

**DDA GROUP
HOME
POLICIES,
PROCEDURES,
AND
OPERATIONS**

2014

DEVELOPMENTALLY DISABLED ADULT (DDA) GROUP HOME POLICIES, PROCEDURES, AND OPERATIONS

Purpose

Persons with intellectual and developmental disabilities have the inherent right to fulfill their potential as human beings and can be helped to lead dignified lives regardless of their level of functioning. The group home was created to assist eligible persons to realize that potential, to provide an alternative to institutionalization, and to provide the necessary level of care and services for eligible individuals to live in and/or near their home communities.

Policy

1. Both Harrison Avenue Group Home and the Yonce House are operated by Macon Citizens Habilities, Inc., and each is referred to herein as the group home.
2. This group home provides adults with intellectual and developmental disabilities who are eligible for DDA level of care and are suitable for small-group living in a community setting with residential placement.
3. The group home is licensed under NC General Statute 122 (c) to serve 6 clients at Harrison Avenue and 3 clients at Yonce House. Both homes are located on Harrison Avenue in Franklin, NC.
4. First priority is given to citizens of Macon, Jackson, Swain, Clay, Cherokee, Graham, and Haywood Counties; however, MCH will take referrals from other counties as well.
5. Clients of the DDA group home are restricted to 45 nights out of the group home annually and 15 nights per quarter not to exceed 45 in a year. Longer absences may jeopardize placement.
6. Clients and families are made aware of provider choice at least annually.
7. Each home serves clients who are eligible for NC Innovations funding or Group Home Moderate funding, if available.
8. NC Innovations addresses the needs of individuals in their community, insures person-centered planning for each individual, provides for simplicity and ease of service delivery, promotes movement of individuals to the community from intermediate care facility for persons with intellectual and developmental disabilities (ICF-IID) group homes and state developmental centers, and is a Medicaid community care funding source for persons with intellectual and developmental disabilities. It offers specific services in the community for individuals of all ages who require an ICF-IID level of care and gives a cost-effective alternative to care in an ICF-IID.
9. MCH is responsible for maintaining a current license to operate, internal quality improvement plans, and maintaining a client's rights committee.

Procedures

1. The group home provides services according to the principles of normalization and person-centered planning with a positive, person-centered approach to habilitation.
2. Persons with intellectual and developmental disabilities may be considered for NC Innovations funding and placement in the group home if all of the following criteria are met:
 - (a) The individual meets the requirements for ICF-IID level of care.
 - (b) The individual is eligible for Medicaid or will be eligible for Medicaid under the NC Innovations eligibility criteria.
 - (c) The individual resides in an ICF-IID facility or is at high risk of being placed in an ICF-IID facility.
 - (d) The individual's health, safety and well-being can be maintained in the community under the program.
 - (e) The individual requires NC Innovations services, based on medical necessity criteria, as identified through a family or person-centered planning process. An individual must require at least 1 waiver service as identified in the person-centered planning process and indicated in the Plan of Care and Cost Summary.

- (f) The person-centered planning process assists the individual with their family or guardian in identifying and accessing a personalized mix of paid and non-paid services that will assist him/her to achieve personally defined outcomes in the most inclusive community setting.
 - (g) The individual, his/her family, and/or guardian desire NC Innovations participation rather than institutional services.
3. Persons may also be considered for placement if group home moderate state funds are available.
 4. Each state funded individual will have a PCP which includes a crisis plan. The plan is written and monitored by the QP.
 5. The group home promotes a family-like atmosphere and provides the training necessary to help each client become as independent as possible. Each client is assisted to develop skills which allow for self-sufficiency, independence, and social acceptance in the community.
 6. Each client who lives in the group home and/or the representative/legal guardian must enter into an agreement or contract for services with MCH.
 7. At least annually provider choice will be reviewed with clients and guardians. If a change is desired, assistance will be offered to find a more suitable provider.
 8. At least annually and any time there are updates, each DDA client receives an updated Client Handbook which describes the services, policies and procedures of the home as well as several consents for services.

[See DDA Attachment 1 – DDA Client Handbook](#)

HOUSE RULES*

ALL RESIDENTS MUST OBEY THE FOLLOWING RULES:

1. Respect the rights of your housemates.
2. Participate in activities and training unless I am ill or have a very good reason.
3. Help take care of my home and keep it neat and clean.
4. Do not smoke or use other tobacco products in the group home.
5. Get ready for bed at a reasonable hour so I do not disturb others.
6. Be considerate of others at night if I stay up late.
7. Respect the property of my housemates. Do not take nor destroy their things.
8. Do not go into the rooms of my housemates unless they invite me in.
9. Do not go into the administrative area unless the manager invites me in.
10. Do not go outside the group home after dark unless I ask for permission first.
11. Do not drink alcoholic beverages in the group home.

*Violation of any of these rules may result in the loss of group home privileges such as outings, participation in special events, shopping, eating out, etc. Continued violation could result in loss of placement.

