

KVC Nebraska Developmental Disability Services Policy & Guidebook

Department Overview & Guidelines



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| For any questions or needs related to infection control, please reference the Infection Control Manual located on the pool drive at the following path: P:\Nebraska\Safety Committee\Safety Committee\Infection Control | | | |
| For any questions or needs related to safety policies and protocols (for things such as medical emergency, vehicle emergency, natural disaster, fire, etc.) please reference the KVC NE Safety Manual located on the pool drive at the following path: P:\Nebraska\Safety Committee\Safety Committee\Safety Manual | | | |

DD -1.0.0 OVERVIEW

1.1.0 Manual Purpose

This manual is intended to provide information regarding KVC Health System's (KVC) Developmental Disabilities (DD) Department. This manual's purpose is to provide a general overview for all DD staff, Subcontractors, Shared Living Providers (SLPs), and other KVC staff who require the services of the DD Department. The manual will contain all documentation specific to the DD program, guidelines related to all functions within DD Services, and all policies and procedures applicable to the DD Department. KVC's DD Department follows all licensing rules, regulations, and guidelines as set forth by the Nebraska Department of Health and Human Services (DHHS).

DHHS' rules and regulations need to be reviewed and learned by all staff working within the DD Department. These can be located at: http://dhhs.ne.gov/Pages/reg_t404.aspx

KVC will ensure accommodations are made for any team member or participant in need of interpretation services, adaptations for vision, speech, hearing, and/or cognitive impairments. If a participant is disorientated or his/her ability to understand is impaired, information will be provided again.

1.2.0 KVC Nebraska Mission Statement

"Enriching and Enhancing the Lives of Nebraska Families"

1.3.0 KVC History

In 1970, Wyandotte House was established for eight homeless boys by the Junior League of Johnson and Wyandotte County, the Jaycees, and the juvenile courts in Kansas. Through the years, not only did the programs grow, but the need to expand services to meet the needs of the youth, birth to 22, who had been removed from their homes because of abuse, neglect, and abandonment. In the mid-1980's, the President/CEO and Board of Directors decided to undertake not one, but two, capital campaigns to build a facility on a 55-acre site donated by the City of Kansas City, Kansas and the Board of Public Utilities. The facility is located near the Kansas River or as it is locally known, Kaw River. Following the successful completion of these campaigns and the development of the campus the name of the organization was changed in 1992 from Wyandotte House to Kaw Valley Center (KVC) because a house was no longer descriptive of the organization. In 2004, the agency name was legally changed to KVC Behavioral HealthCare, Inc.

KVC Health Systems, headquartered in the greater Kansas City area, is a private, nonprofit 501(c)3 organization and a national leader in behavioral healthcare, child welfare, and community health and wellness.

What does that mean? It means we help families in crisis by providing support to keep them safely together. We give people the hope and help that prevents suicide and other mental health crises. We provide 24/7 support to children rescued from abuse and neglect, and partner with caring relatives and foster families so they can heal from unimaginable trauma. We work to find children's forever families through adoption, and we give adults the practical parenting skills they need to create a happy, healthy family. We also come alongside complex agencies and systems and share with them best practices that will achieve the results that children, adults, and families deserve.

KVC is committed to its mission of enriching and enhancing the lives of children and families by providing medical and behavioral healthcare, social services, and education. In its over 50-year history, KVC has grown from a single home founded by volunteers to help at-risk boys to a comprehensive organization touching the lives of over 60,000 children and families each year.

The diverse continuum of services KVC offers includes in-home support to keep families together, foster care, adoption, outpatient behavioral healthcare, youth substance abuse treatment, developmental disability services, and psychiatric hospitals. KVC Health Systems is the parent organization of subsidiaries including:

- KVC Kansas

- KVC Nebraska
- KVC Missouri
- KVC Kentucky
- KVC West Virginia
- KVC Foundation
- Camber Mental Health Services

Together, these divisions employ 2,600 passionate employees based at 35 locations.

KVC also works to transform the experience of childhood for all children in the U.S. and abroad through its KVC Institute for Health Systems Innovation. The KVC Institute offers consultation and training, conducts research, and much more.

KVC is recognized for its use of evidence-based practices to achieve strong outcomes. KVC is also accredited by The Joint Commission, a seal which is considered the gold standard in healthcare. For the most current information on programs and services, please see the website at www.kvc.org.

KVC's Corporate Office is located at 21350 W. 153rd St., Olathe, Kansas 66101-5413, (913) 322-4900.

1.4.0 Agency Philosophy

- Provides a well-maintained physical environment - safe, secure, healthy, and clean.
- Maintains that children/youth/adults/individuals with disabilities have rights, the most basic of which is inherent worth, privacy, and the right to confidentiality.
- Expects all persons representing KVC are equally accountable for carrying out the organizational mission.
- Recognizes that, although it is an organization made up of a number of diverse programs and services, it is one organization whose function is to strive for the betterment of the organization.
- Recognizes the need for sound financial principles and practices.
- A commitment to excellence in the quality of our services.
- Encourages community involvement through volunteer participation.
- Encourages children/youth/individuals with disabilities to maintain relationships with their family members, whenever possible and appropriate.
- Supports the personal and professional growth of all KVC staff and representatives through continuing education, encouraging innovation and creativity, advancement, and recognition of outstanding service.
- Children/youth/individuals with disabilities should feel safe in their environment.
- The most desirable place for children/youth to grow up is in their own, caring families, when those families can provide safe and nurturing relationships intended to last a lifetime.
- Every child's and individual's family, however family is defined (including nuclear, blended, extended, tribe or clan, or adoptive), is unique and has value, worth, integrity, and dignity.
- Every family has potential.
- All parents can make good decisions for their family.
- All families have inherent, individual strengths.
- All families should have equal access to quality services.
- All families deserve respect and understanding for their individual belief and/or value systems.
- Crisis situations can present an opportunity for change.
- Creating an inclusive environment for individuals with disabilities is essential in ensuring a high quality of life, where individuals can live, work, and play within their own community.

KVC's mission statement, values, and philosophy are not delineated by program service; rather, they serve as guideposts for the full continuum of care that has been the hallmark of KVC's approach to service delivery.

1.5.0 Policy Expectations

It is the expectation that the policies and procedures in this guidebook will be followed. If unusual circumstances, decisions, assessments, or other activities required by policy or procedure would result in outcomes not in the best interest of a participant or if compliance with a policy is not possible or feasible, an alternative course of action will be taken. The case file will document the reason for the decision and who was involved in making the decision. If the action or decision is required within a specific time frame, the date and/or time of the alternative action or decision must be documented in the case file.

Exceptions to the Developmental Disabilities policy and procedures shall be made by the KVC-NE President and documented in the file. Exceptions will not be made to applicable DHHS rules, regulations, and/or statutes.

1.6.0 Questions, Concerns, and Clarification

Despite every effort to be clear and to cover all situations, questions may arise regarding application of policy and procedure in a particular situation confronting a KVC Team Member. Team members shall discuss any questions or concerns about appropriate actions with their Supervisor. If questions or concerns persist, the Supervisor shall consult with the KVC Program Director for Developmental Disabilities. The Director may authorize contact with appropriate KVC Nebraska Leadership if additional clarification is needed. In cases of emergencies, team members should not hesitate to use emergency cell phone numbers to connect with assistance to aid in providing timely action.

DD - 2.0.0 DEVELOPMENTAL DISABILITIES PROGRAM

2.1.0 Program Goals

KVC's DD Department provides safe, supportive Home & Community Based Services (HCBS) in which participants can be supervised and cared for as their habilitative goals are addressed utilizing a person-centered approach.

Participants in the DD program are exposed to a variety of meaningful activities that enhance their ability to function successfully within the community. The program adheres to the pillars established through HCBS settings – including utilizing the least restrictive environment and enhancing lives through community integration. The KVC DD program is designed to support participants through habilitation and positive behavior supports to increase independence and improve their quality of life.

2.2.0 Program Philosophy

KVC believes that every participant deserves a support system that promotes person-centered planning and enriches their life through providing opportunities for meaningful activities and community integration. These opportunities can include social, spiritual, and/or vocational events. KVC emphasizes providing support to team members, Direct Support Professionals (DSPs), and Shared Living Providers (SLPs)/Subcontractors who are providing direct care to participants. By supporting these individuals, KVC ensures participants served can further their independence in a way which is consistent with their wants, needs, and interests. Participant safety is a top priority while receiving DD services through KVC.

The KVC DD program is based on the following ideals:

- Increasing a participant's informal support system creates greater long-term success.
- Participants have inherent rights and choices related to their lives. All goals and behavioral support plans should be developed considering the choices of the individual being served.
- Positive behavioral supports should be used in place of negative consequences and other punitive measures.
- Participants should be served in the least restrictive setting while encouraging community inclusion.

2.3.0 Program Description

KVC Health Systems is a certified specialized provider for Developmental Disabilities fulfilling the requirements, standards, and regulations for the State of Nebraska. KVC provides individual support through HCBS services for eligible

participants funded through the Department of Developmental Disabilities with DHHS Nebraska. Certain services, such as Shared Living services, may be subcontracted through KVC.

It is the role of KVC team members and subcontractors to provide a safe, healthy setting that supports the individual - both physically and emotionally - in their habilitative and behavioral goals. Structure and support is provided so the participant progresses toward their identified goals. Each participant will receive the necessary medical, dental, vision, and mental health prevention necessary for their care. Clear expectations and consistency are of utmost importance.

DD - 3.0.0 TYPES OF SERVICES

3.1.0 Community Integration

Service Code 9845

Community Integration is a habilitative service, which provides teaching of self-help, behavioral, socialization, and adaptive skills that enhance social development. Community Integration provides an opportunity for the participant to practice skills taught in therapies, counseling sessions, or other settings to plan and participate in regularly scheduled community activities. Community Integration takes place in the community in a non-residential setting.

3.1.1 Community Integration Conditions of Provision

- A participant chooses each service based on their needs. Services should increase independence and community integration; and the chosen waiver services and who provides them are documented in the participant's Person-Centered Plan (PCP).
- Community Integration includes:
 - Habilitative activities designed to increase independence and personal choice;
 - Opportunities to make connections and interact with community members; and
 - Assistance with activities of daily living, health maintenance, and supervision.
- Community Integration is a habilitative service and must include habilitation programs. Individual habilitation programs must be conducted, and data recorded each time the service is provided.
- Examples of Community Integration include but are not limited to:
 - Teaching a participant how to join and participate in a community group, church group, book club, card club, or a fishing club;
 - Teaching a participant how to go shopping, attend a concert, go out to eat, or attend a sporting event;
 - Teaching a participant how to join and participate in volunteer activities, such as an animal shelter or Meals on Wheels;
 - Teaching a participant how to get around the community by using public transportation or riding a bike.
- A portion of this service can be delivered virtually, which includes but is not limited to:
 - The participant's needs must be able to be met with verbal cueing and other support that can be provided virtually.
 - Available to participants in the basic and intermediate funding tier;
 - The majority of Community Integration provided each week must be provided in-person;
 - The total combined hours for virtual supports may not exceed a weekly amount of 10 hours; and
 - These 10 hours are included in the 1820 per year cap of day services.
- Community Integration has the following limitations:
 - During Community Integration, a participant may not do paid or unpaid work for which others are typically paid, but can participate in volunteer activities and hobbies, which earn minimal money.
 - During Community Integration, a provider cannot bill for non-integrated activities, such as van rides or going to empty parks, when there is little or no opportunity for interaction with community members.
 - The majority of the time billed in a week for Community Integration must occur in the community.
 - A participant may receive Community Integration in combination with other day services, but the total combined hours cannot exceed 1820 hours per year.

- Community Integration shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant’s local school district, including after-school supervision and daytime services when school is not in session (such as summer breaks and/or scheduled school holidays, in-service days). Services cannot be provided during the school hours set by the local school district. Regular school hours and days apply to a child who receives home schooling.
- A Community Integration provider or provider staff must not provide Community Integration to individuals (18 years and older) and children (13 and younger) at the same time and location, unless approved by DDD Central Office. When Community Integration is provided to a child and adult at the same time and location, there must be documented approval in the PCP.
- Participants receiving Community Integration cannot receive Child Day Habilitation.
- This service cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
- Community Integration can be provided in the hospital setting when a participant is admitted for critical care.
 - Supports are designed to meet the needs of the participant while in a hospital setting and to assist in a smooth transition back to their home.
 - Supports include teaching skills that will help the participant to maintain their current level of independence, providing behavioral support as needed, and assistance with daily living activities that assist the participant with their treatment and recovery while in the hospital.
 - Supports do not include any health maintenance activities, treatments, procedures, medication administration, or practices, which must be done by hospital staff.
 - The person-centered service plan will be updated when this service is provided in a hospital setting and when the participant leaves the hospital.

3.2.0 Consultative Assessment Service Service Code 7783

Consultative Assessment is provided when a behavior support plan is developed and implemented to assist participants in maintaining their current living environment while ensuring their safety and the safety of others. Consultative Assessment is necessary to improve the participant’s independence and inclusion in their community.

3.2.1 Consultative Assessment Conditions of Provision

- A participant chooses each service based on their needs. Services should increase independence and community integration; and the chosen waiver services and who provides them are documented in the participant’s Person-Centered Plan (PCP).
- Consultative Assessment includes:
 - Observing a participant where they live and receive services in-person or by Telehealth;
 - Completing a behavioral assessment; A behavioral assessment identifies specific problem behavior, the purpose or function of the behavior, identifies positive replacement behavior, and makes recommendations to address the problem behavior. The behavioral assessment is used to develop a positive behavior support plan to teach positive replacement behaviors and reduce problem behaviors.
 - Developing a positive behavior support plan, safety plan, and other supports;
 - Providing training on the behavior support plan, safety plan, and other supports;
 - Giving recommendations to the participant’s PCP team; and
 - Implementing, evaluating, and revising the behavior support plan, safety plan, and other supports as necessary.
- Consultative Assessment is not a habilitative service, however, it assists in the development of habilitative supports.
- Consultative Assessment has the following limitations:
 - Consultative Assessment cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
 - For participants under the age of 21 years, this service is available through Medicaid as part of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

3.3.0 Independent Living

Service Code 2639

Independent Living is a habilitative, intermittent service, which teaches the participant skills related to living independently and community integration. Independent Living is provided in the participant's private home.

3.3.1 Independent Living Conditions of Provision

- A participant chooses each service based on their needs. Services should increase independence and community integration; and the chosen waiver services and who provides them are documented in the participant's Person-Centered Plan (PCP).
- Independent Living includes activities of daily living, such as but not limited to:
 - Personal hygiene;
 - Laundry and household chores;
 - Meal preparation;
 - Activities in the community; and
 - Social and leisure skills.
- A portion of this service can be delivered virtually, which includes but is not limited to:
 - The participant's needs must be able to be met with verbal cueing and other support that can be provided virtually;
 - Available to participants in the basic and intermediate funding tier;
 - The majority of Independent Living provided each week must be provided in-person; and
 - Virtual supports may not exceed a weekly amount of 10 hours in the 70-hour weekly amount.
- Independent Living is a habilitative service and must include habilitation programs. Individual habilitation programs must be conducted, and data recorded each time the service is provided.
- Independent Living has the following limitations:
 - Independent Living is an intermittent habilitative service provided to a participant who does not require continuous support 24 hours a day.
 - Independent Living cannot be provided when the participant is sleeping.
 - Independent Living is only available for a participant aged 19 years or older.
 - Independent Living is generally provided in the participant's private home.
 - Independent Living cannot be delivered in an agency provider owned or leased, operated, or controlled residence.
 - Independent Living can be provided for up to three participants at the same time. Groups of more than three are not allowed within this service.
 - Participants receiving Independent Living cannot receive: Behavioral In-Home Habilitation; Medical In-Home Habilitation; Continuous Home; Host Home; Shared Living; Respite; Supported Family Living; or Youth Continuous Home.
 - Participants receiving Independent Living cannot earn money during the service.
 - Independent Living shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant's local school district, including after school supervision and daytime services when school is not in session (such as summer breaks and/or scheduled school holidays, in-service days). Services cannot be provided during the school hours set by the local school district. Regular school hours and days apply for a child who receives home schooling. Independent Living cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
 - Independent Living has a weekly cap of: 70 hours for the CDD Waiver; 25 hours for the DDAD Waiver; and 70 hours for the FSW; A week is defined as 12:00 am Monday through 11:59 pm Sunday.

3.4.0 Shared Living

Service Code 1472

Shared Living is delivered in a private home owned or leased by an individual, couple, or a family chosen by the participant, and who is an independent contractor of the provider agency authorized to deliver direct services and support. The Shared

Living contractor and the participant live together in the sole residence, and the participant shares daily life with the Shared Living family in their home and community.

3.4.1 Shared Living Conditions of Provision:

- A participant chooses each service based on their needs. Services should increase independence and community integration; and the chosen waiver services and who provides them are documented in the participant's Person-Centered Plan (PCP).
- Shared Living includes adaptive skill development of activities of daily living (ADLs) such as: Personal grooming and cleanliness; Laundry; Bed making and household chores; Eating and the preparation of food; Inclusive community activities; Transportation; Personal Care; Health maintenance activities; Supervision and protective oversight; and Social and leisure skill development necessary to enable the participant to live in the most integrated setting appropriate to their needs.
- Shared Living can be provided when a participant is admitted to an in-patient, acute care hospital, due to a critical health or safety concern. Support includes: Habilitation to maintain learned skills; Implementation of behavioral support, when needed; Assistance with activities of daily living to support the participant's treatment and recovery. This level of support will assist the participant to not regress or lose learned skills they had before they were in an in-patient, acute care hospital.
- KVC does not currently provide this service through health maintenance monitoring or remotely; Should this occur, KVC will follow all applicable DHHS regulations surrounding this level of care, and will update policy accordingly.
- Placement is limited to those individuals who demonstrate any of the following assessed risks as determined by the State's approved functional needs assessment: Behavioral/Harm to Self and Others; Lack of natural supports for appropriate supervision and monitoring, based on the care needs of the participant; or Residential instability in the last two years; Or when requested, a clinical review of a participant's unique needs may be conducted to determine if Shared Living is appropriate when not otherwise indicated by the State's approved functional needs assessment.
- Shared Living has the following limitations: Shared living is only available to participants aged 19 and older. Exceptions may be requested for participants aged 18 and under and will be subject to DDD Central Office approval. No SLP or adult living in the home can serve as day staff for any participant living in their home. A DD agency provider cannot own or lease the home in which Shared Living is provided. The total number of state-funded individuals (including participants served in the waiver) living in the home is based on the participant's assessed need but cannot exceed two (2) unless approved by DDD Central Office. Participants receiving the Shared Living daily rate cannot receive Host Home, Continuous Home, Independent Living, or Supported Family Living on the same day. Participants receiving Shared Living cannot receive Respite, LRI Personal Care, and Homemaker.
- During awake hours, the Shared Living contractor must provide supervision as indicated by assessed needs and as documented in the participant's service plan. Overnight, the Shared Living contractor may be asleep but must be present and available to respond immediately to the individuals' needs and emergencies.
- Back-up staff must be chosen by the participant, documented in the participant's service plan, and must meet all provider qualifications. The amount of back-up staff hours is limited to not more than 360 hours per annual budget year.
- A lease, residency agreement, or other form of written agreement will be in place for each participant receiving Shared Living service. The participant has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant laws of the state, county, city, or other designated entity
- 3.4.2 Shared Living Provider Requirements: The agency provider must complete a Home Study Survey with any potential SLP contractors in the home and with all adult members of the household.
- When there are changes to the home, a new Home Study Survey must be done.
- For all new SLP settings, the agency provider must complete the Home Study Survey on-site at least seven (7) calendar days before the participant's team meeting. Providers must upload a copy to Therap in a case note and submit to the participant and their guardian.
- The Home Study Survey can be found online in the DHHS DDD Policy Manual. When Service Coordination has a concern about the placement or survey response, the SC will work with the agency provider to make any updates

or corrections. The agency provider is responsible for ensuring all concerns are addressed and resolved with the SLP. Service Coordination reviews all submitted surveys and materials and discusses with the participant's team. They may move forward with a service authorization or a placement denial at any point in this process. Service authorizations will not be approved until the SLP has completed the Home Study Survey, has a compliant Final Settings Rule Site Assessment, is affiliated with Maximus, has completed a Service Coordination on-site walkthrough, and a team meeting has been held to discuss the potential placement. When the placement is denied, the agency provider, not the SLP, may request a fair hearing.

