FY27 PROGRAM DESCRIPTION

HAMHDS PROGRAM: DEVELOPMENTAL SERVICES RESIDENTIAL SERVICES
CARF PROGRAM: COMMUNITY HOUSING

PHILOSOPHY

It is the philosophy of Henrico County's DS Residential Services (24-Hour Residential Services) to provide person-centered support and opportunities for individuals with Intellectual and Developmental Disabilities to experience full participation in their community through support to build and sustain personal relationships, recreational opportunities, housing and residential support, and support to access community resources. Inherent to the philosophy of this program is the commitment to assist each resident in the development of his or her potential for independence.

Home and Community-Based Services

The Developmental Disabilities (DD) Waiver and other Home and Community-Based Services (HCBS) Waivers allow eligible Virginians to receive services and supports in community settings rather than institutional environments. While 42 CFR 441.301 primarily outlines the federal requirements for states when submitting HCBS waiver requests, Virginia's implementation of HCBS policies—consistent with CMS rules—ensures that individuals enrolled in DD and other HCBS waivers are afforded specific rights, including community integration, privacy, dignity, autonomy, and choice in services and providers.

Community Participation

HAMHDS affirms that every individual has the right to live and work in the setting they choose and offers a continuum of support to make that possible. The agency operates from the belief that when a person expresses where they want to live or that they wish to be employed, every reasonable effort should be made to support them in living and working within their community. HAMHDS also promotes true community inclusion through meaningful relationships, valued roles, and fully integrated participation.

The agency uses person-centered practices throughout its service model, encouraging individuals to make choices about their activities and to engage to the best of their ability. Engagement within naturally occurring community settings, the facilitation of relationships with individuals without disabilities, and involvement in diverse community activities are regarded as optimal pathways for achieving comprehensive community inclusion. HAMHDS develops, promotes, and supports activities in integrated settings through its funding, program design, and resource allocation.

Because community involvement is central to quality of life, individuals who choose to and are able to participate in community activities are supported in doing so. Community-based options are available to everyone, and their choices are reflected in their annual person-centered plans. Activities may include volunteering, attending events, exploring personal interests, or participating in community opportunities of their choice. These activities may take place individually, in small groups, or in larger groups, depending on the nature of the activity and the individual's preferences.

DESCRIPTION OF SERVICES

Henrico Developmental Services (DS) Residential Services provides around-the-clock supervision and support for individuals in a variety of home-like settings. Residents receive assistance with all areas of daily living, including personal care, transportation, meal preparation, housekeeping tasks, leisure activities, behavior support, medication management, relationship development, pursuing personal interests, and managing personal finances—based on each person's unique needs and abilities.

Each resident participates in creating an Individual Support Plan that identifies their strengths, abilities, preferences, and needs. These plans are reviewed quarterly to monitor progress and ensure that goals remain meaningful and aligned with the individual's wishes. While many supports are delivered within the group home, residents are regularly transported to community activities such as banking, grocery and personal shopping, medical appointments, leisure outings, and home visits.

Residential staff work closely with other service providers, including day support programs and Support Coordinators, to ensure effective service delivery and ongoing communication about each individual's evolving needs.

Population Served:

Services are offered to individuals aged 18 or older who prefer a group home environment and require substantial support with activities of daily living. Eligible participants must have a developmental disability diagnosis (intellectual disability), receive case management services through Henrico Area Mental Health & Developmental Services or another CSB/BHA, and reside in Henrico, Charles City, or New Kent County.

Location/Days/Hours:

Henrico MH/DS operates four group homes situated throughout Henrico County, offering both support and housing to a total of 18 individuals. These homes provide services year-round, ensuring care and assistance every day, including holidays. Residents are supported in developing and maintaining friendships and are encouraged to participate actively in their communities. Each individual is able to come and go from their group home as they wish, with appropriate supervision and support tailored to their needs.

During holiday periods, the homes remain accessible to offer continued support to individuals unable to celebrate with family or friends. To uphold the safety and well-being of all residents, each facility provides overnight supervision by alert staff, ensuring that any needs arising during nighttime hours are promptly addressed.

Admission/Continued Stay/Exclusion Criteria:

Whenever a vacancy occurs in one of the homes, current resident situations are reviewed to determine if someone wants or needs to move for health or safety reasons. Once the opening is identified, ID Support Coordinators will be informed. Support Coordinators will be asked to make eligible families aware that the vacancy exists and assist interested families in the application and admission process. Case Managers will ensure that sufficient information is obtained and supplied to allow a screening to take place and a decision to be made. Decisions will be made based on

individual support needs, the capability of the home and staff to address these needs, and compatibility with other individuals living in the home. Decisions are made by a committee that includes the Residential Services Program Manager, DS Supervisor, Group Home Supervisor, and applicable individuals.

