

Elizabeth Richardson Center ACS Waiver Service Provision Procedures

I. Purpose

- A. To define eligibility and enrollment guidelines for the ERC Alternative Community Services (ACS) Waiver Program.

II. Scope

- A. The ERC Waiver program supports individuals with developmental disabilities to live, work and participates in the community of their choice. The program is designed to help individuals live as independently as possible. ACS Waiver can allow individuals with disabilities to receive one-on-one support at home and in the community. Waiver may also cover the cost of moving from an institution to the community, any environmental modifications and assistive technology the individual might need, some medical supplies, respite, and it can also provide employment supports.
- B. This procedure applies to persons served in ERC's Waiver Program
- C. All ERC employees and volunteers will be expected to comply with this procedure.

III. Eligibility Criteria

- A. The individual must be referred from the Developmental Disabilities Services (DDS) if utilizing Medicaid to pay for services. The individual may be "self-referred" if using private pay.
- B. ERC must be able to keep applicant and others safe within the constraints of the budget approved by DDS or by the amount the individual can self-pay.

IV. Application Process

- A. The Application - if referred by DDS
 - 1. DDS sends ERC the admissions packet.
- B. The Application - if self-referred
 - 1. The following documents must be provided:
 - a. A valid psychological report (not more than 1 year old)
 - b. Submission of a valid social history that is less than five (5) years old.
 - c. Submission of a medical history and report of physical examination completed by a licensed medical doctor within the last 12 months.
 - d. Submission of guardianship papers if the individual is not their own guardian.

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V. Admission/Acceptance Procedures

- A. Due consideration will be given to all individuals requesting ACS Waiver from ERC.
1. Admission Committee
 - a. The Admission Committee will, at minimum, be comprised of the responsible ERC Case Manager and Supportive Living Supervisor. (NOTE: At ERC, the staff person responsible for acting as the Supportive Living Supervisor is the Adult Services Program Manager.)
 2. Admission Determination
 - a. The Admission Committee will review the application/referral packet and all pertinent information and determine whether or not to accept and admit the individual requesting services.
 - b. Admissions Committee will consider the following in the making admission determinations;
 - i. If referred by DDS; ERC must be able to applicant and others safe within the constraints of the budget approved by DDS.
 - ii. If self referred;
 - *Will the applicant benefit from services?*
 - *Is the applicant able self-medicate or participate in self-administering medication program?*
 - *Does the applicant have any major medical needs or skilled nursing care needs that pose a potential barrier to program participation?*
 - *Does the individual have the means to pay for services?*
 - c. Admission Committee decisions will be communicated to the individual or the guardian by an ERC Case Manager.
 - d. Admissions Committee recommendation may include one of the following decisions:
 - i. Not accept and not to admit,
 - ii. Accept and admit
 - iii. Accept and add the individual to the waiting list.
 - e. Individuals will receive a response within two (2) working days after admission decision.
- B. Order of Acceptance
1. If everything is equal, admission will be based on date the application/referral packet is completed and received.
 - a. Eligible individuals who are accepted and not admitted will be added to a waiting list.
 - i. A Waiting List Contact Sheet will be maintained for all interested adults.

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- ii. ERC staff will attempt to contact individual via previously provided information. If no response within seven (7) business days, ERC will contact the next eligible applicant on the waiting list.

2. Procedure when not found eligible

- a. Individuals determined not to be eligible will receive a phone call or letter informing them of decision not to accept along with:
 - i. the reason(s) not accepting/ admitting
 - ii. referral information including name(s) of alternative service(s)
 - iii. Application packet will be returned to applicant or destroyed.

VI. Pre-Admission Procedures

- A. The Waiver Case Manager will ensure that the following information is obtained prior to admission:
 - 1. Face sheet information
 - 2. Signed emergency medical release and all other necessary release forms (i.e., Publicity, financial, fund raising, etc.).
 - 3. Statement of Legal (competency) status.
 - 4. Individual Plan of Protection (IPOP) information and Risk Plan information.
- B. The individual and/or guardian is oriented to program by the responsible Waiver Case Manager.
 - 1. Client handbook
 - 2. Waiver Case Manager contact information
 - 3. DDS Specialist contact information
 - 4. Direct Support Supervisor Contact Information

VII. Programming Procedures

- A. The following is updated annually or as needed:
 - 1. Face Sheet
 - 2. Client Handbook (obtain signed receipt)
 - 3. Medical prescription for services
 - 4. Medication Monitoring Assessment and Plan
 - 5. Obtain and/or update informed consents and releases of information
 - 6. IPOP and DDS Health and Safety Assurances Assessment
 - 7. Informed Consent
 - 8. Positive Behavior Support Plan (PBSP), if applicable (all individuals taking psychotropics for behavior must have a PBSP.
 - 9. Person Centered Service Plan
 - a. Developed based on input of individual and/or guardian and other individual's in within the support network.
 - b. Contains a description of the individual's preferred lifestyle, including:

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- i. The type of setting in which the individual wants to live or work;
- ii. With whom the individual wants to socialize;
- iii. The social, leisure, religious, or other activities in which the individual wants to participate;
- iv. Reflect the individual's and/or guardian's choice of services which are relevant to the individual's age, abilities, life goals/outcomes;
- v. Address areas such as the individual's health, safety and challenging behaviors which may put the individual at risk;
- vi. Demonstrates the rights and dignity of the individual and guardian (if applicable).
- vii. Incorporates the individual's and/or guardian's orientation and integration to the community, its services and resources;
- viii. The necessary activities, training, materials, equipment, assistive technology and services needed to assist the individual in achieving his or her preferred lifestyle;
- ix. Describes how opportunities for individual choice will be provided;
- x. Be approved, in writing by the individual and/or guardian.
- xi. Individual and/or guardian are included as active participants and give direction in all aspects of planning and revision process.
- xii. Information gathered includes:
 - Relevant medical history (physical must be current within the last 12 months)
 - Relevant psychological information
 - Relevant social information (social history)
 - Changes in financial status – earnings/benefits
 - Information on previous direct services and supports
 - Information on previous work history, if applicable
 - Information on previous education and training history
 - Strengths
 - Abilities
 - Needs
 - Preferences
 - Desired outcomes/Long Term Goals
 - Reasonable accommodation needs
 - Other information provided during application and admission process
 - Other issues, as identified
- xiii. The PCSP will also identify:
 - Least restrictive environment
 - Barriers

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- Long-range goals (3 to 5 years) and annual goals and Specific measurable short-term objectives broken into 3-6 month time frames that include;
 - initiation, target, and completion dates
 - methods and techniques
 - Includes name/title of person responsible for providing services.
 - Daily schedule of direct service hours
 - Backup plan to ensure continuity of care and health and safety of the individual.

VIII. Program Monitoring and Revision

- A. The Waiver Case Manager will monitor and update services to ensure that they proceed in an orderly, purposeful and timely manner.
- B. Quarterly Reports.
 1. Monitoring is documented every three (3) months or ninety (90) days in the form of a Quarterly Report (which is dated and signed by the Waiver Case Manager and individual served and/or guardian).
 2. Data collection and case notes are utilized in preparation of the Reports must be specific to reflect the individual's performance concerning goals and short-term objectives
 3. Reports must include established goals and short-term objectives which are:
 4. Accomplished
 5. To be continued
 6. Modified or deleted (with statement of reason or barrier)
 7. Will be worked on for the next three (3) months or ninety (90) days
 8. All persons responsible for implementation of services must contribute to the Quarterly Report.
 9. Revisions to goals, if needed, are made only after a meeting with the Interdisciplinary Team (IDT).
 10. Quarterly report is shared with the individual and/or guardian every three (3) months or ninety (90) days
 11. Quarterly report must include space for individual and/or guardian to evaluate services and make comments
- C. The Waiver Case Manager will make regular, documented, contact with the individual. One contact a year must be at the individuals' place of residence. At a minimum, contact will be made;
 1. *For Limited Service Level:* one (1) contact per month with one (1) face to face contact per quarter
 2. *For Extensive Level:* one (1) face to face meeting per month
 3. *For Pervasive Level:* two (2) contacts per month, one of which is face to face
 4. Documentation of the contact will include;

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- i. Date and time of visit
- ii. Location
- iii. Who was present during visit
- iv. Summary of visit
- v. Any request by the individual for change in service or new services
- vi. Signature of Case Manager
- vii. Signature of Individual

IX. Transition/Discharge/Exit Procedures

- A. Transitions, discharges, or exits from the program may be done on a voluntary or involuntary basis. An involuntary discharge requires an IDT meeting.
- B. Discharge Criteria:
 1. Individual no longer meets eligibility for Waiver Program.
 2. Individual moves out of ERC service area.
 3. Individual and/or guardian withdraw from services.
 4. Individuals request a change in waiver provider. (The Case Manager will contact the individual's DDS Specialist within two days of notification of the request to change providers.)
 5. ERC can no longer keep the individual safe (see DDS standard 512.B)
- C. The Waiver Case Manager will prepare an exit summary 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 results of services
 2. Make recommendation for future services
 3. Suggest referrals to other services, if applicable, not available through the organization
 4. Be documented in a T-log via Therap
 5. Be provided to the Individual/Guardian
- D. The Waiver Case Manager will conduct follow-up with the individual and/or guardian thirty (30) days after exit and will document this follow-up in a T-log via Therap.

X. Reviewed / Approved by

COO and Case Managers reviewed and approved all portions on 04/4/2014. Revised Procedures 3/2017.

Board of Directors approved Admission and Discharge portion 2/27/14. Change in procedure does not require Board approval.

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