- No person residing in the natural family home of the participant will be approved to be a Shared Living Provider when caregiver capacity needs are identified on the interRAI assessment. Caregiver capacity will be reassessed annually.
- The agency provider must document on-site visits: Monthly for Basic-High Tier participants, and two times per month for Advanced-Risk Tier participants.
- In each 90-day period, the agency provider must make unscheduled visits: At least two visits for Basic-High Tier participants, and four visits for Advanced-Risk Tier participants.
- When an SLP is supporting a participant on the Basic, Intermediate, or High Tier, there can only be two state funded people in the home, including CFS, Probation, and DD, AD, or TBI Waivers. No other state-funded people are allowed to live in the home when the participant is on the Advanced or Risk Tier. The agency provider must notify the SC when a person funded by any HCBS Waiver, CFS, Probation, or any other state agency lives in the home. Service Coordination will verify approval of CFS, Probation, or any other state agency before approving the SLP.
- When an SLP is supporting a participant on the Advanced-Risk Tier, there must be two providers living full-time in the home and available during residential service hours, on the contract. When a participant is approved for a temporary exception funding request, a participant may continue to live in their current SLP with one provider on the contract for the duration of the temporary exception funding.
- When an SLP has children under the age of 13, another adult must live full-time in the home and be noted in the Home Study Survey, to provide care and supervision to the child in the event of an emergency.
- Any residence that the SLP and participant live in must have its own United States Postal Service-recognized address. No separate basement apartments, apartments over garages, or apartments not fully integrated into the home are permitted.
- The agency provider is responsible for uploading documentation in Therap case notes: The completed Home Study Survey; The lease, signed by the participant or guardian; and The SLP Contract, signed by the SLP and agency provider.
- Failure to comply with staffing ratios for specific risk tiers either initially or anytime thereafter may result in denial of SLP approval. Requests for exceptions to this shall be submitted to DHHS central office to be evaluated and determined whether, at DHHS's discretion, an exception should be allowed.
- When SLP approval is denied, the Agency Provider may appeal the decision by requesting a fair hearing. An SLP does not have the right as a sub-contractor to initiate an appeal.
- In addition to all other requirements, two years of human services experience is preferred, but not required.
- DDD Central Office Approval is required for any participant 18 years or younger to receive waiver services in a Shared Living setting. No parent, or person residing in the natural family home, of the participant will be approved to be a Shared Living Provider.

3.5.0 Supported Family Living

Service Code 7494

Supported Family Living is a habilitative, intermittent service teaching the participant skills related to living independently and community integration. Supported Family Living is provided in the participant's private family home.

3.5.1 Supported Family Living Conditions of Provision

- A participant chooses each service based on their needs. Services should increase independence and community integration; and the chosen waiver services and who provides them are documented in the participant's Person-Centered Plan (PCP).

- Supported Family Living includes teaching adaptive skills in activities of daily living such as but not limited to:
 - Personal hygiene;
 - Laundry and household chores;
 - Meal preparation;
 - Activities in the community; and
 - Social and leisure skills.
- Supported Family Living is a habilitative service and must include habilitation programs. Individual habilitation programs must be conducted, and data recorded each time the service is provided.
- A portion of this service can be delivered virtually, which includes but is not limited to:
 - The participant’s needs must be able to be met with verbal cueing and other support that can be provided virtually;
 - Available to participants in the basic and intermediate funding tier;
 - The majority of Supported Family Living provided each week must be provided in-person; and
 - Virtual supports may not exceed a weekly amount of 10 hours in the 70-hour weekly amount.
- Supported Family Living has the following limitations:
 - Supported Family Living is an intermittent habilitative service provided to a participant who does not require continuous support 24 hours a day.
 - Supported Family Living cannot be provided when the participant is sleeping.
 - Supported Family Living is generally provided in the participant’s family home.
 - Some of this service can also be provided in the community for social and leisure activities.
 - Supported Family Living cannot be delivered in an agency provider owned or leased, operated, or controlled residence.
 - Family Living cannot be provided in an independent provider’s home.
 - Supported Family Living can be provided for up to three participants at the same time. Groups of more than three are not allowed within this service.
 - Participants receiving Supported Family Living cannot receive Behavioral In-Home, Habilitation, Independent Living, or Medical In-Home Habilitation.
 - Participants receiving Supported Family Living cannot receive on the same day for: Continuous Home; Host Home; Shared Living; or Youth Continuous Home.
 - Participants receiving Supported Family Living cannot earn money during the service.
 - Supported Family Living shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the participant’s local school district, including after school supervision and daytime services when school is not in session (such as summer breaks and/or scheduled school holidays, in-service days). Services cannot be provided during the school hours set by the local school district. Regular school hours and days apply for a child who receives home schooling.
 - Supported Family Living cannot overlap with, replace, or duplicate other similar services provided through Medicaid.
 - Supported Family Living has a weekly cap of: 70 hours for the CDD Waiver; 25 hours for the DDAD Waiver; and 70 hours for the FSW; A week is defined as 12:00 am Monday through 11:59 pm Sunday.

3.6.0 Transportation

Service Code 3764

Transportation is a service to provide non-medical transportation to and from Medicaid HCBS DD Waiver services, community activities, and resources. This is a standalone service, separate from transportation included in other waiver services.

3.6.1 Transportation Conditions of Provision

- A participant chooses each service based on their needs. Services should increase independence and community integration; and the chosen waiver services and who provides them are documented in the participant’s Person-Centered Plan (PCP).
- Transportation must be provided in a vehicle in good working order, which meets the participant’s needs, including any necessary adaptations, such as a wheelchair lift.
- Agree and assure that the following vehicle standards are met:
 - Be in compliance with all applicable city, county, state, and federal requirements regarding licensing, registration, and insurance policies;
 - Be in compliance with all regulatory requirements for vehicle safety and maintenance if regulated by the Public Service Commission or Nebraska Department of Roads;
 - Not allow smoking in vehicles when transporting participants; and
 - Ensure that safety restraints, including car seats/booster seats, are supplied and available for proper use by each participant transported.
- Transportation is not a habilitative service.
- Examples of Transportation include but are not limited to:
 - Transportation offered by a DD provider;
 - Taxi or other car service; or
 - Purchase of a handivan pass or city bus pass.
- Transportation has the following limitations:
 - Transportation cannot replace other options, such as natural supports. These options should be fully utilized and may include: Specialized transportation from local community aging services; Medical Transportation services offered by a participant’s Medicaid Managed Care Organization (MCO); and Natural supports, including family, friends, and co-workers.
 - Transportation does not include transportation to medical appointments. Non-emergency medical transportation is offered through the participant’s MCO.
 - Transportation is provided for a participant to go to and from a location using the most direct route.
 - Transportation cannot overlap with, replace, or duplicate other similar services provided through Medicaid.

DD - 4.0.0 PARTICIPANT RIGHTS AND RESTRICTIONS

4.1.0 Participant Rights

A person with a developmental disability has the same legal, human, and civil rights and freedoms guaranteed to all citizens. People do not give up their rights when they accept services from Division of Developmental Disabilities or other state programs. References to participant rights mean the rights of the participant themselves, not a person legally authorized to act on behalf of the participant.

As an individual receiving services through DHHS, and with KVC, you have the following rights:

1. The right to be treated with respect and dignity as a human being
2. The right to receive services regardless of gender, race, creed, marital status, national origin, disability, sexual orientation, ethnicity or age
3. The right to be free from abuse, neglect, and exploitation
4. The right to privacy
5. The right to have access to personal records and to have services, supports and personal records explained so they are easily understood
6. Freedom of movement
7. The right to make choices and decisions for oneself
8. Freedom of thought and speech
9. The right to access public places
10. The right to access and control one’s own possessions and money
11. The right to have access to information and records relating to use of individual budget for services provided

12. The right to access one's own residence
13. Freedom of religion
14. The right to form relationships and contact or communicate with anyone
15. The right to receive mail which has not been opened and use the phone and internet without monitoring
16. The right to live independently in the community one chooses
17. The right to be compensated at or above minimum wage for work in the same manner as a person who is not disabled
18. The right to seek and maintain competitive integrated employment when one chooses
19. The right to seek resolution of rights violations or quality of care issues without retaliation
20. The right to participate in political and public life

KVC trains team members and sub-contractors to understand participant rights and focus on assisting participants to exercise their rights. This includes respecting the rights, lifestyle, and personal beliefs of the participant and supporting their choices. In addition to honoring participant rights and assisting participants to exercise their rights, providers have a responsibility to help participants understand that rights also come with responsibilities. To participate in community life fully, participants must be taught what is expected of them when certain choices are made.

A participant may have difficulty maintaining their own safety due to physical disability, lack of skills or knowledge, or behavioral concerns. In these situations, it may be necessary to limit a participant's rights to address an identified risk. A rights restriction is any support or practice limiting a participant's rights. Rights cannot be restricted without due process. Continue to Section 4.2.0 for more information on Rights Restrictions.

Statement of Responsibilities:

As a participant receiving services with KVC, you are responsible to:

1. Provide a complete and accurate report of historical needs and services as well as current needs and services;
2. Be present for scheduled appointments and let KVC know if there is a need to reschedule;
3. Be as honest and open as possible with KVC and your caregiver;
4. Consider guidance given by your caregiver and/or other case professionals;
5. Adhere to all safety plans (if applicable);
6. Follow through on treatment recommendations and strategies to meet identified goals;
7. Contact your assigned KVC Specialist or KVC on-call if you do not feel safe or feel your needs are not being met.

4.2.0 Restrictions

To the fullest extent possible, KVC will not suspend or restrict an Individual's rights. If a restrictive measure is considered:

1. A rights restriction can only be used to address a real and immediate risk to the health or safety of the participant or others, or risk of the participant committing a crime.
2. A rights restriction used for a participant cannot affect another participant in the same setting, to the greatest extent possible.
3. A rights restriction cannot be used as punishment or discipline.
4. A provider cannot use a rights restriction for their convenience. A provider cannot use a restrictive intervention because it is easier for the provider or a provider employee or contractor than using a non-restrictive intervention to address the same risk.
5. A provider cannot use a rights restriction due to a shortage of provider employees or contractors. A participant's rights cannot be restricted to reduce the number of employees or contractors required to meet the needs of all participants in a setting, including arrangements for temporary shortages.
6. A rights restriction may be used with a habilitation program, but cannot be used instead of a habilitation program;
7. A rights restriction cannot be used as part of a positive behavior support plan;
8. A provider cannot use a rights restriction when there is a less restrictive option to address the risk.
9. There must be a plan for reducing or eliminating a restriction;

10. Before considering a rights restriction, there must be documentation of less restrictive options used, which were not successful; and
11. A rights restriction must be safe for the participant.

DD - 5.0.0 CERTIFICATION REQUIREMENTS

5.1.0 Nebraska Department of Health and Human Services (DHHS) Policy Standards

KVC Nebraska must complete the following tasks to become certified as a specialized provider serving individuals with intellectual and/or developmental disabilities:

1. Complete DHHS application to become a specialized provider
 - a. Designate the choice to become a provider of individual support options services and obtain certification as described in 404 NAC, chapters 4 and 5
2. Submit a letter of intent to become a specialized provider through DHHS
3. Submit KVC's policies and procedures for the DD program
 - a. KVC policies and procedures must be available to staff; describe the providers' operation and how systems are set up to meet Individuals' needs; be in compliance with 404 NAC; and be reviewed annually and revised if needed
4. Obtain an agency Medicaid number
5. Comply with the applicable provider requirements in 404 NAC Regulations
6. Comply with all applicable federal and state laws and regulations and local codes
7. Support individuals with developmental disabilities who have chosen individual support options to increase independence, habilitation, and community integration
8. Ensure that the type and intensity of services specified in the Individual Support Plan (ISP) are commensurate with identified strengths and preferences that enhance community membership

KVC Nebraska must make available certification, licenses, and public inspection records to the public upon written request. Additionally, KVC must allow DHHS Nebraska staff access to all records or other documents relating to the operation and all Individuals served, as DHHS deems necessary.

DD - 6.0.0 SHARED LIVING RECRUITMENT ROLES AND RESPONSIBILITIES

KVC trains and utilizes a diverse population of SLPs to meet the needs of participants in the residential program. Consequently, KVC's recruitment of SLPs must be comprehensive, thorough, and consistent. KVC prides itself on recruitment strategies that reflect the cultural, ethnic, and emotional/behavioral needs of individuals who have intellectual and/or developmental disabilities. KVC's recruitment efforts involve attending and participating in local activities in the community and conducting presentations to shed light on the importance of caring for individuals with disabilities. Recruitment considerations include, but are not limited to:

- The identification of SLPs who can meet the needs of individuals requiring support with emotional, mental, and/or behavioral health needs
- The SLP's commitment to provide exceptional, quality care to improve the life of an individual with disabilities through habilitation and community inclusive activities
- Evaluating homes to serve diverse populations, including individual considerations for culture, language, and accessibility
- The SLP's willingness to foster relationships within an individual's support system (i.e. relationships with friends/family), as well as within their community

Recruitment activities include but are not limited to:

- Recruiting and certifying SLPs or individuals who already have a relationship with the participant receiving services
- Seeking prospective SLPs and enhancing awareness through presentations and communications with local schools, community organizations, and policy makers
- Utilizing local media to increase the community's awareness of a need for SLPs for individuals from their areas;
- Developing recruitment materials that are specific to each community's demographics
- Participates in local community events
- Seeking families of diverse culture, economic, and linguistic backgrounds

6.1.0 Becoming a Shared Living Provider with KVC

KVC is certified as a specialized provider by the Department of Developmental Disabilities. As a specialized provider, KVC can provide services, recruit and train caregivers, and submit billing to DHHS, Department of Developmental Disabilities (DDD). Shared Living services are defined as a residential living arrangement where an individual pays for room and board and the Department pays for residential services. Shared Living Providers subcontract with KVC to deliver services. Legal guardians are not permitted to provide Shared Living services to individuals under their guardianship. Shared Living Providers are not permitted to serve more than two Shared Living participants in their home, or two state-funded individuals, unless otherwise approved by DHHS. It is KVC's policy that Shared Living Providers cannot serve participants through another agency while contracting with a KVC participant. KVC, in addition to subcontractors, must comply with all applicable federal, state, and local subdivision laws, ordinances, and regulations.

The process to become a Shared Living Provider through KVC is as follows:

1. Fill out KVC's Online Application
2. Attend a Meet & Greet Interview with a KVC representative
3. Complete Background & Reference Check Forms
4. Complete & submit additional paperwork (W-9, insurance information, etc.)
5. Complete KVC's SLP Orientation
6. Complete KVC's SLP in-person certifications (Mandt, Med Aide, CPR)
7. Meet with KVC to complete home study & on-site visit as the final step to become certified

After becoming certified, KVC will consider potential placements for Shared Living Providers. This process takes into consideration participant wants, needs, and interests; It is not on a first come, first served basis. Once an individual is identified as a fit for the home, KVC will contact the SLP to review potential placement referral information. KVC and the provider use a mutual selection process, where both parties agree the placement is sustainable. After all parties are in agreement with the placement, the provider is asked to complete the intake process with DHHS and KVC. This includes signing a subcontract with KVC.

In some circumstances, DHHS may not require certain subcontractors to become licensed foster care providers to care for youth in the Shared Living service who are involved with Child and Family Services (CFS); however, KVC will encourage and in some situations may require a family to be licensed through foster care to meet contractual obligations and for compliance with state and federal outcomes.

6.2.0 KVC Non-Discrimination Policy

KVC does not discriminate against prospective, certified, or licensed families and/or subcontractors based on race, color, religion, gender, sexual orientation, national origin, age, disability, or any other characteristic protected by law. The family must be able to provide individuals and children with a safe environment that recognizes and respects individual characteristics and rights.

DD - 7.0.0 INTAKE PRACTICES

7.1.0 Entry of a Participant into KVC Services

Upon introduction to KVC services, KVC will complete intake paperwork within 14 days of placement to ensure the individual's wants, needs, and interests are met. This document contains both current and historical information to best serve the individual, including, but not limited to:

- Contact Information for individual, guardian, case manager, payee, and any additional supporting individuals/agencies
- Demographic information
- Communication Preferences
- Reason for referral
- Goals
- Day plans, such as day services, work, school, or alternative programming
- Social Information
- Substance Abuse History
- Medical Needs
- Mental Health Supports, including history of trauma
- Nutrition Screening
- Pain Screening

To complete an intake, KVC will:

1. Gather and review referral information regarding the individual, to the greatest extent possible.
 - a. KVC should attempt to become aware of the individual's preferences, strengths, and needs
 - b. KVC will make every attempt to meet with the individual face-to-face before an intake
 - c. Every effort will be made to have prospective SLP matches meet with the individual before an intake
2. Consider the safety of all individuals in the decision to accept new participants into services or the location of the services.
 - a. Neighborhood and physical environment should be considered related to the individual's history
 - b. Considerations will be made related to the history of suicide/homicide attempts, self-harm, aggression, elopement, law-enforcement involvement, hospitalizations, etc.
 - i. All participants of the DD Shared Living program will complete a Columbia Suicide Risk Assessment upon entry to Shared Living, within 7 days, regardless of involvement with other KVC departments or prior episodes of care within the Shared Living program
 - ii. If any potential safety or risk factors exist, a safety plan should be drafted, trained, and implemented prior to intake
3. Consider capacity, commitment, and resources necessary to provide supports to the individual for long-term placement.

