

PROFESSIONAL PARENT SUPPORTS (PPS)

General Description:

Professional Parent Supports (PPS) provides a home-like setting for children. PPS provides habilitation, supervision, training and assistance in a certified private home or other certified residential setting. PPS may not be provided in a Nursing Facility (NF), or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID). PPS services include daily supports to maintain individual health and safety, and assistance with activities of daily life. Services rendered under the PPS service code afford children or youth with exceptional care needs an alternative to institutional settings in order to enhance their ability to live as independently as possible and fully participate in a community setting of their choosing, and to avoid isolation in their homes and communities. The following services are included as part of the PPS code and shall not be reimbursed separately:

Chore Services (**CH1, CH2**)
Companion Services (**COM**)
Homemaker Services (**HS1 & HSQ**)

Personal Assistance (**PAC**)
Routine, Non-medical Transportation (**DTP**)

Persons are excluded from receiving the following services for PPS: (Cannot bill for PPS and the codes listed above and below in bold.)

Adult Foster Care (**AFC**)
Community Service Broker (**CSB**)
Consumer Preparation (**PAP**)
Family Support (**FS1**)
Family Training and Preparation Services (**TFA**)
Family and Individual Training and Preparation Services (**TFB**)
Host Home Support (**HHS**)
Residential Habilitation Supports (previous Community Living Support) (**RHS**)
Residential Habilitation Intensive Support (previous Community Living Intensive Support) (**RHI**)
Respite (**RP1, RP2, RP3, RP4 & RP5**)
Supported Living (**SLA, SLH & SLN**)

PPS and other support staff are retained and supervised by the Contractor and certified to provide professional parent services. The Contractor is responsible for recruitment, selection, training, and on-going supervision of PPS and other support staff (including identification of wages and work schedules), support and technical assistance to professional parents, documentation, the person's support strategies, and meeting certification, waiver, contract, rule, and statute requirements.

PPS is available through provider-based services only.

Limitations:

Contractor or PPS parent shall not have custody or guardianship of the child. Contractor shall assure that PPS parents only provide services for one (1) or two (2) children per home operated by the Contractor, OR, that the region director in the region where the home operates has provided prior written approval allowing three (3) persons to receive PPS together in the same home. No more than three persons may receive PPS/HHS services together in the same home. PPS parents may not act as a conservator or representative payee with Social Security Administration for children they support in PPS. PPS shall not be used to provide services to persons in the home of a relative or legal guardian.

Population Served:

The Contractor shall serve children under age 22 currently receiving services from DHS/DSPD with intellectual disabilities and related conditions (ID.RC), as defined in Utah Administrative Code R539-1 (<http://rules.utah.gov/publicat/code/r539/r539.htm>).

Contractor's Qualifications:

Contractor shall have all applicable licenses as prescribed in Utah Administrative Code R501, UAC (<http://rules.utah.gov/publicat/code/r501/r501.htm>) to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits.

Contractor shall be enrolled as an approved Medicaid Provider with the Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor shall also agree to participate in any DHS/DSPD provided Medicaid training.

Prior to signing a contract, the Contractor shall be a licensed child placement agency through the DHS/Office of Licensing as detailed in DHS, Office of Licensing Rule R501-7 –1 and 2. <http://rules.utah.gov/publicat/code/r501/r501.htm>

Contractor shall be under a DHS/DPSD contract to provide PPS and shall be certified by DHS/DSPD.

Contractor shall provide emergency procedures for fire and other disasters and training on evacuation procedures.

Contractor shall disclose room and board charges and food stamps or other income not originating with DHS/DSPD

Administrative Requirements

Policies and Procedures: Contractor shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:

1. Disclose board and room charges and food stamps or other income not originating with DHS/DSPD.
2. For residential Contractor, include emergency procedures for fire and other disasters that require the development and posting of an evacuation plan in each residential site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills.
3. Govern the handling, storage, disposal and theft prevention of medication.
4. Provide procedures regarding the nutrition of the person.

Staff Qualifications:

PPS and other support staff shall be trained in the Staff Training Requirements as outlined in General Requirements, Home and Community Based Waiver, rule, statute, and contract.

