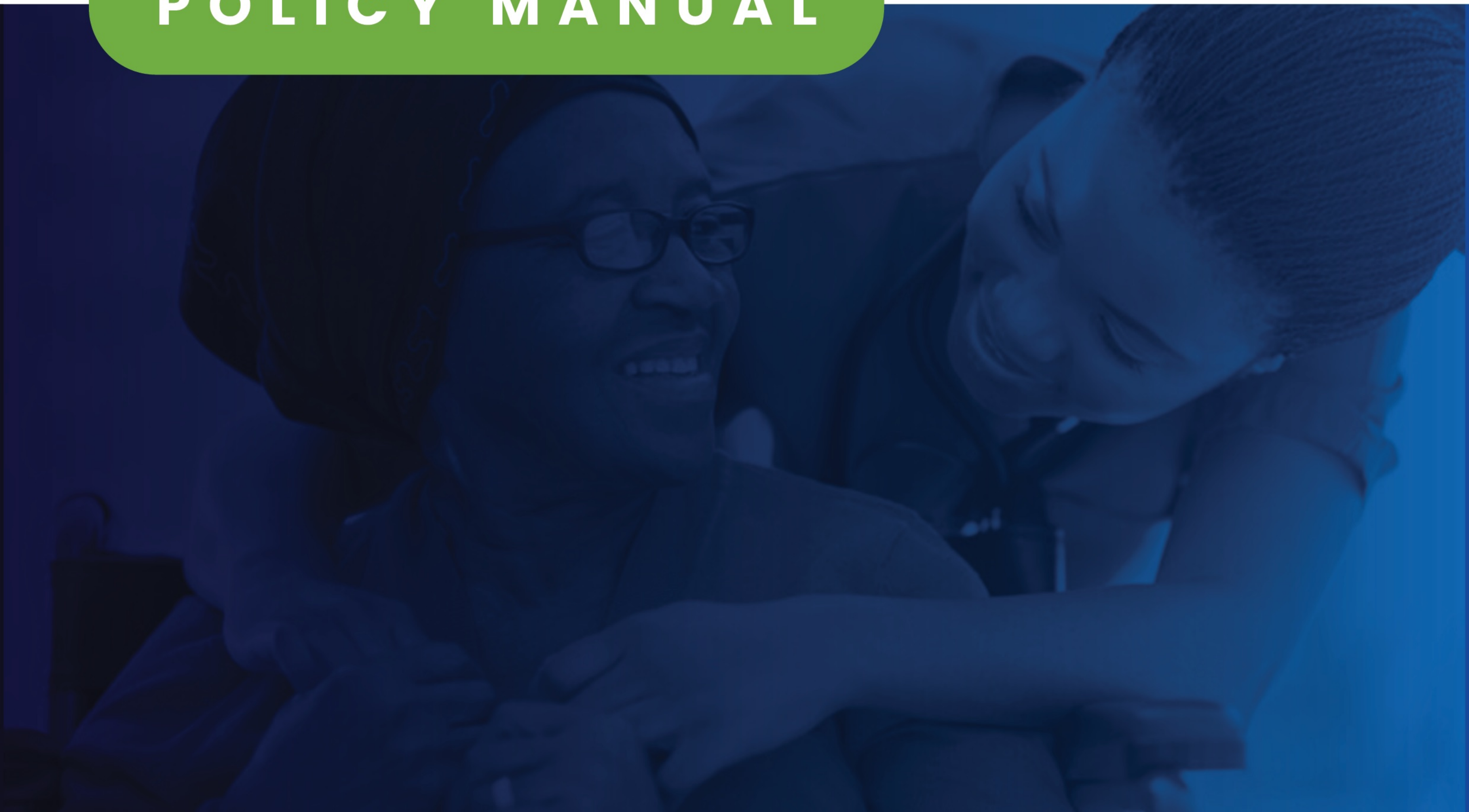
RESIDENTIAL HABILITATION AGENCY IN IDAHO

POLICY MANUAL



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RESIDENTIAL HABILITATION AGENCY IN IDAHO

POLICIES AND PROCEDURES MANUAL

1.0 Introduction

1.1 Purpose and Scope of the Manual

The purpose of this Residential Habilitation Policy and Procedure Manual is to provide a comprehensive guide for [COMPANY NAME]. (Hereby referred to as "Agency") that ensures compliance with the Idaho Administrative Procedures Act (IDAPA) 16.04.17, the rules governing Residential Habilitation Agency in Idaho. [redacted]

1.2 Objectives:

The objective of this policy and procedure manual is to:

[redacted]

1.3 Overview of IDAPA 16.04.17 Requirements

IDAPA 16.04.17, pertaining to Residential Habilitation Agency, sets forth the minimum standards and requirements that agencies must meet to ensure the safety and quality of services provided to participants. The manual outlines the comprehensive rules and requirements governing Residential Habilitation Agency in Idaho, [redacted]

1.4 Scope and Applicability

This manual applies to all employees, clients, stakeholders, and administrators of Residential Habilitation Agency operating in Idaho. It is designed to ensure that all agency activities and services are performed in compliance with the following areas of IDAPA 16.04.17:

[redacted]

[redacted]

Each section of the manual will include relevant IDAPA codes, detailed explanations of procedures, and the implications of these regulations on daily operations and service delivery. [redacted]

1.5 Compliance Strategy

To achieve compliance with IDAPA 16.04.17, this manual will serve as both a training document and a day-to-day operational guide. Agencies are encouraged to regularly review and update their policies in response to changes in regulatory requirements or operational needs. Regular training sessions will be conducted to ensure that all staff are familiar with the policies and competent in their implementation.

1.6 Key Definitions

For the purposes of this manual, the following definitions apply:

[redacted]

1.7 Description of the Agency's Mission and Objectives

The mission of our Residential Habilitation Agency is to provide high-quality, person-centered services that empower individuals with developmental disabilities to live successfully in their own homes, with their families, or in an alternate family home. [redacted]

1.8 Objectives of the Agency:

[redacted] **Promote Independence**: [redacted]

COPY

- [redacted] **Enhance Quality of Life**: [redacted]
- [redacted] **Community Integration**: [redacted]
- [redacted] **Personal Growth**: [redacted]

1.9 Legal Authority and Compliance

Residential Habilitation Agency operate under the legal authority granted by the Idaho Developmental Disabilities Services and Facilities Act and must adhere to all pertinent IDAPA regulations to maintain their certification and funding. Key IDAPA regulations that govern our operation include:

[redacted]

1.9.1 Integration of IDAPA Regulations into Agency Objectives:

- [redacted] **Independence and Personal Growth**: [redacted]
- [redacted] **Quality of Life**: [redacted]
- [redacted] **Community Integration**: [redacted]