KVC may choose to begin care or services for an individual prior to completing the screening/assessment process for several reasons including the needs of, and safety issues related to, the individual served. At a minimum KVC will develop a preliminary plan that addresses safety. This plan may focus on risks such as harm to self or others, elopement, sexually maladaptive behaviors, and other immediate safety concerns. KVC will make every effort to ensure that baseline behavioral and habilitation data is being assessed in the absence of an individualized plan at intake. (TJC CTS 01.03.01)

Upon entry into KVC services and annually thereafter, participants served, and their guardians (if applicable) will be informed of the participant's rights and responsibilities, grievance policy, and privacy policy. The information will be

presented in a manner that is easily understood, using communication techniques that are accessible for the participant (in their native language, verbal and/or in writing, etc.).

DD - 8.0.0 RESIDENTIAL STANDARDS

8.1.0 Residential Placements

When determining the most suitable planned or emergency placement (including respite) for an individual in DD services, KVC adheres to several core beliefs:

- KVC strives to provide individuals with inclusive home settings, which foster independence and provide the least restrictive environment possible. SLPs will support an individual's success in habilitation, community inclusion, and mental/behavioral healthcare. This placement should be culturally responsive to the individual
- KVC promotes an individual's connections to informal supports. This includes contact with family, friends, other relationships, and building relationships within one's own community. Additionally, the SLP may have additional informal supports that may enhance the lives of individuals served.
- KVC encourages the use of back-up staff to provide breaks and respite for SLPs, which includes habilitative services to participants; Back up staff must be fully trained with KVC to provide waiver services to participants
- KVC will utilize culturally and linguistically appropriate practices as another avenue of exploring and understanding an individual's culture and connections. This will enable KVC team members to have a better understanding of the individual's culture and the importance of their history, expectations, fears, and hopes

8.1.1 Dually Licensed Homes

If the SLP is licensed as a foster home and is serving a youth in the foster care system that may also have an intellectual and/or developmental disability, the following is a general guideline of the compliance/safety standards that must be checked by the licensing specialist with the specific data contained in the home study:

Rooms which are clean, dry, well-ventilated, in good repair, and easily cleanable as well as the following:

- At least 35 square feet per individual excluding bedrooms, bathroom(s), and kitchen; additionally, bedrooms with at least 35 square feet for each child occupying them;
- Rooms primarily used for other purposes are not used as a bedroom for foster children;
- All bedrooms are accessible directly without having to go through another bedroom and have the existence of door for privacy;
- Children are provided with a bed, bedding, and a place to store their belongings;
- Separate bedrooms are provided for children of opposite sexes unless otherwise approved
- Every home shall provide conveniently located toilet facilities at a ratio of one (1) toilet to six (6) children;
- Bathrooms must be kept clean, in good repair, well-lit, and well-ventilated;
- Toilets must be fully enclosed;
- Heating is maintained at least 65 degrees Fahrenheit during cold weather;
- Nighttime temperatures must not be less than 60 degrees Fahrenheit;
- Non-electrical heating is vented;
- Non-electrical portable heaters are not used; and,
- Electrical heaters, if used, are UL listed and securely attached to the wall, floor, or ceiling.

Foster homes licensed for six (6) or fewer youth will maintain all fire safety requirements which includes but is not limited to the following:

- A plan for evacuation from fire or like hazard is formulated and practiced with foster children;
- The foster parent shall ensure that bedrooms located below grade level, used by foster children, are protected by a single station approved smoke detector and maintained according to the manufacturer's recommendations; and operable smoke detectors which are located on each level of the home;

- The foster home must have at least two exits on grade level.
- Foster homes must have at least two means of escape from every level of the home used for care. One of the exits may be a window that is at least 5.7 square feet of clear space and no more than 44 inches off the ground.

Foster homes licensed (or housing) more than six (6) youth will maintain all fire safety requirements which includes but is not limited to the following:

- Meeting all requirements contained in the "Life Safety Code, Edition 1994," for Small Residential Board and Care Facilities. These facilities must be inspected by the State Fire Marshal or the local fire authority having jurisdiction.

Additionally:

- All weapons and firearms are deactivated and locked or stored in a locked cabinet or area; and,
- All ammunition is stored in a locked cabinet or area and stored separately from firearms.
- For foster homes with pets, the Licensing Specialist assures that family pets are in accordance with local and state laws as well as having proper vaccinations. Documentation of current and regular vaccinations must be assessed during the initial and renewal home study process.
- Food is provided which meets each child's daily nutritional needs;
- All food storage and food storage areas are clean, dry, and free of insects and rodents;
- Food preparation, eating, and drinking utensils are cleaned after each use; and,
- Any refrigerator used for storage of perishable food is clean and in good repair.

8.2.0 Shared Living Roles and Responsibilities

The following are roles and responsibilities of KVC subcontracted Shared Living Providers.

Responsibilities to Participants:

- Provide a safe, comfortable, and well-kept environment for individuals to live including but not be limited to:
 - Having a separate bedroom, including a bed and a place for the individual's belongings
 - Abstaining from participating in activities that could put the individual's health at risk (i.e. smoking inside the home)
 - An ethical, moral lifestyle
- Provide for the individual's basic physical, behavioral, habilitative, and emotional needs
- Provide support for school or vocational services, including: transportation, monitoring progress, observing supports, recognizing accomplishments, and attending necessary meetings. Additionally, the SLP will provide relevant information to the Shared Living Specialist and other members of the participant's team
- Provide transportation to medical/dental appointments, mental health appointments, work, family interaction time, team meetings, court and other activities requested by the individual
- Facilitate medical, dental, and vision appointments annually, or as recommended by a medical professional, including regular checkups as well as attending specialty appointments; This includes any emergency appointments
- Maintain regular communication with teachers/vocational supports, medical professionals, case professionals, legal parties, and biological family or guardian as appropriate and applicable
- Provide spiritual, cultural, vocational, and recreational activities that promote the healthy development of the individual, as the individual chooses, to enrich their quality of life by increasing access to meaningful activities
- Provide consistent habilitation, guidance, and redirection considering both age and developmental appropriateness
 - Redirection is not to include any prohibited practices, including but not limited to corporal punishment, isolation, or any form of physical discipline/neglect
- Ensure that upon departure from the Shared Living service the following will be sent along with the individual:
 - All personal belongings including clothing, medications, earnings, and savings
 - Any item purchased specifically for and given to the individual during placement

Responsibilities to the Agency:

- Keep KVC informed of problems and progress of the individual, including immediate notification of critical incidents; Incidents must be reported to KVC Specialist or On-Call within 4 hours
- Work cooperatively with KVC team members and participant's team in promoting the individual's safety and well-being
- Participate in KVC monthly walkthroughs, with adherence to KVC's home guidelines (i.e. equip with first aid kit, fire extinguisher, evacuation plan, etc.)
- Provide all required documentation by the specified date/time determined by KVC guidelines; Documentation includes Medication Administration Records, Financial Records, Daily Habilitation and Behavioral Data, Appointments, etc.
- Submit background checks for any individuals residing in the residence, ages 13+, or individuals who have regular contact with the participant in services, as determined by KVC
- Uphold all HIPAA confidentiality practices while reviewing files, participating in pre-placement visits, and caring for individuals.
- Communicate with KVC Specialist before respite care will occur for any individual in care.
- Communicate prior to any change of circumstance within the Shared Living service. In the event of an emergency, the SLP should notify KVC as soon as possible. Examples include but are not limited to the following:
 - Change of address, contact information, additional people living/staying in the home;
 - Taking an individual out of the state or country of residence;
- Communicate any contact with law enforcement; This includes contact with any member of the Shared Living household.

In addition to the above responsibilities, KVC has a practice of monitoring medical, therapeutic, and specialty appointments or extracurricular activity cancellations, whether the cancellation is initiated by the SLP or the community providers themselves. As part of that monitoring, KVC will notify the participant's team if there are more than three consecutive cancellations or refusals to attend. The participant's team is tasked with discussing next steps, which could include finding new community providers, dis-enrollment from activities that the individual is not interested in attending, implementing an action plan for the SLP to increase compliance with the responsibility of getting individuals to appointments, etc. Further steps will be determined at the discretion of KVC.

8.3.0 Ending a Shared Living Subcontract

KVC can at any time choose to no longer subcontract with a Shared Living Provider. Reasons KVC may terminate a subcontract include:

- Concerns of abuse, neglect, exploitation, or endangerment of a participant
- Concerns regarding participant safety or lack of supervision
- Violation of rules and/or regulations, in accordance with DHHS DDD
- Substantiated evidence of committing, aiding, or abetting an unlawful act
- Other - at the discretion of KVC

Should KVC decide to reevaluate a subcontract, a meeting will be held with the KVC Standards Team. This team, which contains individuals of varying positions and departments at KVC, will base their decision on information and circumstances independent to each case. Ultimately, the decision to terminate a contract is made at the discretion of the Developmental Disability Services Director. In the event KVC chooses to no longer subcontract with an SLP, KVC will notify the SLP via phone call, email, and/or mailed letter as well as notify DHHS and the participant's team members if applicable. This closure letter will be placed in the SLP file maintained by KVC.

All individuals interested in becoming subcontractors should understand that at any given point in time, they may be subject to an allegation. Allegations involving Shared Living Participants result in an internal assessment by KVC, and possible investigation. The allegation may be investigated by Child Protective Services and/or Adult Protective Services. If an immediate safety concern is noted, the individual in services may be moved from the residence until the investigation is completed. The following are common outcomes of an investigation:

- Unsubstantiated findings – no changes
- Removal of the individual in the SLP's care
- Discontinuation of the subcontract with KVC
- Placement on the Nebraska Central Registry for Child or Adult Abuse

It is a KVC requirement to respond to and/or investigate allegations, observations, and suspected cases of abuse, neglect, and exploitation that occur in the care of a KVC SLP within 14 business days of notification or notification by DHHS Surveyor or CPS/APS investigator. Immediately after receiving information of the allegation, contact shall be made with the SLP, with subsequent updates occurring as needed. It is imperative that KVC team members understand that no information can be provided to the SLP about the hold, allegations, or any other specific data provided to KVC from DHHS. Any details provided could compromise the investigative process; Disclosing unauthorized information may result in disciplinary action, up to and including termination.

8.4.0 Shared Living Provider Address Changes

If a KVC SLP plans to make a physical address change they must notify KVC immediately, as their subcontract is attached to their physical residence.

- KVC Program Support Specialist or Shared Living Specialist conducts a home visit to assess safety and compliance with KVC's home walkthrough
- Guardians for participants have the right to approve or deny an individual's move based on the physical surroundings and/or change of address. The SLP move should not occur before the approval by the participant's team
- Updates should be made to the individual's file to reflect the address change

8.5.0 Termination of Services from KVC

KVC may terminate services to an individual when it is determined it is no longer safe or possible to serve the individual due to lack of resources, skills, or capacity. KVC is obligated to give written notification to the individual and/or their guardian and DHHS service coordination no less than 60 days prior to the final day of services. The notification will outline the reasons for termination of services.

If an individual receives funding through a contract addendum with enhanced rates, notification must be given no less than 90 days prior to the final day of services.

If KVC terminates services, a KVC representative will participate in a transition meeting facilitated by the DHHS service coordinator in conjunction with the participant's team and new/prospective provider. A plan will be developed and agreed upon by the team and include:

1. A primary focus on the individual's needs and preferences
2. Timelines for continued supports
3. Support and strategies that are needed for the new provider
4. Supports and strategies that are needed for KVC to continue to meet the needs of the individual during the transition period prior to the termination and/or move date

KVC may be required by DHHS to continue providing services to the individual for an additional 10 days to allow more time to find a suitable placement option if one has not been found.

If an individual, guardian, or Shared Living Provider decides to voluntarily terminate services with KVC, they must provide written notice to KVC no less than 30 days prior to the final day of services. The individual must fulfill any housing lease agreement they hold. A plan will be developed and agreed upon by the participant's team and include:

1. A primary focus on the Individual's needs and preferences
2. Timelines for continued supports
3. Support and strategies that are needed for the new provider
4. Supports and strategies that are needed for KVC to continue to meet the needs of the Individual during the transition period prior to the termination and/or move date

DD - 9.0.0 KVC TEAM ROLES AND RESPONSIBILITIES

KVC will maintain sufficient staff to provide the services, supports, and supervision required to meet the needs of individuals being served through the Department of Developmental Disabilities.

9.1.0 DD Team Roles and Responsibilities

9.1.1 Director of Developmental Disability Services

The **Director of Developmental Disability Services** is responsible for the oversight, expansion, and quality programming of the overall Developmental Disabilities program.

The **Director of Developmental Disability Services** is responsible for:

- The overall management of the provision of services
- Establishing and ensuring compliance with policies and procedures in accordance with 404 NAC & DHHS
- Protecting and promoting health, safety, and well-being
- Ensuring quality services are provided to meet the needs of participants, whether services are provided directly by KVC team members or KVC subcontractors
- Ensuring budgetary goals are met
- Monitor progress towards department Key Performance Indicators (KPIs) and goals
- Hiring and retaining qualified KVC team members

9.1.2 The Administrative Supervisor of Developmental Disability Services

The **Administrative Supervisor of Developmental Disability Services** is responsible for the support and supervision of KVC Shared Living Specialists. The Shared Living Supervisor's primary goal is to provide support and oversight of Shared Living Specialists and Direct Support Professionals to assure that individuals placed in the Shared Living service are safe.

Other Roles of the **Administrative Supervisor of Developmental Disability Services**:

1. Provide initial support for placement to include:
 - Participation in the intake process
2. Through supervision, ensure adherence with:
 - DHHS NAC Rules and Regulations
 - Federal, state, and local laws governing DD services
 - KVC policies and practices
 - Recommendations based on allegations, concerns, or issues regarding the Shared Living service
3. Provide ongoing support to Shared Living Specialists and Direct Support Professionals to include:
 - Regular supervision to review client programs
 - Information related to community resources
 - Guidance with development of habilitation and behavioral programming
 - Guidance and oversight of the safety plan development
 - Phone/email contact as needed with the Shared Living Specialist, Direct Support Professional, and/or the participant's team

- Assist in on-call and face-to-face crisis support and problem-solving; demonstrating care and support when and if there is the need for an internal investigation;
4. Assist the SLP with the following:
 - Understanding updates to KVC’s DD program to include changes in expectations, roles and responsibilities, team member reassignments, and contact information
 - Informing of all KVC activities, training, and other applicable resources for the individual in their care;
 - Support Shared Living Specialists in arranging respite when requested by the SLP and making sure that all the required approvals are obtained prior to the respite occurring
 5. Ensure the completion and/or updating of the following:
 - Intake forms/packet
 - Subcontracts
 - Bi-weekly billing
 - Continuity of supports across the following documents: FBA, ISP, Behavior Tracker, Safety Plan
 - Habilitation Plan
 - Behavioral Support Plan, based on FBA recommendations
 - Medical protocols
 - Shared Living documentation to include progress notes, medication logs, incident reports, habilitation data, behavioral data, safety plans, management of funds, etc.
 - Intake, annual assessments, and interpretation of the results

9.1.3 Developmental Disability Services Behavioral Health Clinician

The **Developmental Disability Services Behavioral Health Clinician** is responsible for: monitoring the quality and effectiveness of the assigned service area’s programs and services outcomes through effective data evaluation; organization and oversight of Functional Behavioral Assessments (FBA’s), oversight and direction for HHS (Health and Human Services) identified individuals receiving “Risk” services, oversight for the development of safety plans and behavior support plans. The Clinical Supervisor will use their expertise to provide opportunities for staff development, and provide program insight and recommendations.

Other Roles of the Developmental Disability Services Behavioral Health Clinician:

1. Provide ongoing support to Shared Living Specialists and Direct Support Professionals to include:
 - Clinical supervision related to individuals with dual diagnosis
 - Guidance with development of habilitation and behavioral programing
 - Guidance and oversight of the safety plan development
 - Phone/email contact as needed with the Shared Living Specialist, Direct Support Professional, and/or the Participant’s Team
 - Assist in on-call and face-to-face crisis support and problem-solving; demonstrating care and support (without disclosing protected information) when and if there is the need for an internal investigation
 - Interpretation of assessment results
2. Provide ongoing support to Participant teams, to include:
 - Attendance at intake meetings and/or ISP meetings, as needed, to review Consultative Assessments
 - Assistance in the development of behavioral and mental health recommendations
 - Interpretation of assessment results
3. Assist the SLP with the following:
 - Understanding FBA recommendations
 - Understanding the supports and/or programs written as a result of the FBA
4. Ensure the completion and/or updating of the following:
 - Functional Behavioral Assessment
 - Behavioral Support Plan
 - Safety Plan
 - Behavior Trackers

- Other pertinent professionals
6. Assist with the completion and/or development of all necessary documentation to include:
 - Intake forms/packet
 - Subcontracts
 - Bi-weekly billing
 - Habilitation Plan
 - Behavioral Support Plan, based on FBA recommendations
 - Medical protocols
 - Shared Living documentation to include progress notes, medication logs, incident reports, habilitation data, behavioral data, safety plans, management of funds, etc.
 - Respite communication and agreement documentation
 - Intake & annual assessments

9.1.5 Program Support Specialist

The **Program Support Specialist** will engage with various individuals and community organizations to establish relationships with the goal of building community support, advocacy, and awareness of KVC's DD Department. The primary purpose of the Program Support Specialist is to match potential Participants with appropriate resources within KVC's DD Department. This may include, but is not limited to: Matching participants with KVC Shared Living Providers, connecting participants to Independent Living services, or connecting participants to Supported Family Living services. Additionally, the Program Support Specialist will assist the DD Department with documentation, supporting participant needs, and identifying respite for individuals in care.

Other roles of the **Program Support Specialist**:

1. Maintaining contact with SLPs to ensure KVC has a variety of providers available to serve the needs of the community
 - The Program Support Specialist will assist with updating records to reflect the current home structure and/or preferences for current and/or unutilized SLPs
2. Communicate with Shared Living Specialists regarding support of SLP homes
 - The Program Support Specialist is responsible for collecting receipts / ledgers, completing and sending payee reports, completing Medicaid eligibility renewals, and completing Social Security Reviews.
3. Provide initial support to individual intakes into the KVC Shared Living Program, including:
 - Matching a DD Participant with an SLP who can support the individual's needs
 - Assistance with intake paperwork
 - Requesting participant documents & supporting documentation surrounding the individual's needs
 - Initiating external referrals, as needed, based on intake assessment

9.1.6 Program Specific Teacher

The **DD Program Specific Teacher** will recruit and train SLPs to become certified providers through KVC. They will work with the provider to complete all required trainings to become an active provider with KVC. Additionally, they will keep records to ensure providers are up to date with current requirements, as determined by DHHS and KVC. The DD Program Specific Teacher is supervised by the Training, Learning, & Professional Development department, but will work closely with the Developmental Disabilities Department to ensure program needs are met.