All staff shall demonstrate competency (in the services covered by the contract), as determined by the Contractor. In addition, all applicable education, and training shall be completed before the delivery of any supports to persons and performing any work for persons without supervision.

PPS and other support staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record. <http://rules.utah.gov/publicat/code/r501/r501-14.htm>

Professional Parents shall be at least 21 years old.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to complete the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with intellectual disabilities and related conditions, and brain injury.

Staff shall complete and achieve competency in specific training areas one (1) through eight (8) within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 12 within six (6) months of employment.

1. Medication 110 competency:
 - a. Identification of common medications, their effects, purpose and side effects,
 - b. Identification of medications and medication side effects specific to the person,
 - c. Recording and documentation of self-administration of medications, and
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person-centered assessment and plan development.
11. How to develop and support the person's preferred recreational and leisure activities.
12. Contractor and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior,
 - b. Transitioning from hospitals to community support programs including available resources,
 - c. Functional impact of brain changing,
 - d. Health and medication,
 - e. Role of the direct care staff relating to the treatment and rehabilitation process,

- f. Treatment plan and behavioral supports, and
- g. Awareness of the Family's perspective on the brain injury.

Direct Service Requirements:

- A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 - 1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). These may include a Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, and Data Collection and/or Task Analysis sheet for skill training or other support.
 - 2. Once the ISP/AP has been developed, the Contractor shall orient the person to that part of the plan that pertains to the Contractor and ensure the person is involved in its implementation.
 - 3. The Contractor shall develop and implement Support Strategies for the person. 161 Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
 - 4. The Contractor, as a member of the person's team, is required to assist in assessments and meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

- B. Psychotropic Medications
 - 1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental status, or behavior.
 - 2. For persons on psychotropic medications, the Contractor shall complete a specific type of Support Strategy referred to as a Psychotropic Medication Plan that contains the following information:
 - a. Identification of the specific medication by its generic or brand name; the date which the medication was commenced on or is to be commenced, and dosage as determined by a qualified medical professional.
 - b. Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS).
 - c. A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications.
 - d. Identification of other support and services that are available and would be useful in the treatment of the targeted behavior or symptom and/or any related illness or condition of the person. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies (for example, blood work to check lithium serum, CBC, liver function).

- C. Person's Personal Funds
 - 1. In the event of an emergency situation, a Contractor may write a check to the person or the person may borrow money from the Contractor. The person's support team shall be notified and grant approval of the Contractor's actions. The Contractor's staff shall document the emergency and the person's support team approval and maintain this

documentation in the person's record. The Contractor shall have policies and procedures in place to make sure a person does not continuously owe the Contractor money due to emergency situations.

2. A person shall not give cash to or make purchases from the Contractor or Contractor's staff. A person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person write a check to repay a loan made by the Contractor. Contractor shall ensure the person has adequate access to personal finances in order to cover anticipated expenditures. The exceptions to persons making payments to the Contractor are as follows: a) reimbursement to the Contractor for destruction of property by the person, if approved by the team, and allowable by contract, and b) room and board charges.
3. The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or give money to a person except in case of an emergency. A person shall not loan or give money to the Contractor's staff or the Contractor itself.
4. Belongings with a purchase price or value of \$50.00 or more shall be inventoried. The inventory shall also include other items of significance to the person, which may cost less than \$50.00. The inventory shall be maintained on an ongoing basis and reviewed annually. Discarded items shall be deleted from the inventory list. Documentation of the reason for the deletion of an item shall be maintained and shall require the signature of the person/representative and one Contractor staff or two Contractor staff if the person/representative is not available. Personal 215 possessions shall be released to the person/representative whenever the person moves.