ADMISSIONS/DISCHARGE

Policy

1. All applicants must:
 - (a) Submit a complete application including required attachments.
 - (b) Be approved by the MCH Admissions Committee prior to admission and authorized by the MCO.
 - (c) Have a funding source or be eligible for a funding source.

[See DDA Attachment 2 -- Application for Admission to DDA Group Home](#)

2. The group home serves individuals who meet the following criteria:
 - (a) intellectual and developmental disabilities
 - (b) eligible for ICF-IID level of care as documented on an MR 2 approved by a physician or clinical psychologist
 - (c) resident of the state of NC
 - (d) at least 21 years of age or older (Harrison Avenue) or 18 years of age or older (Yonce House)
 - (e) ambulatory if applying to Harrison Avenue
 - (f) ambulatory or transfer skills if applying to Yonce House
 - (g) basic toileting and self-feeding skills
3. Applicants are screened based on at least 3 deficits in level of care or the NC SNAP and ICF-IID level of care. The level of care should include an IDD diagnosis. Other evaluations such as psychological and intelligence tests may also be used in screening.
4. In order to be meet LOC, the applicant is screened to determine if he/she meets the following criteria:
 - (a) have a diagnosis of intellectual and developmental disabilities (per the Diagnostic and Statistical Manual on Mental Disorders, fourth edition, text revision (DSM-V-TR), Intelligence Quotient (IQ) test results indicating intellectual and developmental disabilities, **or**
 - (b) a condition that is closely related to intellectual and developmental disabilities. Intellectual and developmental disabilities is a disability characterized by significant limitations both in general intellectual function resulting in, or associated with, deficits or impairments in adaptive behavior. The disability must manifest before age 18. Persons with closely related conditions refers to individuals who have a severe, chronic disability that meets **ALL** of the following conditions: a. is attributable to cerebral palsy, epilepsy; **or** any other condition, other than mental illness, found to be closely related to intellectual and developmental disabilities because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons. The related condition manifested before age 22 and is likely to continue indefinitely and have intellectual and developmental disabilities or a related condition resulting in substantial functional limitations in three or more of the following major life activity areas (1) self-care (ability to take care of basic life needs for food, hygiene, and appearance), (2) understanding and use of language (ability to both understand others and to express ideas or information to others either verbally or non-verbally), (3) learning (ability to acquire new behaviors, perceptions and information, and to apply experiences to new situations). (4) mobility (ambulatory, semi-ambulatory, non-ambulatory), (5) self-direction (managing one's social and personal life and ability to make decisions necessary to protect one's life), (6) capacity for independent living (age-appropriate ability to live without extraordinary assistance). Reports by physicians, psychologists, and other appropriate disciplines are evaluated to determine whether an individual has a substantial functional limitation in a major life activity.
5. There shall be no discrimination with regard to race, color, sex, religion, national origin, or political affiliation in considering placement. MCH complies with the Title VI (Civil Rights, 1964), Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.)

6. The applicant must be able to have needs met by the group home and must be able to participate in group home activities without limiting the delivery of services to other clients. The client must agree to abide by the rules and regulations of the facility.
7. The Admissions Committee shall consist of the following members:
 - (a) Executive director
 - (b) Program director
 - (c) QP
 - (d) RN
 - (e) MCE Manager
 - (f) Group home manager
 - (g) Care Coordinator
8. The Admissions Committee shall review all applications which fulfill the conditions for admission.

Procedures

1. The executive director and/or program director shall be responsible for receiving applications and will gather information and schedule admissions meetings as needed.
2. An application must be completed and returned to MCH with a current psychological evaluation and social history. An application will be considered incomplete without psychological and social histories.
3. Any evaluations, staffings, goal plans, or special reports from the current day program or institution must be submitted.
4. The applicant must meet financial guidelines to qualify for a HUD home if applying to Harrison Avenue Group Home.
5. MCH staff will meet and interview prospective clients and/or legal guardians, case managers, and staff or personnel who have worked with the prospective client in the past to determine appropriateness for placement and ability to fit in with other clients in the facility.
6. The applicant must have a legal guardian if recommended by MCH staff, psychological, and/or medical evaluations. If the applicant does not have a legal guardian, one must be appointed within 90 days of admission if recommended.
7. All applications are reviewed by the executive director. All applicants that meet requirements for admission are presented to the Admissions Committee for consideration.
8. The executive director or program manager shall be responsible for informing the applicant and the legal guardian in writing of the decision of the Admissions Committee.
9. Ineligible applicants are notified in writing by the executive director or program director with stated reasons for ineligibility. The Admissions Committee is also apprised of reasons of ineligibility. All applicants who are not selected for admission will also be notified in writing.
10. Any applicant and the family and/or guardian who is denied admission to the group home has the right to appeal the decision of the Admissions Committee by notifying the executive director in writing within 15 working days of the date of notice of rejection. The Admissions Committee will meet within 15 working days of receipt of notice of the appeal. The applicant may bring to the Admissions Committee a representative of his/her choice to present an appeal.
11. The Admissions Committee makes the final decision regarding acceptance for admission to the group home.
12. If a vacancy occurs at the group home, the executive director or program director contact appropriate persons to find those in need of services. In addition, MCH maintains a waiting list.
13. Applicants who have been determined ineligible may reapply at any time and receive consideration equal to all other applicants.
14. If a vacancy occurs, all eligible applicants are given equal consideration.
15. Upon acceptance to the group home, a current medical and social evaluation dated within 30 days of admission to the group home will be required. A current psychological may be required.
16. An agreement in writing will be entered into between the client, legal guardian and the group home which delineates the responsibilities of the group home as well as the responsibilities of the client/legal guardian.

