Appendix 2
Community Based Residential Facility

Scope of Service
The provision of services to members in a Community Based Residential Facility (CBRF) is for purposes of providing needed care or support on a 24 hour basis above the level of room and board. The CBRF environment shall provide residents with a setting as close to homelike as possible and is the least restrictive and compatible setting to meet their need for care and service.

All placements shall be authorized in writing by the Managed Care Organization. Failure to have proper authorization from the MCO will be cause for non-payment of services during the unauthorized time period.

Units of Service
Units of service will be made based on DAYS authorized in the CBRF. A DAY includes the day of admission, but not the day of discharge. Day of disenrollment of a Family Care member is not a paid service day. Disenrollment includes death, incarceration, loss of financial/functional eligibility, failure of member to pay cost share, move to an IMD, and/or move out of the MCO service area, voluntary or otherwise determined by MCO.

Room and Board Bed Hold
Room and Board Bed Hold is defined as a temporary absence of the member from the CBRF, up to but not to exceed thirty (30) days, and the member is expected to return to the facility.

Provider will receive the room and board rate ONLY. Payment will be made up to but not to exceed the thirty (30) days.

It is the Providers responsibility to inform the IDT within one (1) business day if a member is absent from the CBRF.

Planned Termination of Placement
A written 30-day notice is required by the MCO/member or CBRF provider (whoever is initiating the termination) to terminate a placement in a CBRF. Payment will be made up to, but not including the date of the member’s move out of the CBRF. Failure by provider/MCO to meet 30 day notice requirement may result in a financial penalty up to, but not exceeding the number of days left in provider/MCO’s 30 day service commitment, unless an earlier date is mutually agreed upon by both parties.

Unplanned Termination of Placement
When an unplanned termination is initiated by the MCO/member, the MCO reserves the ability to withhold or suspend payment in situations when a placement is terminated without prior notice for reasons involving a health and/or safety concern.
When the unplanned termination is due to a member change in condition, payment will be made up to, but not including the date of the member’s move. Unplanned termination includes disenrollment of a member. Disenrollment includes death, incarceration, loss of financial/function eligibility, failure of member to pay cost share, move to an IMD, and/or move out of the MCO service area, voluntary or otherwise determined by MCO.

PROGRAM SERVICES
Each CBRF shall provide a full range of program services based on the needs of the member and consistent with the requirements of DHS 83. Quality standards shall be used by the MCO to evaluate the ability of the CBRF to provide adequate services to MCO members. Failure to adhere to quality standards can be grounds for terminating the contract if deficiencies are not corrected in a timely manner, as determined by the MCO.

DOCUMENTATION
MCO members have the right to voluntarily accept placement in a CBRF. The CBRF is required to receive a written Member Centered Plan which is developed by the MCO Interdisciplinary Team together with the member. The Member Centered Plan identifies the member’s needs and the specific individualized services to be provided to the member by the CBRF.

The CBRF provider is responsible for completing a written Individualized Service Plan within 30 days of placement. Updates are required every 6 months and as needed for substantial changes in member condition or as requested by the member or their guardian. Copies of the Individualized Service Plan should be signed and given to the MCO and member/guardian at each update.

MCO members residing in a CBRF are to manage their own financial affairs, including any personal allowances unless the member or court delegates in writing, such responsibility to another person. If the member has a legal financial representative, this shall be specified on the member’s Individualized Service Plan and Member Centered Plan.

If the CBRF agrees to assist the member with money management, this shall be specified on the member’s Individualized Service Plan and Member Centered Plan. The CBRF must maintain a financial ledger for review of the cash flow and current balance. The member’s personal allowance must be kept separate from the finances of the CBRF provider and other members placed in the CBRF. Management of member’s funds shall be at the discretion of the member/guardian. If the member’s funds exceed $200, the provider shall notify the IDT who shall make arrangements for the disposition of excess funds. If provider is in control of member’s funds of less than $200, receipts or copy of receipts of expenditure must be kept by provider.
Physical Environment and Food Service
CBRF provider shall strive to create a welcoming atmosphere through its physical appearance. Meals and snacks shall be served to meet the nutritional needs of members while taking into account food preference and special diets.