D. Health and Safety Requirements

1. Contractor shall assure that persons receive training, opportunities to seek and obtain routine and acute medical, dental, psychiatric, or other health-related services, as outlined in the Individual Service Plan, as allowed by the person's Medicaid and insurance plans.
2. Contractor staff shall assure persons receive training and assistance to:
 - a. Identify primary health care practitioners;
 - b. Obtain dental and physical examinations;
 - c. Safely follow physician orders;
 - d. Know what prescribed medication is for, if the medication is the right dose, if the medication is taken properly, and know if the medication is taken according to the schedule prescribed by the person's physician; and
 - e. Document the frequency, dosage, and type of medication taken.
3. Person health information including the following:
 - a. A record of all medical and /or dental examinations performed, including assessments, treatments, and prescribed medication(s);
 - b. A record of all surgeries, immunizations, illnesses, chronic complaints, and significant changes in health;
 - c. Authorization for any emergency medical treatment needed;
 - d. A record of all medication(s) taken by the person;
 - e. A record of all incidents requiring first aid and/or a referral to medical personnel or a health care facility;
 - f. A record of all medication errors; and,
 - g. A record of all accidents or injuries.

4. Medications shall be properly stored according to the person's needs and capabilities, as determined by the team.
5. Contractor staff shall immediately contact the appropriate medical professional to report the discovery of any prescribed medication error, including actual missed or suspected missed dosage, misadministration of medication, medication administered at the wrong time, or failure to follow laboratory survey schedule, etc.
 - a. Any medication errors that occur shall be documented in the person's file and reported to the Support Coordinator and Contractor Director or designee.
6. Contractor shall notify the Support Coordinator and person representative within 24 hours of the development of a medical issue for any person, such as illness requiring medical appointments or an emergency room visit. This does not include medical appointments for general health checkups.
7. Any allergies the person has shall be recorded by Contractor staff in the person's medical record and disclosed to the person's primary physician.

E. Health and Nutrition Requirements

1. Persons shall have kitchen privileges with access to food and ingredients. Kitchen privileges may be limited if approved by the Human Rights Committee, in the interest of the person's health.
2. Contractor staff shall assist persons in planning meals to meet basic nutritional standards, special diets, food preferences, customs, and appetites.

F. Transportation

Contractor shall provide routine transportation to shopping and other community activities, based on the Contractor's and team's reasonable and professional judgment.

The Contractor shall check driver's driving record annually and shall assure that driver's 274 with problematic records are not allowed to continue providing transportation as part of this service. Contractor shall check annually that drivers providing transportation in their personal vehicles have current/adequate auto insurance. Contractor shall keep documentation of this review and copies of the driver's record and auto insurance in the employee's file.

Drivers make certain that:

1. Persons are not left unattended in the vehicle.
2. Persons use seat belts and remain seated while the vehicle is in motion.
3. Keys are removed from the vehicle at all time when the driver is not in the driver's seat unless the driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate the lift.
4. All persons in wheelchairs use seat belts, or locking mechanisms to immobilize wheelchairs during travel.
5. Persons are transported in safety restraint seats when required by Utah State law.

6. Vehicles used for transporting persons have working door locks. Doors are locked at all times while the vehicle is moving.
7. Persons arrive safely at the scheduled time and arranged destination, that no one is left alone along the way to or from day supports even in emergency situations or when the health and safety of others may be in question. If necessary during an emergency, the driver may wait until another driver arrives to complete the transport.

G. Access to Community Services

Contractor shall assist the person in obtaining assistance from community and government organizations, including but not limited to finding housing, applying for food stamps and obtaining Social Security benefits, etc. Contractor shall also collaborate with applicable school, child welfare, and other agencies/individuals involved in the child's care.

Staff Support:

Actual type, frequency and duration of direct care staff support, and other community living supports shall be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs. The support coordinator identifies the total hours of direct support needed by the person and the Contractor determines how to split the total hours between the professional parent and other direct support staff as well as other business related matters surrounding the performance of the contract provided that these decisions conform with DHS policies and procedures pertaining to contracts.

Rate:

PPS is paid as a daily rate. PPS can include up to 24-hour direct care staff support. Generally, however, PPS services are provided for 24-hours a day on holidays and weekends and for 18-hours per day on days when the child is in school, at work or in other daytime supports. Additional services to support a child during the summer school recess or during off-track school periods are purchased under extended living (ELS) or day service codes. Payments for residential services are not made for room and board, the cost of facility maintenance, routine upkeep or improvement. Personal needs costs are covered through personal income such as Social Security and other income (SSA, SSI, employment).