Other roles of the **DD Program Specific Teacher**:

1. Collect pertinent information from SLP to initiate SLP Certification process (i.e. background screening forms)
This position is also responsible for keeping SLP records up to date with current KVC certification requirements
2. Provide continuous training opportunities for both initial & renewed SLP certifications.
3. Recruit a diverse SLP population in terms of race, ethnicity, service areas, etc.; Also a diverse SLP population who can support individuals with varying needs including, but not limited to: educational, medical, physical, emotional, and behavioral support needs.
4. Assist the SLP with the following:

- Understanding updates to KVC’s DD program to include changes in credentialing expectations, roles and responsibilities, team member reassignments and contact information
 - Upcoming trainings that will enrich the SLP’s experience especially for care of Individuals with developmental disabilities
 - Initiate the renewal of trainings & certifications (i.e. Mandt, Med Aid, CPR) within 90 days of expiration
5. Provide initial credentialing support to include:
- Face-to-Face/Virtual Interviews with potential SLPs
 - Assist in the completion of all required certification documentation
 - Completion of all SLP trainings & competencies
 - Assuring compliance of all DHHS-NAC Policy Rules and Regulations, all Federal, State, and local laws, as well as KVC standards & SLP requirements

9.1.6 Direct Support Professional

KVC Community Integration, Independent Living, and Supported Family Living services will be performed by a **Direct Support Professional (DSP)**. DSPs are responsible for providing direct, person-centered care to individuals in the DD program. DSPs will work hands-on with participants in HCBS activities and events corresponding to their service line. The DSP will assist participants with living self-directed lives, as well as increasing their independence.

Other roles of the **Direct Support Professional** includes:

1. Assisting participants/guardians with understanding participant rights and responsibilities, in accordance with:
 - DHHS NAC Rules and Regulations
 - Federal, state, and local laws governing DD services
 - KVC policies and practices
 - Recommendations based on allegations, concerns, or issues regarding the Shared Living service
2. Provide ongoing support to include:
 - In-person habilitative support in an HCBS setting
 - Virtual support as needed, within guidelines of state regulations
 - Supervision and support to participants at their assigned tier, in alignment with state regulations
 - Phone/email contact as needed
 - Assist family, caregivers, and support team members with updates, assistance, and helpful tools and resources in alignment with services provided
 - Sharing KVC activities, trainings, and other applicable resources for participants
3. Complete documentation of care, including:
 - Proper documentation of clocking in/out of shift via Electronic Visit Verification System (EVV), as applicable
 - Documentation and upkeep of habilitative goals for participants
 - Providing documentation for interactions and support via online portal
 - Providing proper incident notifications and documentation via online portal
 - Ensure proper documentation is gathered for any pertinent information in day-to-day care, i.e. medical or therapeutic updates
 - Ensuring timely and accurate documentation
 - Support in arranging respite when requested by the SLP and making sure that all the required approvals are obtained prior to the respite occurring

9.2.0 KVC Advisory Committee

In addition to the Program Director for Developmental Disability Services, KVC will have a governing board and a local advisory committee in compliance with Neb. Rev. Stat. 83-1217 and 83-1218. Members of the advisory committee must meet the criteria outlined in the state statute to include more than one of the following:

- a) Persons with developmental disabilities
- b) Family members and/or guardians of persons with developmental disabilities

- c) Persons who are interested community members

Members of the advisory committee include:

- Megan Pendley
- William Bridges
- Ty Thompson
- Kari Rumbaugh
- Miranda, Craig, & Malichi Coleman
- Nola Mosley
- Jo Roberts & Stephen Morton
- Taisa Brumagen
- Carrin Meadows

9.3.0 KVC Team Member Engagement

At KVC Nebraska we want team members to have their best day at work every day. Imagine it... Everyday team members wake up energized and passionate, feel deeply connected to our organization and its mission, co-workers, and the work they get paid to do. These days, time flies by because team members are doing what they do best and having fun while doing it. As more KVC team members have their best days at work more often, we strengthen our culture. All (really, 100%) business outcomes are tied to employee engagement. Whether someone gets paid to perform the duties of a Supervisor or a Specialist, have been here 10 years, or this is a team member's first day on the job - the workplace experience matters, and we want to hear about it. While we listen 365 days a year, twice a year all team members of KVC Health Systems are asked to participate in the Gallup Q12 Employee Engagement Survey. During this survey team members will share their workplace experience. After this survey team members will have focused time with their team to look at the survey results and further share their experience. Through this sharing an action plan will be developed that is focused on how to improve our culture of engagement. Team members' role in our culture of engagement is critical - be heard, contribute to the plan, and own your engagement.

9.3.1 Clifton Strengths

At KVC Nebraska we understand that each individual is made of a unique combination of strengths. We believe in focusing on each individual's strengths to assist staff in being able to do what they do best every single day. We know that it takes commitment to be the best a person can be and we strive to provide the best tools to assist staff to succeed in this mission. Within their first week of employment, each KVC Nebraska staff member takes the Clifton Strengths Assessment and receives their top five strengths. All KVC staff members are eligible to receive strengths coaching from a certified strengths coach during their employment at KVC Nebraska.

9.4.0 Team Member and Subcontractor (Shared Living Provider) Background Checks

KVC will recruit, orient, train, manage, and retrain qualified team members and subcontractors with the skills necessary to meet the needs of individuals and respond to emergencies. KVC will maintain evidence of the following:

1. All KVC team members and subcontractors must have verification of their ability to work in the state of Nebraska based on Neb. Rev. Stat. 4-114.
 - a. KVC will verify this via the online E-Verify system and/or the individual will provide KVC with verification of self-check.
2. KVC team members and subcontractors providing direct services for individuals must be at least 21 years old.
 - a. Those providing supports and/or back-up care on a temporary/short term basis for Shared Living Providers when they are unavailable or unable to provide the required support must be 19 years old and known to the participant (i.e., family members of the SLP, close family friends, previous staff, neighbors, etc.). These supports and/or back-up caregivers must be trained and deemed competent as a service provider and have current background checks.

3. KVC will ensure the safety of individuals served by complying with the following background checks for individuals ages 13 or older (excluding individuals served) living within a Shared Living Household:
 - a. Central Register of Child Protection Cases and the Adult Protective Services Central Registry in the Department.
 - b. Nebraska State Patrol Sex Offender Registry;
 - c. National Criminal Background Check

The national criminal background check will be completed on an annual basis. If the required criminal history check indicates that the person has been convicted of any crimes listed in 404 NAC 4-003.02 (below), then the person may not work alone with Individuals served by the Department of Developmental Disabilities.

4. KVC will not accept results and documentation of criminal history checks that are completed more than 180 days before the staff person's hire date.
5. KVC will retain results of each new staff person's criminal history checks for one year following the termination of employment.
6. If a team member or subcontractor is found to be listed on the Central Register of Child Protection Cases or the Adult Protective Services Central Registry in the Department, the Nebraska State Patrol Sex Offender Registry, or found to have a criminal history, KVC will determine whether there is risk of abuse, neglect, exploitation, or sexual misconduct to individuals served. KVC will document any decision to maintain a team member or subcontractor listed on the registry or found to have a criminal history, including how that decision was made and the provider's plan to reduce risks to the individual(s) being served and to provide protections, if necessary.

All KVC team members and subcontractors are expected and required to notify the Program Director of Developmental Disabilities if they are convicted of the crimes listed below or if his/her name is placed on any of the Department's registries.

KVC will not allow employees or subcontractors found to be convicted of the following crimes to work alone with individuals served through the Department of Developmental Disabilities:

- A crime against a child or vulnerable adult
- A crime of a nature, duration, or pattern that calls into question their regard for the law
- A crime involving the illegal use, possession, or distribution of a controlled substance
- A crime that, if repeated, could injure or harm a participant

This includes any crimes that are pending or awaiting trial. Additionally, in accordance with Provider Bulletin No. 24-04, the following crimes will be subject to exclusion from the Shared Living Provider program:

- **Permanent exclusion:**
 - Homicide or manslaughter
 - Child pornography
 - Neglect, physical abuse, or sexual abuse
 - Rape or sexual assault
- **5-year exclusion:**
 - Program-related crimes
 - Patient abuse or neglect related crimes*
- **5-year exclusion for a felony or a 3-year exclusion for a misdemeanor:**
 - Crimes against a person including, but not limited to assault, domestic violence, or terroristic threats
 - Destruction of property
 - Fraud
 - Controlled substance/drug related crime*
 - Involvement in Human Trafficking
 - Robbery, burglary, or any manner of theft
 - Weapons charge(s)
- **5-year exclusion for those that provide transportation services:**
 - Driving Under the Influence - two of any combination of DUI pending charges or convictions
- **In exclusion while in effect:**
 - Currently the respondent of a protection order b. Active warrant

*Two offenses = 10-year exclusion, three or more offenses = permanent exclusion

KVC team members and/or subcontractors who provide direct care services may not work alone with individuals served through the Department of Developmental Disabilities until the registry checks and criminal history background checks are reviewed.

DD 9.5.0 - DD Team Education Requirements

The Program Director for Developmental Disability Services requires a minimum of a Master's degree in human services, or a closely related field. An exception may be considered based on additional years of experience working with individuals with developmental/intellectual disabilities and/or individuals or youth with severe mental health and/or behavioral issues.

The Administrative Supervisor for Developmental Disability Services requires a minimum of a Bachelor's degree, with a Master's degree preferred. Some exceptions may be considered based on additional years of experience working with individuals with developmental/intellectual disabilities and/or individuals or youth with severe mental health and/or behavioral issues.

The Developmental Disability Services Behavioral Health Clinician requires an LIMHP to participate in and/or supervise the development of Functional Behavioral Assessments and the oversight of participants on the HHS Risk waiver. In lieu of an LIMHP, a PLMHP may be considered under the supervision of an LIMHP who is employed by KVC.

The Program Support Specialist requires a minimum of a Bachelor's degree and two years of relevant experience, to include health and human services, accounting, or administrative experience.

Shared Living Specialists require a minimum of a Bachelor's degree (preferably in social work) and two years of work experience in human services or related field. Some exceptions may be considered based on additional years of experience working with individuals with developmental/intellectual disabilities and/or individuals or youth with severe mental health and/or behavioral issues.

Direct Support Professionals require a high school diploma. Additional work experience in a human services or related field is preferred. Experience working with individuals with developmental/intellectual disabilities and/or individuals or youth with severe mental health and/or behavioral issues will be considered.

DD - 10.0.0 TRAINING

KVC training and verification of competencies must be conducted by HR (Human Resources), the Training Coordinator, the Program Supervisor or Director, or someone else with expertise who is qualified by education or training in those areas.

Any team member or subcontractor will not work with an individual one-on-one without completing training on the participant's habilitation, behavioral, and safety plans as well as any medical protocol in place.

Additionally, any KVC team member or subcontractor who provides a service for which a license, certification, registration, or other credential is required must hold the license, certification, registration, or credential in accordance with applicable state laws. KVC will maintain documentation of the of the team member and/or subcontractor credentials.

10.1.0 KVC Team Member Training Requirements

All KVC team members are required to complete New Employee Orientation (NEO) before assuming their role/position. NEO is coordinated by the training coordinator and occurs over the first week of employment. The following sessions are mandatory prior to case assignment:

- HR Basics – Policy, Benefits, Payroll, and Safety
- Technology Set Up
- KVC Overview and Organizational Know How
- Bloodborne Pathogens
- Cultural Competence
- Employee Handbook
- Defensive Driving
- Child Passenger Safety
- Trauma 101
- Question. Persuade. Refer
- Confidentiality/HIPPA
- Crisis Prevention
- Mandatory Reporting
- Position Specific Training

New team members must show competence in NEO sessions by achieving 100% on post-session evaluations. Hiring managers facilitate Position Specific Training. At the conclusion of NEO and Position Specific Training, the competence of new employees is assessed by the hiring manager. When an employee is assessed to be competent for their role, they can be assigned cases/workload and begin working independently.

Over the course of the first year of employment, New Employees are required to complete four sessions of Ongoing Learning Days (OLD). OLD is two consecutive days for each quarter of the New Employees first year. OLD is facilitated by the Training Coordinator. Completion of OLD expectations within the first year of employment is the responsibility of the New Employee.

Quarter 1

- Safety in the Workplace
- Crisis Management
- Strengthening Families Act 101: RPPS
- Child Welfare Risk Factors
- Criminogenic Risk Factors
- Safe & Connected: Assumptions Underlying Practice
- Creating a Wellbeing Plan
- CliftonStrengths

Quarter 2

- Ethics
- Human Development
- Healthy Sexual Boundaries
- Career Wellbeing
- Goal Writing Workshop
- Behaviorism 101
- Safe & Connected: Critical Thinking

Quarter 3

- Domestic Violence
- Human Trafficking Prevention
- IEP/504 Plans
- Critical Thinking, Decision Making, and Problem Solving
- Culture of Poverty
- Relationship Skills with Clients and Colleagues
- Safe & Connected: Consultation and Information Sharing Framework

Quarter 4

- The Joint Commission
- Finalizing a Wellness Plan
- Mental Health Diagnosis and Treatment
- Substance Use and Abuse
- Soft Skills for Helping Professionals
- Social Determinants of Health
- CliftonStrengths

10.1.1 DD Position Specific Training

DD team members must complete specific trainings in order to provide quality services. These trainings include:

- DD Overview
 - Contract Review
 - 404 NAC Regulations
 - 403 NAC Regulations
- Program Guidebook
- KVC DD On-Call
- Columbia Suicide Assessment
- Risk Management/Safety Plans
- Position Specific Assessments, Data reporting, and Meeting requirements
- Position Specific Forms and Documentation
- Position Specific Billing Processes
- Position Specific shadowing, as applicable
- Medication Aide Certification
- Mandt
- DD Regulations (404 NAC)
 - Overview of Developmental Disabilities
 - Definitions
 - Habilitation, Socialization, Age-Appropriateness
 - Incident Reporting
 - Individual Rights & Choice
 - ISPs
 - Management of Personal Funds
 - Mandatory Reporting
 - Positive Behavioral Supports & Plans
 - Rights & Restrictions
 - Rights Review Committee
 - Emergency Safety Intervention (Mandt)
 - Adaptive/Augmentative Devices (as necessary)
- Therap
 - Medical Appointments
 - Individual Data Forms (IDF's)
 - Secure Communications (SCOMM)
 - T-Logs
 - GER's (Incident Reporting)
 - MARS
 - ISP Program: Creating New Program ISP Data & Documentation
 - ISP Data Reports

10.2.0 Annual Training Requirements

Additional behavioral trainings may be required or provided on an ongoing basis.

A minimum of twenty-four (24) hours of training is required by all staff before working alone with Individuals served through the Department of Developmental Disabilities to include Mandt, CPR/First Aid, and Medication Aide, medical protocol, and safety planning.

All KVC team members must complete competency evaluations and be approved by the Program Director for readiness to assume a caseload.

Existing case carrying team members are required to complete 20 hours of continuing education annually. Non-case carrying or part-time employees are required to complete 10 hours of continuing education annually. For case carrying employees, hours must be earned through attending training outside of the agency for at least 2 trainings or 6 hours (whichever occurs first). Certificates of attendance from training outside of the agency must be submitted to the Training Coordinator for recording and filing. To ensure credits for internal training, staff are required to sign-in for training on the training sign-in sheet. Although the Training Coordinator keeps a record of all internal training attended, team members are encouraged to maintain their own records.

10.3.0 Subcontractor (Shared Living Providers) Training Requirements

All KVC SLPs are required to be trained in the following before providing services in their home:

- Individual Choice
- Individuals Rights & Choice, in accordance with state and federal laws
- Dignity and respectful interactions
- Confidentiality/HIPAA Awareness and Compliance
- Mandatory Reporting – abuse, neglect, and exploitation
- Emergency procedures
- CPR/First Aid/ Universal Precautions/Infection Control
- Mandt
- Positive Behavioral Supports
- Implementation of ISP & Interdisciplinary Process
- Habilitation, Socialization, Age-appropriateness
- Adaptive Devices (as necessary)
- Medication Aide Certification
- 404 NAC Regulations
- 403 NAC Regulations
- Individual Support Plan
- Individual Medical, Behavioral, and Safety protocols
- Universal Precautions

KVC offers many opportunities for SLPs to receive continuing education hours. Both our Eastern Service (ESA) and Southeastern Service Area (SESA) offices offer regular quarterly training for all SLP's. Dates, times, and topics are announced as they are scheduled.

All training and competencies will be documented in the team member or subcontractor's file once they are successfully completed. Documentation will include:

- Topic
- Date staff or subcontractor attended training
- Verification of competencies and date verified

- Name of person conducting the training

10.4.0 Team Member Record Requirements

KVC will maintain employment and work records for all team members. The record will include;

- Staff name
- Position title
- Date of hire
- Initial and Ongoing training
- Certification and licensing information (if applicable)
- Background checks
- Job qualifications
- Personnel actions (if applicable)
- Date and times worked
- Location of hours worked – specifically the main office where the employee is housed.
- Any decision to maintain a staff listed on the registry or found to have a criminal history, including how that decision was made and KVC’s plan to reduce risks to the individuals being served and to provide protections, if necessary

10.5.0 Subcontractor (Shared Living Providers) Record Requirements

KVC will maintain records for all subcontractors. The record will include;

- Subcontractor name
- Application
- Initial and Ongoing training
- Certification & licensing information (if applicable)
- Background checks
- Driver’s license and auto insurance (if applicable)
- Home Owner/Renter’s insurance
- Any decision to maintain a subcontractor listed on the registry or found to have a criminal history, including how that decision was made and KVC’s plan to reduce risks to the individuals being served and to provide protections, if necessary

DD - 11.0.0 GENERAL RECORD KEEPING

11.1.0 Participant Records

KVC creates records/files for compliance with The Joint Commission (TJC) Accreditation standards as well as for contractual requirements. The files for SLPs and participants will be placed within the DD Department files and kept electronically in accordance with the DHHS electronic system. Records kept by KVC will be easily accessed through a web-based record-keeping service. KVC will ensure that current and applicable records relating to participants are readily available to staff when providing services. If there are changes in ownership (caseload, new staff, etc.), all participant records must be transferred to the current owner. If KVC were to dissolve, an administrator or another staff member will notify the department in writing of the location and storage of individual records. All individual files will be kept electronically. All files will be secured and remain confidential. All files will be maintained in accordance with contract requirements which require KVC to maintain records for six years after termination of services.

The DD Department has established deadlines for paperwork completion, filing, as well as file audits to include higher level reviews.