1.9.2 Implementation Strategy

To ensure the effective implementation of these regulations, the agency will undertake the following steps:

- [redacted] **Policy Development**: [redacted] **Training Programs** [redacted]
- **Quality Assurance**: [redacted]

1.9.3 Compliance Monitoring

The agency will maintain strict monitoring mechanisms to ensure ongoing compliance with IDAPA regulations [redacted]

2.0 General Commitments

2.1 Agency Certification Process

2.1.1 Types of Certificates Issued

Residential Habilitation Agency hereby referred to as the Agency, takes cognizance of the various types of certificates issued to Residential Habilitation Agency, as outlined in IDAPA 16.04.17.100. This includes:

[redacted]

1.2.2 Application and Renewal Process

The Agency acknowledges the comprehensive procedures for submitting applications and maintaining documentation, as required by IDAPA 16.04.17.101 and 103. This includes:

[redacted]

1.2.3 Denial and Revocation of Certification

The Agency recognizes the grounds for denial or revocation of certification, as outlined in IDAPA 16.04.17.102 and 501, which include:

[redacted]

3.0: Agency Governance

Policy Number: BSSL-AG-03
Effective Dates:
Reviewed and Revised Dates:
Policy Title: Agency Governing Authority: [COMPANY NAME]

Purpose: This policy outlines the requirements for the governing authority of Residential Habilitation Agency, ensuring that they are organized and administered effectively to provide high-quality services to participants. [redacted]

Additional Authority: IDAPA 16.04.17, Section 200, "Agency Governing Authority"

Scope:
This policy applies to all staff and stakeholders at Residential Habilitation Agency, including providers, administrators, and staff.

Responsible Party:
[redacted]

Definitions:

- **Governing Authority:** [redacted].
- **Organizational Chart:** [redacted]
- **Administrator:** [redacted].
- **Residential Habilitation Professional:** [redacted]
- **Administrative Responsibilities:** [redacted]

3.1 Policy Statement

Residential Habilitation Agency is organized and administered under one authority, ensuring that the agency is managed effectively and compliant with all relevant regulations. [redacted]

3.2 Agency Governing Authority [IDAPA 16.04.17.200]

The governing body of Residential Habilitation Agency is responsible for the overall management and operation of the agency, ensuring compliance with all relevant laws and regulations. This section details the structure and responsibilities of the governing body as required under the specified rules.

3.2.1 Organizational Structure and Responsibility

1. The agency maintains an organizational chart that identifies the governing authority, the administrator, and other key positions within the agency in line with **IDAPA 16.04.17.200.01**. Here is the organizational structure.

FIGURE REQUIRED

2. In fulfillment of **IDAPA 16.04.17.200.02, the agency [COMPANY NAME]** has adopted appropriate organizational bylaws, policies, and procedures, and meets all state and federal requirements. The governing body has also appointed a qualified administrator to oversee the agency's daily operations and ensure the implementation of policies and procedures.

3.2.2 Responsibilities

1. **Adopting Policies and Procedures:** The governing authority formulates and adopts appropriate organizational bylaws and policies and procedures.
2. **Administrator Appointment:** The governing authority appoints a qualified administrator who participates in the deliberation of policy decisions concerning all services.
3. **Annual Review:** The governing authority conducts an annual review of the agency for compliance with these rules.
4. **Policy Development and Implementation:** The governing authority develops and implements written administrative policies and procedures that comply with applicable state and federal rules.
5. **Review and Revision:** All policies and procedures are reviewed annually and revised as necessary.

3.2.3 Compliance

1. **Verification:** The governing authority verifies that all employees and subcontractors delivering [COMPANY NAME]'s services have complied with IDAPA 16.05.06, "Criminal History and Background Checks."
2. **Reporting:** The [COMPANY NAME]'s management reports any additional criminal convictions, pending investigations, or pending charges to the Department.
3. The governing authority complies with the Department's regular monitoring and inspections.

3.3 Policy and Procedure

A. Review and Revision

1. **Annual Review:** The management of [COMPANY NAME] conducts an annual review of the agency for compliance with these rules.
2. **Review and Revision:** All policies and procedures are reviewed annually and revised as necessary.

B. Review Process

1. **Identification of Changes:** The management identifies any changes to the agency's organizational structure, policies, or procedures.
2. **Documentation:** The governing authority documents all changes and updates to the agency's policies and procedures.

C. Revision Process

1. **Revision of Policies and Procedures:** The management must revise policies and procedures as necessary to ensure compliance with applicable state and federal rules.
2. **Approval:** The management must approve all revised policies and procedures.

D. Implementation

1. **Implementation of Revised Policies and Procedures:** The management implements all revised policies and procedures.

2. **Training:** The management provides training to all employees and subcontractors on the revised policies and procedures.

E. Monitoring

1. **Monitoring:** The management monitors compliance with the revised policies and procedures.
2. **Reporting:** The management reports any non-compliance to the Department.

4.0 Agency Administrator

Policy Number: BSSL-AA-04
Effective Dates:
Reviewed and Revised Dates:
Policy Title: Agency Administrator Responsibilities

Purpose:
This policy outlines the responsibilities of the administrator for a residential habilitation agency, ensuring compliance with IDAPA 16.04.17 and the overall operations of the agency.

Additional Authority:
IDAPA 16.04.17, “Residential Habilitation Agencies” and Section 56-1003, Idaho Code, “Powers and Duties of the Director”

Scope:
This policy applies to [COMPANY NAME]and its administrators.

Responsible Party:
The administrator of the [COMPANY NAME] is responsible for ensuring compliance with this policy. Contact information: (208) 364-1906 or (877) 457-2815.

Definitions:

- **Administrator:** The designated person responsible for the overall operations of the agency.
- **Criminal History Check:** A check conducted in accordance with IDAPA 16.05.06, “Criminal History and Background Checks.”

Key personnel at [COMPANY NAME]:

1. Agency Administrator - Margaret Kathlene Davis
2. Residential Rehabilitation Specialist - Margaret Kathlene Davis
3. Direct Staff – TBD

4.1 Administrator Qualifications and Responsibilities [IDAPA 16.04.17.201]

The administrator is pivotal in managing the agency's day-to-day operations and ensuring adherence to all regulatory requirements. This section outlines the qualifications necessary for someone to fulfill the role of administrator, as detailed in IDAPA regulations.

4.2 Policy Statement:

The purpose of this policy is to ensure that the administrator of the Agency is qualified and equipped to manage the agency effectively, ensuring compliance with IDAPA 16.04.17 and the overall well-being of participants.

4.3 Procedure:

4.3.1 Administrator Qualifications

1. The Administrator must be at least 21 years of age in line with **IDAPA 16.04.17.201.01.a**.
2. They must have completed a criminal history check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." **IDAPA 16.04.17.201.01.b**
3. Administrators are required to have a minimum of three years of experience in service delivery to the population served by the agency, with at least one year in an administrative role (**IDAPA 16.04.17.201.01.c**).

