in relationship to other people.
Staff/Caregivers – All persons employed or contracted at Restoring Hope, LLC that are not otherwise designated.

4.3.2a Guidelines on Human Sexuality

- All consumers have the fundamental right to access information and education regarding their sexuality. This information will be presented in a manner that is consistent with their level of learning and development.
- Aspects of human sexuality are evident in all individuals. It is necessary and appropriate that the consumers served by Restoring Hope, LLC have available information and guidance (according to individual needs) for understanding and appropriately expressing their sexuality.
- Consumers are developing human beings and shall be encouraged to live, experience, and achieve according to their own rate of growth and sexual development.
- Human sexuality training will provide consumers with knowledge of their sexuality, including responsible behavior, and provide knowledge about what are acceptable and responsible behaviors. Through training, consumers should be able to make effective and responsible decisions regarding their sexuality.
- At no time should a supported individual's expressions of his/her sexuality result in any form of punishment, whether it is physical, verbal or psychological.
- Relationships between caregivers and consumers should remain solely on a professional level. There should be no fraternization, flirting, or sexual innuendo directed toward a consumer. Such activity will be cause for disciplinary action of the caregiver.
- Sexual activity between caregivers (paid or volunteer) and consumers is prohibited and cause for termination of employment of contract. (MO Regulation)
- In 1990, Congress enacted the Americans with Disabilities Act declaring "the nation's proper goals regarding individuals with disabilities are to assure equality of opportunity, full participation, independent living, and economic self-sufficiency for such individuals." This includes the right to medical care, education, training, guidance, and services to help that person reach his/her full potential.

- A supported individual's right to privacy shall always be respected.

4.3.2b Procedures

1) Sexual Questioning/Curiosity
    a. Definition – when consumers, through gestures or words, ask about differences between self and others, body changes, and/or sexual behaviors.
    b. Guideline – caregiver shall respond to a consumer's sexual questioning and concerns with sensitivity and dignity in a relaxed, mature, and professional manner that is commensurate with each consumer's chronological age and level of understanding. Questioning indicates readiness for sex education and training.
    c. Responsibility and Actions of all Caregivers-
        - Respond to the questions in a non-judgmental manner
        - If a supported individual is non-verbal and expresses curiosity, anticipate questions, and verbalize them for the person appropriate to his/her level of understanding.
        - If an answer is unknown, caregiver will assist the supported individual to obtain the information.
        - Document in the supported individual's daily log notes the conversation and action taken.

2) Sexually Explicit Material
    a. Definition – Any material such as books, photographs, movies, videos, and computer – generated material that clearly depicts erotic behavior, which is intended to cause sexual excitement.
    b. Guideline – Adults have the right to possess sexually explicit material. Some persons may be more susceptible to the impression received from viewing sexually explicit materials than others. Consumers 18 years and older, may possess sexually explicit material
    c. Responsibility and Actions of All Caregivers –
        - If there are any questions or doubt as to whether or not the material is pornographic (illegal), it shall be referred to the Administration for a decision.
        - If a consumer, 18 years of age or older, shares his/her material with other consumers who are under the age of 18, caregiver is to interrupt the activity in a non-punitive manner.
        - Volunteer/caregiver will not purchase or provide sexually explicit materials for consumers.

3) Masturbation
    a. Caregiver(s) should be aware that masturbation is not always purely sexually motivated. Other precipitating factors can include boredom, attention seeking, frustration or agitation, ill-fitting clothes, genital infections or irritation, or social withdrawal.
    b. In addition, medication can result in sexual dysfunction, which may contribute to prolonged masturbation (i.e. inability or difficulty in achieving orgasm).
    c. Responsibility and Action of All Caregiver(s) –
        - When appropriate: Leave the consumer alone when the location and degree of privacy is appropriate, and he/she is not infringing on the rights of others.

- When inappropriate: Interrupt the behavior. Discuss the issue of privacy and appropriateness with the consumer in a non-punitive manner.

4) Nudity

a. Definition – Being without clothing or other covering.
b. Guideline – Nudity shall be recognized as a normal occurrence of human behavior in preparation for or during showering, bathing, dressing, retiring, or any private activities.
c. Responsibility and Action of All Caregivers – Upon discovering consumer, who is inappropriately nude or attempting to be nude without the goal of showering, dressing, retiring, etc.
    - Direct the consumer to the appropriate area for dressing showering, or toileting.
    - Ask the consumer to dress himself/herself if he/she is capable of accomplishing the directive. If not, the caregiver shall assist with dressing the consumer, directing, and encouraging consumer to complete as much of the task as possible.
    - Determine the extent the consumer understands the behavior and discuss the inappropriateness of the behavior.
    - Document the behavior and action(s) taken.

5) Petting

a. Definition – Any kissing or caressing of the arms, neck or facial areas, legs, buttocks, genitals, or breasts for the purpose of sexual arousal.
b. Guideline – Petting shall be recognized as a normal means of human sexual expression between two consenting adults. Petting shall be considered appropriate under the following circumstances:
    - The consumer's behavior does not infringe upon the rights of others.
    - The consumers have demonstrated an understanding of, and responsibility for, their sexual behavior.
    - The consumers are establishing a personal relationship.
    - The location and degree of privacy is appropriate.
    - The behavior does not interfere with other learning activities.
    - The behavior is not injurious.
    - The consumers know appropriate social behavior, including an understanding of discretion and privacy.
    - The consumers know how and when to say yes or no, either verbally or behaviorally.
c. Responsibility and Actions of All Caregivers –
    - **When Appropriate**: Consumers will be left alone to continue petting uninterrupted. At an appropriate time, discuss with the consumers their feelings and understanding of the behavior and the accompanying responsibility.
    - **When Inappropriate**:
    - Interrupt the behavior.
    - Discuss with the consumers their feelings and understanding of the behavior.
    - Document the behavior and action(s) taken.

6) Heterosexual Intercourse

a. Definition – Sexual relations between consenting adults of the opposite sex.

b. Guidelines – Sexual intercourse will be recognized as a normal means of sexual expression between consenting adults of the opposite sex.
c. Ideally appropriate heterosexual intercourse:
    - Consumers are married to each other.
    - Consumers are consenting adults.
    - The location and degree of privacy is appropriate.
    - Consumers have a basic understanding of and responsibility for their sexual behavior, including protection against sexually transmitted diseases (STD's), pregnancy and understanding of emotional responses.
    - Consumers who are sexually active are encouraged to have screening for sexually transmitted disease (STD).
d. Inappropriate heterosexual intercourse
    - The consumer's behavior infringes upon the rights of others or is coercive or abusive.
    - The behavior is conducted in public.
    - One or both consumers are under 18 years of age.
    - Consumers do not have a basic understanding of, and responsibility for, their sexual behavior as defined in this policy.
    - Consumers have not been provided with birth control and other pertinent medical and psychological information.
    - If sexual intercourse is limited according to the Individual's Support Plan per guardian request.
e. Responsibility and Actions of All Caregivers
    - **When Appropriate**:
    - Consumers will be left alone to continue the sexual activity uninterrupted.
    - At an appropriate time, discuss with the consumers their feelings and understanding of the behavior and the accompanying responsibilities.
    - **When Inappropriate**:
    - Stop the behavior in a non-punitive manner.
    - At an appropriate time, discuss with the consumers their feelings and understanding of the behavior and accompanying responsibilities.
    - Refer the consumers for medical examination to assess for possible injury or abuse, as appropriate.
    - Document on the Event Report the behavior and action taken.
    - Report the behavior to the Administration.
    - Contact parent/guardian if consumer is not of legal age to inform them of the incident.
    - If there is a guardian, inform them of the incident.
f. Birth Control
    - Definition – For the purpose of this policy, birth control includes any method used to prevent pregnancy.
    - Guideline – Education and information on birth control shall be available to consumers who are or may become sexually active. This information will be conveyed to each consumer in a method he/she can understand. This method shall be sensitive to the consumer's age, socio-sexual development, cultural background, and religious values.

- Responsibility and Actions of All Caregivers
- Because of the potentially significant implication for consumers and others, decision-making in the area of birth control must include special efforts to insure informed consent and due consideration of the ability of the consumer to take responsibility for the consequences of his/her action.
- When appropriate, the Administrative Team will refer consumers to possible sources for contraceptive needs.
- The consumer's physician shall have primary authority for prescribing contraceptives upon request from the consumer and/or guardian.
- Caregiver is responsible for monitoring that consumers may need assistance in obtaining and proper use of their own prescription and non-prescription birth control methods.

7) Homosexual Relations

a. Definitions – Sexual relations between consenting adults of the same sex.
b. Guidelines – Sexual intercourse will be recognized as a means of sexual expression between consenting adults of the same sex.
c. Appropriate Homosexual Relations:
    - Consumers are consenting adults.
    - The location and degree of privacy is appropriate.
    - Consumers have a basic understanding of, and responsibility for their sexual behavior, including protection against sexually transmitted diseases (STD's).
d. Inappropriate Homosexual Relations
    - The supported individuals' behavior infringes upon the rights of others or is coercive or abusive.
    - The behavior is conducted in public.
    - One or both consumers are under 18 years of age.
    - One or both individuals do not have a basic understanding of, and responsibility for their sexual behavior as defined in the guidelines.
    - Sexual relations are limited according to the Individual's Support Plan(s) per guardian(s).
e. Responsibility and Actions of All Caregivers
    - When Appropriate:
    - Leave the individuals to continue the sexual activity uninterrupted.
    - At an appropriate time, discuss with the consumers their feeling and understanding of their behavior and the accompanying responsibility.
    - When Inappropriate:
    - Stop the behavior in a non-punitive manner.
    - Report behavior to the Administrator.
    - Contact parent/guardian if consumer is not of legal age to inform them of the incident.
    - If there is a guardian, inform them of the incident.
    - At an appropriate time, discuss with the individual(s) their feelings and understanding of the behavior and the accompanying responsibility.

- Refer the individual(s) for medical examination to assess for possible injury or abuse, as appropriate.
- Document on the Incident Report the behavior and the action taken.

8) Sexual Abuse

a. Definitions:
   - Any touching, fondling, or other sexual act, which is done by force or against the will of a minor or other person. If the consent or acquiescence of the other is accompanied by threats of violence toward any person, or if the act is done while the other is under the influence of a drug induced sleep or is otherwise in a state of unconsciousness, the act is done against the will of the other.
   - Other participant is incapable of giving consent or does not have the basic understanding to know right and wrong in sexual matters.
   - Another participant is a child.
   - Other person is under legal guardianship.

b. Guidelines
   - All people have the right to be free from sexual abuse and exploitation.
   - Any sexual activity between caregiver (paid or volunteer) and a supported individual is prohibited.
   - Any sexual act committed by an adult with a child is a criminal act.
   - The occurrence of sexual abuse or exploitation may indicate a need for professional social-sexual education, training, and counseling.
   - The reporting of sexual abuse or exploitation will be done on the basis of state law.

c. Responsibility and Action – When Witnessed or Suspected, All Caregivers Shall:
   - Stop the behavior in a non-punitive manner, if possible, and separate the individuals immediately.
   - Notify Agency Program Manager, Community RN and Administration. Look for any signs or evidence of sexual abuse, such as bruising, cuts and abrasions, Preserve all evidence.
   - Any clothing or personal items that are removed from either participant shall be placed in a bag.
   - Any other items will be left untouched and unmoved.
   - Determine if local law enforcement should be contacted immediately and respond appropriately.
   - Follow mandatory reporting procedures, which include documenting the incident on the Event Report and reporting to the Administrative Team.
   - Provide appropriate supports and determine if further action needs to be taken.
   - Notify the appropriate governmental agency, i.e. TCM, Regional Office, Division of Family Services, or another appropriate agency.

d. When a Supported Individual Reports an Incident of Sexual Abuse (not witnessed) **All Caregivers Shall**:
    - Provide emotional support, as appropriate, to the individual(s) prior to and during all investigations and examinations.
    - Document on the daily log notes, assist Program Manager with information for Incident Report.
    - Notify appropriate governmental agency, i.e. Regional Office, Division of Family Services, medical and/or psychological treatment of law enforcement.
    - Follow-up as indicated to seek appropriate professional counseling/therapy.

9) Marriage
   a. Definition – A union of two consenting adults. The institution whereby men and women are joined in a special kind of social and legal bond.
   b. Guideline – Marriage will be recognized as an acceptable and normal part of the human social sexual process between two consenting adults. Couples living together as husband and wife outside the legal bonds of marriage will not be encouraged; however, it shall not affect the provision of services.
   c. Responsibility and Actions of All Caregivers:
      - *Couples considering marriage should:*
      - Identify whether consumers are their own guardians.
      - Help identify supports needed.
      - Carefully consider finances and budgeting.
      - Provide information regarding marriage based on the consumers ability to:
        - Interact in a socially appropriate manner.
        - Use good judgement.
        - Understand and manage their sexual desires.
        - Have training in human sexuality if needed.
        - If there is reason to believe that a genetically transmitted condition exists, encourage genetic counseling.
        - In the normal process of human social and sexual development, couples that marry consider creating and raising children. In the interest of the consumers that we provide services to, special consideration needs to be given as to their ability to care for a child and what support services would need to be available.
      - *Couples who have decided to be married:*
      - Will be referred to appropriate resources.
      - Will be assisted in locating suitable housing.
      - Will continue support services.

10) Pregnancy
   a. Definition – A development of a child in the uterus following fertilization of an egg.
   b. Guideline – Adults have the right to choose to have a child or children. The consumers are encouraged to be married to each other.
   c. Pregnancy is Appropriate Under the Following Circumstances:
      - Consumers are consenting adults.

- Consumers understand and are able to assume the responsibility involved in child rearing, nurturing, financial obligations.
- Pregnancy is desired.
- Consumers have consulted with their physician and have had genetic counseling, if appropriate.

d. Responsibility and Actions of All Caregivers:
   - See that the mother is under a doctor's care, appointments are kept, and a healthy lifestyle is encouraged.
   - Know that available support services will assist the parents and the child.
   - Refer to appropriate resources for parenting education.

e. Responsibility and Actions of Agency Interdisciplinary Team
   - If there is a reason to suspect that a consumer has become pregnant, appropriate medical tests will be performed immediately.
   - If the medical test confirms a pregnancy, the Administrative Team shall address this issue in a timely manner.
   - If the Administrative Team determines the individuals to be capable of understanding, they may discuss the situation and the options privately with their physician and shall be assisted in locating pregnancy counseling.
   - The Interdisciplinary Team will facilitate the identification and accessing of pertinent education and medical resources through the pregnancy counseling agency or the community.
   - If the individuals are deemed unable to make responsible decisions, the Administrative Team shall assist them.
   - Any decision regarding termination of pregnancy will be the responsibility of the consumer and/or guardian and physician.

11) Sexually Transmitted Diseases
   a. Definition – Any disease, which occurs as a result of a sexual act or relationship.
   b. Guideline – All individuals have the right to protect themselves against sexually transmitted diseases. Supported individuals have the right to be educated regarding the transmission and protection against such diseases.
   c. Responsibility and Actions –
      - Sex Education Instruction
        - Teach the nature and consequences of sexually transmitted diseases and teach responsible methods of protection and prevention.
        - When consumers are suspected to have a sexually transmitted disease, or there is reason a sexually transmitted disease may be contracted.
      - All Caregivers Shall – Schedule medical tests to verify whether a disease is present, if one is suspected, or if consumers are sexually active.

4.4 Self-Esteem (achievement, mastery, recognition, respect)

Restoring Hope, LCC promotes positive attitudes by caregivers and supported individuals alike, to increase the level of independence, self-worth, and accomplishments. Through our approach, we respect the differences in others and encourage each person to be the best version of themselves they can be.

4.4.1 Standards of Conduct

4.4.1a Confidentiality per HCBS Requirement 14

Restoring Hope, LLC requires strict confidentiality of records and information concerning the individuals we support. Restoring Hope, LLC implements and upholds the Privacy Act. All employees and contractors upon beginning services and annually thereafter, will sign a statement of confidentiality and receive training in compliance on the privacy regulations as outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPPA). It is the responsibility of the Administration and caregivers providing supports to protect the individual's confidential information for unauthorized use or disclosure. A breach of confidentiality could result in termination of employment or contract. Any complaints concerning the organization's privacy policies should be submitted directly to agency central office/administration.

For the purpose of this policy, the following terms are defined as:

- PHI – Personal Health Information (personal record) is any information or date recorded in any medium, including, but not limited to handwriting, print, tapes, files, microfiche, and computer generated lists with personally identifiable records including: the name of the individual, the individual's parents, or the family members or guardian; The individual's address and phone number; a personal identifier such as the individual's social security number, DOB, DMH/DCN ID; that the individual receives paid support services; a list of personal characteristics which would make the individual's identity known and easily traceable.
- Disclosure/Dissemination – Permitting the release, transfer, or other communication of confidential personal information orally, in writing, by electronic means, or by any other means to any party.
- Access – Permitting any person/agency the opportunity to review confidential personal information, which includes the personal file, for the purpose of gathering information, program evaluation, copying reports, etc.

  Any files or records of personal information Restoring Hope, LLC possesses are the property of Restoring Hope, LLC and are maintained for service to persons being supported. Any information regarding the individual shall be considered confidential. It is the responsibility of all employees or Restoring Hope, LLC to insure personal information against loss, tampering, or use by unauthorized persons.

