



Residential Services

Handbook of Information

PROGRAM MISSION

To provide personalized support to individuals with disabilities to encourage self-sufficiency and self-direction in one's own home and community.

SERVICES

Residential services provide up to 24-hour individualized support per day in a home that is rented, leased, or owned by the individuals served. The common areas of the home are designed and/or decorated for the comfort and preferences of the housemates. Each individual has his/her own room with their own personalized décor. Services provided are to promote independence and provide support in the following areas:

- Emotional adjustment training
- Social skills training
- Functional living skills training
- Money management training
- Full financial assistance
- Behavior modification
- Self-medication training
- Medical assistance, including administration of medications
- Nursing oversight
- Dietary consultation
- Community participation
- Community service access
- Social/recreational activities
- Transportation
-

Residential Support Options:

- Group Homes provide 24-hour supervision in a home-like environment for six individuals.
- Individualized Supported Living (ISL's) - residential settings that provide up to 24-hour supervision (houses, apartments, condominiums) for one to four individuals.

HOURS OF OPERATION

Residential Services operate 24 hours per day, seven days per week, and 365 days per year.

STAFFING

Staffing patterns are based on the needs of the individuals living in the homes and the Department of Mental Health (DMH) guidelines. Each home has an assigned Residential Manager (RM), Lead Medical Staff (LMS), Direct Support Staff (DSP) and an Individual Program Coordinator (IPC). The Director of Residential Services (DRS) and Assistant Directors of Residential (ADRS) oversee the Residential program.

The ratio of staff to individuals is based on individual needs and the activity requiring support and/or supervision. The staff to individual ratio is never less than one staff to four individuals for community activities.

ENTRY CRITERIA

- Resident of St. Charles County
- Documented diagnosis of a developmental disability prior to the age of 21
- 18 years of age or older

- Able to benefit from participation in the program
- Able to participate in an environment with non-medical personnel
- Free from severe maladaptive behaviors that are dangerous to self or others and/or infringe upon the rights of others
- Compatible with existing housemates, if applicable

PROGRAM ENTRY PROCESS

The process from start to finish for program entry consists of the following steps:

- Referral from Case Managers or selected from DMH Referral List
- Review of ISP
- Tour of facility
- Placement on waitlist (if necessary)
- Transition visits
- Completion and return of participant forms.
- Intake Meeting
- Start Date

REFERRAL PROCESS

The Department of Mental Health (DMH) or the Developmental Disabilities Resource Board (DDRB) Service Coordinator must contact Community Living to start the referral process. The Service Coordinator will send the DRS or designee the individual's personal information packet for review. The DRS or designee will start the process of scheduling meetings and transition visits.

Medicaid Waiver Funding and/or the ability to private pay MUST be approved before services can begin.

The individual MUST have a current physical and TB test before services can begin.

START DATE

The "start date" for Residential services is determined after the following criteria have been met:

- An opening exists or expansion of the program has been agreed upon
- Funding has been secured for residential habilitation and a "start date" has been agreed upon by all participating parties
- Funding has been secured for room and board, if applicable, or the participant has agreed to meet the room and board expenses and has been determined to be capable of meeting these expenses
- Compatibility with existing housemates has been established, if applicable
- All participating parties have agreed upon the supports and services to be provided
- Adequate staff are available and are well trained to provide the supports and services
- Any other related necessary supports and services are in place, e.g., transportation, adaptations to the home, etc.

TRANSITION VISITS

Once an appropriate home is identified for an individual, the individual and family members will participate in several meet and greet opportunities with the current housemates. Before an individual moves into a residential supported home a transition meeting is required and scheduled by the DMH/TCM Service Coordinator. Transition meetings are designed to obtain and share information that is relevant to the individual supported in order to write and implement a Transition Plan to move into a supported home. During the transition process, Community Living will provide information regarding Residential Services policies and guidelines.

EXIT CRITERIA

Participants exit the program upon meeting any of the following:

- Voluntarily leaving the program
- No longer meeting the admission criteria
- Team decision to terminate participation in the program

SCHEDULING FAMILY VISITS

After an individual moves into a residential home, family members may schedule visits to the home with the Residential Manager. Short unannounced family visits are permissible as long as the visits are not disruptive to the other individuals living in the home.

ABSENCES

Individuals living in homes receiving residential support must notify the Residential Manager in advance of any absences. Absences from the residential home must be reported to the Department of Mental Health and may affect funding. Long term and/or excessive absences that interfere with Community Living's ability to receive the funding necessary to maintain the home may result in termination from the program.

CONSENT FOR RELEASE OF PERSONS SERVED

A Consent for Release of Persons Served will be completed for individual's who are not their own guardian during the admissions process and annually. Only individuals listed on that form will be able to pick up an individual from a Residential supported home or activity.

TERMINATING SERVICES

Reasons for termination may include one or more of the following:

- Program does not meet the individual's needs
- Individual is unable to adjust to the environment
- Individual is a threat to themselves or others
- Individual engages in illegal activities
- Health or medical concerns makes placement inappropriate
- Parent/guardian conduct which is disruptive to the home and/ or other housemates

TRANSPORTATION

All transportation needs will be outlined in each individual's plan. Transportation will be provided to medical appointments, employment and day habilitation sites as funded. Transportation may be provided to other places such as family member's home or various activities if staffing allows. Payment plans for transportation may be possible if the individual is not eligible for transportation funding.