4.3.2 Absences

1. **Designation:** The administrator must designate, in writing, a qualified employee to perform the functions of the administrator in their absence. This document must be available upon request.

4.4 Responsibilities [IDAPA 16.04.17.201.03]

1. The Administrator documents and reviews the overall program and general participant needs at least quarterly to plan and implement appropriate services (**IDAPA 16.04.17.201.03.a**:).
2. Makes all records available to the Department for review or audit (**IDAPA 16.04.17.201.03.b**). This includes participant records, training documents, and compliance reports.
3. Implements all policies addressing safety measures for the protection of participants and staff as mandated by state and federal rules (**IDAPA 16.04.17.201.03.c**).
4. Ensures that agency personnel practice within the scope of their certification or license (**IDAPA 16.04.17.201.03.d**).
5. Conducts annual satisfaction surveys for each participant or guardian, as applicable (**IDAPA 16.04.17.201.03.e**).
6. Provides necessary training, support services, and equipment for agency staff are provided to carry out assigned responsibilities (**IDAPA 16.04.17.201.03.f**).
7. Coordinates with other service providers to ensure continuity of services. This includes the integration of services in the participant's plan of service (**IDAPA 16.04.17.201.03.g**).

4.5 Compliance and Implementation Strategy

To ensure compliance with these provisions, the agency will undertake the following:

1. **Documentation and Records**: Maintain thorough documentation of all organizational changes, administrator qualifications, and compliance efforts as per IDAPA requirements.
2. **Regular Training and Audits**: Implement regular training programs for all administrative staff and conduct annual audits to ensure ongoing compliance with IDAPA regulations.
3. **Stakeholder Engagement**: Regularly engage with stakeholders, including participants, guardians, and regulatory bodies, to ensure transparency and responsiveness to feedback regarding the agency's governance and administration.

4.6 Designation of Duties in Absence [IDAPA 16.04.17.201.02]

To maintain continuity of operations and uphold the quality of service, the Agency has set guidelines for designating responsibilities in the absence of the agency administrator.

4.6.1 Key Points:

1. **Written Designation**: The administrator must designate in writing a qualified employee to perform the functions of the administrator during their absence. This ensures that all responsibilities are covered, and the agency continues to operate efficiently without disruption.
2. **Documentation and Accessibility**: The document specifying the designation must be kept up to date and readily available for review by the Department upon request. This ensures transparency and ease of verification during inspections or audits.
3. **Qualifications of Designee**: The employee designated must meet qualifications that ensure they are capable of managing the administrative responsibilities effectively. This includes familiarity with all agency operations and current regulatory requirements.

4.7 Compliance and Implementation Strategy

To ensure that these responsibilities are fulfilled effectively, the agency implements several strategies:

1. **Regular Training**: Administrators and their designees will receive regular training on IDAPA regulations and administrative responsibilities to ensure compliance and effective management.
2. **Documentation Systems**: Establish robust documentation systems to ensure that all required records are maintained accurately and are readily available for review.
3. **Safety Protocols**: Develop and regularly update safety protocols to reflect current best practices and regulatory requirements.
4. **Feedback Mechanisms**: Implement efficient mechanisms for collecting and analyzing participant satisfaction to facilitate continuous improvement.
5. **Collaboration Frameworks**: Establish frameworks for collaboration with other service providers to ensure seamless service delivery.

5.0 Direct Service Staff Requirements and Training

Policy Number: BSSL-DSSRT-05
Effective Dates:
Reviewed and Revised Dates:
Policy Title: Direct Service Staff Qualifications and Training

Purpose

This policy ensures that all direct service staff at the agency meet the required qualifications and receive appropriate training as mandated by the Idaho Department of Health and Welfare and IDAPA 16.04.17.203. The purpose is to maintain a high standard of care and service delivery in compliance with state regulations, promoting the well-being and safety of all participants.

Additional Authority

1. IDAPA 16.04.17.203 - Direct Service Staff Requirements
2. IDAPA 16.04.17.204 (IDAPA 16.04.17.204.01, IDAPA 16.04.17.204.02, IDAPA 16.04.17.204.03) - Direct Service Staff Training

Scope

This policy applies to all current and future employees of the agency who are involved in direct service delivery to participants.

Responsible Party

Human Resources Department [Contact Phone Number: 208-830-2186]

Definitions

1. **Direct Service Staff**: Employees who provide direct care and service to participants.
2. **IDAPA**: Idaho Administrative Procedures Act.

5.1 Policy Statement

The agency is committed to employing skilled and qualified direct service staff who are well-trained to meet the needs of our participants. The policy also ensures that direct service staff meet necessary qualifications and receive adequate training to provide safe and effective services, aligning with the agency's mission of prioritizing participant well-being and safety. Adherence to the IDAPA regulations ensures that staff are not only compliant with legal standards but are also equipped to provide the highest quality of care.

5.2 Policy

1. **Staff Qualifications [IDAPA 16.04.17.203]**
   a. **Age**: Must be at least eighteen (18) years of age.
   b. **Education**: Must be a high school graduate, possess a GED, or demonstrate the ability to provide services according to a plan of service.
   c. **First Aid and CPR Certification**: Must be certified in first aid and CPR appropriate for the age of the participants served and maintain current certification.
   d. **Health Status**: Must have a signed statement, maintained by the agency, declaring they are free from communicable diseases and understand universal precautions.
   e. **Medication Management**: Staff assisting with medications must successfully complete the “Assistance with Medications” course through the Idaho Division of Career-Technical Education or other Department-approved training.
   f. **Criminal History Check**: Must have satisfactorily completed a criminal history check in accordance with IDAPA 16.05.06.

2. **Training Requirements [IDAPA 16.04.17.204]**
    a. **Orientation Training**: Must be completed prior to working with participants and include policies and procedures, proper conduct, body mechanics and lifting techniques, handling of confidential and emergency situations, participant rights, and other necessary skills like body mechanics and maintaining a clean, safe, and healthy environment.
    b. **Ongoing Training**: Staff receive continuous training on any changes to the participant's care plan or their physical, medical, and behavioral status to ensure the quality of care is maintained.
    c. **Documentation**: All training is documented and includes the name of the trainee, trainer, description of the training content, and date and duration of the training. This documentation must be retained in each employee's record.

5.3 Procedure

1. **Recruitment and Hiring**
    a. Human Resources will ensure that all new hires meet the specified qualifications and that their credentials are verified before they begin their duties.

2. **Training Implementation**
    a. The Training Coordinator will schedule and oversee all mandatory training sessions for direct service staff and ensure compliance with the timelines specified by IDAPA regulations.