  The following rules regarding confidentiality of consumer information will be strictly adhered to.
  - All individual records and communications are made confidential by various laws. This means that you cannot reveal any information to anyone about a supported individual (including that they are supported by our agency) unless the law says it is permissible.
  - Sharing of information regarding a supported individual is strictly prohibited except on a need to know basis. This means we cannot tell anyone (even a coworker) about an individual's

condition (physical or mental health) unless that coworker needs to know. A person working with and caring for a person needs to know specific information about that person which pertains to the care they are required to give. This information should be shared in a confidential manner so that others cannot hear it.

- Caregivers should not talk about an individual's information or allow supported individual's information to be seen in either paper form or viewed electronically.
- You may reveal information to medical personnel to the extent necessary to meet a medical emergency.
- You may release information to governmental agencies (e.g. Social Security Administration. Department of Mental Health, etc.) or individuals/corporations such as insurance companies involved in the payment of fees for services to the individual as authorized by law to ensure appropriate care and treatment. There are specific rules and regulations regarding release of information.
- If unsure whether information about a person should be shared, ask administration.

Access – The following persons/agencies have authorized access to an individual's personal record:

- All Restoring Hope, LLC Administration/management
- Applicable caregivers
- Regional Offices as applicable
- Targeted Case Management entities as applicable
- Health and Human Services
- DMH Licensure Inspectors
- Consumer's medical team (physicians, counselors, etc.)
- Community RN
- Social Security or Medicaid representatives for eligibility of benefits determination

Under no circumstances will a consumer's personal records be accessible to persons not authorized as per this policy. Access to records will not be permitted without specific consent of the legal guardian.

Individual/Parent/Guardian Access to Records:
The Administrator shall give persons being supported, or the guardian of an individual declared legally incompetent, access to the individual's record under the following conditions:

- The request shall be made in writing to the Restoring Hope, LLC Program Manager or Administrator. The request shall be kept in the individual's record.
- The Restoring Hope, LLC Program Manager or Administrator may deny access to any personal information if access is determined to be inconsistent with the individual's care, treatment, or habilitation. The reason for withholding the record shall be documented in the

individual's file and a copy given to the person requesting the information.
- The individual's record may be reviewed only in the presence of the Restoring Hope, LLC Administration.

4.4.1b Privacy and Preferences per HCBS Requirement 7, 14, 16

Action/Setting

Supported individuals have the right to privacy. When selecting Restoring Hope, LLC as their provider, the individual and/or their guardian and planning team are informed of housing arrangements available. Of those options, individuals and/or their guardian will have the opportunity to assist and provide input in the selection of roommate(s)/housemate(s). Individuals will have privacy in their bedrooms. Individuals will have their own private bedroom unless an exception has been requested and granted for a roommate. An individual can request to meet with a visitor privately when possible, appropriate, and safe for them to do so. Caregivers will knock before entering a person's private space (home, bedroom, or bathroom). Extra effort will be made to ensure privacy in their bedrooms and bathrooms except when assistance is needed and documented in the ISP. If an issue arises between housemates, Restoring Hope, LLC will meet with those involved, including, but not limited to housemates, caregiver(s), guardian, Service Coordinator, and try to develop solutions.

All exterior doors to the residences will have locks or other secured measures and supported individuals will have the opportunity to be provided a key or given access otherwise at their request. Bedroom doors may also have locks and individuals will be given the opportunity to have a key or other access to their own bedroom door. Appropriate caregivers will have access to exterior door and bedroom door keys when applicable but will always knock before entering.

Cameras or similar monitoring devices should only be used if:
- Medically or functionally necessary; AND
- Approved by the guardian and the Division (when applicable) AND
- Reviewed by the Division's Due Process Committee (when applicable)

Caregivers at settings that have cameras or similar monitoring devices in use prior to supporting an individual, will disclose the use, location and purpose of the cameras or monitoring devices to Restoring Hope, LLC. When providing housing options for an individual, Restoring Hope, LLC will ensure the support team and individual are aware and approve of the use of cameras or similar monitoring devices prior to their selection of provider.

Restoring Hope, LLC and associated caregivers will respect the preferences of the supported individual when furnishing and decorating their home or bedroom. If the individual requests or wishes to purchase specific décor or furnishing items, Restoring Hope, LLC will assist them as best as possible. This may include education on budgeting, comparison shopping, prioritizing purchases, etc.

4.4.1c Code of Conduct per HCBS Requirement 9

Restoring Hope, LLC, all employees, and contractors, recognize the importance of treating people with **"dignity and respect."** The following

code of conduct applies to anyone employed by or contracted with Restoring Hope, LLC:

- Daily Interaction and Supports: Relationships between Restoring Hope, LLC employees/contractors and supported individuals shall remain professional, maintaining respect, during paid and unpaid periods of time. Restoring Hope, LLC employees and contractors shall conduct themselves in a respectful manner when interacting with supported individuals, agency co-workers, support team members, etc., regardless of those in attendance at the time. Supported individuals shall be addressed in a relaxed, mature, and professional manner that is commensurate with each individual's chronological age and level of understanding. Supports will be provided in positive ways in a manner that creates a positive image. Supports shall not demean the individuals, but rather, promote and build positive growth and self-image, self-control, and independence.
- Protect Health and Safety: If Restoring Hope, LLC suspects a supported individual has experienced or been involved in any abuse, neglect, exploitation, or maltreatment, our first duty is to protect the victim's health and safety. Caregivers and employees must follow agency policy and criteria for reporting events. (See Event Reporting for further details.)
- Compliance with laws: All employees and contractors will conduct business activities in compliance with all applicable laws and Restoring Hope, LLC's policies. All employees and caregivers are expected to take appropriate action against co-workers who violate laws or policies.

4.4.1d Visitors and Outside Interaction per HCBS Requirement 12 & 18:

- **Visitors:** Restoring Hope, LLC will encourage supported individuals to maintain relationships with family and friends outside of their support team and caregivers. Supported individuals have the right to receive visitors of their choosing at reasonable times. This right will not be limited unless requested by the guardian or support team and reviewed by the Due Process Committee. Caregivers and support team members will work with the supported individual to assure the visit is scheduled accordingly and does not disrupt the individual's progress, appointments, employment, or activities otherwise scheduled. Supported individuals may have housemates; respect should be demonstrated for all parties who may be affected by the visit. Caregivers will assist in making sure the visit remains safe, appropriate and within the parameters of the individual's ISP. Visitors are allowed in common areas and the individual's bedroom if the person wishes to invite them and such interaction is approved by the support team.
- **(Visitors continued)** If a supported individual wishes to have visitors in their home, they should first make their request known to their caregiver who can assist them with scheduling the visit(s). Parameters for the visit/visitors will be defined by support team members (guardians, Service Coordinators, managers, etc.) to assure the safety and security of the supported persons and any housemates.

- **(Visitors continued)** Employees are not to have visitors while: on the clock" and providing support for an individual. Caregivers in shared living agreements may have visitors; however, providing care to the supported individual is still the priority of the paid caregiver. It is important to encourage and teach individuals acceptable behaviors and actions when at home and in the community. Remember that the privacy of everyone is very important to and it must be respected. Personal property is to be respected and each person's personal information is not be discussed with visitors. This is considered a breach of confidentiality.
- **Phone Use:** Supported individuals have the right to use a phone to make and receive confidential phone calls. This right, like others, may not be limited unless the support team has identified why it is not appropriate, the parameters and restoration of right is outlined in the rights restriction and reviewed by the Due Process Committee. Caregivers will work with the individual on using the phone appropriately: using proper etiquette regarding who to call and when, how often, how long, topic of discussion, etc.
- **Social Media/Internet:** Restoring Hope, LLC recognizes that internet access and social media drive much of today's work and entertainment activities. Caregivers will exercise precaution and support individuals who wish to use the internet or social media, so that they do so in a safe manner. Parental controls, assistance, supervision, monitoring, etc. may all be used to assure that the content and activity is appropriate for the individual receiving services. Internet and social media use should be discussed with the individual's support team to define healthy and safe parameters.

4.4.2 Accomplishments/Self Value

4.4.2a Employment per HCBS Requirement 2

Restoring Hope, LLC will ensure that all individuals who wish to work, are supported in doing so. Those who are interested in beginning the process of looking for employment, should talk with their caregiver and planning team to discuss employment options. Restoring Hope, LLC team members will assist the planning team (guardian, Service Coordinators, etc.) in seeking out employment options for the individual. If participants obtain or have a job, Restoring Hope, LLC will support them, as needed to accommodate their identified needs and help in their success.

If a supported individual has been laid off from a job program, the caregiver will communicate with the Program Manager and support team regarding further employment direction opportunities.

4.4.2b Money Management per HCBS Requirement 3

Restoring Hope, LLC will support individuals in managing their own money and personal resources, whether they have a payee or are managing their own money. Individuals shall control their own access to their money, but may also request to have Restoring Hope, LLC help manage funds. Caregiver will offer guidance and encouragement in education to assist individual with learning to control personal resources appropriately including but not limited to: help pay bills, make deposits, budget for more

expensive items, and help them to learn how to manage money. Restoring Hope, LLC implements a system to account for and safeguard personal funds, including staff training. Individual funds will only be used by and for the same individual.

An individual may use their personal spending, wage money they have earned, or other monies gifted or through benefits, as they wish. It is not to be used for household supplies such as laundry detergent, paper goods, and exam gloves. These are considered as household expenses and will be bought from the monthly stipend. Caregivers should provide oversight of purchases to assure the supported individual is not manipulated or taken advantage of financially. When an individual purchases an item they must have a receipt to verify the purchase, so a ledger can be filled out. If possible, this purchase should be separate from any other purchase for the home or family. For instance, if the caregiver is grocery shopping and the consumer purchases a game or puzzle, it should be purchased separately from the home or family purchase.

Documentation requirements regarding personal spending money:

Most individuals are given a set amount of personal spending money each month. This may come once a month or in multiple disbursements. The caregiver is responsible for noting each check, according to its' category, on the according ledger. This includes personal spending money, wages and NAFs when applicable. Additionally, the caregiver will assist the individual with obtaining receipts and marking the purchases as debits on the appropriate ledger. The supported individual should show ownership and responsibility and assist with the ledger as appropriate, including initialing deposit and withdrawal/debit amounts. Receipts are to be kept with the appropriate month's ledger. Remaining amounts at the end of the month may roll over to the next month as balance forward; however, a new ledger should be used for each month.

Program Managers are responsible for checking ledgers for accuracy and turning in copies of ledgers and receipts to the appropriate agencies.

4.4.2c Freedom of Choice per HCBS Requirements 11 & 17

Restoring Hope, LLC will support and educate individuals, assisting them to be self-sufficient at making appropriate choices in their daily activities, how they spend their free time, but not limited to whom they interact with, what activities they choose or where they are located. Restoring Hope, LLC will offer different options to supported individuals so they may make a decision as independently as possible or with their guardian without any undue influence, and that is based on sufficient experience and knowledge, including exposure, awareness, interactions, and/or instructional opportunities, to ensure that the choice is made with adequate awareness of all the available alternatives to and consequences of options available. Individuals receiving supports with Restoring Hope, LLC will be offered activities that are individualized to the person's wants and needs. Preferences of the supported individual are to be considered and each person should have input and support when making their daily schedules and routines, with the long-term goal being self-sufficiency.

4.5 Self-actualization (pursue inner talent, creativity, fulfillment)

4.5.1 Lives beyond Limitations

Missourians shall be free to live their lives and pursue their dreams beyond the limitations of mental illness, developmental disabilities, alcohol, and other drug abuse.

4.5.2 Department of Health Mental Values

- Full Community Membership – all people are accepted and included in the educational, employment, housing, and social opportunities and choices of their communities.
- Access – all people can easily access coordinated and affordable services of their choice in their own communities.
- Individualized Services and Supports – all people design their own services and supports to enhance their lives and achieve their personal visions.
- Cultural Diversity – all people are valued for and receive services that reflect and respect their race, culture, and ethnicity.
- Dignity, Self-Worth, and Individual Rights – all people are treated with respect and dignity and their rights are ensured by persons providing them with services and supports.
- Prevention and Early Intervention – all people live their lives free of, or are less affected by, mental or physical disabilities as a result of our emphasis on prevention and early intervention.
- Excellence – all people determine the excellence of their services and supports based on the outcomes they experience.
- Valued Workers – all people who provide services and supports are our organizations' most important resources.
- Competence – all people receive services delivered by caregiver that is competent in dealing with culture, race, age, lifestyles, gender, sexual orientation, religious practice, and ethnicity.

4.5.3 Clients' Rights

Missouri Department of Mental Health; Division of Developmental Disabilities Client shall be entitled to the Following Rights without Limitation –

- Due process
- To have humane care and treatment
- To the extent that the facilities, equipment, and personnel are available for medical care and treatment in accordance with the highest standards accepted in medical practice
- To have safe and clean housing
- To attend religious services
- To receive prompt evaluation and care, treatment habitation, or rehabilitation
- To be treated with respect
- To be the subject of an experiment only with client consent or the consent of the person legally authorized to act for client
- To have client's private doctor examine client at client's expense
- To be evaluated and care for in the least restrictive environment
- To refuse hazardous treatment or surgery unless ordered by a court
- To request and have a second opinion before hazardous treatment or irreversible surgery, except in emergencies
- To have nourishing, well-balanced meals
- To not work unless part of client treatment, rehabilitation, or habilitation
- To be free from verbal or physical abuse

- To have records kept confidential
- To correspond by sealed mail with officials of DMH, lawyer, or a court
- Unless otherwise stated by law, to have the same legal rights and responsibilities as any other citizen
- To receive an impartial review of alleged violations of the rights listed above and any also otherwise assured under law

Client Entitled to the Following Rights, which may be Limited –

- To wear own clothes and keep use of personal possessions
- To keep and spend a reasonable amount of own money
- To receive visitors of own choosing at reasonable times
- To have access to personal medical and service records
- To use a telephone to make and receive confidential calls
- To exercise physically and be able to pursue outdoor recreation
- To have access to current newspapers, magazines and radio and television programs

Any limitation placed on a client's rights shall be documented in the clinical record and must be approved by the Administrator where client resides, or day program attended for treatment or habilitation, if client has been admitted to such services. Client's rights may be limited only when those rights are inconsistent with therapeutic care, treatment, habilitation, or rehabilitation.

4.5.4 Restrictions/Modifications (per HCBS Requirement 6 and 20)

Restoring Hope, LLC shall encourage and educate supported individuals to make safe and healthy choices to be independent and in control of their daily lives to the best of their abilities. No supported individuals will have their rights restricted by Restoring Hope, LLC except if detailed in their ISP or BSP and approved by the planning/support team. Any needed modification or restriction of a "right" must meet the following requirements, be reviewed by the Due Process Committee (as applicable) and be documented in the ISP:

Specific assessed need and justified:

- Positive interventions and supports used prior to any modifications
- Less intrusive methods tried but did not work
- Clear description of the condition that is directly proportionate to the specific assessed need
- Regular collection and review of data to measure the ongoing effectiveness
- Informed consent of the supported individual and/or their guardian
- Assurance that interventions and supports will cause no harm to the person
- If an individual has a rights restriction indicated in his/her ISP, Restoring Hope, LLC will collaborate with the Support Coordinator and other providers to collect data, attempt alternative strategies, and work towards reinstating the restriction over time.
- External advocate and right to participate in the process.

Caregivers are trained in each person's ISP by the support team. Employees and/or contractors complete training regarding documentation guidelines based upon the content and goals noted in the ISP. Caregivers are to document methods and approaches implemented to support the individuals with undesired behaviors in

service notes and/or event management tracking reports. Restoring Hope, LLC will provide management, oversight, feedback and supervision (direct or indirect) to the caregiver(s) regarding supports, service notes and documentation and then provide re-training, education and disciplinary action as necessary. Person-centered-planning teams will regularly (a minimum of quarterly) evaluate the effectiveness of an intervention, based on the individual circumstances, weigh the risks, the success, timelines, etc. and determine appropriate course of action of all modifications and/or restrictions. Restoring Hope, LLC will request copies of Due Process when applicable to retain in the supported individual's record.

There may be instances in which one supported individual has a restriction, while a roommate does not have the same need. If this occurs, Restoring Hope, LLC will collaborate with the support teams of each person to determine further action. Person-Centered Planning teams will assure that the modifications/restrictions and methods of supports needed are outlined in each person's ISP. Individuals will be informed of alternative housing choices available if the person and their team cannot come to amicable roommate/living terms.

4.5.5 Behavior Management Policy

The purpose is to identify the policy of this agency regarding the management of behavior of individuals served, including behavioral crisis and use of restraints and time-outs. Incidents are to be reviewed by the team at the next monthly review. Each home shall follow the behavior management policy as specified by the Regional Office's Behavior Management Review Team. Restoring Hope, LLC adheres to the concept of ensuring the optimum development and adaptions of the individuals served. The modification of maladaptive behaviors, which interfere with an individual's full realization of their potential, shall be the focus of all personnel's responsibilities for that individual's care and habilitation. Behavior management procedures shall not be used as punishment, for the convenience of caregiver, or as substitute for developmental activities. Corporal punishment, verbal abuse, and emotional abuse will be specifically prohibited. Mechanical restraints will be prohibited. PRN orders for behavior modifying drugs will not be used unless exceptions approved by the Regional Office.

