

SERVICE PROVISION Policy and Procedures ICF-DD Homes

I. Purpose

To have consistent service provisions for services offered in the ERC ICF-DD Homes that conforms to OLTC policies, procedures and guidelines.

II. Scope

This policy and procedure applies to residents served in the (3) 10-bed ICF-DD homes owned and operated by the Elizabeth Richardson Center, Inc.

III. Program Overview

- A. This Program consists of three, 10-bed community based residences. Residents must be at least eighteen (18) years of age and have a developmental disability. Each resident receives an active treatment program that is designed to help him or her learn independent living skills.
- B. Individuals in this program also participate in one of two day programs which offer training in independent living skills and pre-vocational skills.

IV. Eligibility Criteria

The individual applying for services must:

- A. Be diagnosed as having:
 - 1. An Intellectual Disability (or Mental Retardation) – Full Scale IQ of 70 or less as measured by standardized intelligence tests; or
 - 2. A diagnosis of Cerebral Palsy, Epilepsy, Autism or related condition – Full Scale IQ may be greater than 70, but the adaptive behavior score must be less than 70 (the individual functions as if they have an Intellectual Disability/Mental Retardation)
- B. Be at least 18 years of age
- C. Have needs in at least 3 of the 6 areas listed below:
 - 1. Self-care
 - 2. Capacity for independent living
 - 3. Self-direction
 - 4. Capacity for learning
 - 5. Mobility
 - 6. Understanding and use of language
- D. Have a funding source that will pay for ICF/MR services (i.e., LTC Medicaid eligibility)
- E. Be able to function in a 1:5 setting independently when given verbal and/or physical prompting [z1]
- F. Be able to participate and benefit from an active treatment program.

V. Application and Intake Process

- A. The Residential Director (or designee) is responsible for coordinating the application and intake process. Withholding critical information may result in a denial of services or discharge from services.
- B. All applicants will be given a packet of information that is needed to establish eligibility as well as other information concerning the scope of services offered at ERC.
- C. ERC staff will make every effort to have written application materials that are easily understood. If there is a language barrier, every effort will be made to have material translated or a translator brought in to help with the process.
- D. An Application/Referral Packet will include:
 - 1. Basic contact information for applicant and/or guardian and other information required on program face sheet
 - 2. ICF/MR Application Form and/or Social History
 - 3. Medical History and Physical Exam
 - 4. Psychological Evaluation (includes full scale IQ testing and adaptive behavior testing)
 - 5. Copy of Medicaid and other insurance cards
 - 6. Copy of guardianship papers (if applicable)
 - 7. Copy of birth certificate (may be provided later in the application process after determination to admit has been made)
 - 8. Copy of vaccination records (may be provided later in the application process after determination to admit has been made)
- E. Application/referral packets will be uploaded in to Therap.
- F. Eligibility for services will be determined by the Admission Committee.
- G. All information gathered to determine eligibility and to be admitted will be kept in the client's file.
- H. If applicant does not meet basic eligibility requirements, the Residential Director (or designee) will notify him/her/guardian. Similar notification will be forwarded to the referral source, if applicable.

VI. Acceptance Process

- A. The Residential Director (or designee) will request an Admission Committee meeting.
- B. The Admission Committee will, at a minimum be comprised of:
 - 1. Residential Director (will chair the meeting)
 - 2. Case Manager
 - 3. Nurse
 - 4. Food Services Coordinator and/or Consultant Dietitian – if there are special nutritional requirements or requests
 - 5. Representative from the day program(s) involved – Representative is not required to attend, he or she may review application online and give feedback to Residential Director (or designee)
- C. The Admission Committee will:
 - 1. Give all applicants requesting services due consideration.
 - 2. Review the Application/Referral packet and all pertinent information
 - i. Ensure applicant meets eligibility requirements
 - ii. Ensure that applicant meets program milieu criteria based on current available information
 - 3. If b. is met, invite the applicant and/or guardian (and/or family members, friends, etc) for a tour of the homes and day programs, as well as an interview (to include completion of the ICAP). The ICF Case Manager is responsible for this part of the process and will document the visit. Information collected will include:
 - i. Background information needed to create a social history.
 - ii. Information about the applicant's likes and dislikes.
 - iii. Specific medical or personal care needs.
 - iv. Information needed to assess all known risks and a plan to address them.