Eligibility Criteria

To be eligible for consideration, individuals must meet the following requirements:

- Be willing to become a resident of Henrico, Charles City, or New Kent County.
- Be at least 18 years of age.
- Have a diagnosis of intellectual disability.
- Be able to receive care for medical or health needs in a group home setting, with regular visits to doctors' offices, therapists, and other healthcare professionals.
- Be involved in a day activity or be in the process of entering a day activity.
- Be able to interact appropriately within a group living environment.
- Agree to participate in the program.
- Not exhibit sexual behavior that would jeopardize the safety or security of other residents of the group home.
- Not be pregnant at the time of admission.
- Not be dangerous to oneself, others, or property.
- Be able to exit from the program site with assistance and supervision in the event of a fire or emergency.
- Applicants with a history of criminal involvement, physical acting-out behaviors, or alcohol or drug abuse will be evaluated closely to determine if the program can appropriately address these concerns.

Anyone who is denied admission to Residential Services is entitled to appeal the decision by following the grievance procedure for Henrico Area Mental Health and Developmental Services.

Continued Stay Criteria

Individuals served by the program must continue to meet eligibility criteria to remain in the program.

Termination/Discharge Criteria:

Individuals may be discharged from Residential Services when:

- The individual requests another provider and leaves the program.
- The individual moves out of Henrico, Charles City, or New Kent Counties.
- The individual has continued to violate the Residential Agreement by repeatedly engaging in dangerous or inappropriate behavior and has not responded to Behavior Management interventions.
- The individual becomes sufficiently incapacitated by medical or psychiatric illness so that the group home staff are unable to provide the required level of support and assistance to the individual.
- The interdisciplinary team that maintains the individual’s ISP has evaluated the individual's overall capabilities, recommended movement to a less restrictive environment, and obtained an agreeable placement.

Special Needs:

Individuals with special needs are invited to apply for group home residency. Residential staff will collaborate with the Support Coordinator and current service providers to ensure all identified requirements, including any specific individual needs, are addressed prior to admission. Participants

previously supported by this program have benefited from assistive technologies, such as communication devices, as well as environmental modifications.

CONTRACT SERVICES
Psychiatrists under contract with the agency may be used for prescribing psychotropic medication.

STAFFING
Types of Staff/Qualifications/Staff Resident Ratios

Qualifications:

Training Assistants are required to have H.S. diploma or GED, at least one year of human services experience, preferably working with individuals with intellectual disabilities, or equivalent experience and training.

Residential Counselors are required to have a bachelor's degree in behavioral science, a year of human services experience, preferably working with individuals with intellectual disabilities, or equivalent experience and training.

Group Home Supervisors are required to have a bachelor's degree in behavioral science and a year of human services work experience or equivalent experience and training. More than one year of experience is desired of supervisory experience is preferred.

DS Supervisors are required to have a bachelor's degree in behavioral science and a year of human services work experience or equivalent experience and training. More than one year of experience is desired of supervisory experience is preferred.

Shift Staff

- Our group homes are staffed with Training Assistants, Residential Counselors, and Group Home Supervisors. Staff coverage for the homes varies to meet the needs of the individuals served. The approximate schedule begins as early as 2:00 p.m. and ends as late as 8:00 a.m. Monday through Friday.
- The homes are staffed around the clock on weekends, holidays, or whenever their day programs close due to inclement weather or staff development or training.
- Staff are available to provide support during the day if the individual is unable to attend their day support program.
- During the weekends, the homes are staffed all three shifts with one or more employees. The staff schedule incorporates three shifts.
- Additional coverage is provided when support is needed for leisure activities. Relief Training Assistants provide coverage in these homes as needed.
- The staff-to-resident ratio in these homes varies. A minimum of 1:4-6 residents, upwards of double coverage based on resident need and activity schedule.
- Adequate staffing is maintained to ensure individuals are safe while participating in the program and to assist as needed during evacuations.

Training Requirements

The Residential staff are trained in medication management, CPR/First Aid/AED, infection control, Therapeutic Options, human rights, Medicaid Waiver Provider Training, Emergency Procedures, and all other agency-required training. They must also possess a valid Virginia driver's license, have been screened for tuberculosis, have undergone a criminal background and Child Protective Services

check, and have been fingerprinted. In addition, residential staff receive ongoing professional and technical training to enhance their knowledge and skills. All staff have the competencies required for their jobs, including those required by the county and those required by the Department of Behavioral Health and Developmental Services.