1. Living Accommodations: 24 hour per day supervision for scheduled and unscheduled needs of member.
2. Utility Costs: including electric, heat, air conditioning (if available), and hot and cold water.
3. Three Balanced Meals: plus snacks per day, that meet any special dietary restrictions. Nutritional supplements and/or nutritional thickeners will be provided by the facility if it is in place of a meal.
4. Member Living areas are clean and well maintained. They shall be free of clutter. The interior and exterior structural integrity and upkeep.
5. Laundry/Linen Supplies: including wash cloths, towels, sheets, bedding, laundry soap and any other necessary items adequate to meet the needs of the residents. These items will be the provider’s choice and will be replaced by the provider if in poor condition.
6. Laundry/Linen Service: including washing, drying, and maintenance of wash cloths, towels, sheets, and bedding.
7. Housekeeping services and supplies: including, but not limited to cleaning, cleaning supplies, toilet paper, paper towels, and household products.
8. Property Maintenance: major and minor repairs to the building and ongoing janitorial property upkeep including grass cutting and snow removal.
9. All furnishings used by members including beds and dressers if member does not have their own.
10. Equipment that becomes a permanent part of facility.
11. Personal Emergency Response Systems as necessary per member need. Chair and bed alarms are not part of a PERS and will only be provided by CCCW if the member is able to redirect themselves when alarm is triggered.
12. Telephone and media access: access to make and receive calls and attain information and news.
13. Supplies to protect facility property and unintentional property damage by a member.
14. Provider is responsible for providing a Hoyer or EZ stand for any new referrals taken who may require this equipment for transfers.

Health Assessment
1. Health Assessment: health care monitoring and information as needed in cooperation with the IDT.
2. Administration of medication: in accordance with DHS 83.
3. Scheduling of Medical Appointments.
4. Accompanying Members to medical appointments as necessary. Communicate in writing or verbally a report of medical visit to IDT and Guardian within one (1) business day.
5. Personal Protective Equipment: (Including, but not limited to, disposable gloves, gowns, masks, hazardous materials bags, as applicable to member specific needs.
6. Supply Sharps disposable containers, if facility is performing blood glucose checks.
7. Disposable washcloths and wipes and disposable underpads/liners are for the convenience of the provider and will be provided by the facility.
8. Stock Supplies or Equipment: that are made available to all members, including, but not limited to, first aid supplies and equipment, blood pressure cuffs, stethoscopes, thermometers, cotton balls, medicine cups, specimen cups, hats, gait belts, etc, as applicable to member specific needs.
9. Prescription Delivery and Bubble Packaging: No additional charges shall be incurred by any other pay sources, including members, for fees associated with packaging and/or delivery

Personal Assistance
Activities of Daily Living (ADLs): personal care, supportive home care, daily living skills training.

Transportation
Provide, or arrange and pay for: all regular and routine transportation needed to meet member outcomes. The definition of “Regular and Routine” is defined for each member as a collaborative partnership between the provider and CCCW and will be defined for each member at admission to a residential placement and/or during annual and 6-month reviews or upon member change in condition.

- Scheduled Medical Appointments
- Social/Leisure/Community Outings
  - Availability to participate in community outings. Outings can be group in nature. Providers are responsible to provide options but not individual specific outings.
- Employment and Day Services
- Religious Services
  - Religious services that are provided at the facility can meet this expectation if determined to be in accordance with member outcomes.

DOCUMENTATION
The CBRF will ensure DHS 83 documentation requirements are met for all members. This includes Medication Management, Management of Personal Funds, and Shift by Shift documentation. Any changes in physical, medical, or psychosocial conditions should be reflected in documentation. Narrative entries must include the date of contact and length of contact.
Completion or updated copies of all required documentation including:
- Initial and ongoing assessments (CCCW Member Centered Plans and annual assessments)
- Individualized Service Plans
- Behavioral Support Plans, as applicable to member specific needs
- Behavioral Intervention Plans, as applicable to member specific needs
- Restrictive Measures Plans, as applicable to member specific needs

**Staff Supervision and Adequacy**
Each CBRF shall provide adequate staffing to meet the needs of residents based on facility and MCO assessments. Staff shall respect member rights and utilize appropriate standards of care when providing service to CCCW members.

1. At a minimum, staffing ratios shall meet applicable DHS 83 staffing requirements. Facility staffing schedules shall be available to MCO staff upon request.
2. Member rights are respected.
3. CBRF shall have a written Complaint/Grievance procedure, which includes notification of MCO when a formal complaint is received, and its resolution when attained.
4. CBRF must assure all DHS 83 training requirements are met including new employee orientation and annual staff training requirements.
5. CBRF must assure all employees receive target population specific training.
6. CBRF must ensure all employees receive training regarding the Family Care Philosophy and Member Outcomes.

