

MACON CITIZENS HABILITIES, INC.

**ICF-IID POLICIES,
PROCEDURES AND
OPERATIONS**

2014

ICF-IID POLICIES, PROCEDURES, AND OPERATIONS

Purpose

Intermediate care facilities for individuals with intellectual disabilities (ICF'S-IID, originally ICF-MR) were established in 1971 by legislation which was enacted to provide for Federal financial participation for ICF's-MR as an optional Medicaid service. Section 1905(d) of the Social Security Act created this benefit to fund 4 or more beds for people with mental retardation or other related conditions and specifies that *active treatment* must be provided.

Policy

1. To qualify for Medicaid reimbursement, ICF's-MR must be certified and comply with Federal standards referred to as Conditions of Participation and found in Federal regulations in 8 areas:
 - (a) management
 - (b) client protections
 - (c) facility staffing
 - (d) active treatment services
 - (e) client behavior and facility practices
 - (f) health care services
 - (g) physical environment
 - (h) dietetic services
2. Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services that is directed toward:
 - (a) the acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible
 - (b) the prevention or deceleration of regression or loss of current optimal functional status.
3. Macon Group Home, Iotla Street Group Home, Smoky Group Home, and Webster Group Homes are ICF-IID facilities and shall be referred to hereafter as "the group home."
4. The group home provides persons with developmental disabilities with residential placement and services in a small-group setting.
5. The group home is licensed to serve 6 residents.
6. Persons with developmental disabilities from Macon, Jackson, Swain, Haywood, Cherokee, Clay, and Graham Counties are given first priority.
7. Residents must be eligible for ICF-IID level of care and need a small-group living arrangement in the community setting.
8. It is the philosophy of the group home that persons with developmental disabilities have the inherent rights to fulfill their potential as human beings and can be assisted in leading dignified lives regardless of functioning level.
9. ICF-IID group homes have been established in the community to assist eligible persons in realizing their full potential, as 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.

Procedures

1. The group home provides services according to the principles of:
 - (a) active treatment
 - (b) normalization
 - (c) the residential development model
 - (d) a positive approach to habilitation.
2. At least annually, each resident receives a comprehensive evaluation by an interdisciplinary team to identify strengths, weaknesses, and needs in order to develop a comprehensive habilitation plan.
3. An individual program or habilitation plan is developed for each resident and monitored by a QIDP to ensure that standards are met and that progress or lack of is measured.
4. The following services are also available for each resident on a continuing basis or as needs arise:
 - (a) medical
 - (b) nursing
 - (c) physical therapy
 - (d) psychological
 - (e) occupational therapy
 - (f) speech therapy
 - (g) recreation
 - (h) education
 - (i) nutrition
 - (j) social
5. Every activity, service delivery, and incident shall be document in the client record.
6. Each resident who lives in the group home and/or the representative/legal guardian must enter into an agreement or contract for services with MCH. Each client receives an ICF-IID Client Handbook which describes the services, policies, and procedures of the group home and contains several consents.

[See ICF-IID Attachment 1 – ICF-IID Client Handbook](#)

ICF-IID 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

Purpose

The MCH ICF-IID group homes are designed to serve persons with intellectual and developmental disabilities, and persons from Macon, Jackson, Swain, Haywood, Cherokee, Clay, and Graham Counties are given first priority. Applicants from other areas may be considered. Applicants must be eligible for ICF-IID level of care and be able to benefit from a small-group living arrangement in a community setting.

Policy

1. All applicants must:
 - (a) complete and submit an MCH application with required attachments
 - (b) be approved by the MCH Admissions Committee before admission to the group home.