KVC will permit a subcontractor (Shared Living Provider) to view their file in a KVC office location; However, a copy is prohibited to be made unless relevance of need can be established. KVC can permit an SLP to view a participant file if relevance of care to the individual can be established.

Participants served by KVC have accessibility to their KVC file based on the legal guardian's approval and relevance of the request and potential impact of file information on mental health or wellbeing. Legal guardians are permitted access to all information contained in the participant's KVC file upon request.

The Participant's Record will include the following information:

- Date of intake with KVC
- Name, gender, birthdate
- Current photo and physical description
- Primary language
- Individual's guardian (if applicable), phone number, and address
- Individual's emergency contact, phone number, and address
- Individual's physician and other health care professionals, phone number, and address
- Individual's Service Coordinator with DHHS, phone number
- Relevant medical information including medical conditions, medications, diagnosis, immunizations
- Documentation of medical, dental, vision, and specialist appointments and follow-up instructions
- Incident Reports
- ISP
- Habilitation Programs and corresponding data
- Behavioral Modification Programs and corresponding data (if applicable)
- Safety Plan (if applicable)
- Individual's Rights Notification
- Notice of Charges
- Financial Records and accounting (if managed by provider)
- Social History Information

11.2.0 System Outage

In the event of prolonged system downtime due to system failure or a power outage, KVC has the following in place:

The KVC NE phone tree will be utilized to ensure communication with all team members

- Paper forms are available for team members and participants to collect necessary information that will be in a central location known to all that need them
- Upon notification that the system is back up, a designated person will enter necessary data/information as soon as the system is available
- After the information has been entered into the respective systems, the paper document is immediately destroyed

11.3.0 Confidentiality and Release of Information

All files will be locked, secured, and remain confidential. KVC's DD Department utilizes secure electronic files to ensure confidentiality. Releases of information will be required for any individual/entity requesting a participant's file. The participant's file and/or information will be released upon request to the individual and/or their guardian if one is assigned. KVC will ensure written consent is obtained before releasing requested information. Releases of information should be renewed annually. This includes releases/consents/authorizations for medical treatment. It is the assigned Specialist's responsibility to ensure that current releases of information are on file.

Participants and/or their guardians are provided with the HIPPA Notice of Privacy Practices that describes how the participant's medical information can be disclosed by KVC and how they may gain access to their medical records. During intake KVC team members will present this document to individuals and/or their guardians. DD team members will also

inquire about questions or concerns related to HIPAA. Participants will acknowledge receipt of privacy practices by signing the Consent and Authorization for Services.

KVC team members and subcontractors are responsible to maintain confidentiality of state wards/vulnerable adults and case specific information. Posting of pictures or information regarding state wards/vulnerable adults is prohibited on all social media websites, such as Facebook, Twitter, Instagram, Snapchat, etc. unless documented permission is granted by the participant or their guardian if one is assigned.

11.4.0 Rights Review Committee

KVC will establish a Rights Review Committee that meets no less than semiannually. The Rights Review Committee functions to review:

- Any situation that requires the use of Emergency Safety Intervention
- Incident Reports involving abuse/neglect/exploitation or death
- The use of psychotropic medication
 - Additions of psychotropic medications
 - Increases in psychotropic medication dosages
- Restrictive Measures
- Any situation where violation of an individual's rights occurred
- Internal Investigations

The review may include obtaining additional information and gathering input from the affected individual and his/her guardian (if applicable) to make recommendations to the provider. The Rights Review Committee may use sub-committees to complete its work but must document reports of the sub-committees to the overall committee in the minutes of meetings held. Interim approvals of psychotropic medications and restrictive measures are allowed in circumstances that require immediate attention. The interim approval may be done by a documented designee of the committee, who must be a current member of the Rights Review Committee, and the meeting must document the final approval by the overall committee.

Rights Review Committee membership must:

- Must be comprised of persons free from conflict of interest or who will ensure the confidentiality of information related to Individuals served.
- The person responsible for approving the individual's program and any staff who provide direct services to the individual cannot participate as decision makers
- Half of the committee must be non-KVC DD team members

11.5.0 Individual Support Plan - ISP

The ISP is an individualized person-centered plan that specifies agreed upon services to be delivered to the individual to meet identified needs. The ISP team meets semi-annually at a minimum. The ISP must be a plan to offer habilitation services and supports to Individuals. The ISP must be based on preferences and comprehensive assessments. KVC team members will participate in the development of the annual ISP and take the necessary steps to ensure that the ISP documents the ISP team review, discussions, and decisions. The ISP is developed through an ISP team process. The ISP team assigns responsibility for obtaining and providing services to meet the identified needs of the individual. The ISP team consists of the individual in services, legal representative (guardian, if applicable), DHHS service coordinator, KVC representative(s), and other individuals chosen by the participant. Other individuals could include mental health therapist, informal supports, family (who are not the guardian), etc. The individual in services has the right to object to a particular KVC representative. When an individual raises an objection, the ISP team must attempt to accommodate the objection while allowing participation by a KVC representative.

The ISP team must utilize a team approach and work toward consensus development of a meaningful, outcome-driven ISP for the individual. Services such as support and programs to learn new skills must be identified in the ISP. KVC then must develop a specific written plan with enough detail to consistently implement these services (Habilitation Plans, Safety Plans, Behavioral Support Plans, etc.) KVC will ensure that written plans are based on goals identified in the ISP for the development of functional skills. Support and programs must be flexible and subject to change when circumstances change, or the support is no longer needed or effective.

11.6.0 Habilitation Plans

Every individual in KVC services will have a habilitation plan to acquire, retain, and improve their life skills. This habilitation plan is to ensure the individual is able to function with as much independence as possible, enhance their choice and self-management, and help the individual participate in the rights and responsibilities of community membership. Habilitation will be observable in daily practice and identifiable in the ISP and supporting documentation. Habilitation is an ongoing planned process that includes comprehensive assessments, an individualized plan, training and supports, service delivery, documentation of the service delivery, measuring progress of the plan, and monitoring supports to determine if the supports continue to meet the needs of the individual. Habilitation requires that:

1. The Individual Support Program is developed based on the individual's preferences with input from the ISP team members, and strengths and needs are accurately assessed. Individual strengths will be leveraged to create ongoing, meaningful change.
 - a. In residential settings, the Shared Living Specialist is responsible for creating the Habilitation plan
 - i. SLP's are responsible for documentation of data within the plan
 - b. In community-based settings, Supervisors will work with DSPs to create the Habilitation Plan
 - i. DSPs are responsible for documentation of data within the plan
2. The ISP team must prioritize needs so that:
 - a. The individual is challenged to overcome barriers that result in the need for specialized services
 - b. The highest level of independence in all areas of community living is achieved
3. Strategies and supports must be developed that are:
 - a. Based on prioritized needs
 - b. Relevant to the ISP
 - c. Functional
 - d. Tailored to the individual's needs, and respectful of individual choice
 - e. Services supporting the individual in working towards one's own goals
 - f. Person-centered, including use of the individual's ideas and words
 - g. Documented in the ISP
4. Training and support are consistently implemented in all settings as the need arises and as opportunities occur. Incidental learning and appropriate behaviors are encouraged and reinforced.
5. Activities and environments must facilitate acquisition of skills, appropriate behavior, greater independence, and person choice.
6. Performance is accurately measured and training or support or both are modified based on data and changes in Individual circumstances
7. Monitoring of service delivery must be provided and, if needed, cause actions to occur to ensure needs are addressed.

Individuals with conditions that make further growth or development unlikely must receive training and support designed to maintain skills and functioning and to prevent further regression to the extent possible.

The Habilitation plan will identify individualized goals, objectives, interventions, and strategies focused on meeting the unique needs of the individual, enhancing existing skills, and developing new skills. The objectives within the Habilitation Plan are steps to achieve goals, and should be specific enough to measure change over time. The plan of care must be individualized based on emotional, behavioral, developmental, educational, spiritual, physical, cultural, and linguistic needs of the individual.

Progress related to Habilitation will be assessed on an ongoing basis and documented daily by the SLP or DSP unless otherwise specified in the plan. Habilitative goal data is reviewed, at minimum, on a monthly basis by KVC team members to assess goal progress and program performance. Habilitation plans may be adjusted and/or discharged upon the completion of a goal, as defined by the individual goal's criteria. Should a plan be discharged, a new habilitation plan would be created to identify new goals for the individual.

11.7.0 Positive Behavioral Supports

When an individual requires a Behavioral Support Plan, KVC will develop a plan using Positive Behavioral Supports to emphasize positive approaches directed towards maximizing the growth and development of everyone. Positive Behavioral Support Plans are required when a recurring, occasional, or frequent behavior has been identified that affects or could potentially affect the individual's safety or quality of life. In developing a Behavioral Support Plan, KVC will:

1. Assess the communicative function of the identified behavior of concern for the individual
 - a. This will be completed through a Functional Behavioral Assessment. The assessment will focus on what purpose the identified behavior serves in the Individual's life. This assessment will be completed by an LIMHP (or PLMHP under supervision of an LIMHP), APRN, or PhD
2. A plan for the individual must be developed that emphasizes positive meaningful activities and options that are inconsistent with the identified behavior of concern.
3. For residential services, the Shared Living Specialist is responsible for creating the Positive Behavioral Support Plan. A mix of planned meaningful activities and individualized support will be incorporated into the plan
4. For community-based services, Supervisors will work with DSPs to create the Positive Behavioral Support Plan.
5. KVC will incorporate a description of potential stressors and triggers that may lead to an individual crisis. Once identified, these will be incorporated into the safety plan for implementation
6. Data will be collected on the Behavioral Support Plan that was developed. Data will be analyzed, and progress will be tracked monthly
 - a. In residential settings, daily documentation of the data is done by the SLP
 - b. In community settings, daily documentation of the data is done by the DSP
7. Changes to the plan will be made and implemented if no progress is shown or data is not meaningful

Examples of Positive Behavioral Supports and Interventions can include but are not limited to:

- Behavioral Contracting
- Teaching through Modeling and Imitation
- Teaching Social Skills
- Systematic Attention and Approval
- Positive Practice and Self Correction
- Token Economies
- Motivating through Feedback
- Prompting

11.7.1 Prohibited Practices

KVC team members and/or SLPs will provide positive guidance and teaching strategies. Inappropriately "punishing" individuals is unacceptable. Forms of unacceptable and restricted punishment include but are not limited to:

- Yelling, screaming, or threatening behaviors;
- Physical force or threat of physical force inflicted in any manner upon the Individual including:
 - Spanking, punching, slapping, shaking, biting, striking with inanimate objects, washing mouth out with soap/hot sauce, rough handling;
- Seclusion
- Verbal abuse, including derogatory or racial remarks about the Individual or his/her family;
- Denial of necessities including:
 - Food, clothing, shelter, bathroom privileges, etc.
- Denial of visits, telephone or mail contacts with family members, friends, or other support;

- Assignments of extremely strenuous exercise or work;
- Use or threatened use of chemical and/or mechanical restraining devices;
- Use of threatened use of any type of physical restraint;
- Punishment for bed wetting or toilet training issues;
- Delegating or permitting punishment of the Individual by another client served in the household;
- Threat of removal from the Shared Living Provider; and/or
- Use of a cold shower or other inappropriate forms of punishment
- Physical or mechanical restraints
- Aversive stimuli

The use of Emergency Safety Interventions is allowed pursuant to a safety plan. This is not considered to be a physical restraint because it is not used as a punishment or behavioral consequence. In instances where the individual or another person or community member must be kept from harm, KVC will use reasonable and best judgement to intervene to keep the individual from injuring themselves or others. This may include hands-on guidance to safely protect the individual and others from immediate jeopardy or physical harm. Examples can include but are not limited to running into traffic, leaving the home while escalated creating a safety risk to themselves or other community members due to a history of physical aggression toward strangers, leaving a moving car, physical attacks where the individual is the aggressor, etc. These situations are not predictable, are unusual, and are usually not reoccurring. In any instances other than these, there must be a Positive Behavioral Support Plan/Program in place to work with the individual on alternative positive displays of behavior that are incompatible with other negative behaviors (see section of Positive Behavioral Supports below).

All such incidents must be documented in an incident report, reviewed by the ISP team, and reviewed by the Rights Review Committee to ensure that the emergency physical intervention was appropriate rather than an instance of mechanical or physical restraint.

11.8.0 Safety Planning

It is the responsibility of the KVC team members and any individuals providing services through KVC to assess the need for a safety plan at the time of intake or anytime throughout an individual’s placement in KVC care. It is the responsibility of the DD Service Coordinator or other DHHS personnel and the previous provider (if applicable) to provide history related to issues involved in the safety of the individual, peers, caretakers, and/or community members. These issues could be suicide/homicide attempts, self-harm, aggression, elopement, law-enforcement involvement, hospitalizations, etc. Additionally, for any individuals leaving KVC’s care, it is KVC’s obligation to provide information related to safety issues. The best practice would be to provide the most recent safety plan to the new provider (if applicable).

KVC will ensure the safety plan is being followed when services are provided by KVC team members. Similarly, for residential placements, KVC team members will follow up regularly with SLPs to ensure the safety plan is being followed and is effective for each individual in care. If it is found that the safety plan is not effective, changes will be made in a timely manner, based on the individual circumstances, and the new safety plan will be implemented.

Safety Plans will meet the following criteria:

- Safety plans for individuals in services will be completed within 7 days of intake. Individuals with funding through the Department of Developmental Disabilities must have Safety Plans completed at time of intake
- The information in the individual’s referral and intake packet will be utilized to create their safety plan
- KVC Assessments, i.e. Columbia Suicide Risk Screening, will be considered when creating and/or updating an individual’s safety plan
- The Safety Plan will include descriptions of target behaviors specific to the individual served and how these present for the individual, including signs of escalation
- Appropriate coping skills for the individual will be identified
- Safety plans will include environmental considerations specific to the participant’s needs
- Safety plans will be established through conversation with the case team, to include the individual’s service coordinator, SLP, and other case professionals.

- Safety plan will be reviewed and approved by case team, including the participant, at minimum once per year

11.9.0 Documentation of Contact

DD team members will maintain contact logs that will document contact with assigned participants, SLPs (when applicable), and other ISP team members. These logs will allow for documenting services provided, phone calls, ISP meetings, other team meetings, and follow up on any issues or concerns that may arise.

DD team members complete a session note every face-to-face and phone/email contact they have with an individual, SLP, or other ISP team member. It is imperative to accurately identify all participants present during the contact. All entries should be legible and clearly identify the author. This will ensure that supervision of the placement is occurring at a level consistent with the Individual and SLP needs. These session notes are kept electronically and are accessible to the individual, SLP (when applicable), Program Supervisor, and Director within KVC. DD team members have one week to document general contact and correspondence within the file. For residential settings, walkthroughs may be documented by the 10th day of the following month. Some exceptions may be granted by the Program Supervisor or Director for circumstances that may be an outlier.

DD - 12.0.0 SHARED LIVING RECORD KEEPING

12.1.0 Shared Living Time Tracking & Respite

SLPs are required to document the participant's time in care through Time Tracking. They are required to document daily on time in the residence, school/vocational program, respite providers, and/or out of services (with family members, guardians, etc.). Individuals receiving services through the Department of Developmental Disabilities are allowed a maximum of 360 hours of respite per waiver year. Anything over 10 hours, which is considered a full day, is only counted for 10 hours (i.e., A participant spends the night with a respite provider and is in their home for 24 hours, this would only count toward 10 hours of the respite allowance). KVC DD team members will review Time Tracking at least monthly to document and monitor hours.

SLPs are required to use KVC approved and trained respite providers, and should check with their Shared Living Specialist if they need respite and/or do not have a provider they frequently use. The Shared Living Specialist will help the SLP find respite providers for the KVC pool of providers. All KVC respite providers receive the same required trainings as a Shared Living Provider SLPs are responsible for payment to the respite providers. KVC may assist on a case-by-case basis with respite care payments, as needed.

12.2.0 Program Assessment Tools

KVC will conduct assessments for Individuals served through the Department of Developmental Disabilities to obtain accurate and complete information related to the individual's history, preferences, strengths, and abilities. The assessments will be completed within 30 calendar days of entry into services and annually.

InterRAI

The InterRAI is provided to KVC by the Department of Health and Human Services – Developmental Disabilities Division. This assessment measures an individual's abilities and support needs in the areas of self-care, language, learning, mobility, self-direction, independent living skills, social skills, and economic self-sufficiency.

Reinforcement Inventory

The Reinforcement Inventory helps to determine and rate an individual's motivators. The results help to shape positive behavioral support plans and give an overview of Individual interests.

Adaptive Behavior Assessment System (ABAS-3)

This assessment gives a complete picture of adaptive skills across the life span. The ABAS-3 assesses adaptive skills, identifies strengths and weaknesses, helps with the development of treatment plans and training goals, monitors progress over time, and helps to facilitate program evaluation. The ABAS-3 assesses 11 essential skill areas within the 3 major domains of Conceptual, Social, and Practical and is compatible with the DSM-5, IDEA, and AAIDD. The ABAS-3 must be completed by a KVC team member within 30 days of an individual’s intake.

Missing Youth Risk Assessment (MYRA)

KVC Nebraska recognizes individuals in out of home care and individuals in chaotic/unsupportive home environments are at risk to go missing. When missing, individuals are at a greater risk to experience/engage in substance abuse, sexual activity, physical assault, and other unsafe conditions. To predict individuals who are likely to go missing while in KVC’s care, KVC has developed and utilizes the MYRA. The MYRA is administered to all individuals aged 12-18, and to individuals of any age who have a history of going missing. Results of the MYRA are plotted on a matrix to determine the next steps toward preventing an episode of going missing.

Columbia Suicide Severity Rating Scale (Screen and Assessment)

Suicide screening and assessment can help reduce the probability of suicide completion, and in some cases, repetition of suicidal and self-harming behaviors. All children (ages 6 and up), older youth, and adult identified clients across all KVC programs will be screened during intake and at each placement change (for CPA and DD Services) using the Columbia - Suicide Severity Rating Scale (C-SSRS). Additionally, the C-SSRS will be completed after critical incidents related to self harm, suicidal intent, and/or suicidal ideations.

Parents/guardians can complete the screen on behalf of children, unless there is concern that a parent may not be able to accurately report the information. Should a KVC employee determine that the C-SSRS is not appropriate for use due to a client’s inability to validly complete the screen and there is concern that a parent cannot accurately report on behalf of their child, the KVC employee shall assess risk of suicide through an alternative method. Alternative methods used will be recorded in the client file.

