



# Community Connections, Inc.

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*Creating opportunities for children and adults with intellectual  
and developmental disabilities to lead healthy and fulfilling lives  
within our community*

## Host Home Provider Manual

Last updated 03/13/2019

## **Host Home Provider Manual**

The purpose of this handbook is to establish Host Home Provider expectations and responsibilities in their agreement to provide care and services for the people CCI serves.

Host Home Provider responsibilities and procedures are mandated by the state of Colorado Developmental Disabilities Services Rules and Regulations.

Additional requirements beyond those required by the state may be requested as a part of your ongoing training as a CCI Host Home Provider.

This manual is in no way comprehensive and requests for additional information may be made beyond those described herein. Any questions may be directed to the appropriate Program Manager or the Program Director.

*"We get to share life's journey with people who want and need help in their lives  
and we get back just as much as we give; if not more."*

-Chrissy and Rich  
Host Home Providers

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## **About Community Connections, Inc. (CCI)**

**CCI is one of twenty Community Centered Boards in Colorado serving people with intellectual and developmental disabilities.**

**Our mission is to create opportunities for children and adults with developmental and intellectual disabilities to lead healthy and fulfilling lives within our community.**

**Community Centered Boards (CCBs) are nonprofit organizations contracting with the Health Care Policy and Finance (HCPF) and the Colorado Division for Developmental Disabilities (DDD) to work at the local level. CCBs are designated by the state and may either provide child and adult services directly or purchase services.**

**Our vision is a community where all people with developmental disabilities have the same opportunities as other community members.**

### **Values**

#### **1. Fulfillment**

CCI contributes positively to the life quality of clients, staff, and the community.  
Clients have timely access to all appropriate community resources.

#### **2. Self-worth**

Clients and Host Home Providers feel exceptional: CCI recognizes the strengths and contributions of clients and Host Home Providers.  
CCI believes that all people have talents to offer.

#### **3. Self-empowerment**

Clients are the leaders of their lives: clients hire CCI to support them in meeting their goals.  
Host Home Providers have the power to make important decisions, problem solve, and develop professionally.

#### **4. Partnership**

CCI has a mutually beneficial relationship with the community.  
Host Home Providers are encouraged to work as a team.

#### **5. Accountability**

Board members are responsible to lead the organization in advocacy and fundraising.  
Host Home Providers and board members are held accountable for decisions made on behalf of clients, taxpayers, and donors.

#### **6. Effective Communication**

Host Home Providers communicate with each other in a timely manner.  
CCI communicates with clients, guardians, families and the community regularly.

Clients, guardians, families, and the community are encouraged to communicate with CCI.  
All communication is timely, transparent, professional, accurate, and followed up until resolved.

### **7. Efficiency**

All operations are streamlined: Host Home Providers spend the majority of their time on meaningful work.

## **Your Role as a Host Home Provider**

Your role as a CCI Host Home Provider is extremely important. You will be a vital member of the team working to provide the best services possible to the person in your care.

A Host Home Provider is an individual who provides residential supports in their home to persons receiving comprehensive services who are not family members. A Host Home Provider is an **Independent Contractor** and is not a developmental disabilities service agency pursuant to section 16.220 of the Department of Human Services, Developmental Disabilities Services Rules.

CCI will contract directly with you, a Host Home Provider. A Host Home Provider (Contractor) shall perform his/her duties as an independent contractor and not as an employee of CCI.

Neither the contractor nor any agent or employee of the contractor shall be or shall be deemed to be an agent or employee of CCI. *The contractor shall pay when due all required employment taxes and income tax withholding, including all federal and state income tax and local head tax on any monies paid as appropriate.* The contractor is not entitled to workers' compensation or unemployment insurance benefits unless the contractor provides such coverage or coverage is provided by some entity other than CCI. CCI does not pay for or otherwise provide such coverage.

The contractor shall have no authorization, expressed or implied, to bind CCI to any agreements, liability or understanding. The contractor has no authority to enter into contracts or agreements on behalf of the agency or the individual(s) served by the contractor.

In the performance of all services, it is mutually understood and agreed that the contractor shall be, and at all times is, acting and performing as an independent contractor. CCI relies upon contractor's expertise and experience in performing the services provided.

There is no requirement that the contractor perform work exclusively for CCI. The contractor is free to carry on such other employment, and to enter into such other independent relationships as contractor may desire. This is providing that these other relationships do not interfere with the services which contractor has agreed to provide.

## **Confidentiality**

### Why Confidentiality is Important

Confidentiality is the responsibility for controlling how private information is used and to whom it is released. Part of your job as a Host Home Provider is to maintain confidentiality of private information so that an individual's information is not used for unauthorized purposes. The individual (or their guardian) must give written permission for any confidential information to be used.

Organizations that require access to information must ensure the confidentiality of information to the same degree as care providers who initially provided access to the information.

You are expected to make sure that confidential information is not discussed outside of the team associated with the person you serve. You are also responsible for avoiding unnecessary disclosure of non-confidential information about CCI and its clients. These guidelines are not intended to interfere with normal business communication and relationships, but are intended to alert you to your obligation to use discretion in safeguarding the internal affairs of CCI and the individual(s) in your care.

CCI files on the people we serve contain personal information and are not for public viewing. Your home files should never be shared with unauthorized individuals. Violating confidentiality can hurt others, cause information to be misinterpreted or misunderstood, create a stigma, or could be used for unlawful purposes.

Your obligation to maintain the confidentiality of the Company and client information remains even after you are no longer a Host Home Provider.

### What is Considered Confidential Information?

Confidential information includes, but is not limited to:

- Client information
- Personal Health Information (PHI)
- Employee data, including phone and address lists
- Procedures or manuals
- Financial information

Confidential information is also all identifying information contained in any record pertaining to a person receiving services with CCI. Records on the person in services **are not public** which means that records are not open to general public review. Proper authorization for release of information is necessary. These records are the property of the agency which is responsible for maintaining and safeguarding their contents. This includes information that is electronically collected, processed or stored. This includes all types of identifying information including, but



not limited to, name, Social Security number, Medicaid number, household number or any other identifying number or code, street address, telephone number, photograph or any distinguishing mark.

### Safeguarding Records

Records on the person in services are the property of CCI and their Program Manager is responsible for safeguarding and maintaining them.

Providers shall not discuss a person receiving services with identifying information in public or with persons who are not entitled to the record. Identifying information shall not be posted in areas accessible to the general public, or left unsecured or unsupervised for extended periods of time.

Records are to be maintained and stored in locked files or a locked room and shall not be accessible to the public.

## **HIPAA**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is comprehensive federal legislation setting forth national health information privacy standards. HIPAA's Privacy Rule attempts to protect the privacy of personal health information by establishing, for the first time, a nationwide foundation of required practices and procedures to safeguard the confidentiality of health care information. The Privacy Rule applies to all CCI staff, Host Home Providers, Respite Providers and any other staff or independent contractors associated with CCI.

The Privacy Rule applies to essentially any information, whether oral, written, or electronic, which is created by health care providers or other entities such as CCI, and which relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or billing and payments made for the provision of health care to an individual. Health information subject to the Privacy Rule is called Protected Health Information. Protected Health Information (PHI) may be used or disclosed without permission for certain commonsense purposes, such as treatment, payment, or health care operations. The Privacy Rule also permits disclosure for some health care purposes, including quality improvement, peer review, credentialing and training activities. While the rule does not require permission for these uses and disclosures, it does require CCI to make reasonable efforts to inform the people we serve that such uses and disclosures may occur. To that effect, CCI maintains privacy information and release forms for each person it provides services for.

HIPAA compliance requires that everyone who works for or contracts with CCI must be trained in the HIPAA regulations. HIPAA is federal legislation that addresses various elements of healthcare, including a mandate for the U.S. Department of Health and Human Services to issue regulations that specify privacy and security protections for healthcare information about individuals.

### **Definitions**

**Patient Information:** Patient information is any information, in any form, related to a person's visit to a healthcare facility, treatment by a healthcare provider or medical prescription handling.

Patient information can be:

- Staff discussions about the diagnosis or treatment of a patient.
- Patient medical records.
- Pharmacy prescriptions.
- Conversations patients or families have with others in a healthcare facility.
- Computer records and charts.
- Anything YOU see or hear in the course of an individual's care.

**Protected Patient Information:** Under HIPAA laws, protected information is any health information that is electronic, written or spoken, that includes an individual's or any other way to identify them, such as Social Security number, phone number, address or date of birth.

**Patient Information Privacy:** Assuring patient information privacy is giving a person the ability to control what information about them is made available to others. HIPAA laws are intended to protect individuals' privacy by protecting their personal information.

### HIPAA in the Workplace

HIPAA does not apply to every kind of information. It applies only to "Individually Identifiable Health Information," or "Protected Health Information." This is any information that:

- Is created or received by any employer, health plan, provider or information clearinghouse (third party information processing service)
- "Relates to" past, present or future physical or mental health, healthcare or payment for healthcare
- Identifies the individual in question
- Contains enough specific information that can reasonably be used to identify the individual

HIPAA applies to "Individually Identifiable Health Information" in any medium including:

- Written information
- Information in electronic form

HIPAA requires healthcare professionals to only use or disclose the "Minimum Necessary" set of Protected Health Information for almost any purpose except treatment of patients.

Except in emergency situations, HIPAA requires that healthcare providers notify patients about their privacy rights and describe practices intended to protect patient privacy. Patients are asked to acknowledge receipt of the notice prior to making healthcare decisions. This acknowledgement by the patient authorizes the use or disclosure of information for purposes of "Treatment, Payment or Operations" ("TPO"). These uses will be discussed later in the course.

### Sensitive Conditions or Treatments

Some kinds of patient information are subject to extra protections. Think twice and use extra care when using or disclosing information about treatment involving:

- HIV/AIDS
- Abortion and contraception
- Sexually transmitted diseases
- Mental health and psychiatric information

- Alcohol and drug abuse treatment
- Minors

HIPAA does not distinguish between this more sensitive information, and other patient information.