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

2. The group home serves individuals:
 - (a) with severe to profound mental retardation, developmental disabilities, or maladaptive behavior
 - (b) with multiple disabilities
 - (c) who have transfer skills if non-ambulatory
 - (d) who need ICF-IID level of care and are pre-determined by a LOC and the NC SNAP
3. Applicants must be at least 18 years of age or older unless there are special circumstances and must meet the intent of the Certificate of Need.
4. First priority for admission to the group home will be to residents of Macon, Jackson, Swain, Clay, Haywood, Cherokee, and Graham counties although applicants from other counties may be considered.
5. There shall be no discrimination with regard to race, color, sex, religion, national origin, or political affiliation in considering placement.
6. The applicant must be Medicaid eligible or able to private pay the current Medicaid per diem rate.
7. The applicant must be able to have his or her needs met by the group home.
8. The applicant must be able to benefit from programs and participate in the activities of the group home without limiting the delivery of services to other residents.
3. 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
4. The Admissions Committee shall review all applications which fulfill the conditions for admission.

10. The executive director or designate shall be responsible for receiving applications and will schedule meetings as needed.
11. The executive director or representative shall be responsible for informing the applicant and the applicant's parents or guardian or referring agency of the decision of the Admissions Committee.

Procedures

1. An application for admission must be completed and returned to the executive director or assistant director.
2. A current physical and psychological evaluation (within 2 years) *must* be submitted with the application.
3. A family and social history *must* be submitted with the application.
4. Any evaluations, staffings, treatment plans, or special reports from the current day program or institution must be submitted with the application.
5. All applications will be reviewed by the directors.
6. MCH staff will meet and interview prospective residents 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 integrate with other residents in the facility.
7. Applicants who are screened and found appropriate will be presented to the Admissions Committee for consideration for placement when openings occur.
8. Ineligible applicants will be notified in writing by the executive director or designate with stated reasons for ineligibility. The Admissions Committee will also be apprised of reasons of ineligibility.
9. The Admissions Committee will make the final decision regarding acceptance for admission to the group home.
10. Applicants who are selected for admission will be notified in writing by the executive director or designate, and an admission date will be determined.
11. All applicants who are not selected for admission will also be notified in writing by the executive director or designate.
12. All applications will remain active unless a request is made to terminate active status or the applicant becomes ineligible. Applications will remain on file at the administrative office.
13. Applicants are not prioritized until time of opening because factors such as facility opening, mix of clients, age, etc. are considered for appropriate placement.
14. If a vacancy occurs at the group home, the executive director or designate will contact all active applicants to determine if they wish to be considered for placement. Provider company case managers will be apprised of any opening.
15. Applicants who have been previously determined ineligible may reapply at any time and be considered again with other applicants.
16. If a vacancy occurs, all current applicants are given equal consideration.
17. Upon acceptance to the group home, a medical, social, and psychological evaluation all dated within 30 days of admission to the group home will be completed.
18. An agreement in writing between the resident, his/her guardian and/or family and the group home that will define the:
 - (a) responsibilities of the group home and
 - (a) responsibilities of the resident

19. The applicant and/or guardian if adjudicated incompetent must review the group home Admissions and Discharge policy, the Resident's Rights Policy, and indicate by signature that they have been advised of and understand these policies.
20. The applicant, family and/or guardian must sign other consent documents, releases of information, and emergency service permission forms upon the date of actual admission.
A potential resident must have a legal guardian *or* have guardianship proceedings in place prior to admission.
21. Any applicant and/or guardian of an applicant 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 business days of the date of notice of rejection.
22. The Admissions Committee will meet within 15 business days of receipt of notice of the appeal and review the appeal.
23. The applicant may bring to the Admissions Committee a representative of his/her choice to present an appeal.
24. All decisions made by the Admissions Committee are final.

DISCHARGE

Purpose

While MCH strives to serve clients as long as possible, sometimes it becomes necessary to discharge to more appropriate services or because a family needs to make a change.