4.5.6 Use of Time- Out Guidelines

The use of time-outs will be used only in accordance with a developed behavior-shaping plan and each use will be documented. Only designated rooms which have been determined to be free of hazards, which cannot be locked, and which allow for direct observation of the individual will be used as time-out areas. When individuals served are placed in a designated time-out area, they will remain under the supervision of a caregiver for the duration of the time-out. All behavior plans using the time-out procedures will designate the time limit. This will not exceed 15 minutes per episode unless extraordinary circumstances warrant a longer period, and this is specifically approved by the interdisciplinary team.

4.5.7 Physical, Mechanical, or Chemical Restraint

Policies and Procedures for Restoring Hope, LLC, prohibit the use of physical, mechanical, or chemical restraints for the individuals we serve, except where indicated it is appropriate by the consumers BSP and/or ISP. In this case, all caregivers working with that consumer will be trained in Mandt (or other acceptable curriculum and course) procedures and will use it according to the methods taught

in the course. If a caregiver or support team member is not trained in using physical restraints, they are prohibited from implementing such methods. The caregiver will not use physical intervention, mechanical devices, or chemical restraints to restrict the free movement of the individuals we serve or the movement or normal function of a portion of the individual's body, excluding devices used to provide support for the achievement of functional body positioning or proper balance, and devices used for specific restraint or excess application of force shall be considered abuse and will be cause for disciplinary action, except where appropriate as noted above.

5.0 Communication

Clear, factual communication is vital when supporting individuals with developmental disabilities. This includes communicating with the individual themselves, as well as Program Managers, support team members, other caregivers responsible for support, medical teams, guardians, etc. Employees and contractors will follow confidentiality policies as noted in above in 4.4.1 a-c. Methods of communication can be single or a combination of verbal content, body language and written communication.

5.1 Communicating with Individuals We Support

Individuals with developmental disabilities often have difficulties in communication. We must learn how they best communicate, expressively and receptively, and then modify our communication approach accordingly. Each individual's ISP should address communication methods in order for employees or contractors to have a better understanding on how to be the most successful when communicating with one of our supported individuals.

Modifications may include (not limited to):

- Verbal and written directions
- Picture reminder/cues/stories
- Extended time for processing content
- Re-phrasing
- Simplified messages
- Questioning for clarity

5.2 Documentation Guidelines/Communicating Daily Activities

Daily progress notes/service notes are required by the Federal Center for Medicaid and Medicare Services (CMS). Failure to provide appropriate documentation can lead to recoupment of funds.

DMH and Medicaid Requirement:

Adequate Documentation is required to be maintained in an individual's record that reflects each authorized service billed. The notes should be completed within five (5) days from the date the service was provided. Completion of documentation upon the end of each shift for services provided during that shift is recommended as best practice.

Documentation should be completed upon the conclusion of your shift. **Failure to complete documentation appropriately and within an acceptable timeframe may result in disciplinary action or delayed compensation. Restoring Hope, LLC's guideline for documentation is that daily log notes should be entered as soon as possible, no later than 3 days after the date of service (this is to ensure that the most accurate details are captured and recorded) however, daily progress notes**

must NOT exceed the Medicaid federal requirement of 5 days after the date of service. If documentation is not completed within the state and federal 5-day Medicaid requirement, contractor wages may be delayed or withheld until the necessary documentation is completed. Program Managers will check documentation and communicate with caregiver when documentation is not complete, adequate or within the designated time frame. Program Manager will also communicate to Supervisor, Administrator, and central office payroll/financial department when contractor wages are due to be delayed. Program Manager will continue to check documentation and communicate with central office/financial department a date in which the wages may be released to the contractor. For every progress note that is not entered within the 5-day requirement, the contractor check may be held for every day the progress note is late beyond the 5 days. (Example: the progress note was entered 10 days late. 10 days minus the 5-day grace period, check may be held 5 days beyond the regular payroll issued date.) Restoring Hope, LLC want all caregivers to be efficient with your documentation. If you are delayed in entering your progress notes for any reason, such as internet connectivity, Therap issues, or a natural disaster, contact your Program Manager the day you are experiencing difficulties.

Documentation should be completed in black ink, no pencils, no markers. All documentation that caregivers are responsible for is considered legal medical records and can be requested for inquiries, investigations, or court ordered. Each item is to be completed with initials, printed name and signature when indicated. Blanks on documentation may be considered incomplete. Only services that have been provided are to be documented. If a service was to be provided and was not, such as cancelled or missed doctor's appointment, this should be noted appropriately as well.

5.3 Communicating with support team members

5.3.1 Caregivers should communicate pertinent information vital to the day's progress and person's status when responsibility of care is being exchanged (i.e. shift to shift or full-time to relief/part-time caregiver). Include any appointments, expectations, medical needs, responsibilities, etc. for the individual that will need to be supported.

5.3.2 Caregivers are the best source of information regarding baseline data, progress, health and safety concerns, etc. for the individual they support, and should do their best to report information objectively and promptly to support team members as necessary or requested. This includes Agency Program Managers, Support Coordinators, guardians, health and medical professionals, regional office personnel.

5.3.3 Communication with individual's family or friends should be limited to the parameters of confidentiality, as well as the guidance and approval of the guardian.

5.3.4 Program Managers will assist with communication between support team members and play an active role and be positive support in team conversations.

5.3.5 Administration and/or supervisors may be contacted as necessary for additional support pursuant to Program Manger interaction.

5.4 Reporting Medical Concerns:

Community RN should be notified of information regarding health issues, monitoring health concerns, and monitoring documentation. Caregivers should contact the Community RN or Program Manager if they have any concerns. Caregivers should not use the emergency phone number unless it is an actual emergency. In case of emergency, caregiver should call the appropriate

emergency number for the individual and the current physical location (most often 911 unless a doctor's office is open or has on-call). Caregivers should not wait for a Community RN to return their call to act on medical emergencies. In case of a serious health concern: high fever, fall, etc., caregivers should use the chain of command. When calling the Community RN or doctor, caregiver should be prepared to give the following information:

- Appearance, energy level
- Appetite
- Symptoms
- Sleep pattern
- Bowel movements
- Temperature
- Vitals (blood pressure, pulse)

5.5 Communicating with Central Business Office

Restoring Hope, LLC Central Business office may contact employees or contactors regarding required trainings, documentation, concerns, etc. Communication most often is completed via email; employees and contractors should check their email regularly and respond to email request as soon as possible. Likewise, Restoring Hope Administration and management are not always readily available at the Central Business office and emailing the appropriate contact person is the best way to communicate with them.

6.0 Agency Administrative Responsibilities

Some responsibilities will rest with Restoring Hope, LLC Administration and will not directly reflect care of supported individuals or duties of caregivers.

6.1 Retaining Records/Files

Restoring Hope, LLC will retain all supported individuals' records, employee, and contractor records for a minimum of seven years. Records may be kept in paper or electronic copies and files.

6.2 Admission/Discharge

6.2.1 Admission

- Age of individuals will vary, as the determination of our ability to provide services will be based on the age differences in typical and natural home settings.
- Individuals will meet the Federal definition of developmental disability and will be eligible through the Department of Mental Health with a diagnosis of mental retardation/developmental disability.
- Individuals will be eligible for Medicaid.
- Individuals will require assistance with personal hygiene and daily living skills.
- Individuals will have behaviors that can be addressed with primary use of non-aversive, positive behavior management methods.
- Individuals will be mobile and able to evacuate the premises with caregiver assistance and/or through the use of assistance equipment.

6.2.2 Discharge

If the individual, family member, guardian wishes to transfer to another facility/withdraw from Restoring Hope Host Home services, he/she should contact the Administrator. The Restoring Hope, LLC agency will provide reports, summaries, etc. as requested to the Service Coordinator and/or new provider as requested and permitted by the guardian. Restoring Hope, LLC

caregiver and/or management will participate in the ISP/transition meeting(s) when a recommendation for transfer has been made. An agency discharge summary will be completed and maintained in the individual's records.

6.3 Research Policy

Research is defined as intervention or interaction on residents or clients to test hypotheses, derive generalizations to test new interventions classified as experimental whether behavioral, psychological, biomedical, or pharmacological and shall include the review of current or past resident or client, personally identifiable records, surveying residents or clients, and use of resident or client personally identified statistics.

The people we provide services for will not be used for any type of research, whether it is medical, psychological, programmatic, etc., unless approved by the individual or their legally responsible representative.

Anyone wishing to complete research involving an individual supported by this agency shall:

- Submit the form #8114, "Application for Research with Clients" to the Department of Mental Health Office of Planning and Quality Management";
- Receive formal written approval from DMH prior to initiating the research project;
- Follow strict State and Federal guidelines.

6.4 Death of a Consumer

Should death of a consumer occur the following is a guideline:

- Call 911 and follow their guidance
- Contact the Agency Administration
- Contact the consumer's TCM Support Coordinator or on-call person
- Notify Regional Office
- Contact the individual's guardian
- Complete Event Report and a Mortality Review

6.5 Individualized Supported Living (ISL) Variance Reports

Guidance: https://mmac.mo.gov/providers/self-audits-self-disclosures/individualized-supported-living-isl-variance-reports/

Variance Reporting

Annual Report: Restoring Hope, LLC will daily track the variance of service provisions for each individual served. Restoring Hope will utilize each individual's plan year as the basis of said reporting timeline.

Service Variance: Restoring Hope, LLC will utilize the DD Waiver Variance Calculation Worksheet for the reporting of variance of service provisions. Said worksheet shall be submitted to the appropriate entities to assure self-disclosure of proper reporting of any variance of service provisions.

Over-service of Provisions: Restoring Hope, LLC will report directly to Provider Relations at the Poplar Bluff Satellite Office any over-service of service provisions for each individual.

Under-service of Provisions: Restoring Hope, LLC will report directly to Missouri Medicaid Audit and Compliance any under-service of service provisions for each individual.

6.6 Federal and State False Claims Acts Policy with Whistleblower Protections and Non-Relation Policy

6.6.1 Purpose

Restoring Hope, LLC is committed to its role in preventing fraud and abuse and complying with applicable state and federal law related to fraud and abuse. The Deficit Reduction Act of 2005 requires information about both the federal False Claims Act and other laws, including state laws, dealing with fraud, waste, and abuse and whistleblower protections for reporting those issues. To ensure compliance with such laws, Restoring Hope, LLC has policies and procedures in place to detect and prevent fraud, waste, and abuse, and supports the efforts of federal and state authorities in identifying incidents of fraud and abuse. Federal State False Claims Acts are statutes that cover claim fraud involving any federally funded contract or program, including the Medicare and Medicaid programs. The Act establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the U.S. government for payment. Violation of the federal False Claims Act is punishable by a civil penalty of between $11,000 and $21,563 per false claim, plus three times the amount of damages incurred by the government. This policy sets forth Restoring Hope, LLC's policies, and procedures for detecting and preventing fraud, waste, and abuse and an overview of the Federal Civil False Claims and Program Fraud Civil Remedies Acts and applicable state laws.

6.6.2 Policies and Procedures

Restoring Hope, LLC's policies and procedures are intended to detect and prevent fraud, waste, and abuse in its activities, including fraud, waste, and abuse in the Federal State health care programs. These systems rely upon daily reports of Restoring Hope, LLC consumers' activities from the Host Homes, which ultimately are billed monthly in reliance upon a program manager's report which combines the daily reports of consumers. Any error or concern as to any of these reports should promptly be brought to the attention of your supervisor or the Administrator of Restoring Hope, LLC. Restoring Hope, LLC takes fraud and abuse very seriously. It is our policy to provide information to all employees, contractors and agents about the federal and state False Claims Acts, remedies available under these provisions and how employees and others can use them, and about whistleblower protections available to anyone who claims a violation of the federal or state False Claims Acts. We also advise our employees, contractors and agents of the steps Restoring Hope, LLC has in place to detect fraud and abuse.

6.6.3 Federal and State False Claims Laws

The Role of Federal and State Laws in Preventing Fraud, Waste, and Abuse: The Centers for Medicare & Medicaid Services (CMS) defines "fraud" as the intentional deception or misrepresentation that an individual knows to be false (or does not believe to be true) and makes, knowing that the deception could result in an unauthorized benefit to himself or another person. CMS defines "abuse" as incidents or practices or providers that are inconsistent with sound medical practice and may result in unnecessary cost, improper payment, or the payment for services that either fail to meet professionally recognized standards of care or are medically unnecessary. The Federal Government and the State of Missouri have enacted criminal and civil laws pertaining to the submission of false or fraudulent claims for payment or approval to the federal and state governments and to private payors. These False Claims Laws, which provide for criminal, civil, and administrative penalties, provide governmental authorities with broad authority to investigate and prosecute potentially fraudulent activities, and also provide anti-retaliation provisions for individuals who make good faith reports of waste, fraud, and abuse.

6.6.4 The Federal Civil False Claims and Program Fraud Civil Remedies Acts, Applicable State Laws, and Anti-Retaliation Provisions are Summarized in the Following Sections

6.6.4a Federal Civil False Claims Act the Civil False Claims Act (31 U.S.C. 3729 et seq.) is a statute that imposes civil liability on any person who:

- Knowingly presents, or causes to be presented, a false or fraudulent claim, record or statement for payment or approval
- Conspires to defraud the government by getting a false or fraudulent claim allowed or paid
- Uses a false record or statement to avoid or decrease an obligation to pay the Government,
- Other fraudulent acts enumerated in the statute. The term "knowingly" as defined in the Civil False Claims Act ("FCA") includes a person who has actual knowledge of the information, acts in deliberate ignorance of the truth or falsity of the information, or acts in reckless disregard of the truth or falsity of the information. No proof of specific intent to defraud is required. The term "claim" includes a request or demand for money or property if the United States Government provides any portion of the money requested or demanded. Potential civil liability under the False Claims Act currently includes penalties of 3 between five thousand five hundred and eleven thousand per claim, treble damages, and the cost of any civil action brought to recover such penalties or damages. The Attorney General of the United States is required to diligently investigate violation of the False Claims Act and may bring civil action against a person. Before filing suit, the Attorney General may issue an investigative demand requiring production of documents and written answers and oral testimony. The False Claims Act also provides for Actions by Private Persons (qui tam lawsuits) who

can bring a civil action in the name of the government for a violation of the False Claims Act. This provision essentially allows any person with actual knowledge of false claims activity to file a lawsuit on behalf of the U.S. government. Under federal law, the whistleblower may be awarded a portion of the funds recovered by the government, typically between 15 and 30 percent. The whistleblower also may be entitled to reasonable expenses, including attorney's fees and costs for bringing the lawsuit. Generally, the action may not be brought more than six years after the violation, but in no event more than ten. When the action is filed it remains under seal for at least sixty days. The United Sates Government may choose to intervene in the lawsuit and assume primary responsibility for prosecuting, dismissing, or settling the action. If the Government chooses not to intervene, the private party who initiated the lawsuit has the right to conduct the action. In the event the government proceeds with the lawsuit, the qui tam plaintiff may receive fifteen to twenty-five percent of the proceeds of the action or settlement. If the qui tam plaintiff may also receive an amount for reasonable expenses plus reasonable attorneys' fees and cost. If the civil action is frivolous, clearly vexatious, or brought primarily for harassment, the plaintiff may have to pay the defendant its fees and cost. If the plaintiff planned or initiated the violation, the share of proceeds may be reduced and, if found guilty of a crime associated with the violation, no share will be awarded the plaintiff. Whistleblower Protection: The False Claims Act also provides for protection for employees from retaliation. An employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against in terms and conditions of employment because of lawful acts conducted in furtherance of an action under the False Claims Act may bring an action in Federal District Court seeking reinstatement, two times the amount of back pay plus interest, and other enumerated costs, damages, and fees. Remember, under Federal State law, you are not required to report possible false claim violation to Restoring Hope, LLC before bringing a civil action under the False Claims Act.

6.6.4b Federal Program Fraud Civil Remedies Act of 1986

The Fraud Civil Remedies Act of 1986 ("Administrative Remedies for False Claims and 4 Statements" at 38 U.S.C. 3801 et seq.) is a statute that establishes an administrative remedy against any person who presents or causes to be presented a claim or written statement that the person knows or has reason to know is false, fictitious, or fraudulent due to an assertion or omission to certain federal agencies (including the Department of Health and Human Services). The term "knows or has reason to know" is defined in Fraud Civil Remedies Act of 1986 as a person who has actual knowledge of the information, acts in deliberate ignorance of the truth or falsity of the information or acts in reckless disregard of the truth or falsity of the information. No proof of specific intent to defraud is required. The term "claim" includes any request or demand for property or money, e.g.,

grants, loans, insurance, or benefits, when the United Sates Government provides or will reimburse any portion of the money. The authority, i.e., federal department, may investigate and with the Attorney General's approval commence proceedings if the claim is less then one hundred and fifty thousand dollars. A hearing must begin within six years from the submission of the claim. The Fraud and Civil Remedies Act of 1986 allows for civil monetary sanctions to be imposed in administrative hearings, including penalties of five thousand five hundred dollars per claim and an assessment, in lieu of damages, of not more than twice the amount the original claim. Examples of a possible false claim.

