

A wooden bridge with a railing crosses a small stream in a lush garden. The bridge is made of light-colored wood and has a simple, functional design. The stream is surrounded by green grass and various plants, including some white flowers. The background is filled with more greenery and trees, creating a peaceful and natural setting.

*DDS HIPAA Regulations
&
Community Companion Homes*

What is HIPAA ?

HIPAA stands for the Federal Law entitled “The Health Insurance Portability and Accountability Act of 1996. The law has established privacy standards for healthcare information for all citizens.

What is Protected Health Information?

Protected Health Information or PHI is any information, oral or in form, that is created or received by a provider, a health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse that relates to the past, present, or future, physical or mental health, or condition of an individual.

What information does HIPAA protect?

Protected information includes any individuals:

Health (Diagnosis)

Provision of Care (Services Received)

Payment of Services

Information which identifies the person (Names, address, SS#)

What disclosures are permitted ?

Disclosures of PHI may be made for reasons such as:

Treatment (for day program, residential services, clinical services)

Payment (billing for services)

Health Care Operations (quality assurance & program oversight)

How are my designees and Direct Contact Persons affected?

The CCH Provider is responsible for training and insuring that any designee or direct contact person to whom they provide an individual's PHI, agrees to the same restrictions and conditions that apply to the provider with respect to PHI. Direct Contact persons include, Home Health Aides, mentors, persons providing recreational supports, and volunteers.

What are my privacy obligations?

See HIPAA examples to Community Companion Homes on Next Slide

Communication with:	Purpose:	Permitted?:	Minimum Necessary:
DDS Case Manager, CCH Manager, Private agency staff, DDS or private agency respite staff, CCH Designee	Treatment	Yes	
CCH Direct Contact	Person is involved in DDS Individual's support	Yes	Yes
DDS Quality Management (licensing / quality monitors)	Treatment, Quality Assessments and Improvement	Yes	
DDS Health Service Providers (MD, Nurse, Psych)	Treatment	Yes	
DDS Business office	Payment	Yes	Yes
Schools, Education Programs	Treatment	Yes	Yes
Community Education Programs, Recreation Programs	Permission to participate	Yes	Yes
Adult day programs	Treatment	Yes	
Private Employer	Any	No **	
Private agency for Community Referral	Placement and transition	No**	
Emergency Services (EMT, Ambulance, Hospital)	Treatment	Yes	
Emergency Services Business office	Payment, Quality Improvement	Yes	Yes
Community MD, Dentist, Nurse, HHA, Rehab	Treatment	Yes	
Community Provider's Business office	Payment, Quality Improvement	Yes	Yes

** Except for disclosure permitted with guardian authorization

Communication with:	Purpose:	Permitted?:	Minimum Necessary:
Pharmacy Staff	Treatment, Payment	Yes	Yes
Pharmacy Staff	Conversation unrelated to filing and RX or OTC	No	
Law Enforcement	Treatment	Yes	
Law Enforcement	Court orders, Subpoena, Warrants, Summons	CALL DDS	
Law Enforcement	Locate suspect or material witness	Yes	Yes
Law Enforcement	Missing Person (CCH Individual)	Yes CALL DDS	Yes
Law Enforcement	Report a crime or victim of a crime	YES CALL DDS	
DDS Abuse Investigation Division	Victim of Abuse or Neglect	Yes	Yes
Department of Children and Families	Treatment, Payment, Quality Improvement	Yes	
Department of Social Services or Social Security	Entitlements	Yes	Yes
Department of Public Health	Any	CALL DDS	
Attorney or Lawyer	Court Appointed Guardian	Yes	
Attorney or Lawyer	Any other purposes	No**	
Member of Individual's family	Guardian, involved in support	Yes	Yes
DDS Individuals, relatives, friends, clergy, other CCH providers	Any	No	

A photograph of a traditional Japanese-style wooden bridge with a curved arch, spanning a small stream. The bridge has a railing with vertical slats. The surrounding area is lush with green grass, tall reeds, and white flowers. The background shows more greenery and trees. The overall scene is peaceful and natural.

*DDS Community Companion Homes
Initial Training*

DDS Mission Statement:

The mission of the Department of Developmental Services is to partner with the individuals we support and their families, to support lifelong planning, and to join with others to create and promote meaningful opportunities for individuals to fully participate as valued members of their communities.