### CCI's Policy for Using PHI for Involvement in and Notification of the Individual's Care

For the benefit of patient care and public health, Community Connections sometimes needs to use or disclose Protected Health Information to a patient's family member or others involved in the patient's care in order to ensure quality care, or to notify family members or others of the patient's condition or location. The policy ensures the following:

1. Community Connections may disclose to a family member, other relative, close personal friend, or any other person identified by the patient, Protected Health Information that is directly relevant to such person's involvement with or payment related to the patient's care.
2. Community Connections may use or disclose a patient's Protected Health Information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the patient, or another person responsible for the care of the patient of the patient's location, general condition, or death.
3. Community Connections will follow all applicable laws and regulations when disclosing Protected Health Information relevant to a patient's care or for notification to the patient's family member, friend, or any other person identified by the individual.

Use good judgment! Acceptable uses of patient information in treatment situations would **not** include:

- Discussing a patient's condition with staff members not involved in giving or supervising care
- Telling professional colleagues not involved in the case about your identifiable patient's condition because they might find it interesting.

In addition, HIPAA permits certain other limited uses and disclosures of patient information by a provider without patient consent. This includes:

- Marketing, fund-raising, directories
- Governmental and regulatory uses and disclosures such as law enforcement, public health, licensing and oversight
- Properly supervised research

**Summary:** All patient information is protected by HIPAA. We must make sure that this kind of information is used and disclosed for limited purposes, under controlled conditions.

Keep patient information private and secure by:

- Knowing who is authorized to receive a patient's information
- Keeping protected records out of reach of unauthorized individuals
- Keeping protected records out of sight of unauthorized individuals
- Keeping protected information out of hearing of unauthorized individuals
- Obtaining written permission from the patient before disclosing his or her information to anyone not directly involved in the patient's care

It is good practice in general, and particularly under HIPAA, to keep unauthorized individuals from overhearing discussions in which the patient is identified.

## **Rights**

CCI values each individual we serve and is committed to upholding and protecting the rights of these individuals as we would our own or any other citizen. This section summarizes the rights of each client receiving services from CCI.

No person shall be discriminated against because of race, color, religion, national origin, sexual orientation, handicapping condition, or because he / she has received habilitation or treatment services. All persons receiving services through CCI shall have the same legal rights and responsibilities guaranteed to all other individuals under the federal and state constitutions, including:

- The right to an Individualized Plan.
- The right to appropriate medical care and treatment. The right to humane care and treatment.
- The right to give consent for treatment.
- The right to religious belief, practice and worship. The right to fair employment practices.
- The right to vote.
- The right to have access to personal possessions, property, and funds.
- The right to communicate policy concerns to CCI.
- The right to notification.
- The right to be free of discrimination based upon race, religion, color, sexual orientation, national origin and/or condition of disability.
- The right to have mistreatment, abuse, exploitation or neglect investigated. The right to be free from harm and/or threat of harm.
- The right to be treated with honesty, dignity, and as a person with feelings, preferences and desired outcomes about their life and future.
- The right to confidentiality.
- The right to privacy, including use of the telephone and uncensored and unopened mail.

- The right to free association, meaning they have the right to decide who will be a part of their social network, providing these relationships are not exploitative in nature.
- The right to be paid for their work according to applicable federal minimum wage law.
- The right to be free from intrusive or restrictive procedures (including psychoactive medications). *Any use of intrusive or restrictive procedures will be with their involvement and consent, or if used as emergency procedures, they will be employed according to CCI policies and procedures and reviewed for appropriateness by the Human Rights Committee.*

## **Human Rights Committee**

The purpose of the Human Rights Committee (HRC) is to safeguard the rights of persons receiving services. The HRC is an advisory board that meets on a regular basis to review medications, restrictive procedures, rights suspensions and ISSP information. **The data you document on your log notes will be used as a tool for the HRC to review the person in your care.**

## **Mistreatment, Abuse, Neglect, Exploitation**

**MANE** is defined as any single or repeated act of force, violence, harassment, deprivation, neglect or mental pressure which reasonably could cause physical pain or injury or mental anguish or fear. CCI prohibits any form of mistreatment, abuse, neglect or exploitation. Following are definitions and CCI Host Home Provider procedures and responsibilities for reporting any suspected instances of MANE.

### Definitions of MANE

**Physical Abuse** is any infliction of physical pain or injury. Physical abuse includes but is not limited to such actions as striking, twisting of limbs, and use of unreasonable force in pulling, pushing or otherwise inflicting physical injury or pain. This also includes directing a person in services to aggress another person receiving services. Causing bodily harm to another, even if between providers, constitutes abuse. If allegations are discovered to be true, providers could be prosecuted to the fullest extent of the law even if the abuse does not result in serious injury. THIS TYPE OF OFFENSE IS CONSIDERED A FELONY.

**Sexual Abuse** is subjecting a person to any nonconsensual sexual conduct or contact classified as a crime under the Colorado Criminal Code. Sexual abuse includes but is not limited to rape, fondling, exploiting or inappropriate contact with genitals. Sexual abuse may broadly be defined as any sexual contact between providers and persons receiving services.

**Verbal and Psychological Abuse** is any verbal or non-verbal action which creates, is intended to create, or reasonably could create mental anguish for a person. This includes but is not limited to any language or action by providers which degrades, threatens, or creates mental anguish for residents. Examples of this include discriminatory remarks, belittlement, name calling, or unnecessary exclusion from conversations or activities. This also extends to threatening to remove or withhold entitlements and/or rights of the residents.

**Neglect** is an omission or an act by a person who is responsible for another person's well-being. This includes any acts, or deleting any acts which may cause a resident not to receive the standard of care required by laws or regulations. This includes not providing an atmosphere of safety or comfortable habilitation, providers refusing to participate in ISSPs or falsifying residential documents. Neglect also includes failure to provide residents with meals, medications, adequate clothing or comfort and 24 hour supervision, for reasons such as impairment, sleeping on the job, or leaving residents unattended.

**Exploitation** includes any illegal or improper action affecting a person or use of the person's resources for another person's profit or advantage. This includes but is not limited to misrepresentation or taking advantage of an individual's trust for another person's benefit. Examples include misuse of personal needs funds (willful use of prescribed moneys for needs other than those of the individual), misuse or stealing resident's personal property, theft of



agency property, food, health care products and medications.

### Provider Responsibility Policies and Procedures

**ALL** Host Home Providers are responsible for the immediate reporting of any allegations or suspicions of mistreatment, abuse, neglect or exploitation to the person in services Program Manager and/or the Executive Director. **FAILURE TO DO SO COULD RESULT IN IMMEDIATE CONTRACT TERMINATION.**

Immediately after observing the incident, the provider must contact the appropriate Program Manager and then complete an incident report within 24 hours.

During business hours in Durango, please call the Program Manager at (970) 385-3458 or the Program Director at (970) 385-3447.

In Cortez, you can reach the Program Manager at (970) 565-3442 and the Program Director at (970) 565-9419.

After business hours or if the Program Manager and Program Director are unavailable, call the CCI emergency on-call cell phone at (970) 749-6919 in Durango and (970) 749-6754 in Cortez.

If you get Voice Mail, please leave the following information:

1. The name of the individual who was allegedly abused
2. How the person was allegedly abused.
3. When and where the alleged incident occurred.
4. Any information concerning the person allegedly committing the act (i.e., name comments made, etc.).
5. The immediate action taken to ensure the safety and appropriate care of the person allegedly abused or neglected.
6. Who is making the call and where the reporter can be reached during business hours.

CCI will thoroughly investigate all reports of suspected MANE incidents. Written reports will be required of providers and possibly requested from others who have knowledge of such incidents.

The agency will involve proper medical staff and community sanctioned Host Home Providers to assist in investigations. The Program Director may liaison with law enforcement to establish a mutual understanding of agency purposes, and assist in mediation and support of policy. On-site police presence will be requested in all instances of witnessed physical or sexual abuse. CCI will cooperate with authorities in pursuing appropriate legal action during a sustained investigation.

## **Trainings**

CCI requires that all Host Home Providers undergo trainings that are relevant to caring for individuals with intellectual and developmental disabilities. CCI requires all Host Home Providers to participate in trainings as a new contractor that will assure their understanding of their responsibilities. Periodic completion of some resources may be required. For any inquiries about training upcoming training courses and how to schedule, contact the Program Manager at (970) 385-3440 in Durango. In Cortez, the Program Manager can be reached at (970) 385-3442.

Trainings are often available to take on a computer. Host Home Providers are welcome to take online training in the comfort of their own homes, libraries, or at our corporate office in Durango or satellite office in Cortez. Any training that is offered outside of the computer-based training will be scheduled based on need. It is the responsibility of the Host Home to assure required trainings are completed prior to being alone with an individual. Host Home Providers who do not have access to computers can use any of the office computers located in the Durango or Community Center sites.

### **MANE**

**WHAT:** **M**istreatment, **A**buse, **N**eglect, and **E**xploitation is something CCI takes VERY seriously. Any allegation of MANE will result in an investigation and it is your responsibility as a Host Home Provider to report anything you might suspect fits one of those definitions.

**WHERE:** When you initially become a Host Home Provider, you have access to an online training program called Relias. Here you can take courses related to MANE. However, you will only have access to this program for the first year. After that, you will be responsible for finding an appropriate curriculum.

**HOW OFTEN:** This training should ideally take place once a year to stay current.

### **QMAP**

**WHAT:** **Q**ualified **M**edication **A**dministration **P**ersonnel is what you will be after completing this course. You will have the appropriate knowledge to administer medications to your individuals. However, you will only be able to do this by the following routes:

- Oral
- Sublingual
- Topical
- Eye drops / ointments
- Eardrops
- Nasal
- Transdermal
- Inhaled

- Rectal
- Vaginal

Any medications requiring injection, IV, or finger pricks for glucose testing must be left to a licensed healthcare professional.