1. Making false statements regarding a claim for payment
2. Falsifying information in the medical record
3. Double-billing for items or services
4. Billing for services or items not performed or never furnished

6.7 Whistleblower Protection and Non-Retaliation Policy

In accordance with Federal and State Law, Restoring Hope, LLC prohibits retaliation or intimidation against any employee who, in good faith, reports an ethical or legal concern, including a False Claims Act violation, even if investigation of the concern does not result in a confirmed violation. Federal and State Law also prohibits Restoring Hope, LLC from discriminating against an employee, contractor, or agent in the terms or conditions of his or her employment because the employee initiated or otherwise assisted in a False Claims Act investigation or action. Restoring Hope, LLC prohibits retaliation or intimidation against any employee who, in good faith, reports an ethical or legal concern, even if investigation of the concern does not result in a confirmed violation. Restoring hope, LLC believes non-retaliation for good faith reporting encourages internal reporting of potential violations, allows Restoring Hope, LLC to enforce the appropriate disciplinary action for confirmed violations, and enables Restoring Hope, LLC to proactively implement business policies, processes, and training that prevent reoccurrence. Restoring Hope, LLC complies with all state and federal requirements for government sponsored programs, including the Federal False Claims Act, the Deficit Reduction Act of 2005, the American Recovery, and Reinvestment Act of 2009, applicable Whistleblower Protection laws, and any state False Claims Statutes. To the extent permitted by law, Restoring Hope, LLC protects the identity of individuals, who report in good faith, alleged acts of fraud, waste, abuse, and overpayments. Restoring Hope, LLC does not retaliate against an employee for reporting or bringing a civil suit for a possible False Claims Act violation. Restoring Hope, LLC does not discriminate against an employee in the terms or conditions of his or her employment because the employee initiated or otherwise assisted in a False Claims Act action. Restoring Hope, LLC does not retaliate against any of its employees, agents, or contractors for lawful acts done by the employee, contractor, agent or association with others in furtherance of an action under the False Claims Act or other efforts to stop one or more violations of the False Claims Act, or for reporting suspected cases of fraud, waste, or abuse to us, the federal government, state government, or any other regulatory agency with oversight authority.

6.8 What Should be Done if a Possible False Claim has been Made

- If an employee discovers an event that is similar to one of the examples of a false claim above, an employee is encouraged to:
- Report the event to his/her immediate supervisor for further investigation, but if the employee is not comfortable doing this;
- Report the event to Restoring Hope, LLC administration for further investigation, but if the employee is not comfortable doing this;
- Call and report the event to the General Counsel of Restoring Hope, LLC, Lyndell N. Beard at 417-255-0320, and the call will be treated with strict confidentiality.
- An employee is not required to report a possible False Claims Act violation to Restoring Hope, LLC first. A report may be made directly to the United States Department of Justice or Missouri Medicaid Audit and Compliance Unit at 573-751-3399. However, in many instances Restoring Hope, LLC believes that the use of its internal reporting process is a better option because it allows Restoring Hope, LLC to quickly address potential issues. Restoring Hope, LLC encourages employees, contractors, or agents to consider first reporting suspected false claims to Restoring Hope, LLC but the choice is up to the employee, contractor, or agent.
- Restoring Hope, LLC will not retaliate against any employee for informing Restoring Hope, LLC or the federal or state government of a possible False Claims Act violation. An employee with questions regarding this policy should contact Restoring Hope, LLC at 417-255-8781.

Appendix A: Shared Living

Philosophy of Shared Living

Shared Living is based on the importance of enduring and permanent relationships as the foundation for learning life skills, developing self-esteem and learning to exist in interdependence with others. The essential feature of the Shared Living experience provides an opportunity for each individual with a developmental disability to grow and develop to his or her greatest potential and to participate in everyday community life. Shared Living also provides individualized attention based on the needs of the individual with developmental disabilities.

Shared Living is highly personalized and offers individuals a greater opportunity to choose the person(s) with whom they will live and have greater control of how they will live day-to-day.

What is Shared Living? Shared Living is an arrangement in which an individual(s) with a disability chooses to live with an individual, couple, or a family in the community to share their life experiences together. A shared living home could be a single person, a college student, single parents, empty nesters or a two-parent family with children or a person could live with an individual in their home, who wants to share their life with an individual with a disability. Shared Living can be provided in the individual's home (Companion Services) or in the home of the caregiver (Host Home Services).

Shared Living arrangements may not be provided by a parent, legal guardian or spouse for their child, ward, or spouse.

Shared Living relies on more than rules and regulations, beyond the formal trainings and standards that the Division of DD or the Administering Agency puts in place. Shared Living depends on other safeguards such as:

Community Living: Being known in the community you live in, gives you a safeguard that opens up friendships and protection of community members. This allows you to have relationships past a paid support relationship. Shared Living opens up a community network that can help identify issues and address the issues.

Self-Advocacy: Individuals in a life-sharing situation learn how to advocate for themselves by participating in community groups and activities that teach them how to stand up for their rights.

Person-Centered Planning System: Shared Living gives the individual opportunities to be completely immersed in their community life and take an active role in their Person-Centered planning process by choosing the Shared Living Provider that matches their lifestyle in order to safeguard their own individual needs.

Who is Shared Living for? Shared Living is for any individual with a developmental disability that prefers to live in a family-type home or have a person live in their home to serve as a companion, who is eligible for DD services and for the Comprehensive Waiver. Shared Living can be for any individual, if the correct match is found, and for whom the Person-Center Planning team has determined this to be an appropriate living option. The unique needs of the individual will certainly influence the recruitment and match of an individual with a Host Home family or companion. Depending on the needs and compatibility of the individuals, up to three individuals may choose to live in the same shared-living location.

Benefits of the Shared Living Model: Shared living provides many benefits to both the individual and the Shared Living Provider. Some of the benefits include:

- Inclusion in the community has been and continues to be a major focus of supports for people with disabilities. The Shared Living model has proven to be a good means for providing true inclusion in a person's community, if the individual is matched and well supported by the Shared Living Provider.
- Shared Living can provide both a stable support system and a higher quality of life for the person receiving services. The issue of staff/people "revolving" in and out of the person's life is minimized.
- Shared Living can also provide a stable, flexible, higher quality of life for the individual Shared Living Provider.
- This model provides the training and service quality review needed to assure the person served and the system of the highest possible quality and cost-effectiveness of the services.

Definitions

Administering Agency: Means a certified or accredited DD Provider agency to administer a program that contracts with or employs home providers and/or companions to provide care and support to an individual with developmental disabilities.

Agreement: A signed contract between the Shared Living home provider/companion and the Administering Agency. This document is signed initially, before service implementation and reviewed annually.

Community Event Report: A Department of Mental Health approved form identifying reportable events and times for reporting such events into the Event Management Tracking (EMT) system by contracted providers to the department as required by 9 CSR 10-5.206

Companion: The person who lives with the individual in the individual's home and provides supports as determined by the Individual Support Plan.

Companion Evaluation: The comprehensive process conducted by the Administering Agency to assist the individual and family to determine the suitability and capability of an applicant to fulfill the role of the companion.

Companion Home: The setting where an individual lives in their home with a companion who supports them to remain in their home and become part of the community. Supports are provided as directed by the individual and identified in the Individual Support Plan.

Home: The residence and physical premises in which the individual and caregiver reside.

Home Inspection: The process, conducted Support Coordination or the Administering Agency Management prior to the individual moving into the home to promote the safety and wellbeing of the individual. Technical assistance may be requested from Provider Relations.

Household Member: Any person, whether a family member of the Home Provider or companion, who sleeps within the home full or part-time.

Home Provider (Host Home): The adult who has contracted with or is employed by the administrative agency to provide care and support to an individual in the home.

Home Study (Host Home): The comprehensive process conducted by the Administering Agency, to determine the suitability and capability of an applicant(s) to fulfill the role of the Home Provider.

Host Home: The setting where an individual lives with a family in the family's home and becomes part of their family life. The Host Home provides supports as directed by the individual and identified in the Individual Support Plan.

Individual: A person who is eligible for services from the Department of Mental Health Division of Developmental Disabilities.

Individual Support Plan (ISP): A document resulting from a person-centered process directed by the individual served, with assistance as needed by the representative, in collaboration with an interdisciplinary team. It is intended to identify the strengths, preferences, needs and desired outcomes of the person served. The process may include other people freely chosen by the individual who are able to contribute to the process. The Person-Centered Planning process enables and assists the individual to access a personalized mix of paid and non-paid services and supports, i.e., therapies and treatments, which will assist the person to achieve personally defined outcomes. The ISP includes an Action Plan which specifically identifies areas and goals that the individual chooses with their planning team to work towards for that ISP year. The Action Plan may include implementation strategies or steps and approaches to use in order to work towards progress of the specific goal.

Planning Team: The core Planning Team consists of the individual receiving services, their guardian, the Support Coordinator, and agencies working with the individual. After an individual has chosen the shared living model, the Administering Agency and subsequently the home provider/companion, become part of the planning team. The planning team may also include anyone the individual wishes to be part of the planning process such as an advocate, other family members, friends, etc.

Shared Living Provider: A reference to the Host Home provider or companion supporting the individual.

Process

Upon identification that a shared living model is the service desired by the individual and approved for pursuit, the Support Coordinator will work with the Community Living Coordinator to offer a list of participating administering agencies and complete referral information. Next, the Support Coordinator will facilitate interviews between the individual and their guardian/family and administering agencies identified. This will allow the individual the initial choice of the Administering Agency from those available.

Administering Agencies will perform all recruitment activities, including advertising, interviewing, conducting home visits and reference and background checks. Background checks are to be performed on any house member 18 years old or older. The agency maintains records that each Host Home provider/companion meets criteria to be a Host Home provider/companion. The evaluation is to be documented in the Home Study Report for Host Homes and in the companion evaluation for companion homes. These documents should be updated as changes in the required home study/companion evaluation information occur. See Supplement A (Host Home) and Supplement B (Companion Home).

The Support Coordinator will participate as a team member that coordinates with administering agencies to find a Host Home provider/companion that is a match with the individual's specifications for a home. Administering agencies consult with Support Coordinators on possible matches and this information is shared with the person seeking a shared living match.

The Support Coordinator informs the individual and/or guardian about the possible matches identified.

Once a potential match has been identified, the team, under the coordination of the Support Coordinator, arranges for a visit or interview to occur, during which the Administering Agency Host Home provider, companion and individual to be served further explore the potential for a permanent match.

Areas to focus on during the matching process for both the Host Home provider/companion and the individual seeking placement:

- Lifestyle
- Personal preferences (i.e.: Sexual orientation)
- Cultural and religious values
- Family and friend's involvement
- Compatibility with animals and children (if applicable)
- Smoking preference
- During the interview process, it is important to take time in the beginning to discuss support needs and lifestyle choices in depth. This will create a successful match and less disruption in the individual's life.

Once a match between an individual and a Host Home provider/companion is identified; the Administering Agency, Support Coordinator, individual and guardian arrange a transition plan to the home. The transition plan is developed prior to a permanent move. The agreement between the Administering Agency and the Host Home provider/companion must be completed prior to the move. The Support Coordinator facilitates this meeting and authors the Individual Support Plan, making necessary changes, modifications, or adding any miscellaneous items needed to successfully transition the individual into the new living arrangement. This process is adjusted to reflect the needs of the individual, and therefore varies from person to person as far as number of visits, overnight stays, or other considerations prior to a permanent transition.

If the individual has chosen a companion model, additional factors need to be considered:

- A home is located (if not already established) for the individual.
- If a home needs to be located, be mindful that the home should meet the specific needs of the individual for aging in place.
- Ensure the home meets the needs for the individual with the knowledge that more than one bedroom will be needed to allow the companion to have his/her own bedroom.
- The ownership and/or control over the home are the individuals.
- The individual and/or legal guardian must be listed on the lease/mortgage. The agency and/or the companion cannot be listed on the lease/mortgage.

Before permanent home can be established the Host Home provider/companion must be have completed all training requirements as outlined under Quality Assurance (letter "o", below), the home must have been inspected and approved, the budget established, and signed.

Once the home has been established, the Support Coordinator will monitor monthly for three months. The Support Coordinator will facilitate a follow up Planning Team meeting to be held no sooner than after two months and no later than after three months to evaluate the individual's satisfaction with their home and adjust the plan as needed.

Section 1: Role of the Administering Agency

Administering agencies approve qualified applicants to be Host Home providers/companions, perform all recruitment activities, assist with matching individuals to Host Home providers/companions, provide quality assurance reviews, consultation, provide training and billing on behalf of Host Home providers/companions.

After a Host Home provider/companion has been recruited, the Administering Agency is responsible for the items listed in section 2 of this manual.

A. Host Home Study/Companion Evaluation

The Administering Agency is to make a thorough evaluation of each perspective Host Home provider and companion. The evaluation is to be documented in the study report for Host Homes and in the companion evaluation for companion homes. This should be updated as changes in the information occur, and include at a minimum, the information outlined in Appendix A for Host Home and Appendix B for Companion Home.

B. Quality Assurance

Conduct quality assurance activities as follows:

a. Maintain regular contact with the Shared Living Provider
b. Assure the Shared Living Provider completes detailed documentation, as required by MO Healthnet and 13 CSR 70 – 3.030. Documentation may be maintained either at the Host Home/companion home or at the Administering Agency offices but must be available for auditing purposes.
c. Have a signed copy of the current Individual Support Plan.
d. Conduct home visits as specified in the Individual Support Plan to assure compliance with Health and Safety Codes, appropriate documentation (progress notes and medication administration reports) and general requirements for an appropriate home environment. At a minimum, the Administering Agency must do a home visit every month. The agency must share a copy of the home visit to report with the Support Coordinator.
e. Ensure home is maintained in accordance with health and safety guidelines. For Host Homes, the Administering Agency can terminate the agreement with the home provider if the repairs or modifications are not completed to satisfaction. Notify the Support Coordinator 30 days prior to a move so that an inspection of the new location can be completed. No moves should take place without prior inspection/approval. For Companion Homes, terminating the agreement with a companion does not necessitate a move for the individual served. A different companion would need to be identified, but the individual does not have to move.
f. Document all quality assurance activities, including home visits, phone consultations and recommendations and have available upon request.
g. Complete monthly reviews with progress on outcomes and goals of the individual.
h. Receive and review Community Event Reports on medication errors and reportable events. Then forward the CERs to the Regional Office per 9 CSR 10-5.200 and 9 CSR 10-5.206.
i. Report to TCM entity any issues with medication administration, documentation or any other significant issues affecting ongoing certification.
j. Make recommendations to the Host Home provider/companion regarding appropriate record keeping and individual care.
k. Report to Support Coordinator changes in household members or legal status of household members.

l. Complete Family Care Safety Registry background screening on all existing and new household members 18 years old and older or members who have turned 18.
m. Provide professional support – provide general consultation to home, facilitate access to any needed additional training and assist with emergency backup when needed.
n. Provide trainings that are required by DMH contract as well as licensure and certification and other areas that the Administering Agency feels are appropriate.
o. Required Training:
    - Preventing, detecting, and reporting of abuse/neglect, prior to providing direct care, and shall repeat the training every two (2) years.
    - Competency based CPR and First Aid course
    - Medication Administration training if individual takes medication
    - Training on the current Individual Support Plan
    - Confidentiality
    - Agency policies and procedures
    - Emergency Intervention, if indicated in the Individual Support Plan
    - Person Centered Strategies
    - Person Centered Planning

C. Billing

The Administering Agency will provide billing services for the Host Home provider and companion. The Host Home provider and companion must keep a daily census that the individual is in the home and provide that information to the Administering Agency. Then the Administering Agency will complete the billing in CIMOR.

D. Partner with the Support Coordinator

Collaborate with the Support Coordinator to share information and coordinate activities such as home visits. Share any individual or home-related concerns with Support Coordinator. Partner with other Person-Centered Planning Team members to ensure the safety and well-being for the individual.

E. Medication Management System

The Administering Agency is responsible for developing a Medication Management System and training Shared Living Provider homes on the system. The Shared Living Provider home is not required to keep a daily medication administration record, but they must follow the administering agencies medication system.

F. Transition

The Administering Agency shall assist in the transition for an individual moving into or out of the Host Home provider and/or the transition of a companion moving in with the individual. Participate in the pre- and post-transition meeting once a Shared Living Home has been identified.

Section 2: Role of the Shared Living Host Home Provider and Companion

A Host Home provider and companion have many responsibilities and play a pivotal role in the life of the individual sharing his/her life and home as well as the individual's family. The following is a summary of that role. The Host Home provider and companion:

- Provides care on a 24-hour-a-day basis.
- Maintains a clean, healthy living environment, in accordance with the Environmental and safety Standards and any necessary individual-specific environmental or safety stands. Individuals supported should be involved in this to the extent that it is possible.
- Assists in transition/move-in plans and move-out plans.

- Participates as part of the Person-Centered Planning Team as well as the Individual Support Plan meeting.
- Attends to the individual's physical health and emotional well-being.
- Includes the individual's physical health and emotional well-being.
- Includes the individual in family and community life, assisting that person to develop healthy friendships and community activities.
- Provides community access to services and activities desired by the individual, including religious affiliation (if desired), physical activities, shopping, volunteering, etc.
- Attends all training as required by Division of DD, the Person-Centered Planning team and/or the Administering Agency.
- Maintains professional detailed documentation/progress notes of the services provided to the individual as stated in 13 CSR 70 – 3.030. This includes progress toward the goals and activities identified in the Individual's Support Plan.
- Must follow the administering agency's medication system policy for documentation of all medication administered to the individual.
- Provides nutritious meals and snacks.
- Provides transportation to appointments, activities, and employment as identified in the Individual Support Plan. There may be circumstances in which the individual may be transported by other funding options.
- Reports any reportable events to the Administering Agency on a Community Event Report Form.
- Host Home provider always maintains homeowners or renter's insurance. In the Companion Home, this is the responsibility of the Administering Agency and not the companion.
- Maintains a properly registered, inspected, insured, and maintained vehicle.
- Protects the confidentiality of all individual-related documents and information.
- Maintains open communication with the Support Coordinator, Administering Agency, and Person-Centered Planning Team.
- Annually enters a contract for professional support with the Administering Agency.
- Reports to the Administering Agency any changes in household members or legal status of household members.
- Works with Administering Agency's policy/process on a relief schedule for the individual.

