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| State logo |
| *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:**

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| **Name:** |  | **DDS Number:** |  |
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| **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. I shall at all times adhere to the 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. I shall continuously demonstrate the required skills and competencies to provide quality supervision, companionship, assistance, and support required by the individual(s) and to at all times adequately provide such services.
3. I shall complete the department’s initial and on-going training as well as any training required by department policy, the regional CCH program administrators or the Individual’s Planning and Support Team (PST) or show that I have received comparable training.
4. I shall 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. I shall document and maintain all required records, reports and all documentation (financial, medical, data collection or others as required) regarding the individual and will protect these documents in accordance with CCH Regulations and department policy, and will return these records upon discharge or death of the individual or upon the request of the department.
6. I shall at all times maintain a healthy and safe living environment in my home, including maintaining land-line phone service in my CCH to allow access to 911 emergency services at all times.
7. I shall 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. I shall at all times 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. I shall 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. I shall notify regional staff, or my private agency liaison worker if assigned one, 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 shall promptly notify the regional staff, or my private agency liaison worker, of pending or presently occurring life changes or other disruptions in my home involving either myself or occupants.  Specifically, I will report changes in health, marital status, employment (including being placed on administrative leave), arrests or any police activity occurring at my home with me or my occupants. In addition, I will report any allegations or abuse or neglect involving myself or occupants.
12. I understand that in order to protect the health and safety of my placed individual(s), I shall promptly notify the regional staff, or my private agency liaison worker if assigned one, in advance of any new occupants in my home.
13. I shall 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.
14. I shall 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.
15. I shall promptly notify the regional staff or my private agency liaison worker as soon as practicable should an emergency relocation from my home be required for any reason.

1. I shall protect the financial interests and rights of the individual(s) and to ensure the person receives their monthly personal allowance and share of earned income as designated on the DDS payment authorization.
2. I shall 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 at the discretion of the department.
3. I understand that the residential service rate and special support payments I receive from DDS shall be used for the express purpose of supporting the services and\or expenses either provided by or arranged by me to my placed individual. These are services or expenses as outlined in the individual plan and DDS policy that are associated with the care or treatment of the individual while in my home, in the community or on respite.
4. I shall not consider being a CCH licensee as employment by DDS. Payments made to me as a CCH licensee are not taxable as income and Licensees shall not rely on the CCH payments as the sole support for their households.
5. I shall maintain records regarding the management and use of the DDS residential service rate and management and use of the special support payments in accordance with DDS procedures for meeting the needs of my individual.
6. 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.
7. I shall allow authorized department personnel and\or my private agency liaison worker if assigned one, reasonable access to my home, and to the individual(s).
8. 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 if deemed necessary by the department.
9. I shall have a designee profile in my home for each designee and I understand that a designee is a person who is acting on my behalf under the auspices of my license.
10. I shall only allow admission or discharge of an individual to\from my CCH in cooperation with and the consent of the department.
11. I shall 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 period if warranted by health and safety considerations.

**The Department of Developmental Services shall provide the following:**

1. To provide case management services and provide or to assist you 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 Training Home payment authorization.
4. To make training opportunities available to the Community Training 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 Training 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 to not be met in the CCH residential service rate or LON based special support payments.

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| **Effective Date:** |  |  |   |
| **Signed:** |  |  |       |
|  | **CCH Licensee** |  | Date |
| **Signed:** |  |  |       |
|  | **CCH Co-Licensee** |  | Date |
| **Approved:** |  |  |       |
|  | Regional Designee/Title  |  | Date |