

## **54 GROUP HOME REQUIREMENTS**

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REFERENCES: 42 § C.F.R. 441.300-441.310; A.R.S. § 13-3602; A.R.S. § 36-401; A.R.S. §§ 36-501 et seq.; A.R.S. § 36-551; A.A.C. R9-10-2206; A.A.C. R9-10-101; A.A.C. R6-6-101; A.A.C. Title 6, Article 8; A.A.C. Title 6, Article 9; A.A.C. Title 6, Article 15; A.A.C. Title 6, Article 21; Qualified Vendor Agreement; Behavior Supports Manual Chapter 400; Behavior Supports Manual Chapter 500

### **PURPOSE**

The purpose of this policy is to outline the requirements for Qualified Vendors when providing Group Home services for Division Members.

### **DEFINITIONS**

1. "Acuity" means a patient's need for medical services, nursing services, or behavioral health services based on the patient's medical condition or behavioral health issue.
2. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.
3. "Adult" means a person aged 18 years or above.
4. "Behavior Plan" means a written plan of services and therapeutic interventions based on a complete assessment of a Member's developmental and health status, strengths and needs

that are designed and periodically updated by the multispecialty, interdisciplinary team.

5. “Behavioral Health Professional” means
  - a. An individual licensed under A.R.S. § 32, Chapter 33, whose scope of practice allows the individual to:
    - i. Independently engage in the practice of behavioral health as specified in A.R.S. § 32-3251, or
    - ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health as specified in A.R.S. § 32-3251 under direct supervision as specified in A.A.C. R4-6-101.
  - b. A psychiatrist as specified in A.R.S. § 36-501.
  - c. A psychologist as specified in A.R.S. § 32-2061.
  - d. A physician.
  - e. A behavior analyst as specified in A.R.S. § 32-2091.
  - f. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse, or
  - g. A registered nurse:
    - i. A psychiatric-mental health nursing certification, or

- ii. One year of experience providing behavioral health services.
6. “Behavioral-Supported Group Home” or “BSGH” means a time-limited service, designed for Members who have been deemed to need intensive behavioral support that supports the Member’s choice to live in and access opportunities in their communities through services offered in their Group Home.
7. “Business Hours” means the office hours that state offices are kept open for transaction of business from 8:00 a.m. to 5:00 p.m., from Monday through Friday, excluding holidays, furlough closure; or otherwise required by law, as per A.R.S. § 38-401.
8. “Child” means a person under the age of 18.
9. “Clinical Oversight” means monitoring provided by an independently licensed BHP, by virtue of education, training and experience, is capable of assessing the behavioral health history of a Member to determine the most appropriate treatment plan.
10. “Clinical Oversight Meeting” means a professional staffing that occurs at least monthly, for the purposes of monitoring the

Member's progress and the Qualified Vendor's compliance with Division policy and BSGH service specifications.

11. "Court-Ordered Evaluation" or "COE" means an evaluation ordered by the court as per A.A.C. R9-21-101.
12. "Court-Ordered Treatment" or "COT" means treatment ordered by the court as per A.A.C. R9-21-101.
13. "Direct Support Professional" or "DSP" means a person who delivers direct support in Home and Community-Based Services with current training according to the training and/or certification or licensing requirements of the Home and Community-Based Service(s) they provide. DSPs support Members to develop independent skills and be included in their communities. DSPs may include Developmental Home Providers and therapists who provide direct support.
14. "Emergency Receiving Home" means a Division Group Home developed using the Vendor Call process to create vacant capacity to be used for Members with an emergency need for Group Home services.

15. "Functional Behavior Assessment" means a comprehensive assessment consisting of different observations of the member in one or more settings, with one or more caregivers; and includes a comprehensive review of historical documents (e.g., Planning Documents, evaluations, progress reports, Individualized Education Program, data collection), indirect and direct assessment, and recommendations for treatment.
16. "Group Home" or "Home" for the purposes of this policy means the same as defined in A.R.S. § 36-551.
17. Home and Community-Based Services Settings Final Rule means the requirements set forth by 42 C.F.R. §§ 441.300-441.310 for HCBS settings to ensure individuals have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate.
18. "Member" means the same as "client" as defined in A.R.S. § 36-551.
19. "Nesting" means a period of independent caregiving, usually 24 to 48 hours for the Member while they are in the Developmental Home, Nursing Supported Group Home, or Intermediate Care

Facility and the parent or caregiver has the oversight of medical staff during that time period.

