

COMMUNITY LIVING SUPPORT SERVICES

9.01 Community Living Support Services (CLS)

(Rev. 10/15/16)

Written policy, procedure and practice govern the operation of Community Living Support Services (CLS).

Reference:

DCH Policies and Procedures for Comprehensive Supports Waiver Program (COMP) and New Options Waiver Program (NOW) General Manual, Part II, Chapter 600
 DCH Policies and Procedures for Comprehensive Supports Waiver Program (COMP), Part III, Chapter 1900
 DBHDD Provider Manual for Community Developmental Disabilities Providers, pages 15-16

#	Criteria	Deficient Practice	Effect / Outcome
1	CLS are not delivered in foster homes, host homes, personal care homes community living arrangements or any other home/residence other than the individual's own or family home.		
2	The organization has a current Private Home Care Provider license in the type of services provided (companion/sitter, personal care and/or nursing) from the Department of Community Health, Healthcare Facility Regulation.		
3	The organization has a designated director with a Bachelor's degree in the human services field and 5 years of experience working with the developmentally disabled with at least 2 years as a supervisor or an Associate's degree in nursing, education or a related field with 6 years experience working with the developmentally disabled and 2 years as a supervisor.		
4	Staff has Direct Support Professional (DSP) certification; or a high school diploma/transcript or General Education Development (GED) diploma; and at least six (6) months of experience providing behavioral health related services to individuals with developmental disabilities.		

NOTE: This Compliance Review Report provides explanations of only the deficient practices identified during this review. The criteria deemed "not applicable" or "not evaluated" are not identified and not included in the scoring.

5	The type and number of professional staff and all other staff attached to the organization are present in numbers to provide services, supports, care and treatment to individuals as required. Staff to individual ratios are, at minimum, 1:1 in CLS.		
6	When individuals are receiving an exceptional rate, the provider follows the staffing requirements outlined in the ER letter. When an exceptional rate requires enhanced staffing, the established staffing ratios for the service are met in addition to the required exceptional rate staffing.		
7	If the organization has a Personal Assistance Retainer, there must be documentation of the beginning and end dates of the absence, reason for absence and the CLS scheduled days and units. The Personal Assistance Retainer does not exceed 30 calendar days in a year.		

9.02 Supervision of Community Living Support Services

(Eff. 2/1/16)

Written policy, procedure and practice document supervision of Community Living Support Services.

Reference:

O.C.G.A. §§ 31-2-5, 31-2-7 and 31-7-300 *et seq.*

#	Criteria	Deficient Practice	Effect / Outcome
1	The organization has a policy in place and substantially practiced that addresses, at a minimum, the following: (1) bonding of employees who perform home management services that permit unlimited access to the individual's personal funds; and (2) supervisory visits.		
2	The provider maintains documentation of bonding of each employee who performs home management services which permit unlimited access to the individual's personal funds. If bonding is provided through a universal coverage bond, evidence of bonding need not be maintained separately in each personnel record.		

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3	Supervisory home visits are made to each client's residence at least every 62 days (for nursing services), 92 days (for personal care services), or 122 days (for companion or sitter services), starting from date of initial service in a residence or as the level of care requires to ensure that the client's needs are met.		
4	Supervisory visits include an assessment of the client's general condition, vital signs, a review of the progress being made, the problems encountered by the client, the client's satisfaction with the services being delivered by the provider's staff, and observations about the appropriateness of the level of services being offered. Routine quarterly supervisory visits are made in the individual's residence and documented in the individual's record or service plan.		
5	If a provider provides companion or sitter tasks, supervision of such tasks is provided by a qualified supervisor (e.g. registered professional nurse, licensed practical nurse, the administrator, or any other staff member assigned responsibility for supervision of the delivery of care.)		
6	Service plans are completed by the service supervisor within 7 working days after services are initially provided in the residence. Service plans for nursing services are reviewed and updated at least every 62 days. Other service plans are reviewed and updated at the time of each supervisory visit. Parts of the plans must be revised whenever there are changes, as applicable.		

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