Staff Roles

Staff provide ongoing intensive assistance and support to individuals to carry out many aspects of their daily routine, based on individual needs and Support Plans. Staff may provide physical assistance to individuals or may provide only verbal guidance, as appropriate. Staff documents all assistance and support provided to individuals, as well as significant activities that occur. As individuals develop skills for daily living, staff withdraw support as appropriate to permit the individual as much autonomy as possible. Staff members work as a team to provide direct care, coordination of medical services, scheduled leisure activities, and transportation. Group Home Supervisors meet with the individual residents' team of providers at least annually to develop Individual Support Plans that are person-focused and reflect individual, staff, family, and other provider input. DS Supervisors provide overall leadership, supervision, and support to staff.

PROGRAM GOALS

The goal of Residential Services is to assist individuals with intellectual disabilities to live independently in the community through:

- The provision of safe housing and adequate residential support
- Development of personal relationships and natural support
- The provision of recreational opportunities
- Appropriate linkage with community resources
- Providing opportunities to participate in culturally appropriate and diverse activities.
- Teaching fire safety and other health and safety practices.
- Providing opportunities to learn and demonstrate positive communication skills.
- Use of positive behavioral supports

PROGRAM OBJECTIVES

On an annual basis, the program will measure at least one objective in the areas of effectiveness, efficiency, or service access. These measures may consider three important factors: program quality, customer value, and financial performance. See program-specific performance improvement goals and objectives.

FEES

The identified payors and funding sources are as follows: Medicaid Waiver, self-pay, and county funds.

- Each resident is assessed a residential fee, which is based on 80% of their monthly gross income. This fee covers the cost of room and board and is detailed in their Residential Agreement, which is updated each year.
- Medicaid funding through the Home and Community-Based Services Waiver program is utilized to cover the cost of staffing and training.

PROCEDURES FOR REFERRAL, SCREENING, ADMISSION AND READMISSION

Referrals/Screening

Whenever a vacancy occurs in one of the homes, the Residential Services Program Manager and DS Supervisors will look at other residents currently served to determine whether a transfer is needed. Secondly, the Residential Services Program Manager will inform the Program Manager for Case

Management Services in writing. Support Coordinators will be asked to complete a Residential Services Application for individuals interested in group home placement and will send the application to the Residential Services Program Manager. All individuals who are referred (and their Support Coordinator) will be informed in writing of the decision on admission or denial.

When an individual is denied, they will be informed of the reasons for the denial and receive recommendations for alternative services. When a person is accepted for admission, a meeting will occur between the Group Home program, the Support Coordinator, and other interested providers or family members to evaluate areas of need and plan for admission to the home. The following activities need to occur within 30 days prior to admission:

1. The referring Support Coordinator will coordinate the completion of a physical that includes a TB test and is documented on the Health Certificate Form.
2. Identified residential staff will submit a 60-day assessment plan to the referring Support Coordinator for approval by the Office of Developmental Services/Mental Retardation.
3. Additional documentation prior to admission includes:
    1. Residential Application and consent forms. The following activities will occur up to 60 days after admission:
    2. Within the first 24 hours of admission, a formal ISP will be developed based upon the person's goals, abilities, strengths, preferences, and needs; a review of documentation and information gathered thus far from the Support Coordination/Case Management Plan; and input from the resident and their family.
    3. The first sixty (60) days are used to further assess needs, skills, and abilities to determine if the Residential program can meet the support needs of the individual within a group home setting.
    4. The program must also assess specialized supervision needs. These are the needs that are important for the residents (i.e., CPAP use, splint use, and range of motion).
    5. Additional documentation during this time includes:
        - reports on the outcomes using data collected from Training Method and Service Delivery Verification forms.
        - Activity Schedule

A review of the ISP will occur every three months thereafter to evaluate the relevance of the goals and the individual's progress toward them.

There is never a waiting list for any of the houses offered by ID Residential Services, a division of Henrico Area Mental Health & Developmental Services.

ORIENTATION OF RESIDENTS TO THE PROGRAM

Within 30 days of admission, individuals will be oriented to the program through a review of the Developmental Services (DS) EDS and Residential Program Handbook and Individual Orientation Checklist. The individual will be asked to sign the Individual Orientation Checklist. This checklist will be filed in the chart if not electronically signed by the resident and/or family member, guardian, or Authorized Representative. It will be determined prior to admission if an Authorized Representative is needed. If an AR is appointed, they will also be oriented to all aspects of the program and will be invited to the team staffing. The AR will be asked to sign the various consent and permission forms.