Policy

1. The Discharge Committee is made up of the same representatives as the Admissions Committee and must be consulted before a resident is discharged from the group home.
2. No resident shall be discharged without a recommendation from the interdisciplinary team.
3. A resident may be discharged if the resident and/or family request or otherwise indicate a need for discharge.
4. A resident may be discharged if the resident's medical needs change including a need for a change in level of care.
5. A resident may be discharged if after a 90-day probationary period the resident's adjustment to the group home is unsuccessful.
6. A resident may be discharged if his/her behavior endangers himself and/or others.
7. A resident may be discharged for non-payment of fees except as prohibited by Medicaid.
8. A resident may be discharged if the group home is no longer the most appropriate environment for meeting the resident's needs.

Procedures

1. A parent/resident may request discharge and/or transfer. Guardians intending to make other living arrangements for a resident should give 2-week notice of intent to do so. Notice should be given to the executive director or assistant director in writing. Failure to provide 2-week advance written notice may result in an additional cost to the parent/guardian. This billing will reflect the actual daily cost of care for all days up to 2-weeks notification period or until such time that the bed is filled by another individual.

2. The interdisciplinary team may recommend a discharge and/or transfer.
3. The interdisciplinary team will determine if a resident should be discharged from the group home. Documentation supporting reasons for discharge and the recommendation should be presented to the Admissions/Discharge Committee, resident, and/or legal guardian.
4. The interdisciplinary team will facilitate the location of an appropriate placement and will discuss with the resident and/or guardian to determine the most appropriate placement such as institution, rest home, home, or other group home. Depending on the resident's needs, discharges may be to either a more or less restrictive environment.
5. Notice of discharge and/or transfer will be made to the resident, parent/guardian, and Admissions/Discharge Committee at least 30 days prior to discharge date. The Department of Social Services in the appropriate county will also be notified of the discharge. The QIDP will be responsible for writing a detailed discharge summary and providing it to the facility, resident, and/or legal guardian. The QIDP and/or the group home administrative staff will assist resident and/or family during the discharge process. There will be a follow-up consultation within 90 days after discharge to assure that an appropriate transition occurs.

[See ICF-IID Attachment 3 -- Discharge Summary](#)

SERVICES

Purpose

The ICF-IID must meet the total needs of the persons served. For this reason, a wide array of services must be available for individual supports.

Policy

1. Needed services must be made available to residents of ICF-IID facilities. Need shall be determined by client right to services, interdisciplinary team and the individual program plan process. These services include but are not limited to:
 - (a) medical services
 - (b) dental services
 - (c) pharmaceutical services
 - (d) nursing services
 - (e) speech/language services
 - (f) psychological services, nutritional services
 - (g) physical therapy services
 - (h) occupational services
 - (i) social services
 - (j) recreational services
 - (k) vocational services
2. The interdisciplinary team (ID) is a group of people who set forth the IHP for each resident. The ID team includes:
 - (a) program director

- (b) QIDP
 - (c) program director
 - (d) legal guardian
 - (e) physical therapist
 - (f) psychologist
 - (g) nurse
 - (h) dietitian
 - (i) day program manager
 - (j) direct care staff
 - (k) doctor
 - (l) pharmacist
 - (m) dentist
3. The ID team may also include an occupational therapist, recreation therapist, speech and language pathologist, or any other individual involved in programming or treatment.
 4. The qualified intellectual disability professional (QIDP) is the team leader and person responsible for the direction and provision of services to clients in the ICF-IID program. The QIDP is responsible for supervising implementation of each resident's IHP and ensuring integration of the various aspects of the facility's programs.

Procedures

1. Medical services:

- (a) The physician serves as a member of the interdisciplinary team and provides primary medical care.
- (b) Prompt and effective medical treatment is provided as needed, and appropriate medical services are arranged.
- (c) Appropriate consents for medical treatment are obtained with staff assistance.
- (d) If the primary physician is unavailable and another doctor in the practice is not available, Angel Medical Center Urgent Care or Emergency Room may be contacted.