State of Connecticut

DEPARTMENT OF DEVELOPMENTAL SERVICES COMMUNITY COMPANION HOME (CCH) AGREEMENT

Licensee Name: _____ Co-Licensee _____

Licensee Address: _____

CCH License Number: _____

The following individual is placed under the auspices of my CCH license:

Name: _____ DDS Number: _____

Terms of Agreement

I, _____ of the address listed above, shall adhere to the following in regard to the above individual and all individuals placed into my home by DDS under the auspices of my CCH license;

1. Community Companion Home licensing regulations, 17a-227-23 through 17a-227-30 and understand that my failure to do so may lead to compliance orders and/or sanctions on my license.
2. Demonstrate the required skills and competencies to provide quality supervision, companionship, assistance, and support required by the individual(s).
3. Complete the department's initial and on-going training as well as any training deemed necessary by the regional CCH program administrators or the Individual's Planning and Support Team (PST) or show that I have received comparable training.
4. Be an active participant in the development and implementation of the person's Individual Plan and periodic review meetings and I will implement all applicable components of the plan that are identified as my responsibility.
5. Will maintain all documentation related to the individual in my care until such time the department gives permission to discard or requests the return of said documentation.
6. Maintain a healthy and safe living environment in my home, including maintaining phone service in my CCH to allow access to 911 emergency services at all times.
7. Facilitate the development of and foster the continuation of relationships between the individual and his or her family members, friends, and other significant persons.
8. Respect the civil, legal, and human rights of the individual(s) and will support the person to exercise those rights and that the individual(s) will be treated with respect and dignity and kept free from abuse, neglect, and mistreatment.
9. Respect the confidentiality of individuals and will adhere to all DDS Health Insurance Portability Accountability Act of 1996 (HIPAA) regulations as they relate to sharing of any information whether verbally, written, electronic or in photographic formats.
10. Notify regional staff, or my private agency liaison worker, of emergency situations, suspected incidents of abuse or neglect, and the death of an individual in my care, or any serious occurrences as required by CCH Regulations and all applicable department policies and procedures.

11. I understand that in order to protect the health and safety of my placed individual(s), I will promptly notify in advance, the regional staff or my private agency liaison worker of changes within the home that will impact the care provided to the individual(s) in my home. Examples of the type of change include (but are not limited to) new occupants living in the home, changes to work schedules, physical structural changes to the home, and issues related to a change in family dynamics. In addition, I will report changes that include being placed on administrative leave, arrests or any police activity occurring at my home with me or my occupants. In addition, as a mandated reporter, I will report any allegations or abuse or neglect involving myself or occupants. I understand I need to cooperate with investigations with all related parties with the inclusion of any agency affiliated with the individual(s).
12. Provide the regional CCH program administrator with a Certificate of Good Health when one is requested in response to actual or perceived changes in my health condition.
13. Promptly notify the regional staff, or my private agency liaison worker, in advance of the location of my placed individual(s) should they at any time not be residing overnight in my CCH. Attendance must be reported by the 5th day of every month.
14. I understand that if an individual is absent from my home due to medical or other needs, that according to Department of Social Services (DSS) policy (4520.10), the placement in my home will be held between 31 and 60 days. The number of days the placement is held depends on the date of the transfer from the CCH to the care facility.
15. I understand a CCH Living Agreement shall be executed by the individual and the CCH licensee.
16. I understand the housing and meal payment may be taxable as income. Therefore, the CCH licensee should seek the advice of a tax advisor.
17. Protect the financial interests and rights of the individual(s) and ensure the person receives their monthly personal allowance and share of earned income as designated on the DDS payment authorization.
18. Promptly notify the regional staff or my private agency liaison worker as soon as possible should an emergency relocation from my home be required for any reason.
19. I understand the payment I receive from DDS shall be used to provide services supporting the individual in my care as outlined in the individual's plan.
20. I understand the role of CCH licensee precludes me from receiving compensation as the direct service provider for the same individual (s) in a day service role.
21. Accept the agreed upon payment amount as documented on the payment authorization form as full and complete payment and to refund or offset costs with any over-payments or services not met at the discretion of the department.
22. I will not consider being a CCH licensee as employment. DDS payments made to me as a CCH licensee are not taxable as income.
23. I understand the department has no obligation to place an individual into my licensed home and that I have no obligation to accept the placement of an individual into my licensed home.
24. Allow authorized department personnel and/or my private agency liaison worker reasonable access to my home, and to the individual(s).