Section 3: Role of Provider Relations

Provider relations will enroll new Administrative Agencies per Division Directive 5.060 Enrollment of New Providers.

Upon referral from the Support Coordinator, provider relations may assist with the Home Inspection for a proposed Shared Living Home. The referral shall include the initial inspection completed by the Support Coordinator and a description of what discrepancy is requiring clarification from Provider Relations.

Each developmental disability service agency will participate in a review within a three-year cycle as outlined in Directive 4.090.

Section 4: Role of Quality Enhancement

QE will complete the quality review process which is one component of a broader effort to maintain and improve the quality of services for contracted providers. Each developmental disability service agency will participate in a quality review within a three-year cycle. The review process reflects agreement by all stakeholders that face-to-face interviews with individuals receiving services (including visiting individuals in their homes), agency caregivers and Host Home providers/companions are key elements for an effective quality assurance process. Off-site reviews include follow-up on critical incident reports, housing safety and accessibility reviews, and monitoring information gathered through satisfaction surveys, grievance, and appeals procedures. These quality reviews are intended to supplement the Administering Agency's own internal quality management processes.

Local QE will develop a quarterly and annual trend report for the Administering Agency that reflects trends and patterns during the state time frames.

Section 5: Home Inspection

The home inspection will be a physical review of the potential shared living home. The initial inspection will occur prior to an individual moving into the home. The Administering Agency will be present at the time of the inspection. This inspection will be completed in writing if approved, repairs or modifications are needed, or denied. If repairs or modifications are needed, the Administering Agency will ensure the repairs or modifications are made in a timely manner. In Host Homes, the Administering Agency will work directly with the home provider and in Companion Homes; the Administering Agency will work with the landlord unless the individual owns his/her own home.

For Host Homes, the Administering Agency can terminate the agreement with the home provider if the repairs or modifications are not completed to satisfaction. The Support Coordinator should be notified 30 days prior to a move so that an inspection of the new location can be completed. No moves should take place without prior inspection/approval. For Companion Homes, terminating the agreement with a companion does not necessitate a move for the individual served. A different companion would need to be identified, but the individual does not have to move. A move would only occur if the landlord refused to make repairs necessary for the well-being and overall safety of the individual supported or if the individual chooses to move.

Section 6: Documentation

Administering Agency must ensure that the following documentation is maintained for each individual supported:

- Current signed Individual Support Plan
- Completed monthly summaries completed and submitted to SC as applicable
- Community RN Health Summary (monthly)
- Detailed daily documentation/progress notes reported at least monthly that the Host Home provider/companion completed (can be incorporated with photo albums, scrap books, journaling, etc.)
- Contact logs from phone calls and meetings with the Host Home provider/companion

Adequate Documentation

All services provided must be adequately documented in the medical record. The Code of State Regulations, 13 CSR 70-3.030, Section (2) (A) defines – adequate documentation and – adequate medical records as follows: Adequate documentation means documentation from which services rendered and the

amount of reimbursement received by a provider can be readily discerned and verified with reasonable certainty. Adequate medical records are records, which are of the type and in a form from which symptoms, conditions, diagnoses, treatments, prognosis and the identity of the patient to which these things relate can be readily discerned and verified with reasonable certainty. All documentation must be made available at the same site at which the service was rendered, with the exception of in-home services such as personal care, home health, etc.

As per 13 CSR 70 – 3.030, the provider is required to document the provision of Division of DD Waiver services by maintaining:

- First and last name, and either middle initial or date of birth of the service recipient.
- An accurate, complete, and legible description of each service(s) provided. This information may be included in daily activity records that describe various covered activities (services) in which the person participated.
- Name, title, and signature of the Missouri Medicaid enrolled provider delivering the service. This may be included in attendance or census records documenting days of service, signed by the provider or designated caregiver; records indicating which contractor/employee provided each unit of service; and documentation of qualifications of the person to provide the service.
- Identify referring entity, when applicable.
- The date of service (month/day/year). This can be included in attendance or census records.
- Services that do not have a time factor in completing service does not require a start and stop time, but would need to have related documentation to verify the service was provided (e.g., invoices for equipment, trip reports for transportation, etc.).
- The setting in which service was rendered.
- Individual Support Plan, evaluation(s), test(s), findings, results, and prescription(s) as necessary.
- Service delivery as identified in the individual's Individual Support Plan.
- Individual's progress toward the goals stated in the Individual Support Plan (progress notes). Sources of documentation include progress notes by caregiver regarding situations (whether good or bad) that arise affecting the individual; and monthly provider summaries noting progress on individual's goals and objectives in their Individual Support Plan, and overall status of the individual.
- For applicable programs, include invoices, trip tickets/reports, activity log sheets, employee records (excluding health records), and caregiver training records.
- Applicable documentation should be contained and available in the entirety of the medical record.

Section 7: Licensure and Certification

The interpretive guide and criteria for Certification principles will be used along with MO Quality Outcome reference as the tool every two years. Including program requirements, background screenings, incident reporting, etc. and will hold the Administering Agency and Support Coordinator accountable.

Accredited administrative agencies will be reviewed as described in QE and PR review directives.

- Public Transportation (Document distance from home to public transportation)

Section 8: Agreement: Host Home and Companion Home

The Administering Agency and the Host Home provider and companion will enter into an agreement, which further outlines duties and responsibilities of each party. A sample agreement should be signed by all parties prior to accepting an individual into the Host Home or companion into the individual's home.

Section 9: Host Home and Companion Home Comparison

Host Home	**Companion Home**
Individual lives with the host family	Companion lives with the individual
Administering Agency completes Home Study	Administering Agency completes a Companion Evaluation
Termination of Host Home services will necessitate the individual moving from the home	Termination of Companion will necessitate the companion moving from the home
Host Home family is responsible to maintain homeowner's or renter's insurance	Companion is not responsible to maintain homeowner's or renter's insurance
Individual pays rent to the Host Home family for his/her portion of expenses	Companion splits all expenses in half with the individual. Administering Agency covers this cost

Supplement 1: Home Study – Host Home Sample Form

1. Full legal name of applicant, date of assessment, the family address and telephone number.
2. Description of the home and community, including, but not limited to:
    - Type of home (i.e. ranch, 2 stories)
    - Rooms in the home (Include basement and attic)
    - Number of steps to the front and back door if applicable
    - Accessibility features if any
    - Sleeping arrangements for the potential placement(s)
    - Description of the neighborhood. List accessible community services and activities (Include access to hospitals/urgent care facilities, churches, schools, Physicians, YMCA, etc.)
3. Public Transportation (Document distance from home to public transportation)
    - Physical Standards of the home, including:
        - Fire extinguishers (Note type, number, and location)
        - Smoke and/or carbon monoxide detectors (Note functionality, number, and location)
        - Is there a swimming pool? Is it secured by fence or gate?
        - Is there a locked box/space (note where medications will be locked, and hazardous chemicals will be kept)?
        - Are there pets in the home? Type and how many?
4. A description of family members/individuals living in the home, including:
    - Date and place of birth
    - Physical description

- Family background and history
- Current relationships with immediate and extended family members or other persons residing in the home
- Educational background
- Relationship to applicant(s)

5. A statement as to whether or not there are firearms kept in the home and if so, all firearms owned and in the home are unloaded, secured and locked in a cabinet with ammunition stored in a separate locked cabinet. If firearms are stored in an official gun cabinet, ammunition may also be stored in the same gun cabinet; however, the ammunition must be kept in a locked container or locked in a separate compartment of the gun cabinet.
6. Availability of Supervision:
    - Describe the work schedule of all members of the household
    - Support network in place for the Host Home provider
    - Willingness to cooperate with the contracting agency and the TCM entity
7. Family Dynamics
    - Interest and Hobbies (include clubs, groups, associations, etc.)
    - Personality of each member of the household
    - Interaction and relationship with neighbors
    - Examples of ways each person in the household tend to interact with others in the home
    - Examples of ways each family member react to stress and coping strategies used
    - Family meal-time interaction (include what meals family eat together if applicable)
    - Family activities after work/school to bedtime
    - Description of a typical Saturday, Sunday, Holiday, and vacations
    - Church or other religious relationship
    - Acceptance of an individual(s) of another culture/ethnicity. (Include response to various cultural issues i.e. religious practices, eating habits, holiday traditions)
    - Attitudes on potential individual(s) dating
    - Alcohol or drug use in the family (Include history and where alcohol is stored)
    - Anticipated adjustment of each Host Home provider household member to potential individual
8. Experience and Expectations:
    - The motivation for Shared Living Model including but not limited to attitudes towards an individual with developmental disability
    - Document the following:
        - Whether or not the potential Host Home provider worked for another provider (in or out of state)
        - Whether or not the potential Host Home provider has ever been denied a DMH contract
        - Whether or not the potential Host Home provider has been investigated by DMH and the outcome of the investigation
    - Knowledge of developmental disabilities, attitudes, and skills
    - Methods of discipline used by applicant
    - Discuss training and compliance requirements (Include DMH policies and procedures, Agency Policy and Procedures)
    - Attitudes towards family involvement of potential individual
    - Description of experience with working with individuals with DD, if applicable
9. A description of the type of individual desired by the prospective Host Home and provider
10. Family Care Safety Registry check with no disqualifying offenses on all individuals residing in the home age 18 or older
11. Who will be transporting the individual(s) and how would transportation be provided?
12. A minimum of three (3) character references.

- At least one reference is to be from an extended family member not residing with the prospective Host Home provider
- If any member of the potential Host Home provider has either served previously as a provider for another agency, and/or been employed within the past five (5) years in a job involving the care of individuals with DD, at least one reference must be from the former agency or employer. In addition, documentation must be provided if any member of the potential Host Home provider or family member has been terminated as a provider/agency and any adverse actions taken by DMH or another state entity.

13. Proof of homeowner's renter's insurance or personal property insurance
    - Note: Insurance must be kept current
14. Proof of potential Host Home provider ownership (ex. Mortgage statement) or current lease.
15. The Home Study is to be completed, signed, and dated by a designated employee of the agency or professional under contract with or employed by the agency and reviewed, signed and dated by the Agency Director.
16. Documentation of any recommendation regarding approval as a prospective Host Home provider, including description of identified training or resources needed, and that the prospective caregivers possess the capacity to provide room, board, and watchful oversight.
17. Notification of Approval. Prospective Host Home provider will be notified in writing as to whether or not they have been approved by the agency.

Supplement 2: Companion Provider Evaluation Sample Form

The involvement of the individual supported and family in this evaluation process is critical to making a successful match. The Administering Agency must become familiar with the individual's supports by spending time with the individual, family and current caregiver (if applicable) and by having pointed conversations regarding what is important to the individual (likes, dislikes, hopes, dreams, routines, strengths, rituals, community resources, etc.), what are the health and safety concerns (special feeding procedures, elopement, aggressive behaviors, etc.), how to help the individual be safe and happy at home as well as the community and what type of caregiver would be the best fit? (personality, characteristics, shared interests, etc.)

The individual supported and family is a part of both the formal and informal interviewing process. During the interview process, it is important to take time in the beginning to discuss support needs and lifestyle choices in depth. This will create a successful match and less disruption in the individual's life. When looking for a potential companion, remember these things:

- What type of lifestyle does the companion have? A college student, a parent, flexible schedule with personal responsibilities?
- Determine if the potential companion could do this type of work once the job duties and expectations are outlined.
- Have the potential companion, prior to determining a match, meet the individual and family. Have intimate discussions with the individual and companion to determine if they could make a lasting match. It is essential that the individual and potential companion spend time together to assist with determining if they are a good match.
- Does the job, specifically the live-in requirement, fit the lifestyle of the potential companion?

Do they meet the qualifications of the position? (Work history, character reference, background check, age requirement, etc.)

- On the surface, does their lifestyle appear to be a match with what we know about the individual? (Interests, pace of life, likes/dislikes, etc.)

The amount of time needed for shadowing or training with the individual is dependent on the companion and individual. Some areas to remember when training a companion are the needs of the individual, the individual and/or family availability, and the availability of the companion.

1. Full legal name of applicant, date of assessment
2. Availability of Supervision:
    - Describe the work schedule of any outside employment
    - Willingness to cooperate with the contracting agency and the TCM entity
3. Experience and Expectations:
    - The motivation for the companion model including but not limited to attitudes towards an individual with developmental disability
    - Document the following:
        - Whether or not the potential companion worked for another provider (in or out of state)
        - Whether or not the potential companion has ever been denied a DMH contract
        - Whether or not the potential companion has been investigated by DMH and the outcome of the investigation
    - Knowledge of developmental disabilities, attitudes, and skills
    - Methods of discipline used by applicant if applicable
    - Discuss training and compliance requirements (Include DMH policies and procedures, Agency Policy and Procedures)
    - Attitudes towards family involvement of the potential individual
    - Description of experience with working with individuals DD, if applicable
        - A description of the type of individual desired by the prospective companion
        - Family Care Safety Registry check with no disqualifying offenses
        - How transportation will be provided
        - A minimum of three (3) character references
4. At least one reference is to be from an extended family member not residing with the prospective companion
    - If the potential companion has either served previously as a provider for another agency, and/or been employed within the past five (5) years in a job involving the care of individuals with DD, at least one reference must be from the former agency or employer. In addition, documentation must be provided if the companion has been terminated as a provider/agency and any adverse actions taken by DMH or another state entity.
        - Proof of vehicle insurance and driver's license (current).
            - Note: Insurance must be kept current
        - The companion evaluation is to be completed, signed, and dated by a designated employee of the agency or professional under contract with the agency and reviewed, signed, and dated by the Agency Director.
        - Documentation of any recommendation regarding approval as a prospective companion, including description of identified training or resources needed.
        - Notification of Approval. Prospective companion will be notified in writing as to whether or not they have been approved by the agency.

Supplement 3: Shared Living Agreement Sample Form

State of Missouri

Department of Mental Health (DMH)

Shared Living Agreement

Shared Living Host Home Provider/Companion Name: _____

Shared Living Host Home Provider/Companion Home Address: _____

_____

Administering Agency Name: _____

The following individual is placed under the auspices of my DMH Shared Living Agreement:

Name: _____ DMH ID Number: _____

Level of Supervision Required: _____

Terms of Agreement

I, _____ of the address listed above, herby agree to adhere to the following regard to the above individual and all individuals placed into my home by the Department of Mental Health (DMH), Division of Developmental Disabilities, under the auspices of my Shared Living Agreement.

- I agree to at all times provide the supervision, companionship, assistance, and level of supervision required by the individual(s).

I understand that I will be required to continuously demonstrate the required skills and competencies/trainings to provide quality supervision, companionship, assistance, and level of supervision required by the individual(s). The following trainings are mandatory and must be successfully completed prior to service delivery:

- ☐ First Aid and CPR
- ☐ Abuse and Neglect
- ☐ Medication Administration (if applicable)
- ☐ Person-Centered Strategies
- ☐ Client's Rights
- ☐ Emergency Intervention
- ☐ Training on the current Individual Support Plan
- ☐ Confidentiality
- ☐ HIPPA
- ☐ Agency policies and procedures
- ☐ Emergency Intervention, if indicated in the Individual Support Plan
- ☐ Person-Centered Planning

- I agree that at all times I will adhere to the DMH certification requirements regulations and understand that my failure to do so may lead to a plan of correction and or subject to termination of my Shared Living Agreement.
- I agree to complete the Administering Agency's approved training program for Shared Living or show that I have received comparable training. This includes initial and on-going training as well as any training required by department policy, administering agency, and individual's planning team or any other entity authorized by DMH.
- I agree to be in active participant in the development and implementation of the person's Individual Support Plan (ISP) and periodic review meetings and to implement all applicable components of the Individual Support Plan that are identified as my responsibility.
- I agree to document and maintain all required records, reports and all documentation (financial, medical, data collection or others as required) regarding the individual and I will protect these documents in accordance with DMH and provider agency requirements and department policy, and will return these records upon discharge or death of the individual or upon the request of DMH.
- I agree at all times to maintain a healthy and safe living environment in my home, including maintaining land-line phone service in my Shared Living home to allow access to 911 emergency services at all times.
- I agree to facilitate the development of and foster the continuation of relationships between the individual and his or her family members, friends, and other significant persons.
- I agree at all times to respect the civil, legal, and human rights of the individual(s) and to support the person to exercise those rights and that the individual(s) will be treated with respect and dignity and kept free from abuse, neglect, and mistreatment.
- I agree to respect the confidentiality of individuals and will adhere to all DMH HIPPAA regulations as they relate to sharing of any information whether verbally, written, electronic, or in photographic formats.
- I agree to notify Targeted Case Management and my Administering Agency regarding overnight absences, emergency situations, suspected incidents of abuse or neglect, and the death of an individual and other serious occurrences as required by DMH Regulations and all applicable department and agency policies and procedures.
- I agree that I will promptly notify Targeted Case Management and Administering Agency of significant, pending or presently occurring life changes in areas such as health (self or occupants), marital status, and disruptions in my home or of other household compositional changes that could impact the individual(s).
- I agree that I will provide the administering agency with a "Certificate of Good Health" when one is requested in response to actual or perceived changes in my health condition.
- I agree that I will promptly notify Targeted Case Management and Administering Agency, in a manner prescribed by them, as soon as practicable, should an emergency relocation from my home be required for any reason.
- I agree to protect the financial interests and rights of the individual(s) and to ensure the person receives their monthly personal allowance and any wages if applicable.
- I agree to keep documentation of monthly living expenses.
    - I agree to keep documentation of personal spending and wages. I agree to obtain Regional Office approval for any and all purchases over $100.
    - I agree to accept the agreed-upon payment amount as documented on the payment authorization form as full and complete payment and to refund or offset costs with any over-payments at the discretion of DMH.
- I agree and understand that the residential service rate and support intensity scale (SIS) payments I receive from DMH are for the express purpose of supporting the services and/or expenses either provided by or arranged by me to the individual residing in my home. These are services or

expenses as outlined in DMH service definition that are associated with the care and treatment of the individual while in my home, in the community or on respite.