[See ICF-IID Attachment 4 – Physician’s Annual Summary](#)

- (e) Diagnosing and treatment of illness must be documented by written orders which have been prescribed and authenticated by authorized medical personnel’s signature or per verbal orders received from the physician.
- (f) The physician must co-sign orders with the nurse if orders are taken verbally.
- (g) 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.
- (h) MCH shall use Angel Medical Center or Harris Regional Hospital for emergency, inpatient, laboratory, x-ray, and special studies, *etc.* or another approved facility if ordered by the physician and with appropriate consents.
- (i) Macon County Emergency Medical Service or Westcare Emergency Services in Jackson County are utilized if emergency transportation is needed.
- (j) MCH is responsible for providing transportation for medical appointments.
- (k) Appropriate documentation of all medical services rendered is maintained in the client’s medical record.

- (l) The physician provides notes or dictation upon each visit.

[See ICF-IID Attachment 5 -- Physician's Progress Note](#)

[See ICF-IID Attachment 6 -- Physician's Orders](#)

- (m) All laboratory/X-ray reports, consultation, etc., are maintained in the client record.
- (n) Records of menstrual cycles are maintained unless the client is independent in menses care.
- (o) Medications administered in any MCH facility are limited to those ordered by the physician and are charted on a medication administration record.
- (p) Guardians are informed of needed operative procedures, and consent to treatment according to legal requirements is obtained.
- (q) The legal guardian consent to surgical procedures unless emergency treatment is required. The guardian shall be given complete information by staff and/or the physician and is encouraged to discuss the procedure with the physician.
- (r) 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 ICF-IID Attachment 7 – Consent to Surgery and/or Medical Treatment](#)

- (s) A consent form for the hospital or physician may also be included if required by that facility.
- (t) 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 the executive director as agreed to in the Client/Group Home Agreement.
- (u) Medical personnel are to be provided all pertinent information including but not limited to behaviors, medication and medical history, lab work, and billing information.

2. **Dental services:**

- (a) The dentist serves as member of the ID team.
- (b) MCH ensures complete dental services to all clients, preferably in the community if appropriate.
- (c) Unless otherwise ordered, clients receive prophylaxis treatment at least every 6 months.
- (d) Other dental procedures are as recommended by the dentist and/or interdisciplinary team.
- (e) If pre-dental sedation is necessary, consent and Human Rights Committee approval must be obtained, and desensitization training must occur.

[See ICF-IID Attachment 8 -- Consent for Sedation and Mechanical Restraints During Dental Treatment](#)

3. **Pharmacy services:**

- (a) A registered pharmacist serves on the interdisciplinary team and provides at least a quarterly pharmacy review of medications and interactions.

- (b) All aspects of drug utilization in MCH facilities are carefully evaluated and monitored in order to provide safe and beneficial drug therapy.

See ICF-IID Attachment 9 -- Quarterly Pharmacy Review

- (c) Medications used externally should be stored separately from all medications taken internally.
- (d) All medications should be stored in a locked place. A locked box must be available for the storage of drugs requiring refrigeration and a thermometer is kept in the refrigerator to ensure that proper temperature is maintained. A locked box is also provided for transporting medications.
- (e) The medication closet is to be kept locked at all times.
- (f) All expired, deteriorated, or discontinued drugs are taken to the pharmacist for proper disposition, and the Returned Medication Confirmation must be signed by a pharmacy representative.

See ICF-IID Attachment 10 – Returned Medication Confirmation

- (g) The labeling of all pharmaceuticals is the responsibility of the pharmacist with the exception of over-the-counter medications which may be labeled in the facility.
- (h) Drug samples must be properly labeled by the pharmacist before staff may administer them.
- (i) Each Rx label should indicate:
 - (1) name of the client
 - (2) name of the pharmacist
 - (3) name of physician
 - (4) Rx number
 - (5) name of the drug including generic
 - (6) direction for use, strength of drug, date of issue
 - (7) date of expiration, name, address and telephone number of pharmacy
- (j) Empty containers are to be discarded and not used for other medications, chemicals, *etc.* Labels should be removed or marked out.
- (k) All labels should be clearly legible and firmly affixed to the outside of the container.
- (l) Whenever directions for the administration of a prescription drug change, the directions on the label should be changed accordingly by the pharmacist.
- (m) The physician's orders should be written legibly and include the following:
 - (1) name of medication
 - (2) date
 - (3) dosage
 - (4) administration
 - (5) duration of order
 - (6) signature of physician
- (n) The pharmacist, nurse, or responsible staff should consult with the physician whenever questionable orders occur.
- (o) Automatic stop order provides that after a predetermined time, a drug is stopped unless:

- (1) the order indicates an exact period of time for the administration of the drug
- (2) a specific number of doses are to be given
- (3) the attending physician re-orders the drug.

- (p) A prescribed medication can only be discontinued by a physician.
- (q) For orders not specifying the number of doses or the duration of administration, the pharmacist will dispense only enough medication to last until the specified stop order is reached. The physician should be notified before the last dose is given so that he may re-order the drug if necessary. The pharmacist and staff keep medication records and can notify the physician and have the physician re-order or stop the drugs.
- (r) CARDIOVASCULAR, ANTI-DIABETIC, and ANTI-CONVULSANT drugs are not to be stopped without the approval of the physician.

4. **Nursing Services:**

- (a) The nurse serves as a member of the interdisciplinary team and provides an annual evaluation and a nursing care plan for each client. The nursing plan must be reviewed at least quarterly.
- (b) The nurse must record observations which pertain to the client's physical status. It is expected that there would be at least a monthly entry.
- (c) The RN shall record information objectively and accurately.
- (d) Consultation and 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 of any body part
- (10) seizures differing from pattern
- (11) skin changes such as rashes, redness, swelling
- (12) symptoms of illness or approaching illness

- (e) Symptoms of illness or approaching illness which could require documentation might include:

- (1) fever,
- (2) coughing
- (3) sneezing
- (4) wheezing
- (5) discharge from any orifice
- (6) color change
- (7) restlessness
- (8) listlessness
- (9) crying
- (10) agitation
- (11) vomiting

(12) diarrhea

(f) Changes in body functions should be documented. These would include changes in:

- (1) sleeping
- (2) elimination
- (3) movements
- (4) eating

(g) During illness or any time there is a problem, progress or lack of progress should be recorded.

(h) The use of any of the following should be noted:

- (1) compresses
- (2) soaks
- (3) enema
- (4) heat treatment
- (5) suppositories
- (6) medicated shampoos
- (7) ointments or creams
- (8) treatment given

(i) The time, area treated, results and medication changes, and client's response should be recorded.

(j) Vital signs (temperature, pulse, respiration, blood pressure) are obtained upon admission and otherwise as needed. Blood pressure should be recorded monthly.

(k) Vital signs should be taken and recorded when a client appears ill.

(l) Vital signs are to be taken as ordered by the physician and as requested by the nurse.

(m) The nurse should perform a hands-on physical of each client at least quarterly and document findings.

[See ICF-IID Attachment 11 – Quarterly Nursing Physical Examination](#)

5. Speech, language, and hearing services:

- (a) A licensed SLP may serve as a member of the interdisciplinary team.
- (b) Comprehensive and audiological assessment shall be provided for each client as needed and within 30 days of admission.
- (c) Speech and language evaluations shall be comprehensive in nature and shall include assessments of receptive language, use of gestures or signs, expressive language, verbal control of the client's environment, interaction or lack of interaction with others, a measure of average sentence length, use of grammar, and syntactical proficiency where applicable and assessments of oral motor performance, fluency, and voice.
- (d) Each client who is identified as having a need for speech/language therapy shall receive appropriate training.