WHERE: This course will be taught by the CCI nurse who can be reached by phone at (970) 903-3598 or by email at [gay@cci-colorado.org](mailto:gay@cci-colorado.org).

In the event that she is unavailable you can take it through another instructor. To find an alternate instructor follow the link:

[https://docs.google.com/document/d/1LdZr12VPRO833LgA7AYVF8LEAn\\_PsKUBlfY-xCn2Wo/pub](https://docs.google.com/document/d/1LdZr12VPRO833LgA7AYVF8LEAn_PsKUBlfY-xCn2Wo/pub).

From there you can search through an extensive list of instructors and their contact information. The only one on the list that is local to Durango is an assisted living facility called Sunshine Gardens which can be reached by phone at (970) 385-4090 or by email at [rsd@sgwseniors.com](mailto:rsd@sgwseniors.com).

HOW OFTEN: This course only needs to be completed one time during your time as a Host Home Provider *unless* there are frequently occurring medication errors.

### **CPR / First Aid**

WHERE: This training course is available through CCI or other outside agencies. The course offered by CCI will take place on an as needed basis and costs \$50.00. You will be responsible for this payment.

HOW OFTEN: The certification will need to be renewed every two years.

### **Safety-Care**

WHAT: Safety-Care is a training program for those working with children, adolescents, or adults—in your case, adults—who may exhibit challenging or dangerous behavior. The focus in Safety-Care is on prevention, safety, and humane, supportive, evidence-based interventions.

WHERE: This course is taught by CCI staff and the location will be determined based on where it is most needed (either Durango or Cortez).

HOW OFTEN: This training takes place once a year and you will be responsible for attending if your individual requires it. This will be stated in your contract. However, it is helpful information to learn regardless.

### **Person Centered Training**

WHAT: This training course is designed to teach you valuable skills that will help you encourage your individual(s) to have positive control over the life they want to live, be recognized and valued for their contributions to their community, and be supported in a web of relationships—

both paid and unpaid—within their community.

**WHERE:** The training is provided by CCI at a predetermined location (which you will know ahead of time) at no cost and it is your responsibility to attend one.

**HOW OFTEN:** This training should be taken shortly after you become a Host Home Provider and is only required to be taken once although it is encouraged to take a refresher course every so often.

### **Additional Information**

For more information on relevant trainings for caregivers, follow the link:

<https://www.colorado.gov/pacific/hcpf/long-term-services-and-supports-training> to see a list of available courses.

One that is specifically relevant to you as a Host Home Provider through CCI is the Home Modification Benefit. As the name suggest, this is designed to assist you in modifying your home to meet your client's needs.

**\*\*A training and review checklist is attached at the end of this manual as Appendix D.**

## **Therap Instructions**

Therap is the web-based solution selected by CCI for documentation and communication needs. It offers an easy and efficient alternative to the immense amount of paper work that is manually completed by service providers.

Therap is meant to reduce the amount of paper, notebooks, copies and forms laying around in the facilities. The system will be implemented in phases given its size and scope. Therap will also replace the present system that [Agency Name] uses in its programs working with those with developmental disabilities. You can visit Therap's website at [www.therapservices.net](http://www.therapservices.net)

A very useful tool offered by Therap is the Training Academy:

- [www.therapservices.net](http://www.therapservices.net) —> "Training Academy" (will open a new tab) —> "Find a Course to Start Learning Now" (will open another new tab) —> Select course
- Therap requires you to create an account in order to access the academy
- The primary courses that would be most useful for you as a Host Home Provider with CCI will be the following:
  - Billing and attendance (attendance specifically)
  - General Event Reports (GERs)
  - Health Tracking
  - Individual Data—to learn more about your individual
  - Individual Support Plan
  - ISP Plans, ISP Program and ISP Data
  - Medication Administration Records
  - T-Log
- An alternate route to take when navigating Therap would be to use the Help and Support function
  - Begin on the initial Therap web page ([www.therapservices.net](http://www.therapservices.net)) and the "Help and Support" button will be in the upper right hand corner.
  - After clicking on that, you are able to type your question into the search bar.

The first three Therap modules that will be introduced include:

### **1. T-logs**

T-logs are narrative log notes based on client-driven activities such as shift summary notes, medical running notes, behaviorally related narrative, and allow the tracking of consumer contacts. T-logs can also be shared between day and residential sites that share individuals. Examples of when to write a T-log could include behavioral issues (good or bad), health issues, medication changes (increase/decrease or new med). That way, all staff that work with the client are aware of the change. If you have any questions about what should or should not go in a T-log, please do not hesitate to ask.

## **2. General Event Reports (GERs)**

GERs are incident reports: injuries, medication errors, physical interventions, and a multitude of other events that may occur with your individuals. Events that could occur that would require writing a GER would include the following:

### Incidents Requiring **Immediate** Reporting:

Personnel immediately report incidents involving any of the following activities by clients to the department Program Manager, Adult Services Program Director, CCI Nurse (as appropriate), and a GER is completed on Therap before the end of the shift:

- Observations or allegations of abuse, mistreatment, neglect or exploitation of clients, or injuries that may indicate abuse;
- Adverse medical/health outcome as a possible result of abuse or neglect;
- When a crime involving a person in services may have been committed by an employee or contractor of CCI;
- Suicide threats or attempts;
- Unusual behavior towards, or inappropriate interest, in children;
- Highly disruptive or dangerous behavior in public;
- Use of weapons;
- Incidents, accidents or illnesses involving law enforcement or emergency medical treatment, death, hospital or psychiatric observation admission, other emergency respite placements;
- Runaway, lost or missing client;
- Fires;
- Aggressive or highly disruptive behavior in a moving vehicle that endangers the driver and other passengers;
- Incidents where a person receiving services has been the victim of a serious crime;
- Serious criminal offense by a person receiving services;
- Any incident that may provoke media interest or involvement;
- Client hospitalization.

### Incidents Requiring Reporting **Within 24 Hours**:

Personnel shall report the following activities, whether observed or reported, to the Program Manager and a report written within 24 hours:

- Behavior that is unusual for that client and warrants the timely attention of administration;
- Assaultive, violent, potentially harmful, extremely disruptive or destructive behavior;

- Behavior that results in property damage;
- Any use of safety control procedures or emergency control procedures;
- Behavior that violates the privacy or rights of others;
- Theft of personal property belonging to a client; and
- Errors in medication administration.

Again, if you are unsure about what goes into a GER, please do not hesitate to ask. We want to set you up for success and are here to help! We also have documents available by request for additional clarification.

### **3. Secure Communication (S-Comm)**

Secure Communication is essentially an email system that works only within Therap, allowing for the secure exchange of information between all staff members. Any active user can send and receive messages to and from anyone within the system, allowing for agency-wide communication and staff-to-staff, shift-to-shift communication within one facility.

#### **Daily Documentation**

1. Click on the individual tab on the left hand side of the page and find ISP data
2. Click “new”
3. Choose the site and client you wish to enter documentation on.
4. Choose date, if you have forgotten a day documenting and are going back to complete, you can change the date. If you do not change the date, it will be submitted on the date you are typing.
5. Documentation is DAILY, if an emergency arises and you miss documentation, you should contact either the program manager or director to let them know.
6. After you have submitted the date, you can begin the daily documentation.

After the yes/no section, there is a comment box. This should be used for specific facts about the client’s tasks, leisure time, or anything else that day. You should describe how they did that day. If they received a “NO”, this is the place to explain why, such as what part they are having problems with, were they ill and didn’t feel like it? This box lets the supervisor know what is going on so they can tailor the client’s plan to benefit them. You can keep it brief, just be sure to mention if anything significant happened during the outing.

For example, say a client went to the store, you should elaborate on how they did at the store (i.e. did they choose their own items, did they pay the cashier, did they say thank you) or if they encountered a community member that they knew. Community skills have a lot of information that can be elaborated on, as do all of the other tasks. Documentation is not only a regulation, it is a tool used to plan what is best for our clients. Please watch your spelling and grammar. People do read these. The comment box is not where personal opinions belong—facts only, please.

## Health Tracking

As a Host Home Provider, it is very important that you keep track of your client's health. Some are *required* while others are only *as needed* (if directed by a physician order or by program) or *if applicable*. This includes:

- Medications being taken – *required* (see “MAR” pg. 25)
- Appointments – *required* (see “Medical Appointments” pg. 26-27)
- Lab Tests / Results – *required*
- Blood glucose – *as needed*
- Height / Weight – *as needed; at annual physical*
- Immunizations – *as needed*
- Infection Tracking – *as needed*
- Vital Signs (recorded on MAR) – *as needed*
- Medication history – *if applicable*
- Menses – *if applicable & as needed*
- Skin / Wounds – *if applicable & as needed*
- Seizures – *should be tracked if the individual has a seizure protocol*

It is recommended that health tracking be completed every day if necessary. The CCI nurse can go over this process with you in more detail.

## Things to Remember

- Documentation must be done DAILY—entering ISPs and attendance.
  - You should be recording transportation and entering ledgers whenever you drive your individual to or from Day Program or make a purchase through their Personal Need Funds account.
- When documenting, if you need to mention another client's name, **use initials**, no full names.
- If you are having trouble logging on in Durango or Cortez, let a Program Assistant know as soon as possible.
- If you are having trouble figuring out how to do something, do not hesitate to call or use online help (located at bottom of Therap pages). Everyone who hasn't already should use the automated training on Therap home page. There are wonderful tools and games to give more understanding.
- Don't dramatize or rant. Remember to only report the facts.
- Check your inbox **daily**, information that is important to you is sometimes relayed that way.
- You can find useful documents containing pertinent information in the Individual Support Plan and on the Individual Data Page—both of which can be found under the “Individual” tab on your Therap dashboard.
- Please be sure to look at the “To Do” tab on your Therap dashboard **weekly** to acknowledge changes that will appear there.