I understand that being a Shared Living home is not considered employment by DMH or the Administering Agency.

Payments received to me by DMH are not taxable as income.

OR

I understand that being a Shared Living home is considered employment by the Administering Agency. Payments received to me by DMH are taxable as income.

- I agree that I will complete daily and monthly progress notes to accurately reflect the individuals' level of support provided as outlined in the ISP and level of supervisory oversight.
- I understand that DMH has no obligation to place an individual into a Host Home and that I have no obligation to accept the placement of an individual into my Shared Living. DMH makes no guarantee of placing individuals and is not responsible for provider income. (Host Home only)
- I agree to allow authorized DMH and Administering Agency personnel reasonable access to the home and to the individual(s).
- I agree that DMH has the authority to make decisions regarding the protection and welfare of individual(s). I understand DMH may remove any or all individuals, at any time if deemed necessary from my home (Host Home) or my care and evict me from the individual's home (companion home).
- I agree that admission or discharge of an individual to/from my Shared Living Home will only occur in cooperation with and the consent of DMH and providers agency.
- I agree that I will provide a minimum notice period of not less than 30 days to DMH and Administering Agency should I desire to have an individual discharged from my Host Home or I have choose to discontinue companion support to an individual. I understand that the DMH may waive this notice period if warranted by health and safety considerations.

The Administering Agency agrees to the following:

- Adhere to DMH contract requirements.
- Provide all required training to Host Home provider/companion prior to service delivery.
- Provide to DMH upon request documentation that the Host Home provider/companion successfully completed all required training.
- Ensure that all ongoing training requirements occur as needed.
- Provide nursing oversight as applicable (i.e., review of physician's order, recommendations, and Medication Management system).
- Provide medical consultation to Shared Living Home as applicable.
- Monitor the Shared Living Home to ensure the following are consistently being implemented:
    - Individual Support Plan is being implemented as written (ISP)
    - Regular documentation as required is completed
    - Individual's rights are respected.
    - Personal spending, individual's income and household expenses are documented.
    - All community Event Reports are reported per DMH Directive and 9CSR 10-5.200.
- Ensure all Shared Living Homes meet certification requirements.

Effective Date: _____

Signed: _____ _____
Shared Living Provider Home Date

Signed: _____ _____
President Date

Signed: _____ _____
Administering Agency Date

Appendix B: Family Care Safety Registry (FCSR)

9 CSR 10-5.190 Background Screening for Employees/(Contractors) and Volunteers
Purpose: This rule establishes standards for obtaining background screening for certain staff (caregivers) and volunteers in residential facilities, day programs or specialized service operated or funded by the Department of Mental Health.

1. For the purpose of this rule, residential facilities, day programs and specialized services are divided into (2) categories, as follows:
    a. Category I. Those that are certified or licensed exclusively by the Department of Mental Health (DMH) or, although not certified or licensed, are funded by the department. Specifically, this category includes:
        1) Agencies certified by DMH as Community Psychiatric Rehabilitation Programs (CPRP), Comprehensive Substance Abuse and Treatment and Rehabilitation Programs (CSTAR), residential and/or outpatient programs.
        2) Agencies certified by DMH in the community-based waiver certification program.
        3) Agencies certified by the Division of Alcohol and Drug Abuse.
        4) Facilities that have contractual arrangements with the department, but are exempt from the department's licensing and certification rules due to accreditation or other reason; and
        5) Facilities and day programs which are licensed by the department and do not have a license from another state agency; and
    b. Category II. Those that, in addition to a license or certificate from DMH, have a license or certification from another state agency. Specifically, this category includes facilities licensed by the Children's Division or the Department of Health and Senior Services; also included are intermediate care facilities/mental retardation (ICF/MR). Facilities and agencies included in Category II are subject to rules regarding criminal record review as promulgated by the state agency which licenses or certifies them and are not subject to sections (2) through (6) of this rule. However, such agencies are subject to sections (7), (8), (9), and (10).
2. This rule applies to –
    a. Staff (employees or contractors)
    b. Volunteers who are recruited as part of an agency's formal volunteer program but does not apply to volunteers who assist individuals as a friend would by providing assistance with shopping, transportation, recreation, etc.; and
    c. Members of the provider's household who have contact with residents or clients, except for minor children.
3. Each residential facility, day program or specialized service defined under Category I above shall make the following inquires for all new employees and volunteers:
    a. An inquiry with the Department of Health and Senior Services to determine whether the new employee or volunteer having contact with residents or clients is listed on the employee disqualification list of the Department of Social Services or the Department of Health and Senior Services:
    b. An inquiry with the Department of Mental Health to determine whether the new employee or volunteer is on the DMH disqualification registry; and
    c. A criminal background check with the State Highway Patrol. The request for the background check shall not require fingerprints and shall be in accordance with requirements of the State Highway Patrol under Chapter 43, RSMo. The facility, program or service may use a private investigatory agency to conduct this review.

4. The criminal background check and inquiries required under section (3) of this rule shall be initiated within 2 days of the employee hire date (to assure compliance with RSMo 630.170.7) and prior to having contact with residents, clients, or patients.
5. Each residential facility, day program and specialized service included under Category 1 shall require all new applicants for employment or volunteer positions involving contact with residents or clients to –
    a. Sign a consent form authorizing a criminal record review with the highway patrol, either directly through the patrol or through a private investigatory agency.
    b. Disclose his/her criminal history, including any conviction or a plea of guilty to a misdemeanor or felony charge and any suspended imposition of sentence, any suspended execution of sentence or any period of probation or parole; and
    c. Disclose if he/she is listed on the employee disqualification list of the Department of Social Services or the Department of Health and Senior Services, or the DMH disqualification registry.
6. Each agency shall develop policies and procedures regarding the implementation of this rule and the disposition of information provided by the criminal record review. At a minimum the guidelines shall address –
    a. Procedures for obtaining the criminal record review
    b. Procedures for confidentiality of records; and
    c. Guidelines for evaluating information received through the criminal record review, which establishes a clear boundary between those convictions, by statute, that exclude an individual from service, and those convictions which would not automatically exclude an individual.
7. Offenses which under section 630.170, RSMo disqualify a person from service are as follows:
    a. A person shall be disqualified from holding any position in the agency if that person –
        1) Has been convicted of, found guilty of, pled guilty to or *nolo contendere* to any of the following crimes.
            a. Physical abuse or Class 1 Neglect of a patient, resident, or client; or furnishing unfit food to patients, residents, or clients.
        2) Is listed on the DMH disqualification registry; or
        3) Is listed on the employee disqualification list of the Department of Health and Senior Services or Department of Social Services.
    b. A person who has been convicted of, found guilty to, pled guilty to or *nolo contendere* to any of the following crimes shall be disqualified from holding any position having contact with patients, residents, or clients in the agency. The crimes listed below are not disqualifying unless they are felonies, except for failure to report abuse and neglect to the Department of Health and Senior Services, which is a Class A misdemeanor. The disqualifying crimes are:
        1) First or second-degree murder.
        2) Voluntary manslaughter (includes assistance in self-murder).
        3) Involuntary manslaughter.
        4) First, second, or third-degree assault.
        5) Assault while on school property.
        6) Prior and persistent domestic violence offenders.
        7) Unlawful endangerment of another.
        8) First, second, or third-degree domestic assault.
        9) First or second-degree assault of a law enforcement office.
        10) Tampering with a judicial officer.
        11) Crime of endangering a corrections employee.
        12) Endangering a mental health employee, visitor, or another offender.
        13) Harassment.

14) Cross burning prohibited (felony for second and subsequent offenses).
15) Kidnapping.
16) Child kidnapping.
17) Felonious restraint.
18) False imprisonment.
19) Interference with custody.
20) Parental kidnapping.
21) Child abduction.
22) Elder abuse in the first degree or the second degree.
23) Stalking.
24) Invasion of privacy in the first or second degree.
25) Vulnerable person abuse in the first, second, or third degree.
26) Infanticide.
27) Tampering with a prescription or drug prescription order.
28) Forcible rape and attempted forcible rape.
29) First or second-degree statutory rape.
30) Sexual assault.
31) Forcible sodomy.
32) First or second-degree statutory sodomy.
33) First or second-degree child molestation.
34) Deviate sexual assault.
35) Sexual misconduct involving a child.
36) Sexual contact with a student.
37) Sexual misconduct in the first degree.
38) Sexual abuse.
39) Crime of promoting online sexual solicitation.
40) Unlawful sex with an animal.
41) Sexual contact with a prisoner of offender.
42) Certain offenders not to reside within one thousand feet of a school or childcare facility.
43) Certain offenders not to be present or loiter within five hundred feet of a public park or swimming pool.
44) Enticement of a child.
45) Age misrepresentation.
46) Certain offenders not to serve as athletic coaches, managers, or trainers.
47) Abusing an individual through forced labor.
48) Trafficking for the purpose of slavery, involuntary servitude, peonage, or forced labor.
49) Trafficking for the purpose of sexual exploitation.
50) Sexual trafficking of a child.
51) Sexual trafficking of a child under the age of twelve.
52) Contributing to human trafficking.
53) International marriage brokers notice to recruits-criminals history record and marital history record to be disseminated-client requirements.
54) Incest.
55) Endangering the welfare of a child in the first and second degree.
56) Abuse or neglect of a child.
57) Trafficking in children.
58) Robbery in the first degree or second degree.
59) Arson in the first or second degree.
60) First or second-degree pharmacy robbery.

61) Causing catastrophe.
62) First degree burglary.
63) Stealing.
64) Stealing, third offense.
65) Forgery.
66) Financial exploitation of the elderly and disabled.
67) Identity theft.
68) Aiding escape of a prisoner.
69) Supporting terrorism.
70) Driving while intoxicated (if found by the court to be an aggravated (3 or more) or chronic (4 or more) offender under section 577.023.
71) Driving with excessive blood alcohol content (if found by the court to be an aggravated (3 or more) or chronic (4 or more) offender under section 577.023)
72) Aggravated, chronic, persistent, and prior offenders.
73) Failure of certain offenders to register with chief law offices of county of residence.
74) Felony count of invasion of privacy.
75) Failure to report abuse and neglect to the Department of Social Services as required under subsection 3 of section 198.070, RSMo; or
76) Any equivalent felony offense.

8. Any person disqualified from employment under this rule may request an exception from the DMH Exceptions Committee in accordance with 9 CSR 10-5.210 Exceptions Committee Procedures.
    a. The right to request an exception under this subsection shall not apply to persons who are disqualified due to being listed on the employee disqualification registry of the Department of Social Services or Department of Health and Senior Services, nor does it apply to persons who are disqualified due to any of the following crimes:
        1) First or second-degree murder.
        2) First or second-degree statutory rape.
        3) Sexual assault.
        4) Forcible sodomy.
        5) First or second-degree statutory sodomy.
        6) First or second-degree child molestation.
        7) Deviate sexual assault.
        8) Sexual misconduct involving a child.
        9) First degree sexual misconduct.
        10) Sexual abuse.
        11) Incest.
        12) Causing catastrophe.
        13) Abuse of a child.
        14) First degree pharmacy robbery; or
        15) Forcible rape.
9. For the purposes of this rule, a verdict of not guilty by reason of insanity (NGRI) is not per se disqualifying. A Suspended Imposition of Sentence (SIS) or Suspended Execution of Sentence (SES) is disqualifying.
10. A provider shall not hire any person who has committed a disqualifying crime as identified in section (7) of this rule unless the person has received an exception from the department. However, the provider retains the discretionary authority to deny employment to persons who –
        1) Have committed crimes not identified as disqualifying
        2) Have received an exception from the Exceptions Committee
        3) Have received a verdict of Not Guilty by Reason of Insanity

Appendix C: Abuse and Neglect

Abuse and neglect are prohibited and will not be tolerated.

The Administration of Restoring Hope, LLC shall immediately notify the Regional Offices of any allegations of physical abuse, sexual abuse, verbal abuse, or neglect of any of the individuals we provide support to. The Administration shall immediately take appropriate action to protect the safety and welfare of the individuals, to investigate and resolve the complaint, and cooperate fully during the investigation. If abuse or neglect is strongly speculated, the caregiver or person in question, will be immediately suspended until an investigation has been done.

Abuse and Neglect Policy

In compliance with 9 CSR 10-5.200, it shall be the policy of Restoring Hope, LLC that abuse or neglect of individuals served in this agency is strictly prohibited. Any form of abuse or neglect toward individuals we serve will not be tolerated by employees or others with whom they reside. The Administrator, in cases of alleged or suspected sexual abuse, abuse or neglect which may result in a criminal charge, will immediately report to the local law enforcement official and shall work cooperatively with any police investigation.

Definition of abuse/neglect according to the MO Code of State Regulations are as follows:

1. **Misuse of funds/property:** The misappropriation or conversion for any purpose of a consumer's funds or property by an employee or employees with or without the consent of the consumer or the purchase of property or services from a consumer in which the purchase price substantially varies from the market value.
2. **Neglect:** Failure of an employee to provide reasonable or necessary services to maintain the physical and mental health of any consumer when that failure presents either imminent danger to the health, safety or welfare of a consumer, or a substantial probability that death or serious physical injury would result. This would include, but is not limited to, failure to provide adequate supervision during an event in which one consumer causes serious injury to another consumer.
3. **Physical Abuse:**
    - An employee purposefully beating, striking, wounding, or injuring a consumer in any manner whatsoever.
    - An employee mistreating or maltreating a consumer in a brutal or inhumane manner.
    - An employee handling a consumer with any more force than is reasonable for a consumer's proper control, treatment, or management.
4. **Report of physical, sexual, or verbal abuse; neglect or misuse of funds/property**
    - An allegation of physical abuse, sexual abuse, verbal abuse, neglect, or misuse of funds/property-which is based upon a reasonable cause to believe that the allegation has occurred.
    - The failure to report shall be cause for disciplinary action, criminal prosecution, or both.
    - Individual's right to report any violation of one's rights without fear of retaliation.
    - No director, supervisor, employee, or contractor of an agency shall evict, harass, dismiss, or retaliate, against an individual or employee because they or any member of his/her family has made a report of any violation or suspected violation of consumer abuse, neglect, or misuse of funds/property.
    - Penalties for retaliation may be imposed up to and including cancellation of agency contracts and/or dismissal of such person.
5. **Sexual Abuse:** Any touching, directly or through clothing, by an employee of a consumer, for sexual purpose, or in a sexual manner. This includes, but not limited to:

- Kissing
- Touching of the genitals, buttocks, or breasts
- Causing a consumer to touch the employee for sexual purposes
- Promoting or observing for sexual purposes any activity or performance involving consumers including any play, motion picture, photography, dance, or other visual or written representation
- Failing to intervene or not attempting to stop inappropriate sexual activity or performance between consumers
- Encouraging inappropriate sexual activity or performance between consumers

6. **Verbal Abuse:** An employee making a threat of physical violence to a consumer when such threats are made directly to a consumer or are made about a consumer in the presence of a consumer.

Complaint Procedure

1. Any employee who receives a complaint shall immediately complete the following steps to file a complaint with the appropriate Regional Office.

    - The service provider will need an incident report completed before sending the report to the Regional Office.
    - Mandated Reporting: All employees are mandated to report any incident of suspected abuse or neglect.
        - Reporting means that it has been reported to the Director of the Regional Office.
        - Caregivers who report to their agency administrator are not free of their mandated reporting status. If the agency does not report to the Regional Office director, the caregiver can be held accountable when the Regional Office becomes aware of the incident.
        - If the alleged victim is a minor, the employee needs to ensure that the information is also reported to the Child Abuse Hotline (1.800.392.3738).

2. Safeguards for individuals being supported:
    - In the case of Neglect, Physical Abuse, and Sexual Abuse allegations, the alleged perpetrator cannot have direct personal contact with any person served during the investigative process.

The initial person receiving an allegation has the responsibility to ensure that immediate reporting protects individuals being supported. Any delays put an individual at risk for additional abuse.