INCLEMENT WEATHER

Transportation may not be provided during inclement weather due to safety issues.

PHYSICAL

A current physical with Tuberculin testing must be completed before moving into a Residential supported home. Participants must be free of communicable diseases and have the results of Hepatitis B testing as documented by a physician. A physical with Tuberculin testing must be completed on an annual basis.

MEDICATIONS

All medications will be kept in a locked cabinet in an appropriate container with a pharmacy label. Staff are required to complete and pass the DMH approved Medication Administration class before passing medication. Medication oversight is the responsibility of the agency. If a guardian insists on overseeing medication/medical appointments, they are responsible for providing the follow up physician notes and orders to the agency the day of the appointment.

Individuals who self-administer medications must demonstrate the appropriate skills to take their medications correctly and a physician must agree in writing for an individual to self-administer medication.

RESTRAINTS

Residential staff are trained in MANDT techniques. Physical restraints are only used in an emergency situation when an individual's safety or the safety of others is in jeopardy or when there is a need indicated in a behavioral support plan. Any alternative restraints utilized will need to be approved by the parent/guardian and the Human Rights Committee prior to use.

PHYSICAL RESTRICTIONS OR NECESSARY ASSISTANCE DUE TO MEDICAL PROCEDURES

In order to maintain a participant's health, safety and dignity, Community Living, Inc. will use the least intrusive methods of assistance during medical procedures. The participant and/or guardian will be asked for a written consent authorizing such assistance, if necessary.

ILLNESS

If an individual living in a residential home is determined to be ill (fever over 100°F, change in bowel habits, nausea and vomiting, productive cough, open wounds, etc.) the nurse assigned to that home will be contacted. The individual will be taken to his/her doctor, or the hospital as needed. Guardians will be notified in person or by phone of such incidents.

ACCIDENTS AND INJURIES

For minor incidents, such as scratches, scrapes, bruises, bug bites or stings, the appropriate first aid will be applied. Guardians will be notified in person or by phone of such incidents.

MEDICAL EMERGENCIES

For more serious injuries, we will call 911 and notify the emergency contact person(s) immediately.

EMERGENCY DRILLS

Residential homes participate in emergency drills on a regular basis. Fire evacuation, tornado and earthquake drills will be held to make sure everyone is familiar with the procedures expected. It is very important that the individual participates to the best of his/her ability.

MEALS

Residential services support individuals with preparing and eating nutritious meals and snacks. Menus are posted in the kitchen where meals are prepared in the home; food allergies and special dietary requirements are taken into consideration and substitutions will be made. Individuals may go out to eat, order food in or when in the community order food to be taken home and eaten. In most cases, this will be at the expense of the individual.

HOME FURNISHINGS AND DECORATIONS

It is the philosophy of Community Living that homes reflect the likes and preferences of the individuals who live there. Each individual is responsible for furnishing their own room. Funding may be available to assist. Personal belongings purchased for the common areas of the home must be shared. An inventory of personal possessions and additional items will be inventoried upon moving into the home and annually thereafter.

FINANCES

Financial assistance and oversight are provided based on the individual's needs. Each participant is responsible for paying for recreation/ leisure activities, personal hygiene items, clothing, and incidental spending. Each participant must also receive adequate income to cover room and board costs.

Community Living staff will account for all expenses of the individual and document those expenses on a general ledger sheet monthly. The ledger sheet will be balanced with the monthly bank statement.

If a family member or friend gives a resident money, gift card or prepaid voucher directly, they must inform staff. Staff and the person giving the money will determine who will be responsible for tracking the money. If the money is kept by Community Living staff, it will be added to the individual's financial ledger and expenditures will be tracked. If the money is kept by the resident, Community Living nor its staff are responsible for the money, gift card, or prepaid voucher.

INDIVIDUAL PLAN

All participants participate in the creation and implementation of his/her initial individual plan and annually thereafter. The DMH/TCM Service Coordinator coordinates a team meeting where information from the individual, his/her guardian/family members, the Individual Plan Coordinator and any other pertinent team members is obtained to develop/revise the plan. Appropriate goals and supports are identified to support the individual in the residential setting. New goals and supports may be recommended throughout the year as needed or desired.

MONTHLY REPORTS

Progress towards meeting outcomes as well as any other pertinent information will be recorded on a Monthly Report written by the Individual Program Coordinator. This report will be reviewed by your case manager and a copy will be sent to you/your guardian monthly.

CONTACT INFORMATION

Website: www.communitylivingmo.org

Director of Residential Services

Shea Young

Phone: 636-387-5508

Email: syoung@communitylivingmo.org

Assistant Director of Residential Services

Dawn Nichols

Phone: 636-387-5529

Email: dnichols@communitylivingmo.org

Assistant Director of Residential Services

Nikki Hampshire

Phone: 636-387-5542

Email: nhampshire@communitylivingmo.org