3. **Monitoring and Compliance**
    a. The Compliance Officer will conduct regular audits to ensure that all training and qualification records are up to date and compliant with state requirements. Any discrepancies found will be addressed promptly.

4. **Documentation and Record Keeping**
    a. All training records will be maintained in the employee's personnel file and will be available for review by the Department upon request.

6.0 Training Requirements for Direct Service Staff

Policy Number: BSSL-TRDSS-06
Effective Dates: June 16, 2024 - Ongoing
Reviewed and Revised Dates: June 16, 2024 - Ongoing
Policy Title: Training Requirements for Direct Service Staff

Purpose

The purpose of this policy is to ensure that all direct service staff at [Agency Name] are properly trained in accordance with IDAPA 16.04.17.204, which mandates comprehensive training requirements to promote effective service delivery and compliance with state regulations.

Additional Authority

1. IDAPA 16.04.17.204 – Training Requirements for Direct Service Staff

Scope

This policy applies to all current and future direct service staff members at the Agency.

Responsible Party

Training Coordinator [Contact Phone Number: 208-830-2186 or 702-425-0391]

Definitions

1. **Direct Service Staff**: Employees engaged in direct contact and care of agency clients.
2. **IDAPA**: Idaho Administrative Procedures Act.
3. **Orientation Training**: Initial training provided to new staff to prepare them for their roles.
4. **Ongoing Training**: Continuous education to ensure staff remain competent and compliant with evolving standards and practices.

6.1 Policy Statement

This policy establishes the framework and requirements for the training of direct service staff at [Agency Name] to ensure compliance with IDAPA 16.04.17.204. It underscores the agency's commitment to high-quality care and regulatory compliance through structured and systematic training.

6.2 Policy

1. Documentation of Training [IDAPA 16.04.17.204.01]

a. All training sessions must be documented, detailing the trainee's name, trainer, date, duration, and content covered. This documentation must be retained in the staff's personal file and be available for review by regulatory bodies.

2. Orientation Training [IDAPA 16.04.17.204.02]

a. All new direct service staff must complete orientation training prior to service delivery. This training includes, but is not limited to:
   i. Agency policies and procedures
   ii. Proper conduct and ethics in client interactions
   iii. Confidentiality and emergency procedures
   iv. Participant rights and responsibilities
   v. Basic health and safety protocols including first aid and CPR

3. Ongoing Training [IDAPA 16.04.17.204.03]

a. Direct service staff will receive ongoing training, reflecting changes in care practices, regulatory updates, and individual client needs. This training ensures that staff skills remain current and effective in providing high-quality care.

6.3 Procedure

1. Implementation of Training

a. **Planning**: The Training Coordinator will develop an annual training plan based on regulatory requirements and specific needs identified through staff performance reviews and program changes.
b. **Execution**: Training sessions will be scheduled throughout the year. Attendance is mandatory for all direct service staff. Sessions may be conducted in-house or through approved external providers.
c. **Monitoring**: The Training Coordinator will monitor attendance and completion of all training sessions. Staff who fail to complete the required training may be subject to disciplinary actions.

2. Documentation and Record Keeping

a. **Documentation**: A detailed record of each training session, including content, attendees, and trainer notes, must be maintained.
b. **Accessibility**: All training records must be accessible for inspection by regulatory agencies. Records should be stored securely to maintain confidentiality.

3. Assessment and Feedback

a. **Assessment**: The effectiveness of the training program will be assessed through regular evaluations and feedback from staff.
b. **Improvements**: Based on assessments, the Training Coordinator will make necessary adjustments to the training program to enhance its effectiveness and relevance.

7.0 Scope of Services and Area Served

Policy Number: BSSL-SSAS-07
Effective Dates:
Reviewed and Revised Dates:
Policy Title: Scope of Services and Area Served

Purpose

The purpose of this policy is to define the scope of services offered by The Agency and the geographic area served. This policy ensures compliance with IDAPA 16.04.17.300 and aligns with our mission to provide comprehensive support for individuals with developmental disabilities, enhancing their independence and quality of life.

Additional Authority

1. IDAPA 16.04.17.300
2. Idaho Department of Health and Welfare regulations
3. Medicaid Provider Agreement

Scope

This policy applies to all employees, contractors, and volunteers of The Agency who are involved in the provision of residential habilitation services.

Responsible Party

The Director of Operations is responsible for the implementation and oversight of this policy.

Definitions

1. **Geographic Area Served:** The specific counties or regions within Idaho where The Agency provides services.
2. **IDAPA:** Idaho Administrative Procedures Act, which governs the rules for [COMPANY NAME] in Idaho.

7.1 Policy Statement

The Agency is committed to providing high-quality residential habilitation services to individuals with developmental disabilities. These services are designed to promote independence, community integration, and self-determination. Our agency serves multiple counties within Idaho, ensuring that our services are accessible to a broad population.

7.2 Scope of Services

1. **Residential Habilitation:**
   a. Training in self-direction, money management, daily living skills, socialization, mobility, and behavior shaping and management.
   b. Services are provided in participants' own homes, with their families, or in certified family homes.

2. **Nursing Services:**
   a. Skilled nursing and nursing oversight provided by Registered Nurses and Licensed Practical Nurses.
   b. Services include needs assessments and personalized care plans.

3. **Payee Services:**
   a. Financial management services, including bill pay assistance, money management, and financial recordkeeping.

4. **Employment Assistance:**
    a. Support in job searching, application processes, and interview preparation.

5. **Social Security Acquisition:**
    a. Assistance with obtaining Supplemental Security Income (SSI) and Supplemental Nutrition Assistance Program (SNAP) benefits.

6. **Activities and Socialization:**
    a. Regularly organized community activities to enhance social skills and community integration.

7. **Transportation:**
    a. Transportation services for medical appointments, errands, and social activities.

8. **Behavior Management:**
    a. Staff trained in behavior management techniques focused on de-escalation and safety.

9. **Education for Loved Ones:**
    a. Informational sessions for families and loved ones about available options and participant rights.

7.3 Area Served

The Agency provides services in the following counties:

1. Ada County
2. Canyon County
3. Kootenai County
4. Bonneville County
5. Bannock County

7.4 Procedure

1. **Development of Service Plans:**
    a. Each participant will have an individualized service plan developed by a multidisciplinary team, including the participant, their family, and service providers.
    b. Service plans are reviewed and updated annually or as needed based on the participant's progress and changing needs.

2. **Documentation and Record Keeping:**
    a. All services provided must be documented in the participant’s file, including progress notes and any incidents or changes in service.
    b. Records are maintained securely and are subject to regular audits to ensure compliance with state regulations.