25. I understand if I own pets of any kind, they are kept current on all state required vaccinations and are safe to be in the presence of the individual(s) in my care.
26. I understand if I or any of my occupants in my home own weapons of any type they are kept in a safe location and are current with all federal and state laws.
27. I understand that the department has the authority to make decisions regarding the protection and welfare of individual(s). I understand the department may remove any or all individuals, at any time without notice if deemed necessary by the department.
28. Provide a respite profile for each individual in my care. I will ensure that each designee has reviewed, signed and understands the information outlined in the respite profile. I understand that a designee is a person who is 18 years old or older and is acting on my behalf under the auspices of my license. The licensee is responsible for the health and safety of the individual with named designee.
29. Allow admission or discharge of an individual to/from my CCH in cooperation with and the consent of the department and provide a minimum notice period of not less than 30 days should I desire to have an individual discharged from my home. I understand that the department may waive this notice if warranted by health and safety considerations.

The Department of Developmental Services shall provide the following:

1. To provide case management services and assistance in arranging other support services needed by the individual(s).
2. To work with the CCH licensee on all issues that arise regarding the individual(s) placed in the home.
3. To provide funding to the CCH licensee as identified in the Community Companion Home payment authorization.
4. To make training opportunities available to the Community Companion Home licensee or to assist them in finding appropriate community based training opportunities as needed.
5. To provide assistance for you to locate and obtain the community or generic supports and resources needed by the individual(s).
6. To provide assistance in the development and implementation of plans of correction required in obtaining and maintaining a Community Companion Home license.
7. To make available copies, and inform CCH licensee(s) of all applicable regulations, policies and procedures of the department.
8. To request from PRAT, when appropriate, additional funding allocations to address emergency needs determined by the P&ST as not being currently met in the CCH residential service rate or LON based special support payments.

Effective Date: 01/01/20

Signed: _____ **Agency Personnel/Title or /Regional Designee/ Title** _____ **Date Reviewed** _____

Signed: _____ **CCH Licensee/Co Licensee** _____ **Date** _____

Overview of DDS Services:

The Department of Developmental Services (DDS) has a long history in the State of Connecticut. As early as 1917, services for individuals with intellectual disability were largely provided at the Mansfield Training School until 1940 when the Southbury Training School was opened. Eventually these facilities, along with “Regional Centers” established in the 1960’s, were overseen by the Office of Mental Retardation, a division of the State Department of Health.

In 1975 the Connecticut General Assembly established an independent Department of Mental Retardation (P.A. No. 75-638). The department has been a department in the executive branch, headed by a Commissioner appointed by the Governor, since that time. In 2007, the department changed its name from the Department of Mental Retardation to the Department of Developmental Services. This change reflects the mission and commitment of the department to serve individuals eligible for services with the utmost respect and dignity. DDS Services are not an entitlement. To be eligible for services, a person must be a resident of CT, and have an intellectual disability as defined in Connecticut General Statutes Section 1-1g OR have a medical diagnosis of Prader-Willi Syndrome (PWS), which is a neurobehavioral genetic disorder that must be diagnosed by a physician. People who have a diagnosis of autism spectrum disorder but do not have intellectual disability may be eligible for services from our Division of Autism Spectrum Services. Funding must be available for services requested.

Overview of Regional Services:

Within the region, DDS holds the responsibility of providing case management services, quality assurance & licensing reviews, as well as providing Program Management to both public (state supported) and private (private agency supported) CCH’s. Payments made to CCH Providers also come directly from the DDS Regional offices.

CCH Team Member Roles

Tech: The person with which the licensee will have the most frequent contact is the Tech (private agencies) , or Resource Compliance Coordinator (DDS), who visits on a monthly basis. During the visit, they will review all paperwork in the home, behavioral, medical, financial, etc. They will also review the physical plant requirements to ensure the home remains in compliance with state regulations.