17. The applicant and/or guardian are advised of the clients' rights policy. They must give informed consent to obtain and release information on or before the date of actual admission.

DISCHARGE

Policy

1. The discharge committee is made up of the same representatives as the admissions committee and shall have final determination when a client is discharged from the group home. Other consultants such as the psychologist, physical therapist, etc. may be included in the decision.
2. No client shall be discharged without a recommendation from the executive director, program manager, and admissions/discharge committee.
3. There must be a written discharge plan which provides for continuity of care and recommendations for continued care for the client to live as normally as possible. Informed consent from the client or legally responsible person and their involvement is to be part of the discharge plan in order to provide continuity of care.
4. In addition, MCH is responsible for letting the MCO know of an impending discharge and reasons for discharge.
5. The client or legally responsible person shall receive a copy of the discharge plan.
6. A client may be discharged if the client and/or family make a request for discharge.
7. A client may be discharged if the group home can no longer meet the medical needs.
8. A client may be discharged if after a 90-day probationary period if the client's adjustment to the group home is unsuccessful.
9. A client may be discharged if his/her behavior endangers himself and/or others.
10. A client may be discharged for non-payment of fees.
11. A client may be discharged if the group home is no longer the most appropriate environment for meeting the client's needs.

See DDA Attachment 3 – MCH Discharge Summary

SERVICES

Policy

Services identified in the person-centered plan must be made available to clients of the DDA group home. Need shall be determined by client's right to services, habilitation team, and the person-centered plan of care process.

Procedures

1. **Medical services:**
 - (a) Prompt and effective medical treatment is provided as needed.
 - (b) Medical services are arranged as appropriate with informed consent for treatment.
 - (c) If the primary physician is unavailable, Angel Medical Center Emergency Room or AMC Urgent Care may be contacted.
 - (d) A physician performs admission examinations, annual physical examinations, order routine laboratory work, X-rays, etc.
 - (e) The diagnosing and treatment of an illness shall be according to written orders which have been prescribed and authenticated by a physician's signature. If the physician uses a stamp, a copy of the original signature and the physician's stamp must be on file in the MCH facility.
 - (f) MCH shall use an approved medical facility for emergency, inpatient, laboratory, x-ray, and special studies, etc. or another approved facility if ordered by the physician and with appropriate consents.

- (g) Emergency medical care is available through Angel Medical Center or Angel Urgent Care. If admission is necessary, the client is admitted under the care of the primary physician or his designee.
- (h) Macon County Emergency Medical Service may be utilized if emergency transportation is needed.
- (i) MCH is responsible for providing transportation for all clients to meet scheduled medical appointments.
- (j) Appropriate documentation of all medical services rendered are entered into the client's medical record.
- (k) The physician should provide notes or dictation of each visit.

[See DDA Attachment 4 -- Physician's Progress Note](#)
[See DDA Attachment 5 -- Physician's Orders](#)

- (l) All laboratory/X-ray reports, consultation, etc., are kept in the client's medical record.
- (m) Medical summaries are completed and documented in each client's record.
- (n) Medications administered in any MCH facility are only those for which there are standing orders or those which have been prescribed by a physician.
- (o) Legal guardians are informed of needed operative procedures, and consent to treatment according to legal requirements must be obtained.
- (p) Consent for surgery which must be signed by the legal guardian should include:
 - (1) need for procedure
 - (2) expected results
 - (3) possible complications
 - (4) description of the procedure
 - (5) physician's name
 - (6) a contact if there are questions

[See DDA Attachment 6-- Consent to Surgery and Medical Procedures](#)

- (q) The legal guardian must consent to surgery. Consent forms for the hospital or physician may also be included if required by that facility.
- (r) Explanation for the procedure should include:
 - (1) need for procedure
 - (2) expected results
 - (3) possible complications
 - (4) information about procedure
 - (5) a contact if there are questions
- (s) In the event of an emergency situation requiring surgery for a residential client when the legal guardian cannot be reached to give consent, after making every effort to do so, the surgical procedure can be authorized by MCH staff as indicated in the Client/Group Home Agreement or consent to emergency medical services.