Completion of screening, the results of screening and next steps will be documented in contact documentation e.g, session note for the date the screening was completed. The screen will provide a rating of risk (no/low/moderate/high risk). The KVC employee completing the screen will follow the identified next steps at intake:

- No Risk on C-SSRS – Screen Version: No action needed
- Low/Moderate/High Risk indicated on the C-SSRS – Screen Version: Provide Safeline Information and complete the Columbia Suicide Severity Rating Scale - Risk Assessment (C-SSRS – Risk Assessment) during the same session/contact.
- The C-SSRS- Risk Assessment: If the individual being assessed endorses one (or more) high risk items highlighted in gray on the C-SSRS – Risk Assessment:

| Past 3 Months | Past Month |
|-------------------------------------|---|
| Actual suicide attempt | Suicidal intent (without specific plan) |
| Interrupted attempt | Suicidal intent with a specific plan |
| Aborted or self-interrupted attempt | |
| Other preparatory acts to kill self | |

The assigned KVC team member will facilitate the creation of a safety plan specific to the risk(s) noted. All safety planning should be documented in the Risk Management/Safety Planning document and stored in the client file. If the C-SSRS- Risk Assessment does not have a gray highlighted item endorsed, the KVC employee will need to discern level of risk and next steps related to risk. Level of risk and next steps will be based on the risk and protective factors noted on the C-SSRS- Risk Assessment and all other case documentation that is relevant to understanding risk. KVC employees will check one box that represents risk: High, Moderate or Low. They will then document the justification for this rating and the next steps to be

taken based on risk. KVC employees can use their critical thinking to elevate the intervention provided to an individual but cannot credit critical thinking with a step-down in intervention.

The completed C-SSRS Risk Assessment is signed and submitted to the KVC employee's assigned manager for review and signature. The results of suicide screening and assessment will be shared with relevant case professionals via verbal conversation, e-mail, or shared documentation. It is the responsibility of KVC employees to share suicide screening and assessment results on a timeline, through a method and with the people which will support safety of the individual served. KVC employees will continually monitor the presence of suicide indicators (see 8.3.1-8.3.3). Observations and efforts to mitigate risk will be documented. The safety plan will be re-evaluated based on demonstrated client need and in accordance with program/department guidance. When imminent risk of suicide is suspected, the KVC employee will consult with a KVC manager to determine the need for emergency care.

The above noted process will also occur anytime:

- A family member/case participant reports historical or current suicidal ideation, gesture or attempt.
- A new or updated trauma screen reveals new information regarding history of suicidal ideations, gesture, or attempt.
- The identified service recipient experiences an issue or concern related to suicidal risk/protective factors, thoughts, gestures or attempts;
- An individual targeted for service or intervention younger than six (6) years of age has either current or historical suicidal thoughts, gestures or attempts.
- KVC team members will engage in ongoing observational assessment of all persons consistently involved in services/supports. If a person consistently involved with services/supports, who is not the individual targeted for services, presents with suicide indicators, the KVC team member will consult with other members of the team or a KVC manager regarding use of this protocol to ensure safety.

KVC team members should consult with their supervisor for additional details regarding their specific department/program's plan for screening and assessing risk. Any deviance from, and the reason for deviance from, the protocol outlined in this policy should be clearly documented in the client file.

12.3.0 Notice of Costs to the Individual

KVC will provide the individual and their guardian (if applicable) with written notice of any costs to the individual associated with the service and terms of payment (ex. Room and Board). This notice will be given and discussed prior to the initiation of services and before any charge, giving adequate time for the individual or guardian to respond to the notice. Individuals will not be charged for services or items that are covered through other funding sources, including items necessary to provide habilitation and transportation related to the habilitation. Individuals will not be responsible for personal items damaged or missing in the Shared Living environment that are caused by others living in the home or in respite. The Individual will be reimbursed for items, or the items will be replaced if they are damaged or missing due to the actions of others in the home environment. This excludes visitors or guests that are invited by the individual to socialize in the residence.

Individuals will be compensated either by KVC directly or the SLP (depending on the specific situation) when staff or other individuals in service who do not reside in the location (i.e. respite) utilize the environment and eat food paid for by individuals. This excludes visitors or guests that are invited by the individual to socialize in the residence.

12.4.0 Lease Agreement

All individuals entering services with KVC Nebraska will have a written Residency Agreement that outlines rights within the SLP's residence. These rights include:

1. The Shared Living Provider's residence will include bedrooms and bathrooms with functional locks and access to keys for the Participant receiving services by the Shared Living Provider.
2. Participants (ages 19+) will receive a key and/or code to enter the residence.
3. Participants will have a choice of roommates in the residence, including, existing and prospective roommates.
4. Participants have the freedom to furnish and decorate their sleeping or living areas within their residence.
5. Participants have the freedom and support to control their own schedules and activities, with an understanding the Shared Living Provider is responsible for the Participant's transportation.
6. Participants will have access to food at all times.
7. Participants will have access to a phone at all times.
8. Participants are able to have visitors of their choosing at any time.
9. The Shared Living Provider's residence must be physically accessible to the Participant throughout the entire term of the Lease Agreement.
10. The home must be well kept, clean, and meet KVC standards for Shared Living Providers throughout the entire term of the Lease Agreement.

12.5.0 Health Records

Unless otherwise assigned in the individual's ISP, KVC will take reasonable steps to assist and support individuals in obtaining health services consistent with his/her needs. Individual health services include medication administration and monitoring, medical services, dental services, nutritional services, health monitoring and supervision, assistance with personal care, personal health care education, exercise, and other therapies.

KVC will:

- Screen for pain at the time of intake and refer for additional medical assessment or treatment if necessary
- Screen for nutritional risks and refer for nutritional assessment or treatment if necessary
- Arrange for or assist in individuals obtaining evaluations and services based on their needs, such as physical exams, dental services, psychological services, physical and occupational therapy, speech therapy, audiological services, vision services, nutrition therapy, and other related evaluations and services. Every attempt will be made to ensure a participant receives the following evaluations:
 - Medical evaluation every 12 months
 - Dental evaluation every 12 months
- Ensure that the health status and physical conditions are observed, reported, and responded to in a timely and appropriate manner as needed. For those individuals where the responsibility for obtaining health services has been assigned to someone other than KVC, KVC retains the responsibility to observe, report, and respond to the individual's health service needs to ensure needs can be appropriately met
- Ensure participants receive care, treatment, and medications in accordance with orders from a medical practitioner. Recommendations from other health care professionals must be reviewed by the ISP team and incorporated into the ISP as determined by the ISP team
- Assist individuals with the utilization of assistive and adaptive devices as needed and as identified in the ISP
- Maintain health-related records on individuals to document the provision of services and the Individual's response to services. The records will include:
 - Any health-related assessments
 - Documentation of any illness, injury, or other health concerns of care, treatment, and medication administration
 - Documentation of provision of health-related services, including observations of the Individual's response, such as lack of progress in provision of service
 - Current physicians' orders for medication, treatments, or therapies
 - Records of visits to the physician or other health care professionals and their recommendations and any other consultation or therapy provided
 - Information related to hospitalization, nursing facility stays, or other types of health care providers

Team Members and/or SLPs providing non-complex nursing interventions to individuals served with KVC will comply with 172 NAC 99 regulations.

12.6.0 Medication Management

All KVC team members and/or subcontractors will be trained and certified as Medication Aides when KVC or the subcontractor (SLP) is responsible for the provision of medication to individuals as identified in the ISP. Additionally, KVC team members or SLP's are required to document the administration of medications via a Medication Administration Record (MAR). The MAR should be documented according to the Medication Aide regulations (172 NAC 95 & 96).

Psychotropic medications taken by an individual due to a diagnosed mental illness (a dual diagnosis of a severe and persistent mental illness in conjunction with a developmental disability) must:

- Be prescribed by a physician, who has authority in his/her scope of practice to determine the diagnosis and used only with the consent of the Individual and/or their guardian in services with KVC. No specific plan is required to reduce or eliminate the medication
- Be reviewed by the ISP team to determine if the benefits outweigh the risks and potential side effects
- Be supported by evidence that a less restrictive and more positive technique has been systematically tried and shown to be ineffective
 - This would include review of Habilitation and Behavioral Support Programs to establish that change in environment, feedback, behavioral interventions, or other techniques have been attempted and ineffective. This information is kept via a web-based record keeping system by the SLP and/or Shared Living Specialist
- Be reviewed by the Rights Review Committee in accordance with 404 NAC 4-011
- There must be an annual review by the prescribing physician and a semi-annual review by the ISP team of all psychotropic medications utilized. There must be clear and convincing evidence that the Individual has a person-centered plan demonstrated by data and outcome measures
 - This information would be kept in the web-based record keeping system and maintained by the SLP, Shared Living Specialist, and/or KVC staff
- Not used to deal with under-staffing; ineffective, inappropriate, or other nonfunctional programs or environments
- Be used in conjunction with a positive behavioral supports plan established and in place to address those symptoms when they occur if symptoms reappear, and the ongoing use of medication is no longer effective
- Be monitored and documented on an ongoing basis by KVC staff or SLP to provide the ISP team and physician sufficient information regarding effectiveness, side effects, frequency of symptoms, severity of symptoms, and effectiveness of positive behavioral supports interventions

Psychotropic medications used solely for the purpose of modifying behaviors may be used only with the consent of the individual and/or their guardian, with a plan to reduce and eliminate the medication.

Positive Behavioral Support Plans are required when:

- Use of medication is no longer effective for mental health symptoms or symptoms reappearing
- Psychotropic medications are used solely to modify behaviors

Positive Behavioral Support Plans are NOT required when:

- Psychotropic medications are taken for mental illness and symptoms have or are improving or been treated
- Medications that have no effect or intention to modify behaviors

The development of Positive Behavioral Support Plan is initiated in conjunction with the ISP team including SLP, Shared Living Specialist, guardian, Program Director and/or Supervisor, Therapist (if applicable), etc. The Shared Living Specialist is responsible for development of the written plan, training to the SLP on the plan, and maintenance of data from the SLP's documentation.

Per the approved Medicaid Home and Community-Based Services (HCBS) Waivers 0394 and 4154:

A participant may receive PRN psychotropic medications as prescribed by a licensed clinical medical practitioner functioning within their scope of practice. The following parameters are in place to ensure the appropriate use of PRN psychotropic medications:

- In general, all PRN medicines should only be prescribed based on participant clinical need and not prescribed in advance of anticipated need for controlling behavior not linked to clinical need, or routinely upon admission into a residential provider program
- Provider staff must be trained in alternative ways of dealing with participant agitation. Those less restrictive methods must be utilized and proven ineffective as determined by the licensed clinical medical practitioner functioning within their scope of practice
- PRN medications cannot be utilized in advance or routinely on admission
- Antipsychotic PRN should only be used for agitation due to acute symptoms of a mental illness
- All PRN medicines should be prescribed with documentation indicating awareness of regular or standing psychotropic medications/dosages and indicate whether the PRN dosage constitutes high dose prescribing outside of standard clinical recommendations
- Staff administering PRN medication should be aware of its potential to raise the total daily dose above the British National Formulary (BNF) maximum licensed dose
- Intramuscular (IM) and oral doses will be entered into THERAP separately as maximum daily dose for each route is different
- Medication Administration Records (MAR) State frequency, maximum dose, and indication clearly
- If it is clinically appropriate for the dose to be prescribed as a range, the lowest strength should be offered first
- All PRN prescriptions should be reviewed at least once a week by the team
- Participants prescribed PRN high dose antipsychotics must be regularly reviewed (at least once a week) and the high dose antipsychotic only continued for the shortest time necessary
- All PRN medication which is administered should be clearly documented by staff in the participants MAR
- When PRN antipsychotics are added the participants must be monitored for response to treatment, including adverse reactions, side effects and physical health
- Obtain a current consent to treatment paperwork that addresses whether PRN usage of psychotropic medication has been ordered for the Individual and specifies the clients consent for PRN usage when such an order is in place
- A medication administration record summary (the last 30 days) will be provided to any treating clinician when a medical or psychiatric appointment occurs

12.7.0 Management of Personal Funds for Individuals with Developmental Disabilities

KVC will not manage or control personal funds or serve as payee for governmental benefits for individuals in KVC services unless an individual is unable to manage his or her own funds and/or a more appropriate payee cannot be identified. If KVC is the identified best option to be the payee, KVC will comply with all rules and regulations related to payee responsibilities to include notifying the appropriate government agencies if the individual changes their residential or work settings.

If KVC is transferred control of the individual's funds, it must not be done for convenience purposes, or as a substitute for habilitation. All efforts should be made to ensure the control is temporary and must be based on the individual's choice to the extent to which the individual can participate. KVC is not allowed to transfer the control of funds to another entity and/or charge the individual for service.

KVC will follow these general guidelines related to the individual's personal funds:

- KVC will not use individual funds or property as a reward or punishment
- KVC will not assess the individual's funds and individual property as payment for damages unless the ISP team reviews, on a case-by-case basis, whether it is appropriate for an individual to pay restitution. If the ISP team agrees with restitution using the individual's funds or property, the rationale will be documented in the ISP and the guardian (if applicable) will give written consent

- KVC will not assess the individual's funds or property for damages when the damage is because of lack of appropriate or necessary supervision or lack of programmatic intervention
- KVC will not use the individual's funds and individual property to purchase inventory or services for the SLP
- KVC team member and/or SLP will not borrow money from the individual

If KVC is the party responsible for the individual's personal funds:

- KVC can maintain an electronic financial ledger within the individuals file for everyone that includes documentation of all cash funds, savings and checking accounts, deposits, and withdrawals. However, in the absence of an electronic financial ledger, an individual ledger which provides a record of all funds received and disbursed and the current balance will be provided to SLP's for documentation. This could include bank statements or paper ledgers
- Personal funds (e.g., SSA, SSI, AABD) received by KVC to manage will be used solely for the individual's rent, room & board, personal needs, or other items for the individual
- KVC will provide account balances and records for transactions to each individual or guardian at least quarterly, or as requested
- KVC will not allow purchases with personal funds exceeding \$150 without prior authorization by the guardian. If the guardian authorizes the purchase, the ISP team must be notified
- All receipts over \$5.00 will be retained by the SLP or other KVC staff
- Individuals' accounts will be reconciled monthly by the Shared Living Specialist and/or Program Support Specialist
- KVC is responsible for any financial errors, overdrafts, late fees, service charges, or other fees assessed due to staff error
- KVC will replace the missing money promptly (within 3 days) if due to team member error
- KVC will take steps to correct an individual's credit history when it is affected by KVC actions or team member error in managing the individual's finances
- Petty cash funds may be kept at the SLP's home with a ledger. The petty cash amount should not exceed \$100 at any one time unless there is ISP team approval. Any extra funds should be deposited in the individual's bank account
- If KVC is maintaining individuals' personal funds in a common trust, a separate accounting is maintained for each individual or for his/her interest in a common trust fund
- KVC also assists individuals with creating Enable Savings Plan accounts; KVC will work with the individual and the ISP team to determine long-term goals which align with the savings plan

If/When the ISP team resolves that it is in the best interest of the individual being served for KVC manage his/her financial resources, the following will occur:

1. If KVC becomes the payee, an account will be set up with a reputable financial institution that has experience with payee accounts
2. Monthly ledgers will be collected from the financial institution and reconciled with the individual's ledgers kept by the SLP
3. KVC Specialist will pay Room and Board to the SLP out of the payee account and provide the individual in services with monthly spending money
4. KVC Specialist will keep the individual and their guardian (if applicable) informed of the account balance
5. KVC Specialist will ensure that account balances do not exceed amounts allowed by SSI and will be responsible for notifying the ISP team when a spend-down is required
6. The ISP team will continue to evaluate the appropriateness of KVC being the individual's payee and assess the individual's ability to manage their own finances on an ongoing basis.

Individuals may use their personal funds for the following items:

- Small daily purchases of food, drink, or other personal recreation activities
- Personal hygiene or grooming supplies
- Medical, dental, or rehabilitation services or supplies not covered by other sources
- Furniture or electronics to be used solely by the individual (mattress, dresser, recliner, cell phone, radio, etc.)
- Home décor (picture frames, bedding, towels, etc.)

- Vacations and goods associated with travel (airline tickets, hotel, etc.)
- Supplies related to hobbies
- Vocational or school activity expenses
- Cost of a service not included in Room & Board (premium cable channels, newspaper, etc.)
- Other items as approved by the ISP team

Individuals may not use their personal funds for the following items:

- Furniture or electronics located in the communal areas of the residence, unless the item is for the sole use of the individual
- Services for the household for which the individual does not benefit
- Home repairs, damages, or upgrades not caused by the individual (plumber, weather damages, etc.)
- Reinforcement to be used as part of the Behavioral Support or Habilitation Plan

DD - 13.0.0 QUALITY ASSURANCE

13.1.0 Quality Assurance (QA)/Quality Improvement (QI) Process and Activities

KVC will employ ongoing internal review activities to ensure the quality and individualization of services being provided. The below measures are part of the ongoing agency-wide QA/QI process:

- Random & scheduled file audits to ensure complete and accurate records
 - Audits will be documented
 - Audits will be completed once per year at minimum; KVC will perform an audit of 25% of files each quarter.
 - Both SLP Files and Participant Files will be audited.
- Documentation and review of utilization information related to specific programs and/or agency-wide
- Rights Review Committee meetings at least biannually to ensure individual rights are not violated, review of incidents, and to provide programmatic feedback
 - Rights Review Committee minutes are memorialized
- Training and competency checks of KVC staff and subcontractors (SLP's) on the 404 NAC regulations
 - All training and competency measures are kept in the KVC staff or subcontractor files
 - KVC maintains ongoing documentation to ensure SLPs complete required trainings and maintain current certifications
- Satisfaction surveys and feedback of individuals served to ensure individuals served are involved in the QA/QI process and their feedback is received in a formal way
- Satisfaction surveys and feedback of those providing services including KVC team members, SLPs, subcontractors, guardians, families, HHS Service Coordination, and other ISP team members are involved in the QA/QI process and their feedback is received in a formal way
- Case and clinical staffing with program supervisors/directors and/or clinical supervisors.
 -

In addition to the activities above, KVC will monitor participant demographics, incident reports, habilitation and behavioral goals, client admissions and discharges, length of stay, subcontractor turnover, etc. monthly through utilization of a "Goal Grid," which is reviewed during monthly Leadership Quality Improvement (LQI) meetings.

KVC utilizes monthly Leadership Quality Improvement (LQI) meetings to ensure focus on program improvement and quality assurance at a provider-wide level. During this meeting the following areas of focus/discussion occur however, the meeting is not only limited to these topics:

- Bi-annual review of policy/procedure to guide decisions and understand variation in performance
 - Foster parents, subcontractors, and team members acknowledge all changes made
- Creation of and progress monitoring of program specific goals (Goal Grid)
- Review issues of safety, quality, and improvement
- Ensure compliance with laws, regulations, contracts, etc.