Case Manager: The Case Manager is assigned by DDS, and provides for the coordination and oversight of services. They are the liaison between the Region, Guardian, Day Program etc. They, with the assistance of the team, develop the Individual Plan and help to identify strengths, as well as areas where additional support may be necessary.

Nurse: There is a Nurse assigned to every individual supported in the home. They provide the oversight for the person's medical needs. They will train the CCH Provider on the medical issues the person may have. They also review all documentation from medical appointments, and provide guidance to the licensee as to what follow up may be necessary. The Nurse is also made aware of any illnesses, or injuries the person may have .

Roles Cont.

Behaviorist: If the individual placed in the home has any behavioral concerns, there will be a behaviorist as part of the team. The role of the Behaviorist is to get to know the individual and the rationale behind the behaviors they exhibit. They will then work with the licensee, and the individual to prepare a plan with positive strategies for coping with challenging behaviors.

Role of the CCH Provider: The role of the CCH Provider is to be the primary caregiver of all individuals placed in the home. They are responsible for medical, financial, behavioral, etc. oversight of the individual. They are responsible for coordinating whatever care the individual needs, and ensuring they receive it. They are also responsible for teaching the individual, and ensuring opportunities for community integration. Some of the documentation that will be kept by the provider includes:

Follow Fire Safety Inspection report

Petty Cash & Bank Account Ledger

Behavioral data – if applicable

Medical appointment records

Out of bed dates – reported to DDS for any days the individual did not sleep in their beds, i.e. vacations, family visits, hospital stays, etc.

You will also maintain on file:

Individual Plan

Quarterly Reviews

Correspondence with DSS & SSA

Pay stubs

Level of Need

Specialized Reports

Individual inventory

Bank statements

Current DDS Safety Alerts & Advisories

Myths about the CCH Program

Program is unsupervised or not as supervised as other living arrangements: The CCH Program is supervised on a variety of levels. It is supervised through monthly visits by the CCH Tech, quarterly visits by the CCH Nurse & Behaviorist, Case Manager oversight through quarterly meetings, as well as State oversight through yearly licensing.

The Natural Family is no longer involved: Once an individual is placed in a CCH, does not mean that the biological family can no longer be involved. The role of the individual's family remains the same. The provider will work with the family to maintain family connections and relationships. The individual is allowed to go home and stay with the family whenever the family desires. In some instances, the family continues to be involved with taking the individual to medical appointments, or out for recreational activities.

The CCH Program is a great "job opportunity" to get rich: Being a CCH Provider is not a job, nor are you considered an employee. Any CCH monies coming into the home cannot be the sole source of income in the home. Difficulty of care money is given to the provider for the care of the individual.

Homes for Children

Permanency Planning: DCF must file a permanency plan with the child's best interests in mind. This plan could include the goal of revocation of commitment and reunification of the child with the child's parents, transfer of guardianship, termination of parental rights and adoption, long term foster care with a relative licensed as a foster parent of another type of planned permanent living arrangement ordered by the court. If a child is placed in a Community Companion Home, the child will be followed by both DCF and DDS until the child ages out at the age of 21.

Subsidized Adoption: The subsidized adoption program was created to facilitate the adoption of children in DCF care and in the care of private CT licensed agencies that place children with special needs. Subsidized adoptions achieve permanency for children who might otherwise have to remain in foster care. The majority of children placed by DCF for adoption receive some kind of adoption subsidy benefit. The CCH program does not allow for adoptions within this model. Currently, you cannot be the guardian or parent of someone living in your home that you are being paid as a CCH licensee to care for. This is considered a conflict of interest.

Educational Rights: You will be expected to ensure that the child under your care attends schools as required by law and as his/her right. Most children have an individualized education plan that projects graduation at the end of the school year in which they turn 21. DDS has Transition Advisors that will work alongside the case manager to help coordinate the transition from high school into the working world.

Important Relationships: As a CCH licensee you will have an obligation to ensure that the child maintains as relationship with their family of origin or other important persons if so desired and there is no court ordered or DCF mandated sanctions in place. If there are therapeutic contraindications, this should be discussed with the child's DCF case worker and the CCH team immediately.