3. **Quality Assurance:**
    a. A quality assurance program is in place to monitor and evaluate the effectiveness of services provided.
    b. Regular surveys and feedback sessions with participants and their families to ensure satisfaction and identify areas for improvement.

4. **Employee Training:**
    a. All employees must complete mandatory training on residential habilitation services, participant rights, and behavior management techniques.

    b. Ongoing professional development opportunities are provided to ensure staff remain knowledgeable about best practices and regulatory changes.

5. **Compliance and Audits:**
    a. Regular internal audits are conducted to ensure compliance with IDAPA 16.04.17.300 and other relevant regulations.
    b. The agency cooperates fully with external audits and inspections by the Idaho Department of Health and Welfare.

7.5 Monitoring and Reporting

1. **Monthly Reporting:**
    a. Service coordinators are responsible for submitting monthly reports on participant progress and any issues encountered.

2. **Incident Reporting:**
    a. All incidents must be reported immediately to the Director of Operations and documented in the participant's file.
    b. Incident reports are reviewed to identify patterns and implement corrective actions if necessary.

3. **Annual Reviews:**
    a. An annual review of the policy and procedures is conducted to ensure they remain current and effective.
    b. Updates are made based on feedback from stakeholders and changes in regulatory requirements.

8.0 Acceptance Standards and Participant Records

Policy Number: BSSL-ASPR-08
Effective Dates: March 17, 2022
Reviewed and Revised Dates: March 17, 2022
Policy Title: Residential Habilitation Agency Policies and Procedures

Purpose: This policy outlines the standards and procedures for [COMPANY NAME] to ensure the delivery of high-quality services to participants. The purpose is to provide a framework for [COMPANY NAME] to operate effectively, ensuring participant satisfaction, health, and safety.

Additional Authority: IDAPA 16.04.17, Idaho Developmental Disabilities Services and Facilities Act, Sections 39-4601 et seq., Idaho Code, and Section 56-1003, Idaho Code.

Scope: This policy applies to all [COMPANY NAME] staff, including providers, administrators, directors, staff, caregivers, participants, relatives, guardians, and advocates.

Responsible Party: The Residential Habilitation Program, Idaho Department of Health and Welfare.

Definitions:

- **Participant:** An individual with developmental disabilities receiving residential habilitation services.
- **Plan of Care:** A personalized plan outlining the services and supports necessary for a participant's habilitation and rehabilitation.

8.1 Policy Statement

The purpose of this policy is to ensure that the agency provides high-quality services to participants, optimizing their opportunities for independence and self-determination while maintaining their health and safety. This policy outlines the standards and procedures for BSSL to operate effectively and ensure participant satisfaction.

8.2 Policy

8.2.1 Acceptance Standards

Acceptance Criteria: Agency will only accept and retain participants if adequately equipped to provide appropriate services according to the participant’s plan of care.

Personnel Requirements: Agency will ensure the availability of necessary personnel, both in number and with appropriate knowledge and skills, to provide the services needed by each participant as per their plan of care.

8.2.1.1 Procedure:

1. **Acceptance Process:**
    a. The Agency shall verify that it has the necessary personnel and resources to provide the services outlined in the participant's plan of care.
    b. The agency shall ensure that all personnel involved in the participant's care have the necessary training and experience to provide the required services.

2. **Verification of Equipment and Resources:**

 a. The Agency will conduct an initial assessment to ensure that all necessary equipment and resources are available and in good working condition before accepting a participant.
 b. Regular reviews will be conducted to ensure ongoing compliance with resource and equipment requirements.

3. **Participant Evaluation:**
   a. Upon receiving a referral, The Agency will conduct a comprehensive evaluation of the participant's needs and the agency's capacity to meet those needs.
   b. The agency will ensure that the participant's plan of care is developed and reviewed by qualified personnel.

8.2.1.2 Timeline:

1. The acceptance process shall be completed within 5 working days of receiving a participant referral.

8.2.1.3 Monitoring and Evaluation:

1. The Agency will monitor the acceptance process to ensure compliance with timelines and resource availability.
2. Regular audits will be conducted to evaluate the adequacy of services provided and the appropriateness of personnel assignments.

8.2.2 Participant Records

Content: Participant records must include accurate, current, and complete information about each participant, including their plan of care, services provided, and any relevant medical or behavioral information.

Maintenance and Storage: Participant records must be maintained for at least five years following the participant's termination of services, or as required by other federal or state regulations.

Confidentiality: Participant records must be safeguarded to ensure confidentiality under these rules.

8.2.2.1 Procedure:

1. **Record Maintenance:**
   a. The Agency will maintain accurate, current, and complete participant records.
   b. Records will be updated regularly to reflect any changes in the participant's condition or services provided.

2. **Storage of Records:**
   a. Participant records will be stored securely and will be accessible only to authorized personnel.
   b. Physical records will be stored in locked cabinets, and electronic records will be protected by secure passwords and encryption.

3. **Confidentiality and Data Protection:**
   a. The Agency will implement measures to protect participant data from unauthorized access, disclosure, or use.
   b. Training will be provided to all staff on the importance of maintaining participant confidentiality and the procedures to follow.

8.2.2.2 Timeline:

a. Participant records are maintained on an ongoing basis with updates made as necessary.

8.2.2.3 Monitoring and Evaluation:

a. The Agency will regularly audit participant records to ensure they are accurate, current, and complete.
b. Confidentiality protocols will be reviewed periodically to ensure they are effective and compliant with regulations.

8.3 General Procedures

1. Documentation and Reporting:

a. All documentation related to participant services will be maintained in a manner that allows for easy retrieval and review.
b. Reports on service delivery, participant progress, and compliance with policies will be generated regularly and reviewed by management.

2. Staff Training:

a. The Agency will provide ongoing training for all staff on the requirements of this policy and related procedures.
b. Training will cover areas such as participant care, record-keeping, confidentiality, and compliance with state regulations.

3. Compliance and Audits:

a. The Agency will conduct regular internal audits to ensure compliance with all aspects of this policy.
b. Findings from audits will be used to improve service delivery and address any areas of non-compliance.

9.0 Services

Policy Number: BSSL-RS-09
Effective Dates: Effective: [Insert Effective Date] Reviewed: [Insert Reviewed Date]
Revised: [Insert Revised Date]
Policy Title: Required Services

Purpose
The purpose of this policy is to outline the requirements and procedures for providing residential habilitation services to participants. These services are designed to assist individuals in residing independently in their homes and integrating into their communities. This policy ensures compliance with IDAPA 16.04.17.300.04.

Additional Authority
1. IDAPA 16.04.17.300.04
2. Idaho Department of Health and Welfare Residential Habilitation Certification Checklists

Scope
This policy applies to all employees of The Agency who are involved in the assessment, planning, and provision of residential habilitation services to participants.