Completion of the Incident (Event) Report

The following link should be used to access the Incident Report form:
http://www.dmh.mo.gov/docs/ada/EMTFillableForm_005.pdf

1. Incident report shall include:
    - Consumer's Name
    - Employee/Contractor suspected of abuse or neglect
    - Other employee/contractor or witness to incident
    - Complete written description of incident, including events before, during, and after the incident; when and where it occurred; and the extent of any physical injury noted, e.g., bruises, cuts, swollen areas, etc. and immediate follow-up that occurred to provide treatment and safety to consumer(s) involved

- Signature/date of reporter

2. Administrator/Agency Representative shall:
   - Examine the individual for injuries; request the Community RN examine the individual for any physical injury. If needed, the Community RN shall enter in the progress notes for the individual to be seen by a physician within 24 hours.
   - If in the Executive Director's opinion, physical injury is apparent or sexual injury has occurred, a physician will be contacted for an immediate examination.
   - The reports from the physician shall be made available to the Regional Center. In all instances, the Regional Center will be contacted.
   - Immediately notify the parents of minor individuals and legal guardians of the consumer.
3. In the event there is sufficient cause to request an investigation the Administrator shall:
   - Have any signs of physical injury photographed.
   - Suspended the employee involved in the alleged incident if the alleged incident could in any way cause undue anxiety to the consumer, pending the outcome of the investigation.
   - Upon completion of the investigation, the accused employee(s) will be advised of the results of the investigation and a copy of the results placed in a separate personnel file.
   - If the Regional Office Administrator finds the employee has committed Physical Abuse, Sexual Abuse, Neglect, or Misuse of Consumer Funds/Property, the employee will be dismissed. Their name will be placed on the department Family Care Safety Registry. In cases of abuse, they will be reported to the local law enforcement and criminal charges may occur.
   - If the Regional Office Administrator finds that the employee has committed Verbal Abuse or Neglect, the Administrator will discipline the employee according to disciplinary policy. Two counts of Neglect, two counts of Verbal Abuse, or one count Verbal Abuse and one count of Neglect, in a 12-month period may result in the employee being placed on the department Family Care Safety Registry.
   - The complaint reports and investigative reports shall be confidential and shall be retained by the appointed authority. The name of the complainant and other persons mentioned in the complaint shall not be disclosed except as necessary to process the complaint.
   - After investigations are completed and after the effective date of the disciplinary actions, the Administrator may notify the parent, guardian, or protector of the disposition.
   - Employees/contractors may appeal Regional Office substantiation.
   - The Regional Office will provide information on appeals.

Company Procedure for Discipline - Failure of an employee to provide reasonable and necessary services to a consumer according to that consumer's individualized treatment or habilitation plan, if feasible, or according to acceptable standards of care. This includes action or behavior which may cause psychological harm to a consumer due to intimidation, causing fear, or otherwise creating undue anxiety.

Medication Error – A mistake in prescribing, dispensing, or administering medications. A medication error occurs if a consumer receives an incorrect drug, drug dose, dosage form, quantity, route, concentration, or rate of administration. This includes failing to administer the drug or administering the drug on an incorrect schedule. Levels of medication errors are:

- Minimal – a medication error in which the consumer experiences no or minimal adverse consequences and receives no treatment or intervention other than monitoring or observation as required.
- Moderate – medication error in which the consumer experiences short-term reversible adverse consequences and receives treatment and or intervention in addition to monitoring or observation.

- Serious – a medication error in which the consumer experiences life-threatening and/or permanent adverse consequences or results in hospitalization or an emergency room episode of care.

"Serious" Medication Errors - may be considered abuse or neglect and shall be subject to investigation by the Department of Mental Health.

Misuse of consumer funds or property – the misappropriation or conversion for any purpose of a consumer's funds or property by an employee or employees with or without the consent of the consumer. This is grounds for automatic dismissal.

Appendix D: Positive Behavior Supports

Guidance: http://www.dmh.mo.gov/docs/dd/pbsguide08.pdf

Section I. Introduction

This book attempts to move from previous philosophies and theories on behavior, usually called Behavior Management, to a philosophy called Positive Behavioral Support, which is more in accordance with the Missouri Quality Outcomes and current best practice standards. These serve as a guiding philosophy for providing services and supports for all people who have developmental disabilities, including those with challenging behaviors.

Historically, we have used behavioral techniques in working with people with developmental disabilities to eliminate behavior we perceived as disruptive or undesirable. In some cases, physical interventions, such as physical restraints, were utilized or even chemical restraints (sedative medication). We now see several areas in which our practices can, and must, be improved.

Once area concerns the logic we use in deciding which behaviors we should intervene to change. This book attempts to provide some guidance in how we should decide whether we have the right to intervene to change the behavior of another person, and when we have the obligation to do so. We must recognize that persons with disabilities want control over their own lives and that they have rights we cannot and should not take away except under the most extreme of situations. Our job is to help them achieve the control they desire, and are legally entitled to, in the most responsible way we can.

A second area of improvement concerns our understanding of behavior itself. We know now that undesirable behavior can often be understood only by looking at the broad context of the person's life. Focusing solely on the undesirable behavior itself may cause us to overlook the underlying factors causing the behavior. In the vast majority of cases, disruptive behavior is communicating something. We must learn to listen. We must also continually question the ethics and humanity of our methods and thought processes.

Finally, although this is not an exhaustive list of areas of improvement, we now know that the more respectful we are of the individual and the gentler we are in our approaches, the more responsive people tend to be to our efforts to support their behavior change.

As used throughout the book the term "we" includes all staff of the Division and provider agencies working together to support people who have developmental disabilities. When we refer to people who use supports, we use the terms "individuals", "persons", and "people who have developmental

disabilities". It is also worth noting that although many people who have a developmental disability do not have any cognitive impairment, the examples in this book are in general written to describe situations of persons who do.

Purpose

This book provides guidance for using behavioral supports which will:

- Help the person learn effective behaviors which will assist them in reaching their own personal goals
- Help the person learn to make responsible personal choices by helping them to learn how to become responsible
- Minimize behaviors that put the individual and others at physical risk

Good behavioral support helps people learn useful skills and gives them more control over their own lives. Bad behavior programs simply coerce behavior change and continue an old system where we impose our wishes on people with developmental disabilities. There is no substitute for getting to know the individual as a person. Many of the strategies which are described in this book require hard work, commitment, and caring on a personal level from staff/caregiver. Implementation will also require further study, training and information gathering. Although not initially considered a behavior support strategy, Person-Centered Planning processes became a part of Positive Behavior Support approaches over a decade ago because researchers and practitioners began to realize that Person-Centered Planning approaches could establish and enhance a Positive Behavior Support approach (Kincaid, 1996). Since then, Person-Centered Planning has had a profound impact on how Positive Behavior Support approaches are delivered in homes, schools, and communities (Kincaid & Fox, 2001). Therefore, it is vital that individuals providing Positive Behavior Supports are trained in Person-Centered Planning.

Division Philosophy

While each facility and agency are unique in some respects, there should be general philosophical agreement on ways to support people who have developmental disabilities and what to do in emergency situations. We believe that policy and practice in the area of behavioral support must:

- Stem from a strong, person-centered value base which places dignity and respect for the person at its core

Shifting the emphasis from applying techniques to understanding the person in the context of their life and helping them attain a life that they value.

- Ensure that any attempt to alter behavior must be coupled with earnest protection of the person's constitutional, statutory, and human rights
- To do all of the above with the intention to improve the quality of life for the individual and gentle actions that absolutely minimize the need for any restrictive, punitive, or physical interventions, such as restraints or enforced compliance.

Appendix E: Client's Rights:

Missouri Department of Mental Health
Division of Mental Retardation and Developmental Disabilities

Consumer Rights and Responsibilities brochure can be found at:
https://dmh.mo.gov/dd/manuals/docs/rightsbooklet.pdf

Client shall be entitled to the Following Rights without Limitation

- Due process
- To have humane care and treatment
- To the extent that the facilities, equipment and personnel are available for medical care and treatment in accordance with the highest standards accepted in medical practice
- To have safe and clean housing
- To attend religious services
- To receive prompt evaluation and care, treatment, habitation, or rehabilitation
- To be treated with respect
- To be the subject of an experiment only with client consent or the consent of the person legally authorized to act for client
- To have client private doctor examine client at client expense
- To be evaluated and cared for in the least restrictive environment
- To refuse hazardous treatment or surgery unless ordered by a court
- To request and have a second opinion before hazardous treatment or irreversible surgery, except in emergencies
- To have nourishing, well-balanced meals
- To not work unless part of client treatment, rehabilitation, or habilitation
- To be free from verbal or physical abuse
- To have records kept confidential
- To correspond by sealed mail with officials of DMH, lawyer, or a court
- Unless otherwise stated by law, to have the same legal rights and responsibilities as any other citizen
- To receive an impartial review of alleged violations of the rights listed above and any also otherwise assured under law

Client Entitled to the Following Rights, which may be Limited:

- To wear own clothes and keep use of personal possessions
- To keep and spend a reasonable amount of own money
- To receive visitors of own choosing at reasonable times
- To have access to personal medical and service records
- To use telephone to make and receive confidential calls
- To exercise physically and be able to pursue outdoor recreation
- To have access to current newspapers, magazines and radio and television programs

Any limitation placed on a client's rights shall be documented in the clinical record and must be approved by the head of the facility where client resides, or day program attended for treatment or habilitation, if client has been admitted to such services. Client's rights may be limited only when those rights are inconsistent with therapeutic care, treatment, habilitation, or rehabilitation.

This agency cannot deny admission or services to anyone because of race, sex, creed, marital status, national origin, handicap, or age.

The following guidelines are used to notify the individuals of their rights:

- Rights are posted in an accessible place
- Rights are read and reviewed annually with the supported individuals
- Rights are sent to the guardian of individuals who cannot comprehend

If the individual has disruptive, destructive, and inappropriate behavior occurrences, the caregiver will provide the individual with information, instruction, and guidance on appropriate and acceptable behavior as agreed upon with the individual, caregiver, and Case Manager/Service Coordinator. Behavior management shall be conducted in a manner that does not demean the individual, but rather promotes and builds positive growth, controlled behavior, and positive self-image. The Case Manager will be contacted if any right has been questioned or violated.

Limitation of Rights (Due Process)

Restoring Hope, LLC believes that an individual's rights are not limited except through legal proceedings such as guardianship or when the individual is posing immediate danger to themselves or others. If it is necessary to limit the rights of an individual, the following process will be followed.

- Any request to limit an individual's rights will be discussed and agreed upon by the individual's planning team, which includes but is not limited to the individual, family advocate or legal guardian; service provider(s); and Regional Office Service Coordinator
- Restoring Hope, LLC will make every effort to make sure the individual is aware of the proposed limitation of their rights. The individual and/or legal guardian will be provided with advocacy information including:
    - DMH Client Rights Monitor number: 1.800.364.9687
    - MO Protection & Advocacy number: 1.800.392.8667
- A written proposal will be completed by the Service Coordinator explaining the decision of the planning team to limit the individual's rights, the reason for the proposed rights limitation(s) the length of time the rights are to be limited and what actions the person must demonstrate or eliminate in order to regain these rights. The Service Coordinator will then present the request to the Regional Office Due Process Committee for review and quarterly monitoring.
- The individual's planning team will develop a plan that outlines in detail the process that the agency and associated caregiver(s) will use in restricting the individual's rights, including the following:
    - Which rights will be restricted?
    - Which behaviors are present that requires the rights restriction?
    - Which Positive Behavior Supports, or interventions are to be used prior to restricting rights?
    - Who will implement the plan, train caregivers, etc.?
    - How can the individual's rights be restored?
- Once these steps have been completed and are in place, the individual's planning team will present the plan to the Due Process Committee for their final review.
- All rights are to be re-established as soon as the individual has met the conditions identified in the Personal Plan.

In addition to monitoring of rights restrictions by the Regional Office Due Process Committee, the individual's rights limitation will be discussed and evaluated by the agency with the planning team at least quarterly during the monthly review process.

Due Process Policy

- Persons will be made aware of any rights restrictions
- Persons can have their rights restored through team planning
- Employees/contractors will be trained in the plan restricting the person's rights

Due Process Procedures

- The consumer's planning team meets and identifies a right or rights that they feel should be restricted due to, but not limited to: the consumer's health/safety risk, a danger to themselves or others, a request made by the consumer's guardian, etc.
- When a consumer's team recommends a right's restriction then the consumer's Service Coordinator will contact their supervisor to ensure all needed information is in the request. The supervisor will present the information via email or at the Regional Office Due Process Committee meeting.

The information that must be included in the request to restrict the consumer's rights:

- The restriction must be in or added to the Personal Plan
    - If this is an initial due process, the restriction should be written as an outcome.
    - If this is an annual review of the restriction, the progress or lack of progress should be noted.
- The restriction contains the following information
    - What the restriction is.
    - Rationale which describes the reasons for the restriction.
    - History which describes what has been tried previously, such as triggers to behaviors; Positive Behavior Support interventions to use before restriction is implemented, etc.
    - Steps necessary to implement the restriction or action
        - How teaching components will be used, and the steps caregiver will take to implement restriction
        - When the conditions or circumstances under the rights restriction will take place.
        - Person responsible to train employee/contractor to ensure their training is documented.
    - Rights restoration – criteria the consumer has to meet to have the right restored.
    - Method of monitoring – on what type of document is progress noted (monthly reports, quarterly reports) and how often will restriction be reviewed (at least quarterly).
    - The planning team has reviewed the restriction and the appeal process with the consumer/guardian and there is a signature that verifies the review, and the appeal process was reviewed with them.
    - The Service Coordinator will review the Service Agreement with the consumer which contains the phone numbers of people to contact such as the Assistance Center Director of Treatment and the Client Rights Monitor number: 1.800.364.9687. An outside advocate's name and phone number is in the plan if the consumer choose someone other than the Client Rights Monitor.

Appendix F: Missouri Quality Outcomes

Guidance: http://www.dmh.mo.gov/docs/dd/QualityOutMan.pdf

What are the Missouri Quality Outcomes?

The Missouri Quality Outcomes were developed as a result of listening to people with disabilities, their families, and advocates. The outcomes were designed to encourage personal quality of life outcomes with individual focus on leading a self-determined life, including personal values, choice, health, safety, inclusion, and self-advocacy.

The Missouri Quality Outcomes are intended to be a guide to assist the user with facilitating discussion around key areas of importance to the individual and supporting their personal goals, dream and other areas of interest to the individual that defines quality of life. Improving quality requires continuous efforts on getting to know the person in the settings and situations where they are supported, as well as, consistent interaction and involvement with the individual and their support systems for on-going assessment of their quality of life.

The Missouri Quality Outcomes will be measured through annual data collected by the Division of Developmental Disabilities. Based on the data, the Division of Developmental Disabilities will address areas of enhancements to services and supports through policies and practices, with the goal of providing continuous improvement for people with developmental disabilities.

All Missouri Quality Outcomes are accompanied with a description of the outcome along with "talking points" that assist users in determining if the outcome has been met and identify areas for improvement. These "talking points" are not all inclusive but are used to aid in conversation with the individual and family members when applicable.

- **Daily Life:** people participate in daily meaningful activities of their choice.
- **Community Living:** People live in communities they choose, with whom they choose and in homes and environments designed to meet their needs.
- **Social and Spirituality:** People are active members of their communities while determining valued roles and relationships through self-determination.
- **Healthy Living:** People are able to choose health/mental health resources and are supported in making informed decisions regarding their health and well-being.
- **Safety and Security:** People are educated about their right and practice strategies to promote their safety and security.
- **Citizenship and Advocacy:** People have opportunities to advocate for themselves, others and causes they believe in, including personal goals and dreams.
- **Supports to Families:** Families are provided with knowledge that empowers them to facilitate opportunities for the individual's self-determination throughout the course of his or her life.

Appendix G: Person-Centered Planning and Individual Support Plan (ISP)

Guidance: http://www.dmh.mo.gov/docs/dd/pcpguide.pdf

Part I: Introduction

Person-Centered Planning & Self-Determination

Person-Centered Thinking

Health philosophy has evolved from a medical model emphasis on a person's long-term disabilities, to a strengths-based focus on a person's abilities and potential. Essentially, "person-centered thinking" starts with the person and works outward, keeping that person involved and in the center of all thinking and actions regarding personal services and supports. One of the fundamental concepts within person-centered thinking is that of understanding the balance between what is "***Important to***" and ***Important for***" people/families which includes issues of health and safety, and how individuals can be valued members of the community.

"Person-Centered Thinking" Applied to Youths

The person-centered approach to planning for young people depends on age and development. Personal responsibility cannot be directly applied to all children and youth since children learn to assume responsibility to varying degrees as they grow and develop. The family's role also must be considered. When a child is living in a family home, and self-determination is being addressed, the question is "whose self-determination are we talking about?" For instance, adolescents with developmental disabilities may see adventure, new experiences, cars or sports as important to them, while their parents may see safety, protection, and security as important for them.

Empowerment and Self-Determination

"Informed choice" implies that a person is empowered to determine how he or she wants to live. Learning how to make informed choices involves educating individuals and their personal advocates about their options. This process requires both time and professional commitment in order to change how an individual's needs are best met. The person-centered process is highly individualized and requires greater active participation from the individual and family members than professionally directed services. Yet as the process develops, the initial educational investment is realized.