## CCI Host Home Provider Requirements

### Documentation

As a host home provider with CCI you will be expected to document on Therap. Now that you have learned how to use Therap, you will be able to accomplish this. Documentation is how everyone gets paid so it is VERY IMPORTANT. If you follow the instructions on how to do this in Therap, it should go smoothly provided you are doing it on a daily basis.

You will be documenting:

1. Ledgers
2. Attendance
3. Transportation
4. ISP Data
5. Medication Administration Records (MAR)
6. Medical Appointments & Consultation Forms
7. T-logs
8. GERs
9. S-Comms
10. Wheelchair / walker checklist (if applicable)

What you will be documenting the most (daily):

- ISP data
- Attendance
- Ledgers
- MAR (when your client requires daily meds)

What you will be documenting when applicable:

- Medical appointments and consultation forms
- T-logs
- GERs
- S-Comms
- Wheelchair / Walker checklist

#### **1) Ledgers**

You will need to report and file ledgers every time your individual makes a purchase (within 24 hours) if CCI has been designated as his or her Representative Payee. This requires using receipts from each transaction to keep a financial record. You will withdraw out of a Personal Need Funds (PNF) account<sup>1</sup>. Doing this can also help with budgeting and money management which is a goal for many of those enrolled in our services.

#### **2) Attendance**

You will need to record your individual's attendance EVERY DAY that they are in your care. If you had respite that day or the individual was visiting family, etc. you MUST mark them as absent, not just leave that space blank. Basic instructions for inputting attendance are as follows:

"Billing" tab in Therap → Attendance → New → Select the Start Date →  
Attendance Type → Service Description (client tier, AKA level of care) → Program →  
Site Service Authorization (default "Approved") → Individual (client name) →  
Search → Use the drop down "Attendance Options" menu → Make sure the

<sup>1</sup> For a list of allowable vs. non-allowable expenditures for Personal Needs Funds, see Appendix A

“Input” tab is highlighted Select either “Present” of “Absent”——> Check the box under the date ——> Click “Submit New”<sup>2</sup>

**REMINDER:** If your client is not in your care on that day, please mark as absent—**DO NOT LEAVE BLANK.**

### **3) Transportation**

As a Host Home Provider, you will be a primary mode of transportation for your individual. You will need to track your mileage when transporting to and from Day Program.

To do this, a form will be provided to you. Record your mileage and sign, then give to staff at Day Program (either Holly House of Pine Street).

### **4) ISP Data**

Refer to the “Daily Documentation” section in the previous chapter for Therap Instructions.

### **5) MAR**

Medication Administration Records are very important as many of our individuals require certain medications to lead healthy, fulfilling lives. Documenting this lets us know that due diligence is being followed and you are ensuring your individual is taking the correct meds at the correct times on the correct days.

“Health” tab in Therap ——> “Medication Administration Record”——> “Data”——> “Record Data” ——> select the program site followed by the name of your individual

This will show you all the meds your individual is currently taking and will give you the opportunity to initial in the box under the day you are entering the data indicating the meds have been taken.

Medication Changes: if there are medication changes, please have the provider send the script to Clearspring Pharmacy. If you do not use Clearspring or the medication is of urgent nature, have the prescription filled locally BUT please get a copy of the prescription to send to the nurse.

Notify the nurse via S-Comm of the changes and attach a copy of the prescription if available—if not, attach the doctor’s order. The nurse will update the MARs to reflect the changes. It is important to have a copy of the prescription as it is a state requirement. Please help by getting the required documentation. Also, please send a T-log to notify all who are involved in the client’s care to inform them of the changes. If your client has to do a blood draw at a later date, please enter into Therap appointments and attach the order. This is helpful for the nurse to

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<sup>2</sup> For more detailed instructions on how to enter attendance, see Appendix B

follow up on labs.

### **6) Medical Appointments**

You are required to input ALL appointments for your individual in Therap so we can keep track of them. This includes but is not limited to:

- Primary Care / Family Medicine
- Dentist
- Physical Therapy
- Dermatology
- Neurology
- Optometry
- Cardiology
- Orthopedics
- Nutritionist
- Occupational Therapy

### Follow-Up Appointments

When at the appointment and the doctor states that there needs to be a follow-up appointment, please schedule it at that time and document the appointment in Therap. This helps everyone know there is an appointment especially when the client goes to Respite care. The Respite provider will know there is an upcoming appointment. Entering appointments on Therap will reduce missed appointments. This is also helpful in getting medications refilled.

### Consultation Forms

For all medical appointments for Residential clients, our expectation is that staff or HHP need to obtain the following from the appointment:

- A consultation form signed by the medical provider (the back page is sufficient)
- The consultation form should indicate the summary of the visit, any medication changes, and any required follow-up
- Only the part of the consultation form containing this information is required to be scanned/uploaded into Therap
- If this is not obtainable by the HHP/staff, then at a minimum it is required that a comment be added to include:
  - General outcome of the appointment
  - Any medication changes
  - Follow-up requirements

To print a consultation form from Therap prior to the appointment: scroll to the bottom of the appointment page, on the right hand side there is a clickable link reading "Open Consultation Form". Click on this link. Scroll to the bottom of the form and click "Generate PDF" on the right hand side. It will download to your computer and you can print it out. If you are unable to do this from your personal computer at home, feel free to come by either Day Program site (Holly

House or Pine Street) before the appointment and a program assistant will print it out for you.

Have the provider review all medications including PRN. If the provider has no changes in medications, have the provider state so and sign the form. Please be sure to ask the provider review the PRN list of medications, as some may no longer be needed.

You will then need to upload that form into the corresponding appointment in Therap or turn in to a program assistant in the adult services program to upload for you.

### **7) T-Logs**

The t-log is a useful tool to report information that may affect another site or that should be general knowledge—for example, if a client is going home or if their parent/guardian called and asked that they are ready at a certain time. It can also be used for informing the day program if someone isn't feeling well and need to be monitored or things of that nature. Keep in mind that t-logs are for general knowledge meaning everyone who is responsible for the client's care can read it. Consider whether you would like for everyone to know you had an accident in bed or if you had started your menses. You can put personal information of that nature in an S-Comm addressed to those who need to know and log it in health tracking.

Choose new under t-log on first page. Choose site and individual you are entering information about. Give your t-log a brief summary (i.e. home visit, parent call, please monitor etc.). Type in pertinent information and please keep in mind this is not a place to voice your opinions or rant about how it makes you feel. After choosing high, medium, or low notification, and checking the type, submit.

### **8) GERs**

Choose new under GER on first page. Choose site and client to be reported on. If you are having trouble filling out a GER there is a great tutorial on the first page of Therap.net under training.

When filling out a GER, be as specific as possible about what happened before and during the incident. If you didn't see or discover the event, only put what you saw, not what might have happened—only the absolute facts. If it is an injury, be as specific as you can be. Do not file for a witness report. If someone else saw the incident, they should write their own GER. Their perspective may be totally different and witness report is essentially saying they agree with your perspective.

### **9) S-Comms (Secure Communication)**

S-Comms are a HIPAA compliant messaging system on Therap. It is part of your job as a Host Home Provider to check your S-Comm inbox frequently as that is how we are able to communicate with everyone throughout the agency. We will use S-Comms to send out important information—can be Personal Health Information (PHI), updates, meeting reminders, and other messages that should be acknowledged. Understand that if we are not able to get ahold of you via S-Comm, we will reach out to you using other avenues of communication (phone call, text, or email).

### ***10) Wheelchair / Walker Checklist***

This checklist is to be completed every Sunday evening to help prevent unnecessary problems with repairs and maintenance. It is checking to make sure the following are either OK or Need Work:

#### **Wheelchair**

- ✓ Washed and clean
- ✓ Brakes
- ✓ Armrests
- ✓ Cushions
- ✓ Footrests elevate
- ✓ Bolts
- ✓ Wheels
- ✓ Overall assessment
- ✓ If chair is electric—are all components functioning properly

#### **Walker**

- ✓ Washed and clean
- ✓ Brakes (if applicable)
- ✓ Bolts
- ✓ Adjustable height
- ✓ Opens and closes
- ✓ Wheels (if applicable)
- ✓ Seat (if applicable)

### **Additional Requirements**

#### **Home Requirements**

Below you will find the checklist of what CCI requires each of our Host Home Providers to have in their household / what we will be looking for during a home visit which occur on a quarterly basis:

- ✓ Clean and safe common areas (no obvious repairs needed)
- ✓ Clean and safe bedroom (no obvious repairs needed)
- ✓ Closet / possessions organized
- ✓ Adequate bedding / towels
- ✓ Furniture in room adequate / clean / functional
- ✓ Furnishings and décor are person-centered (please do not hesitate to ask if you are unsure what this means)

- ✓ Health conscious arrangements made for pets
- ✓ Adequate personal needs supplies
- ✓ Refrigerator clean and frost-free
- ✓ Adequate dishes / cooking utensils
- ✓ Adequate food
- ✓ Food not stored with cleaning supplies
- ✓ Access to laundry facilities
- ✓ Telephone accessible
- ✓ Door key(s) for client(s)
- ✓ Appropriate accessibility at home
- ✓ Fire extinguisher charged (we ask that you have it re-charged annually)
- ✓ Fire / smoke alarms functional (this will be tested at home visits)
- ✓ Fire evacuation exits are accessible
- ✓ First aid kit available
- ✓ Emergency contact list posted (will be provided)

*In regards to medical, health and safety needs:*

“Persons receiving comprehensive services and supports shall be assured of medical and dental services necessary to maintain the health of the person and to prevent further disability and shall have dentures, eyeglasses, hearing aids, braces and other aids or therapies as prescribed by an appropriate professional...The program approved service agency shall provide sufficient supports to persons receiving services in the use of prescription and non-prescription medications to protect the health and safety of persons receiving services. Decisions concerning the type and level of supports provided shall be based on the abilities and needs of the person receiving services as determined by assessment and shall be in compliance with these rules”

(<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=5649>).