For more information, visit www.ctfosteradopt.com

Homes For Adults

Use of Generic Services: Individuals will be served for medical, behavioral and social needs through community services. They will utilize community doctors, walk ins, ER's etc., that any other members of the community use.

Age Appropriate Activities: Within the CCH, it is expected that providers will engage the individual(s) in their care with age appropriate activities, and opportunities to be present in community activities. Individuals should have the opportunity to engage in religious, cultural, social and recreational activities of their choosing. Activities should be tailored to their age group. i.e. individuals who like art should not attend a kids coloring program at the library, however they may enjoy a painting class offered through the town's continuing education program.

Developing & Maintaining Friendships: The CCH provider is responsible for assisting the individual in maintaining relationships that are important to the individual in their care. To the best of their ability, they should utilize mentors, designees, etc. who can assist with maintaining connections. They are also responsible for helping the individual develop friendships with peers, and community persons, so that their circle of friends does not only include the licensee and their family.

Self Advocacy: The individual placed in a CCH should be encouraged to be an active participant in all that goes on in their lives. They should be encouraged to make choices, and learn to advocate for what they want. The CCH Provider is responsible for facilitating the opportunities for the individual to make choices, and exercise their rights, even if it's not what the provider themselves might choose. CCH Providers are also encouraged to provide opportunities for the individual to attend self advocacy groups where they can learn to be more active in what goes on in their lives, rather than allowing others to make all the decisions for them.

Employment Opportunities: See Day Services for Adults

Day Services for Adults

SUPPORTED EMPLOYMENT - These include supports to help individuals work as a paid employee in work settings that also employ people without disabilities. These services assist individuals find and apply for jobs, and offer job coaching support to people once work is secured. This service includes individual and group supported employment. This service is designed to provide support and supervision but is not intended to provide ongoing long term 1:1 support to help a person complete their work activities.

GROUP EMPLOYMENT - These include sheltered workshops and day support options. These services are provided in a facility-based program that focuses on developing meaningful skills in the area of work, socialization and community participation.

INDIVIDUAL DAY - This waiver service includes individually tailored supports that help consumers gain or maintain skills to participate more fully and productively in work, leisure or community activities. This may include the development of independent functioning skills, relationship skills, exploring job interests or retirement programs. It can also provide funds for staff supports for individuals who have their own businesses.

DAY SERVICE OPTION - Day Support Options (DSO). Supports to participants that lead to the acquisition, improvement, and/or retention of skills and abilities to prepare a Participant for work and/or community participation, or support meaningful socialization, leisure, and retirement activities. Supports include the development, maintenance or enhancement of independent functioning skills including but not limited to sensory-motor, cognition, personal grooming, hygiene, toileting, assistance in developing and maintaining friendships of choice and skills to use in daily interactions; the development of work skills; opportunities to earn money; opportunities to participate in community activities.

Retirement Services - DDS does not have one support category called Retirement Services. Individuals who are elderly and choose to no longer want to work are able to attend a DSO program. The DSO program may incorporate the participant in the activities of all the other participants, may be a program that is designed around elderly individuals or may be a combination of both where the individual attends a community senior center for part of the time.

DDS has developed a new support category called Senior Supports. It is waiting for approval from CMS. This service is typically utilized when two or more individuals in a group or home or CCH choose not to participate in a community day program. These individuals are elderly or have medical conditions and/or physical disabilities and do not want to get up early in morning to drive to a group day program. The individuals choose the activities they want to participate in or the skills they want to require. Activities can occur in the community or in the home.

Payment

Rent is paid to the licensee by the individual(s) in their home. A housing agreement will be signed for each individual in the home. Rent is a fixed amount of \$500 and is non negotiable. This covers the cost of someone living in a room in your home. Mid month, a check from DDS will come based on the LON of the individual. This is considered a Difficulty of Care payment. This payment covers all of the service needs of the individual. Rates have increased to cover this change in funding, as seen in the table below.