Responsible Party
The Director is responsible for the administration and enforcement of this policy.

Definitions
1. **Participant:** An individual receiving residential habilitation services.
2. **Self-Direction:** The ability of participants to identify and respond to dangerous or threatening situations, make decisions affecting their lives, and initiate changes in living arrangements or activities.
3. **Money Management:** Training or assistance in handling personal finances, making purchases, and meeting financial obligations.
4. **Daily Living Skills:** Training in routine housekeeping tasks, meal preparation, personal hygiene, self-administration of medications, and other areas of daily living.
5. **Socialization:** Training or assistance in participating in community activities and establishing relationships with peers.
6. **Mobility:** Training or assistance aimed at enhancing movement within the participant's living arrangement and community.
7. **Behavior Shaping and Management:** Training and assistance in appropriate expressions of emotions, assertiveness, and acquisition of socially appropriate behaviors.
8. **Personal Assistance Services:** Assistance in daily living activities and household tasks that participants or their primary caregivers are unable to accomplish independently.
9. **Skills Training:** Training conducted by direct service staff to teach participants how to perform activities with greater independence and reinforce habilitation training.

9.1 Policy Statement

The Agency is committed to providing comprehensive residential habilitation services to assist participants in residing independently within their homes and communities. These services will be tailored to the individual needs of participants and will include training in self-direction, money management, daily living skills, socialization, mobility, behavior shaping and management, personal assistance services, and skills training. The provision of these services will comply with IDAPA 16.04.17.300.04 and the Residential Habilitation Certification Checklists.

9.2 Policy

A. The Agency will assess and provide residential habilitation services that consist of an integrated array of individually tailored services and supports designed to assist participants in residing in their own homes.

1. **Self-Direction** a. The Agency will provide training to participants in identifying and responding to dangerous or threatening situations, making decisions and choices affecting their lives and initiating changes in living arrangements or life activities.
2. **Money Management** a. The Agency will provide training or assistance in handling personal finances, making purchases, and meeting personal financial obligations.
3. **Daily Living Skills** a. The Agency will provide training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, self-administration of medications, and other areas of daily living including the proper use of adaptive and assistive devices, appliances, home safety, first aid, and emergency procedures.
4. **Socialization** a. The Agency will provide training or assistance in participating in general community activities and establishing relationships with peers, with an emphasis on connecting participants to their communities. b. Socialization training will include assisting participants in identifying activities of interest, making arrangements to participate in such activities, and identifying specific training activities necessary for ongoing participation.
5. **Mobility** a. The Agency will provide training or assistance aimed at enhancing movement within the participant's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or movement within the community.
6. **Behavior Shaping and Management** a. The Agency will provide training and assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially appropriate behaviors, or extension of therapeutic services, which include reinforcing physical, occupational, speech, and other therapeutic programs.
7. **Personal Assistance Services** a. The Agency will provide personal assistance services necessary to assist participants in daily living activities, household tasks, and other routine activities that participants or their primary caregivers are unable to accomplish independently.
8. **Skills Training** a. The Agency will provide skills training conducted by direct service staff to teach participants how to perform activities with greater independence and to carry out or reinforce habilitation training. Services will focus on training and are not designed to provide substitute task performance.

9.3 Procedure

A. Assessment and Service Planning

1. Each participant will undergo a comprehensive assessment to determine their individual needs and preferences.
2. A personalized service plan will be developed in collaboration with the participant, their family, and relevant professionals.
3. The service plan will outline specific goals, services, and supports to be provided, along with timelines for achieving these goals.

B. Service Delivery

1. **Self-Direction**
   - a. Staff will provide training sessions focusing on identifying and responding to dangerous situations, decision-making, and initiating changes in living arrangements.
   - b. Progress will be monitored and documented regularly.
2. **Money Management**

   a. Staff will assist participants in developing budgeting skills, managing personal finances, making purchases, and meeting financial obligations.
   b. Participants will be encouraged to participate in financial planning activities.

3. **Daily Living Skills**
   a. Staff will provide hands-on training in housekeeping tasks, meal preparation, dressing, personal hygiene, and self-administration of medications.
   b. Participants will be taught the proper use of adaptive and assistive devices, home safety measures, first aid, and emergency procedures.

4. **Socialization**
   a. Staff will identify community activities of interest to participants and facilitate their involvement.
   b. Training will be provided to help participants establish and maintain relationships with peers and community members.

5. **Mobility**
   a. Staff will provide training in the use of adaptive aids and equipment, public transportation, and independent travel within the community.
   b. Participants will be supported in enhancing their movement within their living arrangements.

6. **Behavior Shaping and Management**
   a. Staff will provide training in appropriate expressions of emotions, assertiveness, and acquisition of socially appropriate behaviors.
   b. Therapeutic services will be reinforced to support participants' behavior management goals.

7. **Personal Assistance Services**
   a. Staff will assist participants in daily living activities, household tasks, and other routine activities that they or their primary caregivers are unable to accomplish independently.
   b. Personal assistance services will be tailored to the specific needs of each participant.

8. **Skills Training**
   a. Staff will conduct skills training sessions to teach participants how to perform activities with greater independence and to reinforce habilitation training.
   b. Training will focus on enhancing participants' daily living skills, self-direction, money management, socialization, mobility, and other therapeutic programs.

C. Monitoring and Evaluation

1. Staff will regularly monitor the progress of participants in achieving their service plan goals.
2. Regular evaluations will be conducted to assess the effectiveness of the services provided and to make necessary adjustments to the service plan.
3. Documentation of all services provided, participant progress, and evaluations will be maintained in accordance with agency policies and regulatory requirements.

D. Quality Assurance

1. The Agency will implement a quality assurance program to ensure that residential habilitation services meet the highest standards of care.
2. Regular audits will be conducted to evaluate compliance with this policy and relevant regulatory requirements.

3. Feedback from participants and their families will be solicited to continuously improve service delivery.

E. Training and Development

1. All staff involved in the provision of residential habilitation services will receive initial and ongoing training to ensure they have the necessary skills and knowledge.
2. Training will cover all aspects of residential habilitation services, including self-direction, money management, daily living skills, socialization, mobility, behavior shaping and management, personal assistance services, and skills training.
3. Staff will be encouraged to pursue professional development opportunities to enhance their expertise.

F. Record Keeping

1. Comprehensive records of all assessments, service plans, training sessions, and evaluations will be maintained.
2. Records will be kept confidential and stored securely in accordance with agency policies and regulatory requirements.

G. Incident Reporting

1. All incidents involving participants will be reported and documented in accordance with agency policies and regulatory requirements.
2. Staff will receive training on the proper procedures for reporting and documenting incidents.