- ✓ No expired medications
- ✓ Medication containers clean, labeled, well organized
- ✓ Name on all over-the-counter (OTC) medications
- ✓ Locking medication cabinet for all controlled drugs (ask if you are unsure what constitutes a controlled drug)
- ✓ Emergency procedures on file at house (do they know what to do in case of an emergency?)
- ✓ Annual physical
- ✓ Dental exam every 6 months (unless specified by physician)
- ✓ Vision exam every 2 years

*Face-to-face with individual receiving care:*

- ✓ Has good personal hygiene
- ✓ Clothing is in good repair
- ✓ Satisfied with placement

- ✓ Included in day-to-day activities
- ✓ There is positive interaction between client and HHP

*Diet and nutrition:*

- ✓ Evidence of healthy diet options
- ✓ If the individual has a special diet is there evidence that it is being followed

### **Background Checks**

As an independent contractor who will be working closely with a vulnerable population, it is required for you—and any adult living in the home—to undergo a background check which will be performed by CCI. The cost is \$16.62 which we request to be paid for with a check made out to Community Connections, Inc.

### **Insurances**

As a Host Home Provider with CCI, you are required to have current home and auto insurance. It is your responsibility to make sure these documents are renewed in a timely manner. You will need proof of:

- a. Comprehensive general liability insurance coverage for the following services provided:
  - i. \$1,000,000 each occurrence
  - ii. \$1,000,000 general aggregate
  - iii. \$1,000,000 products and completed operations aggregate
  - iv. \$50,000 on any fire
- b. Insurance on any motor vehicle in which you will be transporting your individual in the amount of \$1,000,000 each accident
- c. Professional Liability Insurance which covers any damages caused by an error, omission, or any negligent acts with the following minimum limits:
  - i. \$1,000,000 each occurrence
  - ii. \$1,000,000 general aggregate

The above is also outlined in the CCI Host Home Provider contract.

### **LLC**

As an independent contractor, you create your own limited liability company (LLC) for your home. The cost of this is \$50.00. Feel free to be creative on the naming of your LLC!

### **Personal Inventory**

You will be required to take an inventory of all of your individual's personal belongings valued above \$50.00 and any important personal document such as social security cards, IDs, etc. This is done annually or upon any move. CCI will provide the form for you to fill in with items including but not limited to:

- Clothing
- Appliances
- Household Items
- Furniture
- Assistive devices
- Important documents and where they are stored (Social Security Card, ID, etc.)



## **Frequently Asked Questions**

### **Respite**

The purpose of respite is to provide the primary caregiver with a break from the daily care for the individual in the home. CCI's policy concerning respite ensures that caregivers receive this service in a manner that is fair, consistent and meets all state regulations and labor laws. CCI allows two paid respite days per year, per client. This means you will have two full days without your individual and still receive payment on those days. In these instances, both the respite provider and the original Host Home Provider are paid by CCI.

In order to receive respite, use the HHP contact list to reach out to other host homes and find out if they are available. If you are unable to find anyone, you may contact the program manager for advice but this must be your last resort. As an independent contractor it is your responsibility to find coverage when it is needed.

### **Working with Parents and Guardians**

Coordinating with parents and guardians can, at times, be a challenging experience. You are encouraged to reach out to parents and guardians to establish a good working relationship and to find out what kinds of information they want shared with them. The key here is to develop solid two-way communication. You are also highly encouraged to include the program manager if the situation is challenging. For example, some guardians may want to know the outcome of any medical appointment. Others may just want a periodic update or photographs texted to them. Some may have very specific instructions and requirements which are usually outlined in the individual's Therap Individual Support Plan.

### **Case Management & Program Roles**

In CCI, Case Management is a separate entity from the Adult Services program. The case managers are responsible for the individuals on their caseload

Below are some questions that may arise concerning role clarification:

1. Who facilitates the annual service plan meeting? *Case Management speaks to goals, services in place, PC tools utilized, medications, HRC requirements, frequency, scope, and Duration – utilization; SLS specific checking SPAL; scheduling the actual meeting; Program & CM is responsible for service definitions together*
2. Who maintains regular contact with families and guardians? *Both program and case management*
3. Who comes up with the ISSP goal that will be tracked? *Case Management and Program come up with this together at the SP meeting; CM responsible for documenting and program responsible for implementing/tracking*

4. Who develops a goal for each service? *The client, and the team of both program and CM support*
5. Who comes up with the BISSP? *The client with the support of the team and Behaviorist or DD professional*
6. Who writes the frequency, scope and duration of each service and the goal of each service? *Case management*
7. Who can initiate an Interdisciplinary Team Meeting (IDT)? *Anyone*
8. Who is required to be present at an IDT? *Case Manager and person*
9. Who facilitates the IDT? *Case Manager*
10. Who can take a complaint from a client, family member or community member? *Anyone*
11. What do you do with the complaint once you receive it? *Enter into database and notify whoever is assigned to follow up, then send separate email to that person with a deadline for follow up*
12. Who mitigates a crisis during a meeting with a client? *Whoever is closest with client – may not be obvious and could depend on the day*
13. Who mediates a DSP and a host home provider not getting along? *Program*
14. Who helps clients complete applications when they request assistance? *CM will initiate; program might help if client requests fits within service definition*
15. Who is responsible for informed consents for rights modifications? *Case Management*
16. Who is responsible for informed consents for psychotropic medications? *Program*
17. Who is responsible for helping with filling out SSI paperwork? *Case Management will refer clients to Medicaid techs or Social Security– CM can help with paperwork up to that meeting – this can be program if it fits within service definitions.*

### **Pharmacies**

There are several pharmacies in the area but it is our preference and recommendation that you go through Clearspring Pharmacy.

#### *Clearspring Pharmacy*

8031 Southpark Circle – Suite A  
Littleton, CO 80120  
Phone: 303-795-4300  
Fax: 303-795-5849  
Email: [broadway@clearspringrx.com](mailto:broadway@clearspringrx.com)

#### *Pharmacists:*

Jay Khatri, RPh  
Jeff Moon, PharmD

#### *Pharmacy technicians:*

Wendy Headrick  
Kris Bondi

#### *Hours of operation:*

Mon – Fri 8 am to 5 pm

You can call the pharmacy for any questions you may have including holding medications if your client does not need a refill.

### **Traveling with your Client**

We encourage you to include your individual in your travels so that they may experience new places. If you are planning on going out of town with your individual for an extended length of time, there are a couple of steps you will need to follow:

1. Send an S-Comm to the Residential Program Manager indicating that you are planning on going out of town. Include where you are going and the date range.
2. Be sure to copy the Rep Payee Coordinator, Ruth Hover, in your S-Comm so she is aware your client will be traveling. That way she can unfreeze his or her debit card so it may be used outside the state of Colorado.

## **Other Helpful Resources**

### Contact Information

#### ***Medical Supplies***

Most Host Home Providers (but not all) use EASE for all medical supply needs. You can reach them at 1 (719) 458-1381. You will need to be able to answer a few questions **every** time about your individual. If your individual doesn't already use EASE, there is paperwork to fill out as well. Example questions: date of birth and legal name (i.e. Michael not Mike)? Who is their PCP? Have they been hospitalized or had in home nursing? What is the shipping address?

You can call once per month—we recommend calling on the same day every month. For example, call on the first business day.

A note about payment for medical supplies: if it falls under a Medicaid State Plan benefit, the client is responsible for the co-pay. If it is a Waiver service (generally, wipes fall under this category) there shouldn't be a co-pay but if there is, the waiver should cover it. Case Management processes any waiver services.

#### ***Oxygen***

If your individual requires oxygen it is recommended that you go through a company called A-Med Supply located at 38 E Owen Road, Unit 1 in Durango. It can be found in the same area as Mercy Regional Medical Center. Their phone number is (970) 259-5333 and their hours of operation are Monday-Friday, 9am-4pm.

In Cortez, you will want to use AeroCare located at 1740 E Main Street #6. You can reach them by phone at (970) 565-3666 and their hours of operation are Monday-Friday, 8am-12pm & 1-3:30pm

#### ***Supervision***

Every individual is assigned levels of supervision during the process of initial enrollment into services. There are four different categories of supervision that need to be considered: Awake Hours (In Residence), Overnight Hours (In Residence), Community, and Day Habilitation/Vocational. Each category has a designation specific to the needs of the individual.<sup>3</sup>

#### ***HHP Contact List***

CCI will provide you with a list of other Host Home Provider's contact information. You can use this to find respite if you are in need. It is not guaranteed that other host homes will be available for respite but it is always worth a try. It is also a helpful tool if you find yourself with questions or concerns and want perspective from someone who has years of experience.

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<sup>3</sup> To gain a more thorough understanding of supervision levels and definitions, see Appendix D

### ***Emergency Contact List***

In an emergency, Host Homes should follow the “chain of command” protocol as follows. This should not be used for general questions.

#### **For any emergency Monday through Thursday during business hours, all calls should go to your manager’s direct line**

Durango Day Program / SLS Manager	(970) 385-3440
Durango Residential Manager	(970) 385-3458

Cortez Day Program / SLS Manager	(970) 565-7657
Cortez Residential Manager	(970) 565-3442

Durango Program Director	(970) 385-3447
Cortez Program Director	(970) 565-9419

#### **For any emergency after hours Friday and weekends, all calls should go to the on call phone:**

On-Call Durango/Comp/SLS	(970) 749-6919
On-Call Cortez/Comp/SLS	(970) 749-6754

#### **For Pagosa staff any emergency Monday through Sunday nights and weekend call phone:**

Pagosa Springs	(970) 749-7822
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**For any medical emergencies Monday through Thursday during business hours, all calls should go to the on-call phone.**

**For any medical emergencies after hours Friday and weekends, all calls should go to the on-call phone. If you can’t get a response after several attempts, as a last resort you can try us on our cell phones:**

Durango Day Program / SLS Program Manager	(970) 749-8005
Durango Residential Manager	(970) 903-9351
Durango Director of Adult Services	(970) 403-6067

Cortez Day Program / SLS Program Manager	(970) 739-3492
Cortez Residential Manager	(970) 749-2763
Cortez Program Director	(970) 749-1251

**AS WITH ANY EMERGENCY, IF NEEDED CALL 911 AND CONTINUE TO CALL UNTIL YOU FIND HELP!**

### ***Medical Abbreviations***

Below is a list of common abbreviations you may see on prescriptions written by physicians who see your individual for medical appointments.