- v. Information about previous direct services and supports, work history (if applicable), and education and training history. A signed release of information should be obtained for each service agency.
 - vi. Assistive technology and/or reasonable accommodation needs.
 - vii. Cultural, spiritual, and economic issues that may impact programming and service delivery.
 - viii. Other information will contact agencies that have served the applicant in order to obtain records from them.
4. Review information collected during tour/interview.
 5. Determine:
 - i. Add applicant's name to waiting list if committee believes the applicant can be served, but space is not available.
 - ii. Applicants will be contacted as openings are anticipated to determine if they are still interested in services. These contacts will be documented and added to the application/referral packet.
 - iii. Admit
 - iv. Not to admit
 1. Applicants will receive a phone call or letter informing them of decision along with:
 - a. Reasons for not admitting
 - b. Names of alternative services
 - c. Referral information
 2. Referral source, if applicable, will be also be notified (see above).
 6. Maintain minutes

VII. Pre-Admission and Admission Process

- A. The ICF Case Manager continues to implement the Pre/Admission Checklist.
- B. Individualized Program Plan (IPP)
 1. Each client must have an IPP developed by an Interdisciplinary Team (IDT) that represents the professions, disciplines, or service areas that are relevant to identifying needs and designing programs to meet the client's needs.
 2. IPP participation
 - i. Appropriate facility staff must participate in IDT meetings physically or in writing
 - ii. Participation by other agencies serving the client should be encouraged
 - iii. Active participation by the client and/or guardian is required unless the participation is unobtainable or inappropriate.
 3. Within thirty (30) days after admission, the IDT must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.
 4. The IPP must be based on the comprehensive assessment. The comprehensive assessment must:
 - i. Take into consideration the client's age and the implications for active treatment at each stage, as applicable;
 - ii. Identify the presenting problems and disabilities and where possible, their causes;
 - iii. Identify the client's specific developmental strengths;
 - iv. Identify the client's specific developmental and behavioral management needs;
 - v. Identify cultural and religious needs and preferences;
 - vi. Identify the client's needs for services without regard to the actual availability of the services needed; and Include
 - a. physical development and health,
 - b. nutritional status,

- c. sensorimotor development,
 - d. affective development,
 - e. speech and language development,
 - f. and auditory functioning,
 - g. cognitive development,
 - h. social development,
 - i. adaptive behaviors or independent living skills necessary for the client to be able to function in the community,
 - j. as applicable, vocational skills.
 - k. and any other information obtained during the application and admission process.
5. Within thirty (30) days after admission, the IDT must prepare for each client an IPP.
 6. The IPP must be based on the individual's and/or guardian's preferences and desired outcomes.
 7. The IPP will:
 - i. Specify objectives necessary to meet the client's needs, as identified by the comprehensive assessment and the planned sequence for dealing with those objectives. These objectives must:
 1. Be stated separately, in terms of a single behavioral outcome;
 2. Be assigned projected completion dates;
 3. Be expressed in behavioral terms that provide measurable indices of performance;
 4. Be organized to reflect a developmental progression appropriate to the individual; and
 5. Be assigned priorities.
 - ii. Each written training program designed to implement the objectives in the IPP must specify:
 1. the methods and techniques to be used;
 2. the schedule for use of the method;
 3. the person responsible for the program;
 4. the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives;
 5. the inappropriate client behavior(s), if applicable; and
 6. provision for the appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate.
 - iii. Describe relevant interventions to support the individual toward independence.
 - iv. Identify the location where program strategy information can be found.
 - v. Include, for those clients who lack them, training in personal privacy and independence including, but not limited to the following skills until it has been demonstrated that the client is developmentally incapable of acquiring them.
 1. toilet training
 2. personal hygiene
 3. dental hygiene
 4. self-feeding
 5. bathing
 6. dressing
 7. grooming
 8. communication of basic needs
 - vi. Identify mechanical supports, if needed, to achieve proper body position, balance, or alignment. The plan must specify
 1. the reason for each support
 2. the situations in which each is to be applied
 3. and a schedule for the use of each support