2. Dental services:

- (a) MCH ensures complete dental services to DDA clients.
- (b) Unless otherwise ordered by the dentist, clients receive prophylaxis treatment at least every 6 months.
- (c) Other dental procedures are as recommended by the dentist.

4. Nursing services:

- (a) The nurse should record observations which pertain to a client's physical status as needed.

- (b) The nurse shall record information objectively and accurately.
- (c) Documentation may include but is not limited to the following:
 - (1) feeding problems
 - (2) changes in appetite
 - (3) changes in appearance
 - (4) changes in behavior
 - (5) elevated temperature
 - (6) any indication of problems
 - (7) significant weight changes
 - (8) injuries
 - (9) edema
 - (10) seizures differing from pattern
 - (11) skin changes such as rashes, redness, swelling
 - (12) symptoms of illness or approaching illness
- (d) Changes in body functions such as sleeping, elimination, and eating should be documented.
- (e) During illness or any time there is a problem, progress or lack of progress should be recorded. There should also be documentation as to the resolution of the illness and effectiveness of any medication.
- (f) Vital signs (temperature, pulse, respiration, blood pressure) are taken upon admission to the group home and otherwise as needed.
- (g) Blood pressure should be recorded at least monthly.
- (h) Vital signs should be taken and recorded any time a client appears ill.
- (i) Vital signs are to be taken as ordered by the physician and as requested by the nurse.

5. Nutritional services:

- (a) MCH ensures that each client is provided a diet that is appropriate in nutrients, calories, and form for their physical needs and capabilities.
- (b) All residential clients shall eat in the dining room except where contraindicated for health reasons or by the decision of the team responsible for the client's program.
- (c) Table service shall be provided. The dining area shall be equipped with table, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.
- (d) The dining room shall promote a pleasant and homelike environment and will be designed to stimulate maximum self-development, social interaction, comfort and pleasure.
- (e) A nourishing, well-balanced diet, consistent with local customs shall be provided to all clients. Enough time shall be allowed for eating to promote development of self-feeding skills, encourage socialization, and provide a pleasant meal-time experience.
- (f) Staff shall eat with the clients in a family-style arrangement. Food is prepared according to the menu and placed on the table family style.
- (g) Clients serve themselves under the supervision of the staff and receive assistance as necessary.
- (h) Meal times should be comparable to those normally observed in the community. There shall be at least 3 meals served daily at regular times with no more than a 14-hour span between a substantial evening meal and breakfast the next morning unless an adequate snack is provided.
- (i) Food shall be served as soon as possible after preparation in order to conserve nutritive values and palatability and shall be served in an attractive manner, in appropriate quantity, and at the developmental level of the client.
- (j) Dietary practices in keeping with the religious requirements of the clients' faith groups should be observed at the request of parents or guardians.
- (k) Food served to clients and not consumed shall be discarded.
- (l) Denial of a nutritionally adequate diet shall not be used as a punishment.
- (m) Substitutions will be made for food allergies.
- (n) Food likes/dislikes will be honored as much as possible.

- (o) The menus will be approved by a registered dietitian to insure that they meet the nutritional needs and developmental abilities of the clients. A 4-week cycle menu is used. When changes are made, substitutions are noted on the backs of the menus. The changes should be of equal nutritional value. Menus and substitutions are kept on file for 3 months. The menu in use is posted in the kitchen. Modified diets must be ordered by a physician. The dietitian will plan the diet according to the objectives of the American Dietetic Association.
- (p) Special diet patterns must be planned in writing and kept on file.
- (q) Recipes for regular and therapeutic diets are available in the kitchen and used when preparing food to ensure a standardized product.
- (r) Standardized portions for each food are specified in the menu. Food is prepared based on serving size and number of portions needed. Clients eat family style. Staff must encourage clients to eat well-balanced meals.
- (s) A snack may be offered to clients in keeping with their total daily nutrition needs. Between-meal nourishments are served on special diets as prescribed.
- (t) A supply of non-perishable foods to meet the requirements of planned menus for a minimum of 3 days shall be provided; however, it is recommended that a week's supply be provided.
- (u) The manager or designate is responsible for purchasing food supplies. Foods will be purchased according to the menu. A minimum stock level of 3 days should be kept on hand. Food is bought locally at a supermarket as needed.
- (v) Food storage procedures shall meet state and local regulations. Dry or staple food items are stored at least 12 inches off the floor, in a ventilated room, not subjected to sewage, or waste water backflow, or contaminated by leakage, rodents, or vermin.
- (w) All food, raw or prepared, is stored in a sanitary manner.
- (x) Cleaning supplies shall be stored separately from food supplies.
- (y) Non-perishable food supplies are stored on shelves in the pantry.
- (z) Stock shall be rotated and older stock used first.
- (aa) Food shall be kept in air-tight containers to prevent spoilage and to keep out bacteria.
- (bb) Perishable food is stored in the refrigerator or freezer. Frozen foods will be kept at a temperature of 0 °F.
- (cc) General storage (dairy, meat, fruits and vegetable) shall be 34 ° - 45 ° F.
- (dd) All garbage shall be handled and stored in a sanitary manner.
- (ee) Food served to clients and not consumed must be discarded. Food scraps are disposed of by putting them in the garbage receptacle or down the garbage disposal. Paper, cans, bottles may be put into the trash compactor (unless recycled). When the compactor is filled, the bag should be emptied, tied closed, and put into a trash receptacle to be picked up by garbage service.
- (ff) Bones and other items which do not go into the disposal or compactor should go into a garbage receptacle lined with a plastic bag. When these bags are full or become smelly, they should be tied closed and put into an outdoor receptacle of adequate size which is made of non-absorbent material, leak proof, and has a close-fitting lid.
- (gg) It is essential that a high standard of personal hygiene be maintained at all times.
- (hh) Food preparers should maintain a high standard of cleanliness. Clothes should always be clean. Hair should be properly groomed and arranged in a manner that it will stay in place. Nails should be short, rounded and scrubbed. Only wedding bands or other flat, plain rings may be worn while preparing food. Nails should be cleaned with a small brush before handling food.
- (ii) Food preparers should not work around food when they have a cold, infection, cut, boils, *etc.*, which may be transmitted to the food. If the preparer has a small cut, burn, *etc.*, gloves should be worn. Handwashing should be done before beginning food preparation and as necessary during cooking.