<b>ac</b>	before meals	<b>ophth</b>	ophthalmic
<b>pc</b>	after meals	<b>otic</b>	ear
<b>bid</b>	twice a day	<b>OU</b>	both eyes
<b>tid</b>	three times a day	<b>OS</b>	left eye
<b>qid</b>	four times a day	<b>OD</b>	right eye
<b>HS</b>	hour of sleep	<b>prn</b>	as needed
<b>po</b>	by mouth	<b>tab</b>	tablet
<b>q</b>	every	<b>cap</b>	capsule
<b>qd</b>	every day	<b>SL</b>	sublingual
<b>qh</b>	every hour	<b>Buccal:</b>	between cheek and gum
<b>q6h</b>	every six hours	<b>EC</b>	enteric coated
<b>qod</b>	every other day	<b>oint or ung</b>	ointment
<b>DC</b>	discontinue	<b>supp</b>	suppository
<b>mg</b>	milligram	<b>sol</b>	solution
<b>cc</b>	cubic centimeter	<b>c</b>	with
<b>ml</b>	milliliter	<b>s</b>	without
<b>Gm</b>	gram	<b>x</b>	times
<b>kg</b>	kilogram	<b>gtts</b>	drops
<b>tsp</b>	teaspoon	<b>(R)</b>	right
<b>Tbsp</b>	tablespoon	<b>(L)</b>	left
<b>oz</b>	ounce	<b>XL/XR</b>	extended release
<b>mEq</b>	milliequivalent		

### ***CCI-Specific Acronyms/Definitions***

Below is a list of acronyms used by CCI that may be helpful for you to know.

<b>ADA</b>	Americans with Disabilities Act	<b>CDASS</b>	Management System Consumer Directed Attendant Support Services
<b>ALJ</b>	Administrative Law Judge	<b>CDPHE</b>	Colorado Department of Public Health and Environment
<b>APS</b>	Adult Protective Services	<b>CES</b>	Children's Extensive Support Waiver
<b>ARC</b>	Administrative Review Committee	<b>CI</b>	Critical Incident
<b>BISSP</b>	Behavioral Individual Service & Support Plan	<b>CLR</b>	Comprehensive Life Review
<b>BOCES</b>	Board of Cooperative Educational Services	<b>CM</b>	Case Manager
<b>BUS</b>	Benefits Utilization System	<b>CMA</b>	Case Management Agency
<b>CCB</b>	Community Centered Board	<b>CMS</b>	Centers for Medicare &
<b>CCMS</b>	Community Contract		



<b>COLA</b>	Medicaid Services (Federal)	<b>IEP</b>	Individualized Education Plan
<b>CP</b>	Cost of Living Adjustment	<b>IFSP</b>	Individualized Family Service Plan
<b>CSR</b>	Cerebral Palsy	<b>IHS</b>	Indian Health Services
<b>DIDD</b>	Continued Stay Review	<b>IP</b>	Individual Plan (now called Service Plan)
<b>DDM</b>	Division for Intellectual & Developmental Disabilities	<b>IR</b>	Incident Report
<b>DHS</b>	Dual Diagnosis Management	<b>IRSS</b>	Individualized Residential Services & Supports (COMP)
<b>DSM-V</b>	Department of Human Services	<b>ISP</b>	Individual Support Plan
<b>DSP</b>	Diagnostic & Statistical Manual of Mental Disorders (version 5)	<b>ISSP</b>	Individualized Service & Support Plan
<b>DVR</b>	Direct Support Professional	<b>JBC</b>	Joint Budget Committee
<b>EBD</b>	Department of Vocational Rehabilitation	<b>LEAP</b>	Low Income Energy Assistance Program
<b>EI</b>	Elderly, Blind, and Disabled	<b>LRE</b>	Least Restrictive Environment
<b>FA</b>	Early Intervention	<b>LTC</b>	Long Term Care
<b>FTE</b>	Functional Analysis	<b>MANE</b>	Mistreatment, Abuse, Neglect, Exploitation
<b>FY</b>	Full Time Equivalent	<b>MC</b>	Medicaid
<b>FYI</b>	Fiscal Year (July 1—June 30)	<b>MHASA</b>	Mental Health Assessment and Services Agency
<b>GRSS</b>	For Your Information	<b>MMIS</b>	Medicaid Management Information System
<b>HCA</b>	Group Residential Services & Supports (Group Homes)	<b>MOU</b>	Memorandum of Understanding
<b>HCBS</b>	Home Care Allowance	<b>NF</b>	Nursing Facility
<b>HCP</b>	Home & Community Based Services	<b>OBRA</b>	Omnibus Budget Reconciliation Act
<b>HCPF</b>	Health Care Program for Children w/ Special Needs	<b>OPE</b>	OBRA Pre-Admission Evaluation
<b>HHP</b>	Health Care Policy & Finance (State Medicaid Office)	<b>PAR</b>	Prior Authorization Request
<b>HIPAA</b>	Host Home Provider	<b>PASA</b>	Program Approved Service Agency
<b>HR</b>	Health Insurance Portability & Accountability Act of 1996	<b>PASARR</b>	Preadmission Screening & Annual Resident Review
<b>HRC</b>	Human Resources	<b>PCA</b>	Personal Care Alternative
<b>HUD</b>	Human Rights Committee	<b>PETI</b>	Post-Eligibility Treatment of Income
<b>ICD-9</b>	Housing and Urban Development (Section 8)	<b>PMIP</b>	Professional Medical Information Page
<b>ICF-MR</b>	International Classification of Diseases (version 9)	<b>PNF</b>	Personal Needs Funds
<b>IDEA</b>	Intermediate Care Facility for the Mentally Retarded	<b>QA</b>	Quality Assurance
<b>IDT</b>	Individuals with Disabilities Education Act		
	Interdisciplinary Team		

<b>QIS</b>	Quality Improvement Strategy	<b>SSA</b>	Limit (for SLS) Social Security Administration
<b>RC</b>	Resource Coordinator (same as Case Manager)		
<b>RFP</b>	Request for Protocol	<b>SSDI</b>	Social Security Disability Insurance
<b>RPC</b>	Referral and Placement Committee	<b>SSI</b>	Supplemental Security Income
<b>SEP</b>	Single Entry Point	<b>TBI</b>	Traumatic Brain Injury
<b>SIS</b>	Supports Intensity Scale (Client need assessment for DDD rate setting)	<b>TCM</b>	Targeted Case Management
<b>SJBH</b>	San Juan Basin Health Department	<b>TDD</b>	Telecommunications Device for the Deaf
<b>SLS</b>	Supported Living Services	<b>TPL</b>	Third Party Liability
<b>SP</b>	Service Plan	<b>ULTC</b>	Uniform Long Term Care
<b>SPAL</b>	Service Plan Authorization	<b>UR</b>	Utilization Review

### ***The Settings Rule***

This state-mandated rule outlines in detail what is required from those providing Home and Community Based Services (HCBS). Your role as a Host Home Provider falls under the Developmental Disability (DD) waiver and you can find all the answers to your questions about what your own “setting” must look like. The rule ensures that individuals utilizing these services have access to the benefits of community living as well as living and receiving services in integrated, non-institutional settings. As an independent contractor, you are required to adhere to state regulations and this document is a great reference tool to abide by. You can find it in electronic PDF format by following the link:

<https://www.colorado.gov/pacific/sites/default/files/HCBS%20Settings%20Final%20Rule-FAQ%20Part%20I%20General%20Questions-January%202018.pdf>

### **Community Information**

***IDD-Friendly Businesses and Activities*** in the area include but are not limited to:

Durango Recreation Center  
Durango Public Library  
Adaptive Sports Association  
Durango Stadium 9 & Gaslight Movie Theatres  
Durango Fish Hatchery  
Powerhouse Science Center  
Rolling Thunder Lanes (at Sky Ute Casino in Ignacio)



**ACKNOWLEDGEMENT**

**I HAVE RECEIVED A COPY OF THE CCI HOST HOME PROVIDER HANDBOOK. I UNDERSTAND THAT I AM TO BECOME FAMILIAR WITH ITS CONTENTS AS IT OUTLINES MY RESPONSIBILITIES AND PROVIDES GUIDELINES FOR THE CARE OF THE PEOPLE IN CCI'S SERVICES.**

**I FURTHER UNDERSTAND THAT MY CONTRACT AS AN INDEPENDENT CONTRACTOR WITH CCI IS TERMINABLE AT WILL, SO BOTH THE ORGANIZATION AND I REMAIN FREE TO END OUR WORK RELATIONSHIP AT ANY TIME. I ALSO UNDERSTAND THIS HANDBOOK REPRESENTS BRIEF SUMMARIES OF ORGANIZATION GUIDELINES WHICH ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE, SO THIS HANDBOOK MAY NOT BE ALL-INCLUSIVE. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND CLARIFY INFORMATION IN THIS HANDBOOK.**

**FINALLY, I UNDERSTAND THAT NOTHING IN THIS HANDBOOK CREATES AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT BETWEEN THE ORGANIZATION AND ME.**