6. Nutritional services:

- (a) A registered dietitian serves as a member of the interdisciplinary team and provides at least an annual nutritional evaluation for each client and reviews the nutritional status as needed.
- (b) MCH ensures that each client is provided a diet that is appropriate in nutrients, calories, and form for their physical needs and capabilities.
- (c) All clients eat in the dining room except where contraindicated for health reasons or by the decision of the team responsible for the client's program.
- (d) Table service are provided for all who can and will eat at a table, including those in wheelchairs.
- (e) The dining area shall be equipped with table, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.
- (f) The dining room shall be adequately supervised and staffed for the direction of self-help eating procedures and to assure that each client receives an adequate amount and variety of food.
- (g) The dining room must promote a pleasant and homelike environment and be designed to stimulate maximum self-development, social interaction, comfort and pleasure.
- (h) A nourishing, well-balanced diet, consistent with local customs is provided.
- (i) Clients with no self-feeding skills are fed slowly.
- (j) Enough time is allowed for eating to promote development of self-feeding skills, encourage socialization, and provide a pleasant meal-time experience.
- (k) Staff eat with the clients in a family-style arrangement and should eat the same food as the residents. Food is prepared according to the menu and served family style.
- (l) Clients serve themselves under the supervision of the staff and receive assistance as necessary.
- (m) Meal times should be comparable to those normally observed in the community.
- (n) 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. Meal serving times are approximately: breakfast - 8:15 a.m., lunch - 12:00 p.m., dinner - 6:30 p.m. weekdays, and breakfast-8:30 a.m., lunch - 12:30 p.m., dinner - 6:30 p.m. weekends.
- (o) Food is 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.
- (p) Dietary practices in keeping with the religious requirements of the clients' faith groups should be observed at the request of parents or guardians.
- (q) Food served and not consumed is to be discarded.
- (r) Denial of a nutritionally adequate diet shall not be used as a punishment.
- (s) Substitutions will be made for food allergies.
- (t) Food likes/dislikes will be honored as much as possible.
- (u) Medical dietary prescriptions are to be followed and provide appropriate consistency and nutritional content of food. Modified diets must meet the recommended dietary allowance (RDA) of the Food and Nutrition Board of the National Research Council unless contraindicated by medical condition.
- (v) The nutritional needs of clients shall be met in accordance with the Recommended Dietary Allowances. Adjustments will be made for age, sex, activity, disability and special medical needs.
- (w) The menus are approved by a registered dietitian to ensure that they meet the nutritional needs and developmental abilities of the clients.
- (x) 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 6 months. The menu in use is posted in the kitchen. Modified diets must be ordered by a physician.

- (y) Recipes for regular and therapeutic diets are available in the kitchen and used when preparing food to ensure a standardized product.
- (z) Standardized portions for each food are specified in the menu. Food is prepared based on serving size and number of portions needed. Staff should encourage clients to eat well-balanced meals.
- (aa) Snacks may be offered to clients in keeping with their total daily nutrition needs, and between-meal nourishments are served per special diets as prescribed.
- (bb) A light snack consisting of a beverage (juice, milk, or sugar-free beverage) and/or peanut butter and crackers, cheese, raw fruit or vegetables may be offered to clients in keeping with their daily caloric needs.
- (cc) A supply of non-perishable foods to meet the requirements of planned menus for a minimum of 3 days must be provided; however, it is recommended that a week's supply be provided.
- (dd) Food is purchased according to the menu.
- (ee) A minimum stock level of 3 days food should be available and purchased locally at a supermarket as needed.
- (ff) Food storage procedures must meet state and local regulations. Dry or staple food items shall be 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.
- (gg) Perishable foods should be stored at the proper temperature to preserve nutritive values.
- (hh) All food, raw or prepared, must be stored in a sanitary manner.
 - (ii) Cleaning supplies are stored separately from food supplies.
 - (jj) Non-perishable food supplies are stored on shelves in the pantry.
- (kk) Stock is to be rotated and older stock used first.
- (ll) Food must be kept in air-tight containers to prevent spoilage and to keep out bacteria.
- (mm) Perishable food shall be stored in the refrigerator or freezer. Frozen foods will be kept at a temperature of 0 °F.
- (nn) General storage (dairy, meat, fruits and vegetable) shall be 34 ° - 45 ° F.
- (oo) All garbage shall be handled and stored in a sanitary manner.
- (pp) A high standard of personal hygiene must be maintained at all times.
- (qq) 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.
- (rr) 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.
- (ss) Hands should be washed before beginning food preparation and as necessary during cooking.