10.0 Participant Safety

Policy Number: BSSL-PS-10
Effective Dates

- **Effective Date:** [Insert Effective Date]
- **Reviewed and Revised Dates:** [Insert Dates]

Policy Title: Participant Safety

Purpose

The purpose of this policy is to ensure the safety of each participant within the Residential Habilitation Agency by assessing and mitigating environmental and structural risks. This policy outlines the procedures for conducting safety assessments and implementing risk reduction strategies, in compliance with IDAPA 16.04.17.300.05.

Additional Authority

1. Idaho Administrative Procedures Act (IDAPA) 16.04.17.300.05
2. Idaho Department of Health and Welfare guidelines
3. Provider Agreement Requirements

Scope

This policy applies to all employees of Agency [COMPANY NAME], including administrative staff, support staff, and direct care professionals. It is relevant to all participants receiving services through Agency [COMPANY NAME]'s residential habilitation programs.

Responsible Party

The Director of Residential Services shall be responsible for the administration and enforcement of this policy.

Definitions

1. **Participant:** An individual receiving services from the residential habilitation agency.
2. **Environmental Risk:** Potential hazards in the participant's living environment that could cause harm.
3. **Structural Risk:** Risks related to the physical structure of the participant's residence.

10.1 Policy Statement

The Agency is committed to providing a safe living environment for all participants. This policy outlines the procedures for conducting comprehensive safety assessments to identify and mitigate environmental and structural risks, ensuring compliance with IDAPA 16.04.17.300.05.

10.2 Procedure

A. Safety Assessment

1. **Initial Assessment:**
   a. Upon admission, each participant's living environment will undergo a comprehensive safety assessment.
   b. The assessment shall be conducted by a trained safety officer or designated staff member.
   c. The assessment will include an evaluation of environmental and structural risks, including but not limited to:
      i. Fire safety
      ii. Accessibility
      iii. Electrical safety
      iv. Hazardous materials

      v. Emergency exits

2. **Ongoing Assessments:**
    a. Safety assessments shall be conducted annually and whenever there are significant changes to the participant's living environment.
    b. Additional assessments may be conducted based on reports of new hazards or incidents.

3. **Documentation:**
    a. All safety assessments shall be documented using the Safety Assessment Form (Form [COMPANY NAME]-300.05-A).
    b. The completed assessment forms shall be maintained in the participant's file and reviewed by the Director of Residential Services.

B. Risk Mitigation

1. **Risk Identification:**
    a. Identify potential risks based on the safety assessment.
    b. Classify risks as low, medium, or high based on their severity and likelihood of occurrence.

2. **Risk Reduction Strategies:**
    a. Develop and implement strategies to reduce or eliminate identified risks.
    b. Strategies may include environmental modifications, structural repairs, and the implementation of safety protocols.

3. **Action Plan:**
    a. For high-risk issues, an immediate action plan must be developed and implemented.
    b. The action plan should include timelines, responsible parties, and required resources.

C. Training and Awareness

1. **Staff Training:**
    a. All staff members shall receive training on safety assessment procedures and risk mitigation strategies.
    b. Training sessions shall be conducted during initial orientation and annually thereafter.

2. **Participant Education:**
    a. Participants shall be informed about potential risks and safety procedures.
    b. Education sessions should be conducted in a manner that is understandable to the participant, considering their cognitive and communication abilities.

D. Monitoring and Evaluation

1. **Regular Monitoring:**
    a. The Director of Residential Services shall monitor the implementation of safety measures.
    b. Regular site visits and inspections shall be conducted to ensure compliance with safety protocols.
2. **Evaluation:**
    a. The effectiveness of the safety policy and procedures shall be evaluated annually.

   b. Feedback from staff and participants shall be incorporated into the evaluation process. c. Necessary revisions to the policy and procedures shall be made based on the evaluation results.

E. Reporting and Documentation

1. **Incident Reporting:**
   a. All safety-related incidents must be reported immediately to the Director of Residential Services.
   b. Incident reports shall be documented using the Incident Report Form (Form [COMPANY NAME]-300.05-B).
2. **Record Keeping:**
   a. All safety assessments, risk mitigation plans, training records, and incident reports shall be maintained in a central file.
   b. Records shall be kept for a minimum of seven years or as required by regulatory authorities.

11.0 Disaster and Emergency Care

Policy Number: BSSL-D&EC-11
Effective Dates: [Effective Date]
Reviewed and Revised Dates: [Reviewed Date] / [Revised Date]
Policy Title: Disaster/Emergency Care

Purpose: The purpose of this policy is to establish procedures and guidelines for effective emergency preparedness and response to ensure the safety and well-being of all participants, staff, and stakeholders during situational and environmental emergencies.

Additional Authority:
1. IDAPA 16.04.17.300.06
2. Idaho Department of Health and Welfare regulations

Scope: This policy applies to all employees, contractors, volunteers, and participants of The [COMPANY NAME].

Responsible Party:
The Program Director is responsible for the administration and enforcement of this policy.

Definitions:
1. **Emergency Preparedness Plan:** A comprehensive plan outlining the procedures to be followed during various types of emergencies to ensure safety and continuity of care.
2. **Situational Emergency:** An unexpected event that disrupts normal operations, such as a fire, flood, or power outage.
3. **Environmental Emergency:** An event caused by natural disasters or environmental hazards, such as earthquakes, hurricanes, or hazardous material spills.

11.1 Policy Statement

The Agency is committed to ensuring the safety and well-being of its participants, staff, and stakeholders by developing, implementing, and maintaining comprehensive emergency planning and care policies. These policies are designed to provide clear guidance and effective procedures for managing situational and environmental emergencies.

11.2 Policy:

1. The Agency Shall develop, implement, and maintain an emergency preparedness plan that includes procedures for handling situational and environmental emergencies.
2. The emergency preparedness plan shall be reviewed and updated annually or as necessary to reflect changes in regulations, operational needs, or potential hazards.
3. All staff shall be trained on emergency procedures and participate in regular drills to ensure preparedness and effective response in case of an emergency.

11.3 Procedure:

A. Development of the Emergency Preparedness Plan:

1. The Program Director, in collaboration with key stakeholders, shall develop an emergency preparedness plan that includes:
   a. Identification of potential emergency scenarios relevant to the agency's operations.
   b. Detailed procedures for responding to each identified emergency scenario.
   c. Designation of roles and responsibilities for staff members during an emergency.

    d. Communication protocols for notifying participants, staff, emergency services, and other stakeholders.
    e. Evacuation procedures, including routes and assembly points.
    f. Procedures for shelter-in-place, if necessary.
    g. Contingency plans for maintaining continuity of care and operations.