- Review operating budget status
- Review priority performance improvement areas
- Review of all root cause analysis

Programs collect data based on the goals and objectives identified in the business plan. This is done to monitor performance, provide information on areas of strengths, and areas needing improvement. The data is to be compiled monthly in a business plan report and analyzed. Additionally, other sources of information will be gathered, including feedback from satisfaction surveys. Based on the information, more effective strategies may be identified to ensure improvement.

Records and documentation are maintained for the following processes and activities and in the following positions:

- File audits (Administrative Assistant, Program Director, and/or Supervisor)
- Goal Grid goals, outcomes, and data (LQI minutes and Program Director and/or Supervisor)
- Rights Review Committee minutes (Rights Review Committee chairperson)
- Training and Competency information maintained in team member and subcontractor files (DD Program-Specific Teacher)
- Satisfaction surveys and related outcomes/actions (Program Director and/or Supervisor)
- LQI monthly meeting minutes (Program Director and/or Supervisor)
- Clinical and case staffing minutes, if applicable (Program Director and/or Supervisor)

DD - 14.0.0 OTHER SUBCONTRACTOR (SHARED LIVING PROVIDER) INFORMATION

14.1.0 Case Staffing

Making decisions with and for the individuals and families served by the child welfare, juvenile justice, developmental disability, and related systems is an enormous responsibility. The process also brings logistical challenges since families are unique and complex with many details that need to be considered.

For this reason, KVC uses its Safe & Connected™ integrated child welfare practice model developed by Sue Lohrbach, Executive Director of the KVC Institute for Health Systems Innovation. The model, built on decades of experience in child welfare, emphasizes relationships as the gateway to effective service provision. Relationships based on effective collaboration and meaningful inclusion between KVC team members, the individual/family served, and the service system create opportunities for dialogue that inform comprehensive assessment and intervention design. This integration of collaborative practice, comprehensive assessment, and applied knowledge improves safety, wellbeing, and permanency.

14.2.0 Reimbursement Rates

SLP's are reimbursed for each approved day an individual is in the home. No reimbursement will be made the day the individual discharges from home, unless otherwise noted by the individual's Service Authorization. KVC SLPs receive reimbursement twice a month. The reimbursement periods run from the 1st through the 15th of the month and the 16th through the last day of the month. Payment can be expected on or around the 10th of the month for care provided to the Individual during the 16th through the last day of the month and on the 25th of the month for care provided to the Individual during the 1st through the 15th. For the timeliest receipt of payments, SLPs are strongly encouraged to complete the direct deposit authorization form.

SLPs will have the opportunity to review dates, rates, and specific reimbursement during regular contact with Shared Living Specialists. SLPs will be required to sign a subcontract at the time of placement and any time thereafter that a service rate changes. This subcontract indicates acknowledgement of the rate KVC will reimburse the SLP for their care of the identified individual. SLPs are required to document data daily. For days that documentation is not completed, SLP pay may be withheld.

The SLP is responsible for reimbursing the respite provider at the time respite services occur or at the time the SLP

receives reimbursement for those days of care.

DHHS – DDD determines service rates for the individuals served under their service array. The service rates are determined through an Objective Assessment Process (OAP). At the time of intake, KVC is notified of the individual’s service rate and support needs. It is KVC’s practice to assess the amount of support needed by the individual and/or SLP to determine rates that are paid to the SLP and what portion KVC recoups to provide the necessary support to the SLP. These rates are subject to change with prior notification, as DHHS – DDD may reassess the individuals’ needs, and their service rate may be impacted. If this occurs, a new subcontract with the SLP will be established with new rates. Documentation of the current rate of service will be in the SLP subcontract.

14.3.0 Shared Living Recruitment Bonus

A monetary bonus of \$300 will be given to KVC Shared Living Providers who refer families or individuals that choose to become subcontractors (SLPs) with KVC. To obtain a monetary bonus, the individual referring to the SLP must complete and submit the Referral Bonus Form (SLP) to his/her Shared Living Specialist or a DD Supervisor prior to placement and/or intake to DD services.. The bonus will be paid once the referred SLP has completed the following:

- All required background checks
- Completed all required training and standards for KVC subcontractors
- Take placement of a Shared Living placement through KVC
 - This includes referrals of homes with existing participants who transfer to KVC
- Maintain stable placement of a participant for 90 days
- Complete accurate and timely documentation for 90 days

14.4.0 Mileage

KVC does not reimburse SLPs mileage for an individual’s transportation to school, vocational activities, respite care, doctor appointments, therapy appointments, etc. as this is considered a requirement of the subcontractor.

14.5.0 Satisfaction Surveys

KVC believes that SLP satisfaction is the best source of obtaining newly committed individuals who are interested in serving Individuals with developmental disabilities. Therefore, satisfaction surveys are utilized to assure ongoing success. KVC sends surveys to foster parents and referral sources throughout the year. Surveys will be sent to a random sample of individuals at a cadence pre-determined by KVC’s Quality and Impact Director. The survey may include (but is not limited to) asking SLPs to provide comments/input on the following:

- Support and Services provided
- Satisfaction with KVC team members
- Training opportunities

KVC also strongly values the voice of the Individuals we serve; therefore, KVC completes annual satisfaction surveys with individuals and/or the guardians of those served as well as referring agents. The surveys are designed to allow the individuals served to provide feedback to KVC regarding the service and support being provided to them by KVC team members and SLPs.

14.6.0 Performance Improvement Standards

Habilitation and Positive Behavioral Support Programs are utilized to collect data based on the goals and objectives identified by the individual and/or the ISP team. This is done to monitor individual performance and compliance, provide information on areas of strengths and areas needing improvement, and assess intervention effectiveness. The data is to be recorded daily and analyzed monthly, or as needed. Additionally, other sources of information will be gathered, including

feedback from satisfaction surveys. Based on the information, more effective strategies may be identified to ensure improvement.

DD - 15.0.0 GRIEVANCES

15.1.0 Chain of Command and Grievance Process

Individuals and families served by KVC as well as KVC team members are encouraged to collaborate in the provision of service delivery and operations. To address complaints and concerns, individuals, families, and team members will be informed of the grievance process (in orientation for team members and at intake for individuals/families). Individuals and families will acknowledge receipt of Grievance Procedures by signing the Consent and Authorization for Services.

The steps of the grievance process are as follows:

1. If an individual and/or family has a disagreement with KVC Team Member, the individual and/or family and the KVC Team Member should try to discuss such disagreement directly and come to a compromise solution
2. If, after discussion with the KVC Team Member, the individual and/or family does not feel that the issue is resolved, then the individual and/or family should request to discuss with the team member's supervisor. The supervisor will respond within 48 business hours
3. If there is continued dissatisfaction, the family/youth/participant should contact the Program Director. The Director will respond within 48 business hours
4. The final step of the chain of command is for the individual and/or family to contact the KVC NE President. The KVC NE President will respond within 48 business hours
5. KVC Hotline - this is an additional layer that allows for anonymity and is available as an additional channel

Seeing Misconduct? We want to know!

The hotline or website can be used to report concerns or suspicions, such as:

- Unauthorized or inappropriate use of employer's assets
- Falsification of time & expense reimbursement
- Accepting inappropriate gifts from vendors
- Operating a private business during working hours
- Theft of employer's assets, equipment, or supplies
- Employee mistreatment
- Harassment, discrimination, hostile work environment
- Other ethical misconduct

How to Report Concerns:

- Call (833) 338-1003
- Or visit <http://KVC.IntegraReport.com>

Key Facts About the Hotline:

- The hotline is managed by BKD, the independent firm that audits our financials each year
- You can report concerns by phone or online – either way, it will be handled the same way
- Your report is anonymous, or if you prefer, you can provide your contact information. BKD and KVC will not make any effort to determine who made an anonymous report
- The system will assign you a case number which gives you the ability to check in on the status of your report
- Reports go to BKD first and then are passed to KVC to investigate using a process that involves Chief Officers and other senior leaders
- Each report will receive an initial response within 3 days, though some will certainly take longer to resolve

• The overall goal of the hotline is to ensure KVC is a place of honesty, high ethical standards and fairness for our employees, customers/clients, vendors, partners, and suppliers

6. If dissatisfaction persists, the final method of expressing a concern is by contacting The Joint Commission

- Written concerns can be sent to the Joint Commission via e-mail: complaint@jointcommission.com
- Written concerns can be sent to the Joint Commission via postal mail:
 - Office of Quality and Patient Safety
 - The Joint Commission
 - One Renaissance Boulevard
 - Oakbrook Terrace, Illinois 60181
- All documentation of complaints and grievance, the resolution, and the response will be maintained by KVC. KVC team members are also encouraged to follow the above noted process to address or express a concern about the policies and/or practices of KVC Nebraska. No disciplinary or punitive action will be taken due to any reporting of concerns
- Should a grievance be related to a potential breach of confidential information the KVC representative that received the grievance will email all information to the HIPAA Committee at hipaa@kvc.org.

KVC Nebraska utilizes an internal multidisciplinary approach to decisions, specifically related to sponsorship and support of foster parents and extended family home providers. The Standards Committee meets as needed and completes a Safe & Connected™ staffing to organize all available information and evidence related to the purpose of the staffing. The team takes a comprehensive, balanced assessment of the caregiver, critically applies the knowledge of research to ensure thinking is rooted in discipline and purpose, not clouded with personal experience and judgments. This process ends with clear direction and next steps. Should a caregiver have questions or concerns related to the final decision from the Standards Committee, those should be directed to the KVC NE President.

16.0.0 GENERAL SAFETY POLICIES AND PROCEDURES

16.1.0 Workplace Safety

The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as close calls, or good catches) to hazardous conditions and sentinel events.

The KVC Workplace Safety Committee carries out the policies, creates procedures, analyzes data, and makes recommendations for change under the leadership of the agency wide safety committee.

The Safety Committee meets every other month and reviews items noted below (although the agenda items are not limited to these items only):

- Office walkthrough reports
- Emergency drill reporting
- Reportable Conditions:
 - Team Member Safety Incidents
 - Vehicle Collisions/Accidents
 - Office Safety/Disaster
 - Staff Serious Injury
 - HIPPA Information Breach

16.2.0 Crisis-Emergency Procedure

The following procedures apply anytime an individual's health or safety is at risk. Medical and mental health emergencies may vary in many ways. In addition to medical and mental health emergencies there may be crises involving an elopement incident or a law violation. In the case of any medical or mental health emergency, elopement situation, abuse/neglect, or police contact, the assigned KVC Specialist, or KVC On-Call, must be notified immediately. If the event is life threatening, call 911 Operator first and/or go to the nearest emergency room; but contact with KVC should be made as soon as possible. SLPs should take the individual's Medicaid Card with them when obtaining emergency medical treatment.

16.3.0 Mandatory Reporting of Abuse

Definitions (in accordance with 404 NAC Regulations):

Adult Abuse: Knowing, intentional, or negligent act or omission on the part of a caregiver, a vulnerable adult, or any other person which results in physical injury, unreasonable confinement, cruel punishment, sexual abuse, exploitation, or denial of essential services to a vulnerable adult.

Child Abuse: knowing, intentional, or negligently causing or permitting a minor child to be:

- a. Placed in a situation that endangers his/her life or physical or mental health
- b. Cruelly confined or cruelly punished
- c. Deprived of necessary food, clothing, shelter, or care
- d. Left unattended in a motor vehicle if such minor child is six years of age or younger
- e. Sexually abused
- f. Sexually exploited by allowing, encouraging, or forcing such person to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic photography, films, or depictions.

Exploitation: taking of property of a vulnerable adult by means of undue influence, breach of a fiduciary relationship, deception, or extortion, or by any unlawful means.

Emotional abuse: humiliation, harassment, threats of punishment or deprivation, sexual coercion, intimidation, resulting in emotional harm or emotional anguish.

Neglect: any knowing or intentional act or omission on the part of a caregiver to provide essential services or the failure of a vulnerable adult, due to the physical or mental impairments, to perform self-care or obtain essential services to such an extent that there is actual physical injury to a vulnerable adult or imminent danger of the vulnerable adult suffering physical injury or death.

Restraint: means any physical hold, device, or chemical substance that restricts, or is meant to restrict, the movement or normal functioning of an individual. Includes medication used solely to control or alter behavior, physical intervention, or mechanical device used to restrict the movement, normal function of a portion of the person's body or control the behavioral of a person receiving services. Devices used to provide support for the achievement of functional body position or proper balance, and devices used for specific medical and surgical (as distinguished from behavioral) treatment are excluded.

Seclusion: the involuntary confinement of an Individual alone in a room or an area from which the Individual is physically prevented from having contact with others or leaving.

Sexual Abuse: sexual harassment, sexual coercion, or sexual assault

Verbal Abuse: the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to Individuals served.

No individual in the Shared Living service shall be subjected to the following, which are strictly prohibited: physical restraints, aversive stimuli, corporal punishment, seclusion, verbal abuse, physical abuse, emotional abuse, denial of basic needs, discipline, or implementation of an intervention of an individual in services by another individual in services, or other means of intervention with the behavior that result in or is likely to result in injury to the individual.

KVC team members and SLPs are morally, ethically, and legally responsible for reporting all suspected cases of adult and child abuse. All KVC team members and SLPs are considered a "mandatory reporter of suspected adult and child abuse." A mandatory reporter is defined as "any person(s) who, in the course of their employment, occupation or practice of their profession, come into contact with vulnerable adults or children shall report or cause a report to be made in accordance with

the reporting procedure when they have reason to believe, on the basis of their medical, professional or other training and experience, that a vulnerable adult or child coming before them in their professional or official capacity is an abused person.”

If you suspect child abuse or neglect, contact the APS/CPS Hotline at 1-800-652-1999. ALL KVC team members and SLPs are MANDATORY reporters.

16.3.1 Adult or Child Disclosure of Abuse/Neglect

It is not unusual for foster children/youth/vulnerable adults, often after they feel stable and cared for by the foster family or Shared Living Provider, to disclose past episodes of physical, sexual and/or emotional abuse at the hands of others. Foster parents and/or SLPs need to be prepared to respond calmly to the disclosures of abuse. Because children in the child welfare system or vulnerable adults who have been institutionalized or come from abusive pasts may inadvertently “learn” to make false allegations, it is especially important that foster parents and SLPs keep accurate and daily documentation. It is equally important that foster parents and SLPs relay any information to the KVC team member handling allegations.

- The privacy of children/youth/vulnerable adults is particularly important and should be respected. Arrange for an area that respects their right to privacy;
- Your own comfort level, as a foster parent or Shared Living Provider, in talking with children and adults is critical. If you are uncomfortable with the information the child/youth/vulnerable adult is disclosing, discuss options for obtaining a mental health professional with your assigned FCS or Shared Living Specialist.
 - The FCS or Shared Living Specialist shall consult with their respective Program Director to determine the best course of action;
- As a foster parent or SLP you may need to ask some clarifying questions, so you understand what the child or adult is telling you. Avoid contaminating questions by implying a desired response, implying a threat, or associating the questions with Individuals or groups who might have an intimidating effect on the child/youth/vulnerable adult (i.e., “I understand from talking to the other kids that you were involved in . . .”)
 - An FCS or Shared Living Specialist is required to listen in the event a child or adult is disclosing abuse and ensure the child’s or adult’s safety, BUT NEVER to investigate.
- Do not influence what the child or adult might say by asking any leading questions (e.g., “Did Mr. Smith hit you?”)
- Do not overreact to information given by the child or adult by making statements which indicate your negative feelings about the incident. Watch your non-verbal actions
- Avoid the use of too much empathy. The child or adult may respond to this with untruths or exaggerations to receive more empathy
- Children and adults should be given honest answers about what is likely to happen because of their disclosure. Avoid false assurances and do not promise to keep secrets or other promises you cannot keep
- Avoid any comments that would seem to blame or be critical of the child or adult either for their behavior in the situation or during the disclosure. For instance, if you cannot understand what the child/youth/vulnerable adult is trying to communicate, avoid implying that the child or adult is to blame for lack of your understanding

Disclosure about sexual abuse is sometimes very embarrassing and difficult for individuals. Let the child/youth/vulnerable adult know that as a team member, foster parent, or SLP you understand that it is embarrassing and difficult to talk about sex because it is a very private subject. Let the child or adult know that it is part of your job to listen to them and make sure that they are safe. Let them know if they are embarrassed talking about sex, discuss this with their FCS or Shared Living Specialist.

If a foster parent or SLP suspects that a youth may have been abused, they are obligated to report this immediately. The foster parent or SLP and FCS/Shared Living Specialist and/or Probation Officer will contact law enforcement and/or CPS/APS (1-800-652-1999) immediately. The child or adult abuse report is documented by the foster parent on an Incident Notification Form and by the FCS or Shared Living Specialist on a Critical Incident Report.

16.4.0 Internal Investigations

KVC may investigate situations reported to APS/CPS internally. The need for an Internal Investigation is determined on a case-by-case basis.

The Internal Investigation will document:

1. The specific allegation
2. Investigative documents that apply
 - a. Written statements
 - b. Timeline of events
 - c. Pictures/diagrams
 - d. Medical professional documentation (Doctors, etc.)
3. Conclusion
4. Actions or Corrective Actions taken
5. Means to prevent further or future incidents

All Internal Investigations will be carried out by someone within KVC who does not have a conflict of interest with the specific case, individual/child, foster home, or Shared Living home the investigation is related to. The investigation will be completed within 14 working days from the date of knowledge specific to the incident. Investigations will be provided to the designated Health and Human Services worker as well as provided to the assigned surveyor with the Office of Public Health upon its completion. If there is an investigation being completed by a CPS/APS investigator, it should be noted that KVC may be asked to delay their investigation so as to not interfere. Every effort will be made to conduct a Safe & Connected™ staffing on all internal investigations as well to aide in determining next steps if needed.

All Internal Investigations related to individuals being served through the Department of Developmental Disabilities will be reviewed by the Rights Review Committee. The committee's purpose is to evaluate any violation of the individual's rights.

