

PROGRAM POLICY – ICF/DD-H

- 1 Qualified Mental Retardation Professional (QMRP)
 - 1.1 The facility will provide a qualified mental retardation professional (QMRP) who will be responsible for supervising the implementation of each person's individual service plan (ISP), integrating the various aspects of the facilities program plan, assuring continuity of facility services with those provided by outside agencies, recording each person's progress and initiating periodic review of each ISP for necessary modifications or adjustments. The QMRP shall provide a minimum of 1.75 hours of service per week per person receiving services, based on current regulations or directives from Department of Health Services.

- 2 Community Support Specialist (CSS)
 - 2.1 The primary responsibility of the Community Support Specialist (CSS) will be the care and training of persons receiving services. There will be sufficient staff to carry out the active treatment programs and meet individual person needs. Each facility will have sufficient staff to provide program and nursing services 24 hours a day, per current regulations or by specific regulatory directives.

- 3 Facility Supervisor
 - 3.1 Each facility will have a supervisor that reports to and is accountable to the QMRP.

- 4 Overnight Staffing
 - 4.1 Staff will be present and available to persons served at all times when they are in the home. Person's receiving services will be assessed as to their supervisory needs during sleeping hours. This assessment will be completed by the physician at the time of admission and at 60 day recertification visits. Also, the interdisciplinary team will also assess each individual at ISP meetings. If a person is deemed to have health or behavioral risks during the NOC shift, then overnight staff members will be required to do checks on individuals throughout the night. If, none of the persons residing at a given home have any health or behavioral risks identified that require checks throughout the night, then staff members may be allowed to sleep during the NOC shift, assuming all persons are asleep (i.e. all current needs have been met) and the staff member is awake by 6:00 am or ½ hour prior to person's normal wake-up time, if earlier than 6:00 am.

POLICY DATE: August 2001
REVISED: May 2004
October 2009

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