\_\_\_\_\_  
**Host Home Provider Name**

\_\_\_\_\_  
**Host Home Provider Signature**

\_\_\_\_\_  
**Date**

## Appendix A

### *Personal Needs Funds*

<b>Examples of <u>HHP</u> Allowable and Non-Allowable Expenditures of Personal Needs Funds</b>
--

PN Allowable (Per Client)	(Per HHP Responsibility)
<p><b>Personal Items</b></p> <ul style="list-style-type: none"> <li>• Clothing</li> <li>• Swim Wear</li> <li>• Deodorant</li> <li>• Shampoo (if wants specific)</li> <li>• Denture Cleaners</li> <li>• Toothpaste/Toothbrush</li> <li>• Tampax/Sanitary Napkins</li> <li>• Beauty &amp; Barber Services</li> <li>• Hair Care Products (combs, brushes, hair gel, hair spray, etc.)</li> <li>• Cosmetics</li> <li>• Shaving Soaps/Razor Blades</li> <li>• Lotion (non-prescription)</li> <li>• Q-tips</li> </ul> <p><b>Entertainment **</b></p> <ul style="list-style-type: none"> <li>• Bowling</li> <li>• Swimming</li> <li>• Movies</li> <li>• Videotape Rental</li> <li>• Dining Out</li> <li>• Admission to sports, music or similar Events</li> </ul> <p><b>Leisure</b></p> <ul style="list-style-type: none"> <li>• Vacations</li> <li>• Visits to Family or Friends</li> </ul> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>• Medicaid Deductibles/Co-Pays</li> <li>• Antacids</li> <li>• Aspirin</li> <li>• Non-Prescription Drugs</li> </ul>	<p><b>Food</b></p> <p><b>Household Supplies</b></p> <ul style="list-style-type: none"> <li>• Laundry Soap/Machines</li> <li>• Toilet Paper</li> <li>• Paper Plates</li> <li>• Garbage Bags</li> <li>• Shampoo (What house uses)</li> <li>• Toothpaste (What house uses)</li> <li>• Garbage Bags</li> </ul> <p><b>First Aid Supplies/Self Health Care Products</b></p> <ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Peroxide</li> <li>• Band-Aids</li> <li>• Thermometers</li> </ul> <p><b>Medical (Dr. Scripts, &amp;/Or Medicaid, Medicare Waiver)</b></p> <ul style="list-style-type: none"> <li>• Laxatives/Stool Softeners/Enemas</li> <li>• Dental Examinations</li> <li>• Eye Examinations</li> <li>• Eyeglasses &amp; Eyeglass Repair</li> <li>• Hearing Aids &amp; Batteries/Repair</li> <li>• Special diets</li> <li>• Food Supplements (Ensure, etc.)</li> </ul> <p><b>Agency Responsibility</b> <b>See Section 5 C in Contract</b></p>

**Other**

- Gifts for Family or Friends
- Cigarettes, Cigars, Pipes, Tobacco
- Take Out Food (when it is the client's choice over the available and planned menu)
- Dry cleaning


\*\*Entertainment, including meals, that is part of the comprehensive service program are not allowable expenditures of personal needs Funds.



## Appendix B

## Entering attendance into Therap: an in-depth overview

From your dashboard in Therap—→  
In the left tabs select Billing



Dashboard | Quick Links

Program:  
Profile:  
Module:

No Program Selected  
Initial

To Do

Individual

Health

Agency

Billing

Admin

Agency Reports

Individual Home Page

Settings

Modules		High	Medium
✦	General Event Reports (GER) - New   Search		
	Review	2	1
	Followup	1	1
✦	ISP Data - New   Search		
	Acknowledge		159
✦	Individual Support Plan - New   Search		
	Acknowledge		3
	Active Change Form		7

You will see Attendance – select new


Program:	No Program Selected
Profile:	Initial
Module:	<input type="text" value="Search"/>

To Do  Individual  Health  Agency  <b>Billing</b>	<h2 style="text-align: center;">Attendance</h2> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Attendance</span> <span> <a href="#">New</a>   <a href="#">Search</a>   <a href="#">Summary</a>   <a href="#">Archive</a> </span> </div> <hr/> <h2 style="text-align: center;">Professional Claim</h2> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Billing Data</span> <span>Summary   Detail Report</span> </div> <hr/>
---	--

## Select the Start Date

**Search Service for New Attendance**

\* **Start Date**  

\* **Attendance Type**

\* **Service Description (Code)**


\* **Program (Site)**

**Service Authorization Status**

**Individual**

## Select Attendance Type-

**Search Service for New Attendance**

\* **Start Date**  

\* **Attendance Type**

\* **Service Description (Code)**


\* **Program (Site)**

**Service Authorization Status**

**Individual**

## Select the Service Description – choose your client’s Tier level

**Search Service for New Attendance**

\* **Start Date**  

\* **Attendance Type**

\* **Service Description (Code)**

\* **Program (Site)**

**Service Authorization Status**

**Individual**

### Select Program (Site) – Cortez or Durango (Main)

**Search Service for New Attendance**

\* **Start Date** 06/25/2018

\* **Attendance Type** Residential

\* **Service Description (Code)** Comp Residential - Host Home - Tier 2 (T2016)

\* **Program (Site)** - Please Select -

**Service Authorization Status**

Individual - Please Select -  
Residential (Cortez Admin Office)  
Residential (Main Admin Office)

Cancel Search

### Service Authorization Status – Keep “Approved”

**Search Service for New Attendance**

\* **Start Date** 06/25/2018

\* **Attendance Type** Residential

\* **Service Description (Code)** Comp Residential - Host Home - Tier 2 (T2016)

\* **Program (Site)** Residential (Main Admin Office)

**Service Authorization Status** Approved

Individual Search

Cancel Search

### Individual - Type in the client name

**Search Service for New Attendance**

\* **Start Date** 06/25/2018

\* **Attendance Type** Residential

\* **Service Description (Code)** Comp Residential - Host Home - Tier 2 (T2016)

\* **Program (Site)** Residential (Main Admin Office)

**Service Authorization Status** Approved

Individual Search

Cancel Search

Click Search

**Search Service for New Attendance**

\* **Start Date** 06/25/2018

\* **Attendance Type** Residential

\* **Service Description (Code)** Comp Residential - Host Home - Tier 2 (T2016)

\* **Program (Site)** Residential (Main Admin Office)

**Service Authorization Status** Approved

**Individual** Search

Cancel Search

Use the drop down Attendance Options – Select either Present or Absent

**Attendance**  
Program(Site): Residential (Main Admin Office)  
Service Description (Code): Comp Residential - Host Home - Tier 1 (T2016)  
Attendance Type Name: Residential  
Start Date: June, 25, 2018, End Date: June, 25, 2018  
June, 2018


☐ Incomplete ☐ In Prep ☐ Approved ☐ Submitted for Billing ☐ New

**Input** **Update** **Approve** Change Service: Comp Residential - Host Home - Tier 1

**Attendance Options:**    
General Comment:   
Present (P) - [Billable]  
Absent (A) - [Non Billable]

Time In:  << Now  
Time Out:  << Now  
Service Provider:  Please Select -  
Non Billable: ☐

☐ Select all Attendance in current page Show All: ☒ Incomplete ☒ In Prep ☐ Approved ☐ Submitted for Billing

Individual Name	[ 1 - 1 of 1 ]	25 Mon
	<input type="checkbox"/>	<input type="checkbox"/>

Select the box under the date

**Attendance**  
Program(Site): Residential (Main Admin Office)  
Service Description (Code): Comp Residential - Host Home - Tier 1 (T2016)  
Attendance Type Name: Residential  
Start Date: June, 25, 2018, End Date: June, 25, 2018  
June, 2018


☐ Incomplete ☐ In Prep ☐ Approved ☐ Submitted for Billing ☐ New

**Input** **Update** **Approve** Change Service: Comp Residential - Host Home - Tier 1

**Attendance Options:**    
General Comment:   
Present (P) - [Billable]  
Absent (A) - [Non Billable]

Time In:  << Now  
Time Out:  << Now  
Service Provider:  Please Select -  
Non Billable: ☐


☐ Select all Attendance in current page Show All: ☒ Incomplete ☒ In Prep ☐ Approved ☐ Submitted for Billing


Individual Name	[ 1 - 1 of 1 ]	25 Mon
	<input type="checkbox"/>	<input type="checkbox"/>

<< Back Cancel Submit New

Select "Submit New"

Individual Name [ 1 - 1 of 1 ]

✓	25 Mon
✓	

« Back Cancel  Submit New



## Appendix C

### *Training & Review Checklist*

Host Home Provider: \_\_\_\_\_

Home Provider For: \_\_\_\_\_

Year: \_\_\_\_\_ HHP Since: \_\_\_\_\_

#### **TRAINING**

The following required training is required to be taken on a yearly basis or as needed per CCI Policies & Procedures. Check those that are complete and record the date of completion.

#### **To be taken annually or as specified**

- ☐ M.A.N.E.
- ☐ Safety Care
- ☐ Person Centered Training
- ☐ CPR / First Aid (every 2 years)
- ☐ QMAP

#### **Completed on:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **REQUIRED PAPERWORK**

- ☐ Background check for Host Home Provider
- ☐ Background Checks for all Individuals  
in home over the age of 18
- ☐ Reference Checks
- ☐ Signed Respite Contracts (if applicable)
- ☐ Signed Contract (yearly)
- ☐ Proof of Driver's License
- ☐ Proof of Auto Insurance (Every 6 months)
- ☐ DMV Check (Every 2 years)
- ☐ Proof of Professional Liability (yearly)
- ☐ Proof of renters/home owners insurance (yearly)

\_\_\_\_\_  
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## **Appendix D**

### *Supervision Definitions*

#### **LEVEL OF SUPERVISION**

The case manager should review assessment information and facilitate discussion of the IDT during the planning meeting to determine the appropriate level of supervision to be provided to an individual. Each individual has a unique set of needs that should be considered in making this decision and include such needs as, medical supports, safety skills, challenging behaviors, vulnerability to mistreatment, abuse, neglect and exploitation, physical supports, etc. The level of supervision should be based on the individual's needs regardless of whether or not it is a specific service identified in the Plan. For example, an individual in Support Services may require supervision throughout the day at home but it is provided through natural supports. The required level of supervision should be identified and the person(s) to provide the supervision should be identified (e.g., parent, roommate, etc.) The following definitions should be used to identify the appropriate supervision need.