20. "Nursing Supported Group Home" means the same as defined in A.R.S. § 36-401.
21. "Order of Protection" means any injunction or other court order that is issued for the purpose of preventing violent or threatening acts or harassment against, contact or communication with or physical proximity to another person.
22. "Person-Centered" means an approach to planning designed to assist the Member to plan their life and supports. This model enables individuals to increase their personal self-determination and improve their own independence.
23. "Planning Document" means a written plan developed through an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important to the Member in meeting the identified needs and preferences for the delivery of such services and supports.
24. "Planning Team" means a defined group of individuals comprised of the Member, the Responsible Person if other than the Member,

and, with the Responsible Person's consent, any individuals important in the member's life, including extended family members, friends, service providers, community resource providers, representatives from religious/spiritual organizations, and agents from other service systems.

25. "Predictable Staffing" means a consistent schedule of direct support professionals that meets the needs of the Member(s) and the Member(s) know and expect to be working with them.
26. "Program Review Committee" or "PRC" means the assembly of designated individuals that review and approve Behavior Plans meeting the criteria outlined in Article 9 prior to implementation.
27. "Qualified Vendor" means any person or entity that has a Qualified Vendor Agreement with the Division of Developmental Disabilities.
28. "Residential Services" means the same as Community Residential Setting defined in A.R.S. § 36-551 (15), except this policy does not apply to state-operated services.
29. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a

developmental disability or an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed as per A.R.S. § 36-551 (39).

## **POLICY**

### **A. REQUIREMENTS FOR ALL GROUP HOMES**

1. The Qualified Vendor shall provide a safe, stable, individualized environment that is Person-Centered with:
  - a. Predictable staffing;
  - b. Daily routines;
  - c. Promotes independence, autonomy, Member choice and control as much as possible while assuring Member health and safety; and
  - d. Offers and supports social and leisure activities based on what the Member likes to do, supports relationships that are important to the Member by enabling frequent contact with people who care about the Member, and supports Members with integrating into their communities.
2. Qualified Vendors shall only accept Member referrals for Residential Services from the Division.



3. Qualified Vendors operating standard Group Homes, Emergency Receiving Homes, and Nursing Supported Group Homes in which a Member resides shall ensure:
  - a. An approved Behavior Plan is in place for Members as outlined in the Division Behavior Support Policy Manual and A.A.C. R6-6-904 within 90 days of move-in and approved annually; and
  - b. Have staff that are trained and monitored to implement a Member's Behavior Plan as written.
4. Qualified Vendors shall ensure all Group Homes operated by the Qualified Vendor in which Members reside are:
  - a. Licensed by the Arizona Department of Health Services (ADHS) and approved by the Division;
  - b. Assigned a site code by the Division for each Group Home;
  - c. Meet the requirements of the Home and Community Based Services Final Rule; and
5. Qualified Vendors shall allow adult and child Members to live in the same Group Home operated by the Qualified Vendor if:

- a. Approved by the Responsible Person(s) of the child and adult; and
  - b. Documented in the Planning Document of both the child and adult.
6. Staff of all Group Homes operated by the Qualified Vendor shall accompany and provide support to Members until admitted as inpatient to a hospital.
7. The Qualified Vendor providing Group Home services shall ensure Members are accompanied by Group Home staff during emergency transport if available.
8. Qualified Vendors shall participate in discharge planning and all staffings with the hospital or crisis facility while a Member is inpatient.
9. Qualified Vendors shall participate in transition meetings for Members moving into or from a Group Home.
10. The Qualified Vendor shall accept the Member back to the Group Home as determined by the Planning Team upon discharge from the hospital or crisis facility.

11. The Qualified Vendor shall not delay the Member's return to the Group home upon discharge from the hospital or crisis facility.
12. Qualified Vendors shall assist with the petition for Court Ordered Evaluation (COE) or Court Ordered Treatment (COT) upon witnessing an event that impacts the safety of the Member or others, when necessary in accordance with A.A.C. R9-21-101 and A.R.S. § 36-520.
13. Qualified Vendors shall continue to provide support to the Member until the petition is accepted by the court and the Member is admitted to a facility for COE or COT.
14. If the petition for COE or COT is not accepted by the court, the Qualified Vendor shall transport the Member back to the Group Home.
15. The Qualified Vendor operating a Group Home in which Members reside shall notify the Division's Statewide Residential Network team within 24 hours if a Member:
  - a. Is unable to return to the Group Home due to the Member having been served an Order of Protection; or