Definitions and Principles of Self-Determination

Self-determination: When individuals with developmental disabilities and their families control the resources used to support them, their quality of life will improve, and service cost will diminish. This definition of self-determination stresses that "we cannot have self-determination without people having greater control of their own lives and the services and supports they need; this change in control must result in improvement of opportunities and conditions experienced by the individual."

Freedom: People with disabilities will have the option of utilizing public dollars to build a life rather than to purchase pre-determined programs. Freedom means that individuals with disabilities, within a rational and cost-efficient system developed by stakeholders, will be able to control resources through individual budgets. This will allow them to have the necessary experience in living, and to move their dollars when their life choices change.

Authority: Individuals with disabilities will have meaningful control over a capped amount of dollars. Financial resources can be used to build needed supports by purchasing only what is needed and paying only for what is received. When people with disabilities need assistance in controlling dollars and planning their lives, those chosen to assist in this process must ascertain the individual's real desires and aspirations.

Support: Support is the opposite of "programming." Through support, professionals assist people with disabilities to nurture informal relationships with family and friends to provide a support network. For people who currently do not have these natural resources in place, creating this informal network will be important and yet presents challenges. One of the underlying assumptions of this principle is simply that ordinary community members, with education and under more natural circumstances and environments, will welcome and support people with disabilities.

Responsibility: Like "***freedom***," "***responsibility***" is a tenet in person-centered thinking. People with disabilities can assume responsibility for giving back to their communities, for seeking employment whenever possible, and for developing their unique gifts and talents. The Division of Developmental Disabilities professionals, both employed and contracted, will support people as they assume personal responsibility.

Confirmation: The recognition that individuals with disabilities must be a major part of the redesign of the human service system of long-term care. "***Having arrived***" is when the community does not look at the disability, but at the potential.

Part II: Overview of Person-Centered Planning

The Division of Developmental Disabilities requires that each person eligible for Division Services have a Person-Centered Plan. This guide can be used by individuals, their families, providers and facilitators, who write plans in cooperation with all persons receiving supports and services from the Division. Person-Centered Planning encourages an individual to involve personal and community networks in planning for the future. The process involves developing a vision for the future, while coordinating resources and supports to make the vision a reality.

The Center for Medicare and Medicaid Services (CMS) outcome for "participant-centered service planning and delivery" clarifies: "Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community."

Person-centered quality outcomes are:

- **Person-directed** – Individual has the authority and is supported to direct and manage his/her own services to the extent they wish.
- **Assessment** – Comprehensive information concerning each individual's preferences, personal needs, goals and abilities, health status and other available supports are gathered and used in developing the personalized plan.
- **Decision-making** – Information and support are available to help the individual to make informed selections among service options.
- **Free choice of provider** – Assist the individual's need for services, healthcare or other services in accordance with his/her expressed preferences and goals.
- **Comprehensive plan** – Addresses the individual's need for services, healthcare or other services in accordance with his/her expressed preferences and goals.

Person-Centered Values

Division of Developmental Disabilities Quality Outcomes is defined by values that form the foundation of a planning process:

- Person-Centered Planning supports personal authority and provides meaningful options for individuals/families to express preferences, to make informed choices, and to achieve hopes, goals, and dreams.
- Person-Centered Planning discovers and understands what is important ***to*** the individual/family and what is important ***for*** the individual/family; and balances these viewpoints.
- Person-Centered Planning begins with strengths, gifts, skills, and contributions of each individual/family.
- Person-Centered Planning is used as a framework for providing services and supports designed to meet the unique needs of each individual/family, while honoring goals and dreams.
- Person-Centered Planning is a process that enhances community connections and natural supports and encourages the involvement of the individual/family in the community.
- Person-Centered Planning supports mutually respectful partnerships between individuals/families and providers/professionals.

- Person-Centered Planning involves listening; action; being honest and realistic; and discussing concerns about staying healthy and safe.

Planning Timetable

CMS-administered Home and Community Based programs require that each person initially have a plan in place within 30 days of acceptance into the program. If the person already has a Person-Centered Plan, the plan must be amended within 30 days to reflect any new services and supports that will be provided to the person upon entrance into the waiver program.

Person-Centered Planning Process

The Person-Centered Plan is a process involving as many people or agencies as needed to achieve the desired outcomes for each individual. The plan belongs to the person.

- Person-Centered Planning helps people achieve their life goals.
- A Person-Centered Plan evolves and changes as the person evolves and changes.

Building the Support Team

Whenever possible, individuals should freely choose the members of their circle, who can be:

- Family members or guardians
- Friends or peers
- Direct support professionals (caregivers, personal care attendant, etc.)
- Other support professionals (Service Coordinator, Case Manager, social worker etc.)
- Whoever is involved in their lives

The planning team consists of

- An individual (focus person), and
- A circle of support (support team)

A circle of support helps individuals develop their plans. Since the Person-Centered Planning team builds and sustains relationships, potential team members will have community contacts, with support emphasis placed on naturally occurring relationships and resources. Team members cooperate in solving problems and helping individuals:

- Attain their potential
- Achieve life goals
- Realize their dreams

Conducting a Person-Centered Planning Meeting

1. The focus person chooses
    - Time, date, place _____
    - Meeting topics _____
    - Facilitator _____
    - Circle of Support _____
2. Prior to the meeting, each support team member spends time with the focus person to learn more about his/her hopes and dreams and preferences.

3. When they meet, the focus person and support team members review the most recent plan; discuss changes, updates and new goals; and make plans to implement changes.

Facilitating a Person-Centered Plan

The meeting facilitator may be a Service Coordinator or professional affiliated with another agency or provider. The focus person has additional options, such as facilitating the meeting him or herself (with support if desired), or choosing an independent facilitator – a friend, neighbor, family member, or someone trained as a Person-Centered Planning facilitator.

Since Person-Centered Planning is about relationships, a facilitator either has a relationship with the focus person or establishes a relationship with the person prior to the meeting. The facilitator's ability to ask the right questions, and to communicate directly with the focus person, will enhance the plan and its process. The facilitator's credibility with the person, community and service system will dramatically influence the success of the planning process.
Choose a facilitator who has the following attributes:

- Team player who works well with others
- Flexible and open-minded-does not make assumptions
- Person-Centered and skilled at keeping the focus of the meeting on the person
- Good listening skills and ability to interpret behavior as communication
- Skilled at checking with the person
- Consistent, and experienced with follow-through

Communicating within the Circle

To support others in self-determination, team members must be experienced in listening to and understanding a person's communication style. All communication is purposeful, and all people have a need to communicate.

Most people express ideas, feelings and desires through words, gestures, and body language to convey messages and respond to others. Some individuals have difficulty communicating, and thus what may be perceived as inappropriate behavior is often a person's way of expressing feeling or thought.

Communication requires a willingness to use all available means in order to understand and to be understood (e.g., pictures, sign language, gestures, body language, augmentative devices, etc.). At the planning meeting, alternative methods for communication should always be available.

Supporting People through Life Transitions

Every individual experiences life changes or transitions. When the person's life changes, the plan changes in response. As a person develops, the plan evolves.

Examples of life transitions are:

- School graduation
- Starting a new job
- Changing jobs
- Losing a job
- Getting married
- Having a baby

- Getting divorced
- Moving to a new home
- Health Issues (e.g., life-altering illness)
- Onset of a disability (e.g., accident resulting in a brain injury)

When unexpected things happen, people often feel "derailed" or "off balance." To help the individual move forward after such life events occur, the planning team meets and continues to adjust and modify the plan. While the circle of support is designed to carry the individual through difficult transitions, there are times when professionals can offer extra support – helping the individual revisit effective support strategies, and/or assisting in the development of more effective strategies.

Life Transition Resources
For Person-Centered Plan Amendment and Quarterly Review, see Service Coordinator's Manual.

Part III: Person-Centered Career Planning

"The process must be empowering for the person in order to promote a variety of possibilities."
(Institute for Community Inclusion, University of Massachusetts)

Person-Centered Career Planning helps individuals reach their employment goals. The Division of Developmental Disabilities vision states that ***employment is a viable option for all people with developmental disabilities,*** and includes the following beliefs:

- People who want to work can work
- People who are of working age are expected to work
- People have the right to achieve their career goals
- People should have prevailing wage
- People should have the opportunity to realize economic self-sufficiency

Person-Centered Career Planning involves finding ways for an individual to contribute to the community, and to earn an income that is consistent with the person's interests, gifts, talents, and preferences. Person-Centered Career Planning focuses on what is important ***to*** the person.

Person-Centered Career Planning Process
The planning process involves a support team or circle of support selected and invited by the individual (focus person) to assist in all phases. Team members serve as connections to potential employers and assist the individual in finding a job consistent with his or her career goals.

The career-planning process involves challenges:

- Many people with disabilities have limited work, life, or decision-making experience, and thus defer to others.
- Some people have unrealistic ideas or goals about employment.
- The planning process embodies an ongoing commitment to discover what is important for the person.

Person-Centered Career Plan Support Team
Individual job seekers direct their job searches and select other individuals for assistance. Pursuing a career, as well as getting and keeping a job, all require ongoing support. The support team includes (but is not limited to) the job seeker, family, friends, employment specialist and Service Coordinator. The job seeker and/or the team also may choose other members to assist in the job search and make connections.

Members of the support team have a shared vision and value base consistent with the Division of Developmental Disabilities vision: ***Anyone who wants to work can work.***

The critical work of the support team is to help the job seeker:

- Identify the kind of career/job the job seeker wants and desires.
- Identify businesses that employ people in the job seeker's career/job of choice.
- Identify businesses the job seeker would like to work for.
- Identify job openings for which the job seeker's skills and knowledge match the employer's need(s).
- Schedule interviews for desired positions.

The Support Team:

- Supports the choices made by the job seeker.
- Utilizes natural support mechanisms as much as possible. Many of us often obtain jobs because of whom we know.
- Accepts changes that naturally occur during the job/career development.

Person-Centered Career Planning Meeting

Once the support team is chosen, the focus person schedules a meeting. At the planning meeting, all Person-Centered Planning components apply, and these identify:

- What is most important to and for the job seeker?
- What does and does not work or make sense in the person's life?
- Necessary support strategies; and
- An action plan to assist in the job/career development, with specific outcomes and strategies that makes sense to the person.

In order to understand what is important to and for the person, the support team gathers information. The following questions can help the job seeker and support team develop a plan or blueprint for employment possibilities.

- What are the person's dreams?
- What are the things the person likes to do?
- What are the things the person likes least?
- What is the person's routine and how are they supported?
- What is the person's dream job?
- What work experience does the person have or had?
- How does the person learn best?
- What are the characteristics of the people who best support the person?
- How does the person problem solve?
- How does the person ask for help or assistance?
- What accommodations are necessary in the community?
- What is the person's work history?

Part IV: Planning for Risk

Serious risks are actions likely to cause serious emotional or physical harm or death to an individual or others. Risk is unique to each person's individual circumstance: what is threatening for one person may not be risky for another person.

Risk complicated: It is an inter-related combination of:

- Individual circumstances (things beyond the person's control);
- Personal actions/decisions (actions the person does to increase or decrease the risk); and
- The person's understanding of cause and effect of his or her actions.

Why do we think more consciously about risk in the lives of people with disabilities? Often there is a concern that people with disabilities are not as able to understand the complexities of everyday life. We may worry that those individuals do not understand the consequences of their own actions, or the effect they may have on others. We may also think that individuals with disabilities are unable to make independent judgments without significant support; we see them as vulnerable, and we fear that some risk will lead to serious injury or death.

In some cases, these concerns may be valid. People with disabilities are four times more likely to be at risk for violent victimization, abuse, and neglect, then those without disabilities. Studies estimate that close to 80% of women with DD have been sexually assaulted at some point in their lives; this number is two or four times higher than for people without disabilities. (Abuse and Neglect of Adults with Developmental Disabilities: A public health priority for the State of California, August 2003). People with disabilities share the same vulnerabilities as others, yet they may be less empowered to overcome them, and may not know how to access the support they need. Some individuals may not be able to understand risk and consequences. People with disabilities may also experience a lack of access to health services and medical care and may be considered at risk for various conditions (Rowe, Human Services Research Institute 2008).

Balance Protection with Self-Determination

The growing self-advocacy movement proclaims, ***"Nothing about me without me!"*** Providers and planning teams may be concerned that they will be held liable if the individual comes to harm or harms others and may not honor the individual's choices if they think health/safety concerns present roadblocks.

Risk Prevention

Prevention of risk is an ongoing process…that starts with the person (Rowe, 2008, Human Services Research Institute). Planners must first gather information about the person's history, hopes and dreams, affiliations and personal connections, ability to understand risk; and the personal rewards the person derives from risk-taking. Planners need to understand the person's ability to accept support to mitigating risk.

Gathering Information

To gain knowledge about the person, we must listen to the person and try to understand his or her personal goals, and what he or she sees as most important in life. We gain information on the person's understanding of risk, including his or her level of comprehension of negative outcomes. In gathering information, it is important to talk to key people; visit and observe the person in the environment where he or she lives, works and plays; and in some situations, conduct formal assessments.

When gathering information and discussing risk: ask open-ended, non-directive questions, avoid yes/no responses, and confirm responses with people who know the individual.

Sources of Risk Information

Review of formal assessments can indicate risk factors, and potential areas of support.
Assessments may include:

- Comprehensive clinical assessment results
- Recent medical examinations (and recommendations), including reports from specialists
- Reports from any recent hospitalizations
- Formal "risk screens or assessments"

Observation

Observing people in their own environments also can provide valuable information about the individuals and their abilities in mitigating potential risk. For instance, check on:

- Accessibility
- Emergency evacuation
- Signs of negative interactions with caregivers
- Inability to communicate and to be understood
- Avoiding personal care

Risk Management

- First, talk to the person (and/or family/guardian). Communicate that you are concerned about some things and will be discussing some risk issues.
- Review the risk issues that will be a part of the planning meeting.
- Assist the person in deciding who should be at the meeting, since a large group can be intimidating.
- Ascertain if there is someone the person does not want to be at the meeting.

Key Elements in Developing Risk Management Plan with the Team

- Arrive at consensus on which risk and safety issues are most critical to address.
- Determine if the risk issues are seen by the person as important to his/her quality of life.
- Discuss and consider what supports are already in place to mitigate/reduce the risk.
- Make sure that all involved know their roles and responsibilities (including paid and non-paid supports).
- Determine if the outlined supports can be coordinated across service environments.
- Develop a way to monitor the implementation of the services/supports.

Appendix H: Privacy Rule of Health Insurance Portability and Accountability Act of 1996 (HIPAA) 9 CSR 10-5.220

Purpose: This rule alerts providers to the possible HIPAA Privacy Rule requirements if the provider has determined that it is a covered entity as defined by HIPAA. Once that is established, this rule lists policies and procedures that the HIPAA Privacy Rule requires for each covered entity.

1) This rule applies to all programs licensed, certified, or funded by the Department of Mental Health.
2) Definitions:
    a. HIPAA: The Health Insurance Portability and Accountability Act of 1996 (45 CFR parts 160 and 164) as it relates to Privacy.
    b. Protected Health Information (PHI): As defined by HIPAA (45 CFR section 164.501) – PHI is individually identifiable health information that is –
        i. Transmitted by electronic media
        ii. Maintained in any medium described in the definition of electronic media; or
        iii. Transmitted or maintained in any other form or medium.
    c. Individually identifiable health information: As defined by HIPAA (45 CFR section 160.103), individually identifiable health information is any information including demographic information, collected from an individual that is –
        i. Created or received by a healthcare provider, health plan, employer, or healthcare clearing house.
        ii. Related to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual, and which

identifies the individual, or with respect to which there is reasonable basis to believe that the information can be used to identify the individual.

d. Business Associate: As defined by HIPAA (45 CFR section 160.103), a person who, on behalf of the covered entity or provider or of an organized healthcare arrangement in which the covered entity participates, but other than in the capacity of a member of the workforce of such covered entity or arrangement, performs, or assists in the performance of:
    i. A function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and repricing.
    ii. Any other function or activity regulated by this subchapter; or provides, other than in the capacity of a member of the workforce of such covered entity, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for such covered entity, or to or for an organized healthcare arrangement in which the covered entity participates, where the provision of the service involves the disclosure of individually identifiable health information from such covered entity or arrangement, or from another business associated of such covered entity or arrangement, to the person.

3) All providers who determine that they qualify as covered entities must comply with the provisions of the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A covered entity is defined as a healthcare provider, who transmits any health information in electronic form in connection with a transaction covered by this subchapter (section 160.103 of 45 CFR part 160), a health plan or a clearinghouse. The effective date of the Privacy Rule is April 14, 2003. If this provider is a covered entity, THEN HIPAA requires the appropriate policies and procedures be in a place to comply with the HIPAA Privacy Rule. HIPAA requires such policies and procedures to include, but not limited to, the following topics: Notice of Privacy Practices, Amendment of Protected Health Information (PHI), Client Access to PHI, Accounting of Disclosures, Workforce Training, Verification, Authorization for Disclosures of PHI, HIPAA Complaint Process, Marketing (if applicable), Research (if applicable), Audit and Monitoring of HIPAA compliance, and Business Associates Agreements with those companies providing goods and services which require the disclosure of PHI, etc. Where existing confidentiality protections provided by 42 CFR part 2, related to the release of alcohol and drug abuse records, are greater than HIPAA, then the department anticipates that the provider will consider any such provision of 42 CFR part 2 as the guiding law.