#### **Awake Hours (In Residence):**

- **Weekly- Minimal:** The individual does not require 24-hour supervision and typically has a high level of independence and good safety and daily living skills but still needs a minimal level of monitoring and support. The individual can be left unattended for extended periods of time and can call a support person for assistance when needed. For example, the individual may have the skills to demonstrate that he/she can live independently in an apartment but may need to contact an SLS provider once in the evening to report that he/she has taken his/her medications. The "amount of unsupervised time" is not applicable. This section must specify the amount of staff support to be provided.
- **Weekly - Moderate:** The individual does not require direct 24-hour supervision but may need someone closely available for support when needed. The individual also has a high level of independence, good safety and daily living skills, can be left unattended for several days at a time, but may need to access support to assist with a specific situation or via the phone. Monitoring via phone or in person is provided at least every few days. The "amount of unsupervised time" may be applicable and if so, an amount should be specified in this section in terms of the number of unsupervised hours in an average WEEK. The Plan must specify the amount of support to be provided.
- **Daily – Minimal:** The individual does not require direct supervision 24 hours per day but does require brief periodic support and monitoring at least once during the day. The individual has a moderate level of independence and may have the skills to demonstrate that he/she can live independently with periodic support. For example, the individual may live independently but require a support individual to stop by to monitor that he has taken his meds correctly and to assist with meal preparation. In addition, the

individual may need weekly support such as assistance with paying bills and grocery shopping. The individual is most likely enrolled in SLS but a small number of individuals in HCB-DD may receive the type of service. The “amount of unsupervised time” may be applicable and if so, the amount should be specified in terms of the number of unsupervised hours in an average DAY. The Plan must specify the amount of support to be provided.

- **Daily - Moderate:** The individual does require 24 hour support due to needs in such areas as medical, physical, behavioral, activities of daily living, social, etc., but may be left unattended for short periods of time (e.g., 2-4 hours). The individual typically does not have any exceptional medical needs (e.g., severe seizures, use of oxygen, need for frequent repositioning) or exceptional behavioral needs (e.g., pica, history of assaults, leaving the residence, etc). The individual is typically able to respond to immediate emergencies such as fire or to self-report medical emergencies. The “amount of unsupervised time” does apply and the amount of time the individual can safely be unsupervised should be specified in terms of the number of unsupervised hours in an average day.
- **Daily Extensive:** The individual requires direct support and supervision 24 hours a day to ensure his/her general health & safety due to significant needs in such areas as medical, physical, behavioral and psychiatric; OR, adaptive skill deficits to perform routine tasks . The individual typically has exceptional medical needs (e.g., severe seizures, use of oxygen, need for frequent repositioning) or exceptional behavioral or psychiatric needs (e.g., pica, history of assaults, , frequent wandering, etc.) OR the individual needs constant or total care & support or step by step cueing from one task to the other. The individual typically has exceptional adaptive and daily living needs such as toileting, bathing, dressing, positioning, feeding, balancing/falling issues, choking, severe memory problems etc. The individual requires a support person to respond to household emergencies e.g., fire and to medical emergencies, (e.g., severe illness). **The “amount of unsupervised time” may apply** and the amount of time the individual can safely be unsupervised should be specified in terms of the number of unsupervised hours in an average day.
- **Daily – Line-of-sight:** The individual requires direct support and supervision 24 hours a day to ensure his/her general health & safety due to significant needs in areas such as medical, physical, and behavioral. The individual cannot be unsupervised for any portion of the time at home due to exceptional medical needs and/or exceptional behavioral needs that have a high degree of risk, therefore requiring that the individual be seen by the support person at all times. For example, an individual with PICA may require a support person to be close by at all times to intervene when the individual places something inedible and/or dangerous in his/her mouth. The “amount of unsupervised time” does not apply given that the individual needs an intensive level of support (zero can be entered into this field).

- **Daily - Direct support:** The individual meets the criteria for the above category but his/her needs are so critical that the staff support must be within physical reach in order to provide needed support and reduce the high risk to his/her general health & safety. The “amount of unsupervised time” does not apply given that the individual is never unsupervised when at home due to need for an intensive level of support (zero can be entered into this field).

#### **Overnight Hours (In Residence):**

- **None:** The individual does not need regular monitoring or assistance overnight and has demonstrated a high level of independence in safety and daily living skills. If needed, the individual can contact a support person for assistance and can manage alone until a support person arrives on site as needed.
- **Remote:** The individual demonstrates a high level of independence in safety and daily living skills, however; it can be anticipated due to previous history and assessment information that assistance via phone or in person is necessary from time to time. The individual needs a support person to be available to assist when needed either via phone or in person. For example, an individual with an anxiety disorder, who typically does not need assistance with nighttime safety or daily living skills, may need to contact a support person from time to time due to increased symptoms of anxiety.
- **Near-by:** The individual is capable of responding to emergencies and has a moderate to high level of independence, however; a support person in close proximity to provide an immediate response is necessary. Although the support person is not required in the residence, support may be necessary nightly or several nights per week. Support can be provided on a regular schedule or on request of the individual via phone. For example, an individual living in his/her own apartment and not taking routine medications may infrequently require a staff person to administer a PRN medication during the night.
- **In-residence:** The individual requires direct support and supervision 24 hours a day due to significant needs in such areas as exceptional medical needs (e.g., severe seizures, use of oxygen, need for frequent repositioning) or exceptional behavioral needs (e.g., pica, history of assaults, leaving the residence, etc). The individual requires a support person to respond to household emergencies (e.g., fire) and to medical emergencies, (e.g., severe illness). Staff need to be physically present in the residence but do not need to be awake throughout the night. Staff may use monitoring or call devices to be notified that the person needs assistance.
- **Awake:** The individual requires the same level of assistance as the individual “in-residence” nighttime support, however; the individual requires such extensive overnight support that a staff person must be physically present in the residence and awake during those hours.

### **Community:**

- **None:** The individual does not require supervision when in the community.
- **Minimal:** The individual does not need a support person immediately available to provide supervision during times in the community. The individual has basic safety skills and is able to navigate the community without direct assistance. The individual may have a minimal or periodic need for supervision due to the specifics of the community involvement (e.g., may need assistance with public transportation, making a large purchase, grocery shopping, etc). The specific areas and amount of supervision to be provided should be identified in this section. The “amount of unsupervised time” does not apply.
- **Moderate:** Generally, the individual needs a support person immediately available to them for most involvement in the community. The individual may not have all safety skills required to be in the community without supervision (e.g., needs minimal prompting to cross the street, needs some support in responding to community emergencies, does not know travel routes to and from destination, etc.). The individual must be able to access supervision immediately when needed but may be out of sight of the support person for brief periods of time. The specific areas and amount of supervision should be identified in this section. The “amount of unsupervised time” may apply and if so, an amount should be specified in this section in terms of the number of unsupervised hours in an average day when in the community.
- **Line-of-Sight:** The individual requires direct supervision in the community due to significant needs and cannot be unsupervised for any portion of the time in the community due to exceptional medical needs and/or exceptional behavioral needs that have a high degree of risk. For example, an individual with PICA may require a support person to be close by at all times to intervene when the individual places something inedible and/or dangerous in his/her mouth. The “amount of unsupervised time” does not apply given that the individual needs an intensive level of support (zero can be entered into this field). .
- **Direct support:** The individual meets the criteria for the above category but his/her needs are so critical that staff supervision must be within physical reach in order to provide needed support and reduce risk. The “amount of unsupervised time” does not apply given that the individual is never unsupervised when in the community due to need for an intensive level of support(zero can be entered into this field).

### **Day Habilitation/Vocational:**

- **None:** The individual is independently employed and does not need any supervision in order to maintain employment or the individual does not receive a day habilitation or supported employment service.

- **Minimal:** The individual does not need a support person immediately available to provide supervision during day habilitation or supported employment services. The individual has mostly independent work skills and is able to perform tasks without consistent supervision. The individual may have a minimal or periodic need for supervision due to the specifics of the job or day program, (e.g., prompts to get to work on time, etc). The areas and amount of supervision to be provided should be specified in this section. The “amount of unsupervised time” may not apply.
- **Moderate:** The individual needs a support person immediately available most of the time in order to perform the job function or participate in the day program activity. The individual may not have all skills necessary to perform the job or to participate in the day program activity (e.g., may need frequent assistance with sequencing of job tasks throughout the day, needs supervision to fully complete volunteer activity). The individual must be able to access support immediately when needed but may be out of sight of the support person for periods of time. The areas and amount of supervision should be identified in this section. The “amount of unsupervised time” may apply and if so, an amount should be specified in the Plan in terms of the number of unsupervised hours in an average day while in the day program.
- **Line-of-Sight:** The individual requires direct supervision during the supported employment or day habilitation service due to significant needs and cannot be unsupervised for any portion of the day program due to exceptional medical needs and/or exceptional behavioral needs that have a high degree of risk therefore requiring that the individual be seen by the support person at all times. For example, an individual with PICA may require a support person to be close by at all times to intervene when the individual places something inedible and/or dangerous in his/her mouth. The “amount of unsupervised time” does not apply given that the individual cannot be unsupervised for any portion of the day program due to needs an intensive level of support (zero can be entered into this field).
- **Direct support:** The individual meets the criteria for the above category but his/her needs are so critical that the staff support must be within physical reach in order to provide needed support and reduce risk. The “amount of unsupervised time” does not apply given that the individual is never unsupervised during the day program due to needs for an intensive level of support (zero can be entered into this field).