2. The emergency preparedness plan shall be documented and made readily available to all staff members.

B. Implementation and Training:

1. The Program Director shall ensure that all staff members receive training on the emergency preparedness plan upon hire and annually thereafter.
2. Training shall include but is not limited to: a. Recognizing and responding to different types of emergencies. b. Executing evacuation and shelter-in-place procedures. c. Communicating effectively during an emergency. d. Performing assigned roles and responsibilities during an emergency.
3. The Agency shall conduct emergency drills at least twice a year to test the effectiveness of the emergency preparedness plan and ensure staff readiness.

C. Review and Revision of the Emergency Preparedness Plan:

1. The Program Director shall review the emergency preparedness plan annually and revise it as needed based on: a. Feedback from drills and actual emergency events. b. Changes in regulatory requirements. c. Updates in best practices for emergency management. d. Any new potential hazards identified.
2. Revisions to the plan shall be communicated to all staff members, and additional training shall be provided if necessary.

D. Emergency Response Procedures:

1. **Fire Emergency:**
    a. Upon discovering a fire, staff shall activate the nearest fire alarm pull station and call 911.
    b. Staff shall assist participants in evacuating the building using designated evacuation routes and assembly points.
    c. The Program Director or designated staff member shall ensure that all participants and staff are accounted for at the assembly point.

2. **Flood Emergency:**
    a. In the event of a flood warning, staff shall move participants to higher ground or designated safe areas within the facility.
    b. Staff shall follow instructions from local emergency management authorities.
    c. The Program Director shall monitor the situation and provide updates to staff and participants.

3. **Power Outage:**
    a. During a power outage, staff shall ensure that emergency lighting is activated and assist participants in navigating safely.
    b. The Program Director shall contact the utility company to report the outage and obtain an estimated time for power restoration.
    c. Staff shall implement contingency plans for maintaining essential services and operations.

4. **Earthquake:**
    a. During an earthquake, staff shall instruct participants to drop, cover, and hold on until the shaking stops.
    b. After the earthquake, staff shall assess the safety of the building and evacuate if necessary.
    c. The Program Director shall coordinate with local emergency services for assistance and provide updates to staff and participants.

E. Communication During Emergencies:

1. The Program Director shall establish and maintain communication with local emergency services and public health authorities.
2. Staff shall use designated communication tools and protocols to relay information during an emergency.
3. Participants’ families and guardians shall be notified of the situation and the status of participants as soon as practicable.

F. Post-Emergency Procedures:

1. After an emergency, the Program Director shall conduct a debriefing with staff to evaluate the response and identify areas for improvement.
2. An incident report shall be completed and submitted to the relevant authorities as required.
3. The emergency preparedness plan shall be reviewed and updated based on the lessons learned from the emergency event.

12.0 Administrative Records

Policy Number: BSSL-AR-12
Effective Dates: [Insert Effective Date]
Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]
Policy Title: Administrative Records

Purpose

The purpose of this policy is to ensure that [COMPANY NAME] Residential Habilitation Agency maintains comprehensive and compliant administrative records. This policy aims to outline the structure, legal authority, and fiscal verification processes that support service delivery and compliance with relevant federal and state requirements.

Additional Authority

This policy is governed by the following statutes and regulations:

1. IDAPA 16.04.17
2. Federal and state regulations relevant to residential habilitation services.

Scope

This policy applies to all administrative personnel, including management and record-keeping staff, involved in the maintenance and management of administrative records at [COMPANY NAME] Residential Habilitation Agency.

Responsible Party

The Director of Administration is responsible for administering and enforcing this policy.

Definitions

1. **Administrative Records:** Documents that include organizational charts, bylaws, fiscal records, and other essential records.
2. **Fiscal Records:** Documentation verifying the delivery of services prior to payment requests.
3. **Organizational Bylaws:** Legal documentation that defines the legal authority and ownership structure of the agency.

12.1 Policy Statement

[COMPANY NAME] Residential Habilitation Agency shall maintain all administrative records in accordance with IDAPA 16.04.17.300.07. These records will be retained for a minimum of five (5) years or as required to meet any other federal or state mandates. The agency commits to ensuring that all records are accurate, complete, and readily accessible for inspection and compliance verification.

12.2 Policy

1. **Record Maintenance**
   a. All administrative records shall be maintained for at least five (5) years.
   b. Records shall be updated regularly and stored in a secure and organized manner.
   c. Electronic records shall be backed up regularly to prevent data loss.

2. **Administrative Structure**
   a. The organizational chart shall be updated annually or as needed to reflect current staffing and reporting relationships.
   b. A current copy of the organizational chart shall be included in the administrative records.

3. **Legal Authority**
    a. The agency's legal authority shall be documented in its organizational bylaws.
    b. Bylaws and any amendments shall be reviewed annually by the Board of Directors and updated as necessary.

4. **Fiscal Records**
    a. Fiscal records must verify service delivery before any payment requests are made.
    b. All fiscal records shall include detailed documentation of services rendered, dates, and authorization signatures.

12.3 Procedure

A. Record Maintenance Procedure

1. **Storage and Organization**
    a. Administrative records shall be stored in designated secure locations, both physically and electronically.
    b. Records shall be organized by category and date for easy retrieval.

2. **Record Retention**
    a. All records shall be retained for a minimum of five (5) years.
    b. Records that meet the criteria for extended retention due to federal or state requirements shall be identified and retained accordingly.

B. Updating Administrative Structure

1. **Organizational Chart**
    a. The Director of Administration shall review and update the organizational chart annually.
    b. Any changes in staffing or reporting lines shall be reflected immediately in the organizational chart.

2. **Distribution**
    a. The updated organizational chart shall be distributed to all department heads.
    b. A copy of the updated chart shall be filed in the administrative records.

C. Documenting Legal Authority

1. **Bylaws Maintenance**
    a. The Board of Directors shall review the organizational bylaws annually.
    b. Any amendments to the bylaws shall be documented and approved by the Board.
    c. Updated bylaws shall be filed in the administrative records.

2. **Review Process**
    a. The Director of Administration shall ensure the bylaws are reviewed during the annual Board meeting.
    b. Documentation of the review and any changes shall be recorded in the meeting minutes.

D. Fiscal Record Verification

1. **Service Documentation**
    a. Service delivery documentation must include detailed records of services provided, including dates and authorization.
    b. The Director of Finance shall oversee the verification process before any payment requests are submitted.

2. **Payment Request Procedure**

    a. Payment requests shall be supported by verified fiscal records.
    b. Any discrepancies found during verification shall be resolved before payment requests are approved.

E. Compliance and Inspection

1. **Internal Audits**
    a. Internal audits of administrative records shall be conducted semi-annually.
    b. The Director of Administration shall lead the audit process and report findings to the Board.

2. **External Inspections**
    a. The agency shall facilitate any external inspections by providing access to all required administrative records.
    b. Compliance with inspection requests shall be documented and reviewed by the Director of Administration.

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