6. Psychological services:

- (a) Psychological services will be provided to assess and facilitate as appropriate the maximum intellectual, emotional, and adaptive capacity of each client. Psychological services are

intended solely to maximize the personal freedom and sense of well-being required by each client.

- (b) Psychological services will be provided by a licensed psychologist.
- (c) All clients are examined using standardized psychological tests prior to admission and are evaluated after that as needs arise.
- (d) Every effort will be made to:
 - (1) utilize positive reinforcement, especially social reward and extinction procedures
 - (2) avoid negative reinforcement and punishment.
- (e) Special effort will be taken to ensure that the least restrictive and most normative measures are employed.
- (f) Psychological services will carefully conform to the ethics of the American Psychological Association and the laws and guidelines on human rights as contained in the state statutes and will on all occasions employ the most humanitarian procedures.

7. **Recreation services:**

Recreation and leisure services shall be provided in an organized manner so that clients' needs may be met with the highest quality of recreational programming available.

8. **Social services:**

- (a) MCH requires a social history at the time of admission to services and updated as necessary or with the ISP. The social history may be part of the ISP.
- (b) The social history should list the referral source, *i.e.*, the names of the agency and persons making and supporting the request for admission. It should also include a brief statement of the reasons for the request for admission, the family's and agency's expectations, including the length of admission and the services needed, a statement regarding the family's or agency's expected role in coordinating a service or treatment plan and a clear delineation of this responsibility as well as a description of the referring agency's relationship with the family.
- (c) The social history should present the problem, briefly summarize the client's developmental history, summarize precipitating factors for the request, describe the client's level of intellectual, social, and behavioral functioning at the time of the request, state the needs specifically for level of service, supervision, and training, and state the inappropriateness or unavailability of any other levels of care in the community.
- (d) The social history should include family information and list in profile form who is living at home and who is the primary care giver for the client. This information should include ages, occupations, education, relationship to the client, status of current physical and mental health and degree of care given by those primary persons.
- (e) The social history should also contain any additional profile information regarding significant family members or others not included in the above mentioned family information and list any other additional family dynamics that significantly impact upon the client. It should note the family's potential for growth and involvement while the client resides in the group home.
- (f) The social information should also include financial information, state whether the client is currently receiving Medicaid, is eligible for Medicaid, has the Medicaid application in process, receives SSI, receives Social Security, or receives any other form of government benefits, family support, or long-term financing including trust funds or anticipated inheritances and list any other financial information of significance.
- (g) The social information should address guardianship, *i.e.*, state of legal status as needing, having, or in the process of receiving a guardian of the person, a guardian of the estate, or a general guardian, and list any other information regarding the client's legal status.
- (h) The social history should include a history of services provided in the past, state the referring agency's level of involvement with the client, family, and other agencies on behalf of the client

during the past year, and describe special expertise and knowledge of the client that agencies other than the referring agency may have of the client including historical information.

9. Physical therapy services:

- (a) Physical therapy service is to provide, directly and indirectly, the highest level of professional care and treatment to clients who would benefit from these services. Service is provided in an atmosphere conducive to optimal physical and psycho-social development and maintenance.
- (b) Any treatment program will be carried out by the licensed physical therapist if indicated or by appropriately trained direct care staff who will function under the supervision of the therapist.
- (c) Data on treatment progress will be collected and recorded in a progress note and will be evaluated periodically as a means of determining the appropriateness and effectiveness of the program.
- (d) A referral from a physician in the State of North Carolina may indicate a need for physical therapy.