**Leisure Time and Community Activities**
Each CBRF shall provide an Activity/Recreation program that promotes member participation and stimulation consistent with their interests. Participation in community activities shall be reviewed and facilitated where indicated by member choice.

1. Information, in written form, shall be available to current and prospective members regarding services provided by the facility.
2. Activities shall be age appropriate.
3. Participation or refusal shall be documented.
4. Activities shall be directed toward individual interests.
5. Activities shall include appropriate exercise and wellness aspects.
6. Community activities shall be promoted through trips to community outings, or by bringing community activities to the facility. Community Outings do not include Adult Day Services, Adult Day Care, Supported Employment, or Prevocational Services.
7. Activity calendars shall be posted in a common area. Scheduled activities shall take place unless unforeseen incidents cause their cancellation.

**Health Monitoring/Coordination of Medical Services**
CBRF shall monitor the health of members and ensure arrangements are made for required and requested health services.

1. Staff approaches shall promote independent functioning of members during personal care activities.
2. CBRF provider will ensure information is documented in the member chart and communicated with member/guardian and MCO. This includes logging of medication or treatment changes.

3. Timely notification of MCO Interdisciplinary team of schedule for member Care Conferences.


5. Behavior management including participation with the MCO in the development and implementation of behavioral treatment plans and behavioral intervention plans.

Communication with MCO
CBRF providers will communicate appropriately with member/guardian and MCO interdisciplinary team.

1. CBRF providers shall notify MCO of formal complaints or grievances received from MCO members within 48 hours of receipt. Written notification of completed complaint investigations will be forwarded to MCO.

2. Member’s Interdisciplinary team will receive timely, accurate, and comprehensive information relating to the services provided.

3. Provide MCO a copy of any requests for right limitations or denial waivers that are submitted to W.A.V.E.

4. Respond to, document, and notify MCO within one (1) business day (or member specific timeframe otherwise agreed upon by MCO IDT/provider) when the member is involved in a Critical Incident or Adverse Event.

   - Critical Incidents are circumstances, events or conditions resulting from action or inaction that results in death, serious harm to the health, safety, or well-being of a member or to another person as a result of the member’s actions, results in substantial loss in the value of the personal or real property of a member or another person as a result of the member’s actions, results in unexpected death, or poses immediate and serious risk to the health, safety, or well-being of a member.

   - Adverse Events are circumstances, events, or conditions that result from either action or inaction that are undesirable or unintended, did not result in any serious harm to a member’s health, safety or well-being and indicates or may indicate a quality issue with the services provided

Examples of Critical Incidents/Adverse Events are:
   a) Falls
   b) Medication Errors
   c) Missing Person
   d) Health Related Incident involving Emergency Personnel
   e) Harm to Health, Safety or Well-being of Member
   f) Change in condition lasting more than one day
   g) Self harm or harm to others
h) Suicide Attempt
i) Property Damage
j) Violation of Members Rights
k) New diagnosis or exacerbation (worsening or reoccurrence) of a known disease or illness.
l) Hospitalization, ER/Urgent Care visit, or unscheduled doctor appointment.
m) Any incident requiring abuse/neglect/exploitation investigation

The purpose of informing the MCO of critical incidents and adverse events is to ensure the collaboration of provider and MCO. This collaboration will allow both parties to ensure the coordination of care in the following ways:

- To help reduce risk for individual members and for all members.
- To promote health and safety.
- To evaluate actions and/or individuals that contributes to an event.
- To improve provider quality standards.
- To anticipate and monitor potential quality concerns.
- To identify and document positive provider experiences.
- To identify themes of incidents and streamline mechanisms to improve the standard of practice.
- To provide a systematic approach to monitor and respond to incidents.
- To provide a feedback mechanism to the provider network, quality and care management departments regarding the quality of all services provided.

Provider Expectation of Communication with MCO

- CCCW staff shall be respectful in provider relations as well as provider communication.
- CCCW IDT shall consult providers for member specific information.
- CCCW IDT shall inform Provider within five (5) business days if/when there is a change in the assigned Community Resource Coordinator or Health & Wellness Coordinator for a member.
- CCCW staff will respond to Provider phone call or email messages within one (1) business day of receipt of message unless out of office is indicated on voice mail and email.

Expected Outcomes

- Members will receive 24-hour care consistent with the needs and outcomes identified in the member’s individualized service plan.
- Members will have the opportunity to participate in activities that are mentally and physically stimulating.
- Members shall be afforded the opportunity to evaluate and provide feedback regarding services received.