New Monthly CCH LON Rates

LON	1	2	3	4	5	6	7	8
Service and Support Rate	1,333.00	1,574.00	1,766.00	1,959.00	2,344.00	2,777.00	3,210.00	3,306.00
Rent	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
Total	1,833.00	2,074.00	2,266.00	2,459.00	2,844.00	3,277.00	3,710.00	3,806.00

New Annualized CCH LON Rates

LON	1	2	3	4	5	6	7	8
Service and Support Rate	15,996.00	18,888.00	21,192.00	23,508.00	28,128.00	33,324.00	38,520.00	39,672.00
Rent	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00
Total	21,996.00	24,888.00	27,192.00	29,508.00	34,128.00	39,324.00	44,520.00	45,672.00

New CTV Rates

LON	1	2	3	4	5	6	7	8
Total	8,784.00	10,020.00	11,220.00	13,464.00	15,060.00	15,420.00	18,516.00	18,588.00

Emergency Notification Procedures for Public CCH's

Department of Developmental Services CCH Emergency Notification Procedure

This procedure is to be adhered to outside of normal business hours, weekends and holidays.

Death – Expected: Anticipated death of an individual receiving funding or services from DDS.

Notification:

Call and leave message for the DDS Case Manager, the CCH Manager as well as the individual's guardian or legal representative. Licensee will follow up with an Incident Report 255.

Death - Unexpected: Sudden or unanticipated death of an individual receiving funding or services from DDS.

Notification:

Call and leave message for the DDS Case Manager, the CCH Manager, the designated RN as well as the individual's guardian or legal representative. Immediately notify the DDS Regional Director at the phone number listed below. Licensee will follow up with an Incident Report 255.

Hospital Admissions - Only if the admission is a result of a critical incident i.e. Death, severe injury, vehicle accident involving moderate or severe injury, missing person, fire requiring emergency response and/or involving a severe injury, police arrest, victim of aggravated assault or forcible rape.

Notification:

Call and leave a message for the DDS Case Manager, the designated RN as well as the individual's guardian or legal representative. Licensee will follow up with an Incident Report 255.

Missing Person - Whereabouts unknown; supervision/pattern of behavior cause for concern; absence reported to police.

Notification:

Call the police and give them all necessary information to assist with finding the individual. Call and leave a message for the DDS Case Manager, the CCH manager, as well as the individual's guardian or legal representative if necessary. Licensee will follow up with an Incident Report 255 as well as HIPAA notification forms.

Police: Incident involving criminal investigation, arrest or police intervention.

Notification:

Call and leave message for the DDS Case Manager, the CCH Manager, as well as the individual's guardian or legal representative. Licensee will follow up with an Incident Report 255.

Emergency /Natural Disaster - An emergency or disaster situation that causes structural damage or other problem(s) rendering your home to be uninhabitable or unsafe and requiring relocation. This includes fires or smoke damage.

Notification:

Call 911, call and leave message for the DDS Case Manager, the CCH Manager, as well as the individual's guardian or legal representative. Leave your whereabouts and contact information in your message. Licensee will fill out an Incident Report 255 form. In case of town/ state orders emergency evacuation, follow same as above as well as your town's/state instruction on evacuation.

Suspected Abuse and Neglect - Allegation of suspected abusive or neglectful act(s) involving individual supported or funded by DDS.

Notification:

Call and leave message for appropriate abuse/neglect reporting entity listed below. Call the DDS Case Manager, as well as the CCH Manager. Seek medical treatment for any suspected injuries. Licensee will follow up with an Incident Report 255.

Do Not Resuscitate (DNR) – Clarification of an individual's DNR status or to initiate or obtain information (RE: process due to imminent need).

Notification:

For all DNR Issues: Notify the DDS Case Manager to be the liaison for the Health Services Director, and work with the individual's guardian or legal representative.

News Media - Contacts by TV, radio, or newspapers requesting interview or information.

Notification:

Call the Regional Director. Do not give out any information without written consent by the guardian or the individual's legal representative.

CCH Managers Phone Numbers

North Region (Tom Marinak) – 860-263-2546
South Region (Kathy Calo) – 203-294-5025
West Region (Tim Braziel) – 203-805-7439

Regional Directors Phone Numbers

North Region – 860-250-3680
South Region – 860-250-2066
West Region – 860-250-2179

Abuse/Neglect Reporting

Persons ages 18-59: DDS Abuse Investigation Division – 844-878-8923
Persons under 18: Dept. of Children and Families – 800-842-2288
Persons 60 and Over: Dept. of Social Services – 888-385-4225