CLIENT FUNDS

Policy

1. Clients handle their own funds whenever possible.
2. Clients are provided training in money management when appropriate.
3. Clients endorse checks made out to them unless a legal guardian or personal representative or some other legally constituted authority has been authorized to endorse their checks. It is illegal to endorse a check made out to another person unless the endorser has been legally authorized to do so.
4. In situations where the client is unable to manage his/her funds, the executive director or program director will contact the legal guardian for direction about the handling of funds. In some cases the guardian may wish to handle the funds, and in others the guardian may wish the manager to handle the funds.
5. Upon the legal guardian's signed consent, the group home manager and the administrative operations manager supervise the personal and/or medical allowance for a client and maintain an accurate accounting of money received and disbursed. The manager makes the balance on hand available upon request by the client or guardian. A copy of this signed consent is maintained in the client's record.
6. When a payee for Social Security payments is needed for a client and there is not an appropriate family member to serve, it is recommended that the group home be payee.
7. If a client has been declared legally incompetent by the courts, the executive director or designate provides the client's legal guardian or personal representative with receipts for any money received on behalf of the client.
8. Monthly reconciliation is done by the facility manager or designate and the administrative operations manager together. A monthly reconciliation statement of client's funds is provided to each legal guardian. If there is a discrepancy, report should be made immediately to the executive director, and the discrepancy will be investigated.
9. Any funds belonging to the client less any charges are returned to the client within 30 days of discharge.
10. Receipts from all purchases made by clients require 2 signatures from staff proving that the client received the services or goods from the purchase. These signed receipts are attached to the monthly statement which is provided to the legal guardian.

NC INNOVATIONS

Policy

1. An Individual Support Plan which records the results of the person-centered planning process is required for all NC Innovations recipients. The ISP written by a care coordinator employed by one of the Managed Care Organizations.
2. The ISP must specify not only waiver services to accomplish outcomes identified by the planning team, but also natural supports, community resources, and other paid supports available to meet the needs of the individual. In addition, the ISP must clearly address needs related to health and safety as well and how they will be addressed. This includes crisis planning, both proactive and reactive, as well as identified back-up staff in case of emergencies.
3. Once an individual is determined to be eligible for the NC Innovations waiver, meets the LOC criteria, and funding is available, the care coordinator must initiate the person-centered planning process. Information gathered during the assessment, including the diagnostic assessment, is used as the basis of the person-centered plan. The individual guides the planning process and chooses individuals to help them. Family members and friends may contribute and professional service providers may also be included. Plans will incorporate varied supports, training, therapy, treatment, and other services as needed to achieve the personal goals set by the individual. Individual short term goals are developed with the individual, family and provider agency staff, and monitored by the provider agency QP.
4. A re-evaluation of the level of care (LOC) must be completed annually during the individual's birthday month. Reevaluations are performed by a qualified professional in the field of developmental disabilities. The QP and care coordinator work together with the other persons invited by the person receiving services to re-evaluate the plan. The plan must be approved by the MCO.
5. The crisis plan is written by the MCO care coordinator. The crisis plan is in the ISP template.

Procedures

1. The care coordinator must provide the ISP, Risk Assessment Tool, the cost summary, and all other required documentation so that it is received by the MCO service authorization unit or local approver no later than 30 days prior to implementation of the new ISP or within the time frames in the MCO Approval Plan if sooner. The ISP must be signed by the individual or legally responsible person.
2. The care coordinator annually reassesses the individual's need for NC Innovations funding by completing a new ISP.
3. The care coordinator is responsible for coordinating the evaluations and other information required for the ISP. This includes planning to be sure that the needed evaluations/updates are completed in a timely and cost-effective manner.
4. The care coordinator completes an ISP to determine if the person continues to meet criteria for ICF-IID LOC and remains appropriate for NC Innovations funding. The ISP is completed during the birth month of the individual.
5. Face to face contact must include a periodic visit to the home of the waiver recipient. The frequency of this periodic visit is determined by the planning team, however, it must occur bi-annually.
6. Annual re-evaluation includes the following process:
 - (a) A new ISP is completed and signed during the birth month by either the QP or a physician/licensed psychologist and the MCO staff.
 - (b) If ICF-IID level of care is questioned during this process, the individual may be referred back to the full evaluation process by the MCO.
 - (c) The MCO or the care coordinator may question a person's continued eligibility for ICF-IID LOC while the person is receiving NC Innovations funding, particularly at the time of the individual's ISP.