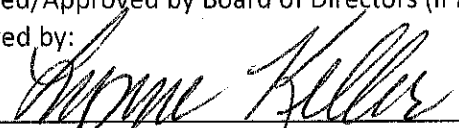
- vi. Provide that clients who have multiple disabling conditions spend a major portion of each waking day out of bed and outside the bedroom area, moving about by various methods and devices whenever possible.
 - vii. Include opportunities for client choice and self-management.
 - viii. Include community inclusion activities as desired by the client.
 - ix. Be provided or made available to all relevant staff and to the client and/or guardian.
- D. This Program consists of three, 10-bed community based residences. Residents must be at least eighteen (18) years of age and have a developmental disability.
 - E. Each resident receives an active treatment program that is designed to help him or her learn independent living skills.
 - F. Individuals in this program also participate in one of two day programs which offer training in independent living skills and pre-vocational skills.

VIII. Transition/Discharge/Exit Procedures

- A. Transitions, discharges, or exits from the program may be done on a voluntary or involuntary basis.
- B. Clients will be officially discharged (when involuntary) only after the IDT has met and decided that this action is appropriate.
- C. Provide a reasonable time to prepare the client and his or her parents or guardian for the transfer or discharge (except in emergencies).
- D. Discharge Criteria:
 - 1. Client no longer meets eligibility for ICF Program.
 - 2. Client and/or guardian withdraw from services.
 - 3. Client and/or guardian interferes with the delivery of services to a degree that active treatment and/or health and safety of the client or other individuals cannot be maintained.
 - 4. Client is no longer able or willing to participate in active treatment.
 - 5. Client becomes too medically fragile and health and safety cannot be assured.
 - 6. Client's absence exceeds fourteen (14) consecutive days or if IDT determines client is not benefiting from active treatment due to excessive absences and there are no extenuating circumstances.
- E. The ICF Case Manager will prepare an exit summary (based on written summaries from each applicable discipline) and will complete an exit interview at time of exit. This is done when an individual changes services or leaves organization. The report will:
 - 1. Summarize the client's developmental, behavioral, social, health and nutritional status
 - 2. Summarize the results of services
 - 3. Make recommendation for future services
 - 4. Suggest referrals to other services, if applicable, not available through the organization
 - ii. The ICF Case Manager (or others) will participate in transition meetings with other agencies when possible and/or will, with the consent of the client and/or guardian, provide a copy to authorized persons and agencies.
 - iii. The ICF Case Manager will complete the DCO 702 form and forward it to the local DHS office, Logan County DHS office, and OLTC.
 - iv. The ICF Case Manager will conduct follow-up with the individual and/or guardian 30 days after exit and will document this follow-up on the exit summary.

IX. Re-Admission Procedures

- A. Individual and/or guardian must re-initiate the application process.
- B. Previous discharge issues must be resolved before re-admission will be considered.

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| X. Review/Revision/Approval Information | |
| <ul style="list-style-type: none"> List all review/revision dates made by P&P Review Committee: 3/2014, 4/2015, 12/2016, 3/2017 Reviewed/Approved by Board of Directors (if required) Approved by:  | |
| Lynne Keller, Director of Administration | 3/27/2017 Date |

- CARF standard(s) (Commission for the Accreditation of Rehabilitation Facilities) _____
- DDS regulation(s) (Dept. of Disability Services – State) _____
- OLTC regulation(s) (Office of Long Term care – State) _____
- DOE regulation(s) (Dept. of Education – State) _____
- ARS (Ark. Rehabilitation Services – State) _____
- AHTD regulation(s) (AR Highway & Transportation Dept - State) _____
- OSHA regulation(s) (Occupational Safety & Health Administration – Federal) _____
- Medicaid regulations (Federal/state) _____
- HIPAA Regulations (Federal) _____

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