EMERGENCY CLINICAL CONSULTATION

Henrico Area Mental Health & Developmental Services' Emergency Services staff provides emergency consultation to Residential program staff and Support Coordinators. Residential staff may make requests to the Support Coordinator for clinical, psychiatric, or behavioral services for an

individual. The Support Coordinator may refer the individual to the Henrico Area Mental Health & Developmental Services Outpatient Division for clinical services or may refer the individual for private clinical, psychiatric, or behavioral services. The Emergency Services Program serves as the primary backup for emergency clinical consultation. The Emergency Services Program is available 24 hours a day, 7 days a week. 804-727-8484

TELEHEALTH
Telehealth is not applicable when providing Residential services.

MEDICATION MANAGEMENT
DS Residential staff provides medication administration. Prior to being able to administer medications or provide treatments to any resident, staff are educated on medication administration and medication side effects through a state-approved provider. Staff follow written orders from residents' doctors before any medication or treatment can be provided, which includes over-the-counter medications. Residential staff administer medications or observe the self-administration of medications. Medications are stored securely, and medications are disposed of properly.

SECLUSION/RESTRAINTS/EMERGENCY HOLDS
Seclusion and restraint are prohibited and are not used in any agency programs. Brief physical holds are used only by staff trained in Therapeutic Options in an emergency.

TRANSFER/DISCHARGE PROCEDURES

Process/Documentation

Our Residential Service is designed to provide support and assistance to the individual on a long-term basis in the least restrictive environment possible.

Exceptions occur when:

- The individual desires a transfer to another home operated by Henrico Area Mental Health & Developmental Services or another private provider.
- The individual moves from the area.
- The individual continues to violate the Residential Agreement by repeatedly engaging in dangerous or inappropriate behavior and does not respond to Behavior Management interventions.
- The individual becomes so incapacitated that staff are unable to provide the level of support and assistance required.
- Staff recommend moving to a less restrictive environment because of the gains in independence made by the individual.
- When a transfer or discharge from Residential Services is considered, the individual and their family will be provided with continued support as they investigate alternative living arrangements. When an individual is transferred or discharged, residential staff will provide sufficient assistance to ensure that a smooth transition occurs.
- When an individual requests a transfer to another home operated by Henrico Area Mental Health & Developmental Services, the Support Coordinator will generate a memorandum outlining the request and reasons for the transfer. If a vacancy exists, the Residential Services Program Manager and DS Residential Supervisors will together assess the appropriateness of the request. The decision of the Supervisory Team will be sent in writing to the individual Support Coordinator, and residential staff, informing them of the decision. If a move is made, a Client Assignment Form will be completed, designating the new subunit where the individual will reside.

- When an individual wishes to seek a new provider, the Support Coordinator will investigate other available residential options and coordinate any planned moves.
- If a move occurs, the Transfer/Discharge Form will be completed with input from the individual. A copy of the Discharge Plan will be shared with the individual.
- When an individual moves from the area, the Support Coordinator may assist the individual in obtaining residential services in the new community. A Transfer/Discharge Form will be completed when the move is completed, with input from the individual. A copy of the Discharge Plan will be shared with the individual.
- When an individual has continued to violate the Residential Agreement by repeatedly engaging in dangerous or inappropriate behavior, the individual may be involuntarily discharged from the program. If such an action is deemed necessary, the DS Supervisor will submit a memorandum specifying this recommendation to the Residential Services Program Manager. The Residential Services Program Manager will meet with the DS Supervisor to evaluate the recommendation. If the decision is to recommend the discharge of the individual, the Residential Services Program Manager will submit a memorandum with this recommendation to the Director of Developmental Services (DS). If the decision is to discharge the individual, the Residential Services Program Manager and the Director of DS will determine a discharge date, with consideration given to the severity of the behavior and the availability of other residential services. The DS Supervisor will inform the individual and family of the decision. A Transfer/Discharge Form will be completed with input from the individual. A copy of the Discharge Plan will be shared with the individual.
- When an individual becomes incapacitated and staff are no longer able to safely care for the individual, a discharge from the program may occur. This action will occur only after discussion with all other service providers serving the residents. The Support Coordinator, in consultation with the DS Residential Supervisor, will pursue other more appropriate options. A Transfer/Discharge Form will be completed with the input of the individual. A copy of the Discharge Plan will be shared with the individual.
- When Residential Program staff determine that an individual demonstrates sufficient skills and would benefit from a less restrictive environment, the Group Home Supervisor may communicate this recommendation via a memorandum to the DS Residential Supervisor and the Residential Services Program Manager. The Group Home Supervisor, DS Residential Supervisor, and Residential Services Program Manager will meet to discuss the recommendation and evaluate alternatives that are available. Follow-up discussions will occur with the Support Coordinator.
- Once an appropriate alternative is found, the Support Coordinator will organize the relocation. A Transfer/Discharge Form will be filled out concerning the new placement's location, and the Residential Service will unassign the client from the residential employees.