7. **Psychological services:**

- (a) A licensed psychologist participates as a member of the interdisciplinary team.
- (b) Psychological services are provided to assess and facilitate as appropriate the maximum intellectual, emotional, and adaptive capacity of each client.
- (c) Psychological services are intended solely to maximize the personal freedom and sense of well-being required by each client.
- (d) All clients are examined using standardized psychological tests within 30 days of admission and are evaluated at least annually thereafter unless special needs arise necessitating additional or more specific testing.

(e) Every effort will be made to:

- (1) utilize positive reinforcement, especially social reward and extinction procedures
- (2) avoid negative reinforcement and punishment

- (f) Punishment such as restraints, seclusion, or the application of an aversive physical stimulus is strictly forbidden.
- (g) When a behavioral procedure is used, special effort is taken to ensure that the least restrictive and most normative measures are employed.
- (h) Psychological services conform to the ethics of the American Psychological Association and the laws and guidelines on human rights as contained in the state statutes and on all occasions employ the most humanitarian procedures.
- (i) The psychologist provides monthly documentation on any formal programming.

8. Recreation services:

- (a) Recreation and leisure services are provided in an organized manner so that clients' needs may be met with the highest quality of recreational programming available. Individual written programs are planned and executed for each client as needed and are periodically recorded, evaluated, and updated according to individual needs.
- (b) Clients are trained in appropriate leisure skills and receive assistance as needed.

9. Occupational therapy services:

Clients will receive occupational therapy evaluation as need is determined by the interdisciplinary team. Such evaluation targets sensory stimulation, developmental play, perceptual motor skills, occupational skills, hand skills, splinting, and motor development.

10. Social services:

- (a) MCH requires a social history at the time of admission to services and an update in the IHP's thereafter.
- (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 give 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 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.
- (i) The social information should include a social evaluation of the client and his/her social environment, describe the way the client behaviorally relates to his/her immediate social and physical environment, describe the client's general attributes, including, but not limited to, strengths and weaknesses in social skills, communication, ambulation, and basic skills and describe any significant medical, physical, or physiological problems with which the client must cope. It should list any known reinforcers for positive behavior and describe any established behavioral programming previously needed and/or currently ongoing, describe the family's attitude toward separation of the client from the home for the proposed admission, and if applicable, the family's attitude toward future alternative residential placements and post-institutional plans.

11. Physical therapy services:

- (a) The physical therapist serves as a member of the interdisciplinary team.
- (b) PT service is provided in an atmosphere conducive to optimal physical and psycho-social development and maintenance.
- (c) Each client shall receive at least an annual review.
- (d) When indicated, treatment goals and programs will be written by the licensed physical therapist to maintain or increase the clients' capabilities in areas such as range of motion, strength, posture, coordination, balance, gait, and other activities of daily living. To prevent the development or progression of deformities, orthotic and adaptive appliances, positioning, and behavior adaptations may be recommended.
- (e) The treatment program is 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.
- (f) 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.
- (g) A physician may indicate a need for physical therapy.

RESIDENT'S FUNDS

Policy

Residents will handle their own funds whenever possible. However, with the approval of the legal guardian, MCH staff may assist clients in handling their funds.