- b. Requires emergency relocation to an alternative Group Home.
16. Qualified Vendors who have service authorizations for Members served with an Order of Protection shall continue to serve those Members as allowed for in 6 A.A.C. 6 Article 21.
  17. Qualified Vendors shall maintain an after business hours contact and provide the after business hours contact information to the Division.
  18. The Qualified Vendor operating a Group Home in which Members reside shall not restrict a Member's ability to access their community and common areas within the Group Home environment unless the restriction is approved in the Member's Behavior Plan.
  19. Qualified Vendors operating a Group Home in which Members reside shall maintain at least three days worth of meals and snacks based on:
    - a. The menu for each Group Home; and
    - b. Special dietary needs.

20. Qualified Vendors operating a Group Home in which Members reside shall participate in Member meetings as outlined in Provider Manual Chapter 2.
21. Qualified Vendors providing Group Home services shall obtain and maintain the following records of Members who reside in the Group Home:
  - a. Vital information documentation
    - i. The name, address, and telephone numbers of the health care provider for each Member;
    - ii. The name and telephone numbers of the health plan and insurance carrier for each resident and the process for authorization of health care for each Member;
    - iii. Guardianship status for each Member, if applicable;
    - iv. The name and telephone number of the Responsible Person;
    - v. The person to be contacted in case of emergency for each Member;
    - vi. Member funds ledger;

- vii. Member's Group Home attendance records;
- viii. Member's behavioral health documentation:
  - (a) Pre-move Behavior Plan;
  - (b) Post-move Behavior Plan; and
  - (c) Data collected from behavioral observations from the last 30 days.
- b. Documentation of individualized needs
  - i. Completed Pre-service Provider Orientation (DDD-097A) form;
  - ii. Nutritional needs or special diets with parameters;
  - iii. Special fluid intake needs;
  - iv. Prescriptions for dietary needs or holistic medication;
  - v. Seizure activity information:
    - (a) Type and characteristics;
    - (b) Frequency and duration;
    - (c) Instructions for staff response; and
    - (d) Records of seizure activity.
  - vi. Adaptive equipment, protective devices, and facility adaptations;

- vii. Required medical monitoring, including blood glucose testing, blood pressure checks, and lab work;
  - viii. Reference to the Behavior Plan or Planning Document if health care related issues are addressed;
  - ix. Special instructions for carrying, lifting, positioning, bathing, feeding, or other aspects of personal care;
  - x. Any known allergy to food, medication, bite or stings, or pollen and steps to be taken when an allergic reaction occurs; and
  - xi. Other individualized healthcare routines.
- c. Complete medical history
- i. Physical examination;
  - ii. Immunization records;
  - iii. Tuberculosis screening;
  - iv. Hepatitis B screening;
  - v. Type of developmental disability;
  - vi. Medication history;
  - vii. History of allergies;

- viii. Dental history;
  - ix. Seizure history;
  - x. Developmental history; and
  - xi. Family medical history.
- d. Medications
- i. Copies of prescriptions or documentation of any verbal or written medical orders from a medical practitioner;
  - ii. Copies of the medication list provided upon discharge from an inpatient or skilled nursing facility;
  - iii. A current medication log for each Member with the following information:
    - (a) List of all prescription and nonprescription medications administered to a Member by or under the supervision of a direct care staff;
    - (b) The name of the Member who received the medication;
    - (c) The name of the medication;
    - (d) The medication dosage;



- (e) The date and time of administration;
  - (f) The route of administration;
  - (g) Special instructions for administration of the medication; and
  - (h) Signature and initials of the direct care staff who administered or supervised the administration of the medication.
22. The Qualified Vendor providing Group Home service shall verify that the Member's medication log matches with:
- a. Current prescriptions;
  - b. Current medical orders; and
  - c. Discharge instructions upon discharge from a hospital or facility.
23. The Qualified Vendor providing Group Home service shall notify the Member's prescribing practitioner if any discrepancies are identified between prescriptions, medical orders, discharge instructions, or the medication log.

24. The Qualified Vendor providing Group Home service shall update the Member's medication log upon changes to the prescriptions or non-prescription orders from a medical practitioner.