- (d) When the care coordinator questions the LOC, the care coordinator informs the MCO that level of care is being questioned and requests that the MCO refer the individual to the MCO's clinical staff for eligibility determination.
- (e) The MCO must provide a current ISP and a current psychological evaluation. The MCO will review the information, make a decision as to level of care, and inform the MCO of the decision.
- (f) While the MCO is ultimately responsible for determining whether or not the person is still eligible for ICF-IID level of care at annual re-evaluation, once it sends the ISP and assessments to the MCO for determination of continuing eligibility, the decision no longer rests with the MCO.
- (g) If ICF-IID level of care is no longer met by the individual, then the recipient, care coordinator, MCO, and EDS are notified of the denial. The recipient is also notified of his/her appeal rights. The MCO may not render informal opinions concerning eligibility for recipients prior to official determinations. In those cases where there is a question from the MCO concerning eligibility, the psychological evaluation must still be submitted.
- (h) The ISP must be completed and submitted to the MCO service authorization unit or local approver according to local approval timelines. Local approval timelines must take into consideration the requirement that notification be provided to the individual/legally responsible person at least eleven days before date of service reduction, termination or suspension. If the ISP is not completed and submitted within the local approval timelines, the person must be terminated from NC Innovations.
- (i) Person-centered planning is a dynamic process and should contain review and revision of the plan as often as the individual's life circumstances change. The NC-SNAP should also be reviewed and updated whenever there is a change in the individual's situation. Ongoing monitoring by the care coordinator, including a minimum of one face to face contact per month, may indicate a need for change in type, frequency, and duration of specific services as well as for NC Innovations participation.

NC INNOVATIONS DOCUMENTATION

Policy

MCH must document the provision of the North Carolina Innovations service before seeking Medicaid payment. Effective July 1, 2012, Innovations Services shall be documented in accordance with the Service Records Manual for Providers of MH/DD/SAS Services. MCOs and Provider Agencies must also keep related personnel, financial and other management records as required by the Medicaid Provider Participation Agreement, the policies and procedures in this manual, Medicaid rules, and State and Federal law.

The records must be maintained for 5 years from the date of service.

MCH must furnish information regarding its Medicaid payments as requested by DMA and its agents, DMH/DD/SAS (including the local lead agencies), the Office of the Attorney General, the Department of Health and Human Services, the Centers for Medicare and Medicaid Services, and any other entities specified in the Medicaid Provider Participation Agreement.

In addition, MCH must allow the MCO Care Coordinator, MCO staff, DMH/DD/SAS, DMA, and/or CMS to review the documentation that supports a claim for Innovations services rendered and billed. MCH must bring/mail documents to designated sites during state and/or federal reviews.

Procedures

1. Innovations Residential Supports is documented on a grid or form designed to identify the goal(s) being addressed along with a key which specifies the intervention/activity provided and a separate key which reflects the assessment of client progress toward goal(s) during that episode of care. The grid must include:

- (a) name of the individual
 - (b) record number
 - (c) Medicaid ID number
 - (d) the full date the service was provided (month/day/year)
 - (e) the goals that are being addressed
 - (f) a number or letter as specified in the key which reflects the intervention/activity
 - (g) a number or letter as specified in the key which reflects the assessment of the consumer's progress toward goals
 - (h) duration, when required
 - (i) initials of the individual providing the service. The initials shall correspond to a signature on the signature log section of the grid.
 - (j) The grid shall provide space where additional information may be documented as needed.
2. Residential Supports is a blended service that includes habilitation, personal care and support; therefore, all areas must be addressed. Elements noted in the grid address the habilitation area. Personal care and support may be addressed by using a grid, checklist, or a daily note.
 3. The completion of the grid to reflect services provided shall be documented within 24 working hours.
 4. If a service note or grid is documented after the required 24 working hours, it shall be considered a *late entry*. The entry shall be noted as a *late entry* and at a minimum the date the documentation was made and the date for which the documentation should have been documented. For example, *Late entry made on 4/15/03 for 4/12/03*.
 5. Whenever corrections are necessary in the consumer's paper record, the following procedures are to be followed:
 - (a) the person who recorded the entry must make the correction
 - (b) draw one single thin line through the error or inaccurate entry, making certain the original entry is still legible
 - (c) record the corrected entry legibly above or near the original entry
 - (d) record the date of the correction and initials of the recorder. An explanation as to the type of documentation error shall be included whenever the reason for the correction is unclear (e.g. *wrong consumer record, transcription error*)
 - (e) whenever omitted words cannot be inserted in the appropriate place above the record entry, the information should be made after the last entry in the record. Never "squeeze" additional information into the area where the entry should have been recorded.
 6. Correcting fluid or tape shall not be used for correction of errors.
 7. All entries in the service record shall be signed. Professional staff must sign name with credentials, degree, or licensure. Paraprofessionals should sign name and position (e.g. *Jane Doe, HA.*)

[See DDA Attachment 7 – Data Sheet](#)

INNOVATIONS STAFF QUALIFICATIONS/REQUIREMENTS

1. All personnel in the DDA home must undergo and meet the following requirements:
 - (a) criminal record check including fingerprinting if the individual has not lived in NC for the past 5 years
 - (b) healthcare personnel registry check and no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry
 - (c) clean driving record if providing transportation to clients
 - (d) at least 21 years of age
 - (e) able to read, write, understand and follow directions
 - (f) disclose any criminal conviction
 - (g) be currently licensed, registered or certified in accordance with applicable state laws for the services provided