Procedure

1. Residents are provided training in money management as appropriate.
2. Residents 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.
3. In situations where the resident is unable to manage his funds, the executive director or assistant director may contact the legal guardian for direction about the handling of funds. In some cases the guardian may wish to handle the funds, and in other cases, the guardian may designate someone to handle the funds.
4. Upon the guardian's consent, a designate will handle the personal and/or medical allowance for a resident and maintain an accurate accounting of money received and disbursed. The balance on hand is available upon request by the resident or guardian. A copy of this signed consent will be maintained in the resident's record.
5. Resident funds are maintained in an interest-bearing account according to Medicaid requirements. Funds are mingled in 1 account but tracked separately by client, using a spreadsheet to account for each client's portion. Accumulated interest is spread to each client equally.
6. When a payee for Social Security payments is needed for a resident and there is not an appropriate family member to serve, it is recommended that the group home be designated payee.
7. If a resident has been declared legally incompetent by the courts, MCH provides the resident's legal guardian or personal representative receipts for any money received on behalf of the resident.
8. A monthly reconciliation statement of resident's funds is provided to each legal guardian.
9. Any funds belonging to the resident less any charges due the group home are returned to the resident within 30 days of discharge.
10. A 50 dollar petty cash account is maintained for each resident who needs assistance handling money. This fund should be used only for small purchases under \$12.00.
11. The group home manager is the custodian of this fund.
12. The group home manager reconciles the resident petty cash account and should replenish the fund when it is depleted to \$15.00. The fund should be replenished from the resident's checking account.
13. The Receipt of Personal Money from Checking Account form should be completed each time the petty cash fund is replenished.

[See ICF-IID Attachment 12 – Receipt of Personal Money](#)

14. This fund is kept in a locked, secure place in the group home.
15. Vouchers should be completed for each receipt and listed on the reconciliation form. Vouchers are to be completed in ink, and receipts should be attached. Two signatures are required on the vouchers.
16. Receipts should be signed by the staff assisting the resident with the purchase and witnessed by another staff. If possible the resident should also sign or make his mark.

[See ICF-IID Attachment 13 – MCH Petty Cash Voucher](#)

[See ICF-IID Attachment 14 – Petty Cash Reconciliation Form](#)

17. No more than \$250 shall be taken out of the resident account at one time per client other than to make a single purchase which exceeds \$250 as approved by the legal guardian. Money left over from shopping trips should be returned to the administrative office to be re-deposited into the resident account within 3 working days unless the client is on extended leave from the facility.

MEDICATION REVIEW

Policy

A Medication Review is conducted at least quarterly for all residents whose treatment involves the use of behavior management medications. This review occurs only if such medications are in use in the group home.

Procedure

1. Medication review is conducted by a team composed of a physician, nurse, psychologist, pharmacist, and QIDP. This committee may also consult with the HRC, and the information from the review is presented to the HRC for their review.
2. Medication review must be conducted quarterly with findings being recorded on the Behavior Management Medication Review form and distributed to legal guardian, doctor, nurse, QIDP, pharmacist, psychologist, and the executive director.
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 ICF-IID Attachment 15 – Behavior Management Medication Review](#)

UTILIZATION REVIEW

POLICY

There must be a utilization review conducted for each ICF-IID resident at least every 180 days or more often if necessary. The review is documented on a Level of Care (LOC) form and submitted to the respective MCO. The LOC must be signed by a physician.

Procedure

1. The LOC should be completed with the MD and the MD must sign the form.
2. The Program Director should submit the LOC to the appropriate MCO where the home Medicaid County is assigned.
3. All information in the utilization review must be held confidential.

[See ICF-IID Attachment 16 -- LOC](#)

FIRE AND SANITATION INSPECTIONS

POLICY

Fire and sanitation inspections of ICF-IID facilities are to be conducted at least annually.

Procedure

1. The fire inspection is done by the county fire inspector.
2. The sanitation inspection is done by a representative of the county health department.
3. The manager is responsible for scheduling these inspections.
4. Fire extinguishers must also be inspected monthly and by an authorized inspector at least annually.
5. Copies of completed inspections should be maintained on file at both the facility and the administrative office.
6. Copies are also to be provided to the Division of Health Service Regulation, Licensure Section with the annual license renewal.