**B. BEHAVIORAL-SUPPORTED GROUP HOME (BSGH) ADDITIONAL REQUIREMENTS**

1. Qualified Vendors operating a BSGH shall:
  - a. Accept any Member referred by the Division; and
  - b. Provide BSGH service for the referred Member.
2. The Qualified Vendor providing BSGH services shall, within 45 days of the Member's move-in to the BSGH, submit a Behavior Plan to:
  - a. The Division's Behavioral Health Administration; and
  - b. The Program Review Committee.
3. The Qualified Vendor providing BSGH services shall provide a minimum of ten hours of Clinical Oversight each week per BSGH setting, with a minimum of 50% of the hours provided onsite in the BSGH.

4. The Qualified Vendor providing BSGH service shall submit the Clinical Oversight Standard Agenda form to the Division two business days prior to the Clinical Oversight Meeting.
5. The Qualified Vendor providing BSGH service shall participate in Clinical Oversight Meetings.
6. The Qualified Vendor providing BSGH service shall ensure the following staff attend Clinical Oversight Meetings at minimum:
  - a. The Behavioral Health Professional (BHP) employed by the Qualified Vendor; and
  - b. A Qualified Vendor representative.
7. The Qualified Vendor providing BSGH service shall require the following when a Member transitions from the BSGH to a new setting:
  - a. Current leadership, house supervisor, and BHP to tour the potential receiving setting at the request of the Responsible Person.
  - b. The receiving Qualified Vendor and Planning Team, with input from both the BSGH and Division's clinician, shall

develop a transition plan that includes the following, but is not limited to:

- i. Member visit(s) to the new setting;
  - ii. The Member being observed by the receiving setting staff and DSPs;
  - iii. Training of staff and DSPs at the new setting by the BSGH; and
  - iv. Documenting the required training of staff and DSPs at the new setting on the Behavior Plan.
  - v. Training of Employment Services or Day Program staff, as applicable.
  - vi. Using the Residential Pre-Move Checklist for developing the transition plan.
- c. BSGH clinical staff, with the Responsible Person's agreement, shall provide Clinical Oversight and support to the Member and the receiving Qualified Vendor for up to two months after the Member moves in as determined by the transition plan.
- d. The BSGH clinical staff shall:

- i. Participate in all transition and post transition meetings (i.e. medication reviews, Planning Document, etc.) while providing the agreed upon Clinical Oversight as outlined in the transition plan;
  - ii. Document all transition activities as outlined in the Member's transition plan; and
  - iii. Provide documentation on transition activities during all transition and post transition meetings.
- e. The existing Qualified Vendor shall consult with the new Qualified Vendor to update the Member's Behavior Plan.

**C. EMERGENCY RECEIVING HOME ADDITIONAL REQUIREMENTS**

1. The Division may change the designation of the Emergency Receiving Home to a standard Group Home, if the Division deems it necessary.
2. The Qualified Vendor providing Emergency Receiving Home services shall accept any emergency Member referrals from the Division.

3. The Qualified Vendor shall ensure all Emergency Receiving Homes operated by the Qualified Vendor in which Members reside:
  - a. Have sufficient staff immediately available to support the Member; and
  - b. All DSPs have Prevention & Support training.
4. Qualified Vendors providing Emergency Receiving Home services shall adhere to the requirements in Section (A). of this policy.
5. The Qualified Vendor shall ensure all Emergency Receiving Homes operated by the Qualified Vendor in which Members reside are fully furnished, including bedrooms.

**D. NURSING SUPPORTED GROUP HOMES (NSGHs) ADDITIONAL REQUIREMENTS**

1. Qualified Vendors operating a NSGH in which Members reside shall submit a monthly census of the NSGH no later than the last day of the reporting month.
  - a. The Qualified Vendor operating a NSGH shall submit the census through secure email to  
[DDResidentialunit@azdes.gov](mailto:DDResidentialunit@azdes.gov); and

- b. The Qualified Vendor operating a NSGH shall notify the Division of all changes in Member moves, including internal moves or external moves within two business days.
2. The Qualified Vendor operating a NSGH in which Members reside may provide Nesting when requested by the Division's Health Care Services Department.
3. Qualified Vendors who operate a NSGH and provide Nesting shall develop, implement, and submit Nesting policies and checklists for review and approval by the Division's Network and Health Care Services Department.
4. Qualified Vendors who operate a NSGH shall ensure that the types and amount of nurses and other direct care workers as required by the Acuity Plan are present in the NSGH.