- (h) demonstrate knowledge, skills and abilities required by the population served
 - (i) trained in client specific competencies to be met as identified by the individual's person-centered planning team and documented in the plan of care.
 - (j) Meet the qualifications for a paraprofessional in 10A NCAC 27 G. 0100 – 0200.
2. A minimum of 1 trained staff member shall be present at all times when any adult client is on the premises.
 3. Staff competence shall be demonstrated by exhibiting core skills including technical knowledge, cultural awareness, analytical skills, decision-making, interpersonal skills, communication skills, clinical skills

STATE FUNDING

Group Living-Moderate Intensity is a 24-Hour service that includes a greater degree of supervision and therapeutic intervention for the residents because of the degree of their dependence or the severity of their disability. The care (including room and board), that is provided, includes individualized therapeutic or rehabilitative programming designed to supplement day treatment services which are provided in another setting. This level of group living is often provided because the client's removal from his/her regular living arrangement is necessary in order to facilitate treatment.

GUIDELINES:

- (1) Day services received by individuals in residence are usually provided in another location and are to be reported according to the specific service received (i.e., ADVP, Developmental Day, Psychosocial Rehabilitation).
- (2) Group Living-Moderate Intensity must be provided in a licensed facility and may include:
 - a. Residential Treatment for Children and Adolescents;
 - b. Group Homes for MR/DD/Behavioral Disturbed;
 - c. Therapeutic Residential Camping Programs; and
 - d. Specialized Community Residential Centers for Individuals with MR or DD (including some ICF/MR facilities).

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]
- (3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.
- (4) Documentation in the client record is required.

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

Group Living – Moderate Intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

Group Living - Moderate Intensity is a residential service licensed under NC T10:14 V.5600. Payment unit is client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

This service is provided in 24-hour facilities including group homes, alternate family living and host homes.

- A. There is an Axis I or II diagnosis or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3(12a)

AND

- B. Level of Care Criteria, *Level B/NCSNAP/ASAM Level III.5*

AND

- C. The recipient is experiencing difficulties in at least one of the following areas:

1. functional impairment
2. crisis intervention/diversion/aftercare needs, and/or
3. at risk of placement outside the natural home setting.

- D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

OR

- E. The individual's current residential placement meets any one of the following:

1. The individual has no residence.
2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment.
3. Current placement involves relationships which undermine the stability of treatment.
4. Current placement limits opportunity for recovery, community integration and maximizing personal independence.

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Consumer has achieved initial service plan goals and additional goals are indicated.
- B. Consumer is making satisfactory progress toward meeting goals.
- C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.
- D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

- 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
- 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, the service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A. Evidence that gains will be lost in the absence of group living moderate is documented in the service record.

OR

- B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

This service requires documentation as specified in the Service Records Manual.

REQUIREMENTS FOR STATE/COUNTY SPECIAL ASSISTANCE RECIPIENTS

Forms required by the Secretary pursuant to these Rules which have been signed by a qualified professional shall be filed in the client's record and renewed annually; and the facility shall submit a signed DSS-1464 Civil Rights Compliance.

MEDICATION REVIEW

POLICY

A Medication Review occurs at least quarterly for all clients whose treatment involves the use of behavior management medications. This review will occur only when such medications are in use in the group home.

Procedures

1. Medication Review shall be done by a team composed of a physician, nurse, psychologist, pharmacist, and QP. This committee may also consult with the HRC and the results of the review should be provided to the HRC.
2. Medication Review shall occur quarterly with findings being recorded on the Behavior Management Medication Review form and distributed to legal guardian, doctor, nurse, QP, pharmacist, psychologist, program director, executive director, and HRC.
3. All data and reports pertaining to problem behaviors for which behavior management drugs are prescribed shall be reviewed.
4. Recommendations for possible action to allow the reduction of behavior management drugs may be made.
5. Written policies and procedures shall be enforced.
6. The review team shall only convene when behavior management medications are used in the group home. Otherwise, medication review will be done by the physician, pharmacist, and nurse on at least a quarterly basis.

[See DDA Attachment 8 – Behavior Management Medication Review](#)

FIRE AND SANITATION INSPECTIONS

Policy

Fire and sanitation inspections of the facility must be conducted at least annually.

Procedures

1. The county fire inspector conducts the fire inspection.
2. A representative of the Macon County Health Department conducts the sanitation inspection.
3. The DDA Coordinator is responsible for scheduling these inspections or ensuring they are done annually.
4. The DDA Coordinator is responsible for any plan of correction and for reporting inspections to the executive director and HR manager.
5. Fire extinguishers must also be inspected monthly and by an authorized inspector at least annually.
6. Copies of completed inspections should be maintained on file at both the facility and the administrative office.
7. Copies of inspections are attached to the licensure renewal application annually.