16.5.0 Incident Reporting and Notifications

The Shared Living Provider must inform the Shared Living Specialist of any incident that requires an incident report as soon as becoming aware of or witnessing the incident. If the incident involved or was witnessed by an SLP, Shared Living Specialist, or KVC designee, they will report to their direct supervisor or director. Shared Living Specialists or the person responsible for completing the incident reports will follow the reporting protocol below:

1. A verbal report will be made to the DHHS Service Coordinator and individual's guardian as soon as becoming aware of a high/medium notification incident (see DHHS GER (General Event Record) Guidelines <https://dhhs.ne.gov/Guidance%20Docs/GER-Instructions-Guide.pdf>)
2. The Shared Living Specialist or KVC designee will gather additional information related to the incident to have a complete picture of precursors/triggers/setting events, incident details, response to the incident from the SLP or other providers or peers, and steps taken to reduce the risk of further incident or safety issues that have arisen because of the incident
3. Completion of an incident report via the DHHS mandated web-based client record within 24 hours
 - a. Incident reports should record the essential facts of the incident including the results of the incident and any actions which might have prevented the incident
 - b. Incident reports for all low, medium, and high notification events must be made within this timeframe
4. Identify further steps that need to be taken to reduce the possibility of a recurring incident
 - a. This may include KVC's immediate efforts to address the situation and prevent recurrence
 - b. This may include the development and/or edits to the individual's safety plan, behavioral support plan, or medical protocol
 - c. This may require documented follow-up to the incident report
5. The DD Department Supervisor and/or Director will approve the incident report within 48 hours
6. The completed and approved incident report will be Available to the ISP team via Therap.
7. Timelines for notification are outlined below:

- a. SLP will notify the Shared Living Specialist as soon as possible after the incident or discovery of the incident, no later than 4 hours after incident
 - b. The Shared Living Specialist will notify the Program Supervisor and/or Director immediately of the incident
 - i. If there is reason to believe that abuse or neglect occurred, a call to the CPS/APS Hotline will be made as soon as possible
 - ii. If there is reason to believe that a law was broken or law enforcement involvement is required, a call will be made as soon as possible. It should be noted that this may have occurred by the SLP in the time of crisis, prior to KVC involvement
 - c. The Shared Living Specialist will notify the HHS Service Coordinator and Guardian as soon as they become aware of the incident, no later than 24 hours after incident
8. Once the above steps have been completed, the Shared Living Specialist will review the safety plan for needed modifications. It is not necessary to review or re-hash the incident with the individual once the incident has been resolved

For incidents involving abuse/neglect/exploitation, alleged abuse/neglect/exploitation, or reported abuse/neglect/exploitation, please follow the instructions for mandatory reporting.

The following reportable incidents are required by HHS:

- Actual or Potential Airway Obstruction
- Allegation, Suspicion, or Actual Events of Abuse, Neglect, or Exploitation of a Child or a Vulnerable Adult*
- Communicable Disease
- Death of a Participant*
- Emergency Situations
- Fall with Significant Injury
- Fatal 5: Aspiration, Dehydration, GERD, Severe Constipation/Bowel Obstruction, Sepsis, Seizure
- Incidents Involving Emergency Personnel Requiring Emergent Response*
- Infestations
- Injuries of Unknown Origin Raising Suspicion
- Injury Requiring Medical or Nursing Interventions beyond First Aid*
- Medication Errors
- Misconduct not Involving Law Enforcement
- Missing Person(s)*
- PRN Psychotropic Medication Usage
- Property Damage
- Suicide Attempts
- Swallowing Inedible Items
- Unplanned Hospital/Emergency Room/Urgent Care Visit
- Use of Emergency Safety Interventions
- Use of Restraint or Prohibited Practices
- Vehicle Accident

*Indicates a sentinel event per KVC Nebraska (see below for processes)

The State of Nebraska DHHS-Division of Developmental Disabilities GER Instructions: Department approved format for written reports of incidents by Community Based Providers handbook will be the guide for incident reporting.

KVC will complete HHS Quarterly Incident Reporting, as sent by the department to KVC for analysis. The written response for Quarterly Incident Reports will be received by HHS no later than 30 days after the last day of the previous quarter. The report will include KVC's provider response to any issues identified by HHS. KVC will work to resolve the identified issues and/or systemic patterns identified in this report. Additionally, KVC will internally review and analyze information from incident reports to identify trends and problematic practices which may be occurring and take appropriate corrective

actions to address problematic practices identified. This will occur through supervisory sessions, home visits, and Rights Review Committee feedback.

16.6.0 Sentinel Events

All KVC team members and/or SLPs involved in direct service to participants will provide prompt verbal reports and written documentation of Sentinel Events to designated KVC team members and/or management for the purpose of facilitating client safety and effectively managing organizational liability.

Definitions of Terms

'Verbal report' means timely notification to KVC staff and management personnel as well as legal guardian/referral source by phone and e-mail immediately of first knowledge of the Sentinel Event. Content of the verbal report should include:

- Identification of client
- Identification of Sentinel Event
- Location, time, and date of occurrence
- Steps taken to reduce risk
- Further steps need to reduce risk (including modifications in treatment planning and referral to more restrictive levels of care)

'Documentation' means completion of a Critical Incident **within 1 hour** of first knowledge of the event.

'Management Team' means members of Management Team providing oversight of service delivery. Team members should follow "Chain of Command" in reporting Sentinel Events, using the following sequence:

- Supervisor
- Director
- President

Definition of a Sentinel Event

A Sentinel Event is any occurrence which results in critical risk to the physical or emotional well-being of an individual. The list includes but is not limited to:

- **Abduction:** The action or an instance of forcible taking someone against their will and/or against a court order.
- **Arrest or Allegations of Serious Illegal Activity:** An individual was arrested for or alleged to, had been involved in serious illegal behavior to include, but not limited to, homicide, manslaughter, near fatality of another person, sexual assault, first or second-degree assault, aggravated or armed robbery.
- **Complications from Medications that Required Medical Attention:** An unexpected or dangerous reaction to medications that required medical attention. (Does not matter who the medical attention was from).
- **Death of Individual or Household Member**
- **Serious Injury:** Physical injury that creates a reasonable risk of death or that causes serious or permanent disfigurement, serious impairment of health, or loss of protracted impairment of the function of any bodily organ or limb.
- **Sexual Abuse or Assault:** Sexual assault occurs when a person subjects another person to sexual contact without the other person's consent, or where the other person was physically or mentally incapable of resisting the contact or fully understanding the situation and the offender knew or should have known of this incapacity.

Sentinel Event Reporting Procedure

KVC team members and/or SLPs shall provide prompt notification by telephone and e-mail immediately upon **knowledge** of sentinel event, to designated KVC team member(s) and/or management team member following chain of command. KVC will notify the client's legal guardian immediately upon knowledge of the sentinel event.

Team members shall continue notification, following chain of command, at 15-minute intervals until a designated member

of the management team acknowledges receipt of the verbal report by telephone or e-mail.

Documentation of Sentinel Events and Risk Management

Initial Documentation: Team members shall complete a Critical Incident Form within 2 hours of first knowledge of the occurrence. This form should be forwarded by e-mail or hand delivered to the Service Area Director, President and legal guardian for review and signature.

Documenting Consultation: Team members shall document all recommendations made by identified Management personnel for safety planning and risk reduction in “Consultation” section of Sentinel Event Report Form.

Monitoring Risk Reduction: Team members shall document ongoing risk reduction activities.

Following a Sentinel Event, the agency will complete an internal review and document the event, implement improvements to reduce risk, and monitor the effectiveness of those improvements.

Support after a Sentinel Event

If a team member has been involved in a sentinel event, the team member should know that support is available. Staff members have access to the agency's Employee Assistance Program (EAP).

16.7.0 Universal Precautions

All SLPs and KVC team members are required to utilize *Universal Precautions* when caring for a sick or injured individual as well as providing daily hygienic care. This procedure is to protect the caregivers from possible blood-borne pathogens such as HIV and Hepatitis B. Since the only way to determine if someone has an infectious disease is through medical testing, all persons should be treated using these Universal Precautions.

The following is a list of ways to prevent the spread of infectious diseases:

- Use protective barriers such as latex gloves, gowns, masks, and eyewear when cleaning up feces, blood, or other contaminants;
- Disinfect surfaces with a water bleach solution (¼ cup bleach to 1 gallon water); and,
- Wash hands thoroughly (minimum of 15 seconds) with soap (antibacterial) and water after providing care/aid to the child and always prior to meal preparation. The steps to proper hand washing are as follows:
 - Wet hands with water;
 - Apply enough soap to cover all hand surfaces
 - Rub hands palm to palm;
 - Right palm over left dorsum (back of hand) with interlaced fingers and vice versa;
 - Palm and fingers interlaced;
 - Backs of fingers to opposed palms with fingers interlocked
 - Rotational rubbing of left thumb clasped in right palm and vice versa; Rotation rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
 - Rinse hands with water;
 - And dry hands thoroughly

16.8.0 Telehealth/Virtual Service Delivery

Telehealth/virtual service delivery is the distribution of services, interventions and support via electronic information and telecommunication technologies, such as WebEx, Microsoft Teams, and/or use of Adobe for electronic signatures. The use of telehealth/virtual services must be approved by your supervisor and the family team. It is important to know that telehealth services need to be conducted as if you were meeting with an individual/family in their home. The following is intended to provide items for consideration when planning and conducting a telehealth/virtual service delivery. If approved for the use of telehealth/virtual services, please consult with your supervisor for more detailed guidance on how to ensure confidential and effective service delivery.

Important Considerations Regarding Telehealth/Virtual Service Delivery

- You have discussed the use of telehealth/virtual service delivery with the individual/family and family team you are working with prior to use
- You are in a private and confidential location
- You are not driving or in a public space
- You are dressed neatly and appropriately
- Your background (the area the individual/family can see behind you) is professionally maintained and ideally free from personal photos, posters, political or religious information
- Another person is not in the room in which you are conducting the telehealth/virtual service delivery
- You are reducing sounds in your environment as much as possible, including pets, children, ringing phones, music, construction, TV, etc.
- You plan for how you will use your telehealth/virtual service delivery time
- You maintain eye contact with the individual/family
- You do not eat during a telehealth/virtual service delivery
- You are not browsing the internet, checking e-mail, or responding to texts or phone calls during a telehealth/virtual service delivery
- You do not go to the bathroom during the telehealth/virtual service delivery
 - If you need to use the bathroom, excuse yourself like you would in a normal face-to-face session and turn your camera off
- You do not have a pet sitting on you unless the client has indicated they are comfortable with this, and the pet is not distracting
- You should use headphones, if needed
- You do not ask your client to hold while you take another call or answer your front door
- You have a plan with the individual/family if your connection becomes interrupted or ends unexpectedly

16.9.0 Disaster Management (not otherwise specified)

KVC will ensure an individual's care, safety, and well-being are provided and maintained during natural and/or other disasters, disease outbreaks, etc.

- KVC will maintain proper identification for individuals in care to ensure that care coincides with the individual's needs. KVC will keep the individual's photo, ISP, and other treatment documentation on an electronic database
- Emergency personnel (EMTs, Firemen, etc.) or available KVC team members or subcontractors will transport individuals to points of safety. KVC supervisory team members or emergency personnel will determine whether the point of safety is the current home, another home, or another building. All persons will remain at the point of safety until the situation becomes safe again.
 - Priority for transport
 1. Emergent – needs immediate medical treatment to sustain life
 2. Urgent – needs treatment but delay will not endanger life or limb
 3. Non-Urgent – Needs treatment but a longer delay will not endanger life or limb
 4. First Aid – First Aid care can be given by KVC staff or subcontractor
- In the event of a threat of exposure to the ingestion, absorption or inhalation of hazardous substances or materials, staff should transport Individuals to points of safety. If possible, KVC team members will contact their supervisor or program director
- Disaster supplies will be kept at the home site
 - Supplies must include food, water, medicine, medical supplies, and other necessary items for care in the event of a natural or other disaster
 - It is recommended providers have access to the following items: flashlights, batteries, radio, emergency numbers, tools, sanitation products, first aid kits, and other supplies

- In the event of 24 hours or more consecutive hours of electrical or gas outage, heating/cooling or sewer system failure, or loss or contamination of water supply, staff or subcontractors will transport the individual(s) in care to points of safety. Depending on the circumstances, the point of safety may be another home, an informal support, a hotel, the KVC offices, etc.

The Supervisor and/or Director of DD services should be highly involved in the decisions related to points of safety and timelines for transfer(s).

16.9.1 Fire Safety

SLPs will review fire drill procedures with Individuals placed in the home monthly and ensure evacuation plans are posted and visible to all household members. Fire Drills will be completed and documented for the Shared Living Specialist to review at the monthly walkthrough. SLPs will be responsible for ensuring that they have working fire extinguishers and should routinely check (twice a year) to make sure smoke detectors are working properly. There must be a smoke detector on each floor and within 10 feet of each bedroom. An escape route for all floors of the house will be posted. For individuals located on the second level of the home, a ladder will be safely stored and easily accessible. In case of an actual fire, SLPs must use common sense to provide for everyone's safety. SLPs should ensure that everyone is out of the home before they leave the house. The following procedure should be used and taught to the individual. Depending on the individuals in their care and the severity of the fire, not all steps may be possible or practical; therefore, the subsequent information should be followed:

- Close windows
- Wear a coat and hard-sole shoes
- Grab a towel to place over your face in case of smoke
- Leave bedroom door open; SLP's should shut doors after checking to ensure everyone is safely out
- Go to the nearest exit. Do not run or push
- When outside, meet at the designated spot and face away from the house
- Do not return to the house until instructed to do so

16.9.2 Tornado Safety

SLPs will review tornado drill procedures with individuals placed in the home during tornado season (March – September) and ensure safety/evacuation plans are posted and visible for all household members. The route to the shelter must be posted on each floor. SLPs will ensure that everyone else has taken cover before they go to shelter. Tornado Drills will be completed and documented for the Shared Living Specialist to review at the monthly walkthrough (for months March – September). SLPs must use common sense in any given situation to keep everyone as safe as possible. The following procedure should be used in drills and taught to the Individuals in care in the case of an actual tornado warning. However, not all steps will be possible for all individuals in care and not all steps will be logical in certain situations. SLPs must use good judgment in these situations.

1. Keep doors and windows closed (according to the National/local Weather Service)
2. Wear a coat and shoes
3. Grab a blanket and radio, if possible
4. Go to designated shelter without running or pushing
5. Do not leave the shelter until instructed by the National/local Weather Service

SLPs who have an individual in their home who has physical limitations must have a plan established for that individual. If the shelter is in the basement and the SLPs cannot safely get that individual to the basement, an alternate plan must be available, such as an inner hallway or room without windows.

16.9.3 Hazardous Materials and Equipment

Medications, including both prescribed and over the counter, as well as cleaning agents or other toxic chemicals should be assessed for accessibility based on the individual's development, independent living skills, history, and ability. A lock box or locked cabinet is strongly recommended for individuals who require one.

All weapons and firearms are deactivated and locked and stored in a locked cabinet area. Ammunition must be stored in an area separate from firearms. It is recommended that KVC staff and the subcontractor (SLP) consider the safety and mental health history of an Individual when considering whether to lock up household items, such as sharp knives and other potentially hazardous daily use items.

Any items that are locked are considered restricted and must go through the Rights Review Committee for approval and consideration.

16.10.0 Safety Belts

All KVC staff and subcontractors are to ensure that when child(ren)/youth or adult individuals are transported by vehicle, they are transported by someone who has a valid driver's license and that safety restraints (belts) are available and used for individuals transported.

Nebraska law requires the use of safety restraints and/or car seats for all children (including state wards or youth placed in foster care) according to the following:

- Nebraska's child passenger restraint and occupant protection law is a primary law. Any person driving in Nebraska can be stopped and ticketed solely for this violation
- Children up to age 8 must ride correctly secured in a federally approved, non-expired child safety seat (applies to all seating positions)
- Children under age 8 must ride in the back seat, if there is a back seat equipped with a seat belt and is not already occupied by other children under age 8
- Children ages 8 up to 18 must ride secured in a safety belt or child safety seat (cargo areas are prohibited) and
- A violation will carry a fine and one (1) point will be assessed against the operator's driving record

General guidelines for safe transportation of children:

- Read and follow the manufacturer's guidelines for a child safety seat and the vehicle owner's manual
- No more than one (1) finger's width of slack between the child's collar bone & the harness strap
- The harness retainer clip should be at arm pit level
- The safety seat should be installed tightly. No more than one (1) inch of movement side to side or front to back
- Children should ride in a rear facing safety seat until they are at least two (2) years of age and weighing 20 pounds or more
- NEVER place a rear-facing child safety seat in the front seat of a vehicle equipped with an air bag
- If a forward-facing child must be placed in a seating position with an air bag, move the seat as far back as possible, out of the bag's path
- Older children, generally ages 4-8 and 40-80 pounds, should ride in a booster seat; be certain they have upper body protection and head support. Some vehicles have no shoulder belts or head restraints in the back seats
- All children 12 and under must ride in the back seat, which is the safest place in a vehicle. Proper installation is important for a child's safety

16.11.0 Transportation

When KVC team members and/or subcontractors transport individuals, individuals must be transported in a safe and comfortable manner that meets the needs of individuals in care. If necessary, vehicles will be adapted to meet the needs of the individual. Individuals will not be denied transportation service due to lack of adaptation of vehicles.

Adequate measures will be taken to provide enough staff in the vehicle to ensure safety and to meet the needs of everyone being transported.

KVC team members and/or subcontractors will have the following to safely transport individuals in services with KVC.

- A valid driver's license and appropriate class code (see background check requirements, p. 21)
- Knowledge of state and local traffic laws (see training requirements related to Defensive Driving, p. 23)
- Valid car insurance
- Can capably assist individuals in and out of vehicles and to and from parking places, when required. This will be evaluated and trained on an individual basis
- Has received training in CPR/First Aid, and in meeting the needs of the specific Individuals for whom transportation is provided (see training requirements related to CPR/First Aid, p. 23)

17.0.0 ACCOUNTING PRACTICES

KVC will have an accounting and financial system in place that provides accounting for funds administered by DHHS. KVC will contract with a CPA to practice in the state of Nebraska for an annual independent audit of its financial operations. The audit will use accepted auditing standards set by the AICPA Government Auditing Standards (Yellow Book), single Audit Act, and Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations as applicable as determined by KVC and its auditor.

The accounting system will:

1. Produce a complete, annual financial report
2. Permit ready accountability of all sources of funding from the respective funding source
3. Effect proper control of salaries and wages
4. Produce payroll vouchers or statements for salaries and wages which:
 - a. Are prepared at the end of each pay period
 - b. Show the employees:
 - i. Name
 - ii. Position number
 - iii. Gross salary
 - iv. Taxes
 - v. All other deductions or contributions
 - c. Are approved by the appropriate authority of the provider
5. Maintain itemized records of:
 - a. Personnel compensated in whole or in part with room and board
 - b. Charges for benefits
 - c. Expenditures for technical assistance
 - d. Cost of the operation of programs
 - e. Rent
 - f. Equipment leasing expenses
 - g. Maintenance costs for facilities and services
6. Maintain accounting records in sufficient detail to allow for the calculation of the cost of services.

Audits will be provided to DHHS within 180 days of the end of KVC's fiscal year. Audits will include:

1. A review of receipts and disbursements
2. A review of cash control procedures
3. An audit of the provider's income statement, balance sheet, source, and use of funds statements
4. An accounting of lease agreements or mortgages
5. A review of the cash balance on hand at the beginning and at the end of the fiscal year
6. All written communications received by the provider from an auditor related to the provider's internal control over financial reporting requirements and communication with those charged with governance, including those in compliance with or related to statement of auditing standards (SAS) 112 Communicating Internal Control related to Matters Identified in an Audit and SAS 114 The Auditor's Communication with Those Charged with Governance

