COMMUNITY-BASED RESIDENCE PROGRAM FOR INDIVIDUALS WITH ACQUIRED BRAIN INJURIES

A. The Contractor shall provide a Community-Based Residence Program (CBRP) for individuals age eighteen (18) and older who have acquired brain injuries or traumatic brain injuries (ABI/TBI) and who are medically indigent. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the Contractor and no access to, or eligibility for, such coverage. Contractor shall operate such services 24 hours a day/7days per week to provide access to comprehensive and coordinated physical, psychological, medical, vocational, and social services in a community-based living environment. Contractor shall develop and implement an individualized, person-centered service plan that delivers specialized services that are integrated into the department's statewide ABI/TBI system of care.

B. Specifically, the Contractor shall incorporate the following:

1. Supportive Residential Living Situation which is defined as a safe and clean community-based living environment, which shall, at a minimum, include single bedrooms with hospital or regular style beds capable of maintaining individual safety; kitchen and bathroom facilities with comprehensive adaptations for wheelchair accessibility and safe use; living room space; first floor laundry room with front loading washers and dryer; and locked staff office space suitable for the storage of records and medications. Contractor shall furnish the Supportive Residential Living premises with moisture resistant furniture, grab bars, touch lamps, visual and audible fire/smoke/carbon monoxide alarms, an intercom and personal emergency response systems for individuals being served. Contractor shall also furnish other ancillary supplies and equipment that may be needed.
2. Residential Living Assistance Services which are defined as the provision of a wide variety of services in response to residential living needs. Contractor shall have at least two qualified staff persons available at all times to provide assisted living services in the individual's residence 24 hours a day/7 days per week. Staff qualifications shall include demonstrated experience and/or training in working with the target population, a working knowledge of person-centered approaches, the ability to train and orient other staff on the of individual's service needs, and certification in cardio-pulmonary resuscitation and basic first aid. Residential Living Assistance Services (RLAS) shall include, but not be limited to, assistance with self-care activities such as eating, bathing, dressing, grooming, personal hygiene and other activities of daily living; providing verbal, visual, and/or manual cues to individuals; non-medical care and supervision; socialization; grocery and clothing shopping; and routine household chores such as dusting, laundry, bed-making, and vacuuming. RLAS shall also provide meal preparation and clean up of three (3) meals per day and snacks that meet standard nutritional guidelines and satisfy the individual's dietary needs. RLAS shall also include chore service a minimum of two times per week to maintain a clean, sanitary and safe environment including heavy household chores, such as washing floors, windows and walls; and yard maintenance, including snow removal and lawn mowing.
3. Transportation Service which is defined as the availability of wheelchair accessible transportation 24 hours a day/ 7 days a week to provide transport for individuals to medical appointments, vocational and recreation/leisure activities. Contractor shall provide additional staff as needed to accompany individuals to appointments.
4. Medical Monitoring Plan which is defined as a plan to provide for appropriate response to the medical condition and needs of individuals being served. Contractor shall develop and implement a medical monitoring plan that shall include the availability, 24 hours a day/7 days per week of a Registered Nurse (RN) possessing demonstrated knowledge and understanding of health issues related to treatment of the target population, including assisting with varied medical problems, including swallowing disorders, diabetes, skin integrity, and seizures, daily

medication set up and administration. Contractor shall make available a dietary specialist and nutritionist to evaluate and make recommendations on the dietary needs of individuals.

5. Case Management Services which shall include, but not be limited to activities such as:
    a. Implementing the individual's person-centered Individualized Service Plan. Person-centered planning is defined as a model of treatment services planning in which the individual to be served is the essential participant in determining the services that he/she may require in order to live safely in the community. The process of person-centered planning begins with a determination of the individual individual's needs and preferences prior to discharge from the Department's inpatient facility. Such determination of needs is made through a process involving the individual, the individual's family as appropriate, the contractor and staff of the Department's inpatient facility. Based on the individual's needs, an Individualized Service Plan is formulated which identifies the specific services that will be provided to meet those needs. The Individualized Service Plan shall identify medical/dental; psychiatric/psychological; vocational/occupational; nursing; diet/nutrition; social/recreational/leisure; and familial needs and services. The Individualized Service Plan shall also identify prevocational, vocational, educational, and/or life skills training services on or off-site depending on the individual's need;
    b. Reviewing the Individualized Service Plans at least every three months for appropriateness, value, and effectiveness;
    c. Promoting activities that will increase the individual's independence and life satisfaction;
    d. Assisting the individual in obtaining basic needs supports such as clothing, clinical treatment services;
    e. Planning for individual safety measures related to self-injury and relapse prevention;
    f. Assisting the individual in accessing and using health, behavioral health, medical, dental, and other specialized services;
    g. Linking the individual with community services, services, and resources;
    h. Assisting the individual with activities of daily living, such as budgeting/money management, household management, when appropriate;
    i. Advocating for the individual to receive needed services; and
    j. Coordinating, communicating and cooperating with the Department's ABI/TBI Services Division, the Local Mental Health Authority (LMHA), community-based service providers, conservators and individual's family members and significant others, as desired by individual.
6. Access to Medical Services which may include: Occupational, physical and speech therapy; Health maintenance needs for chronic medical problems; Primary medical doctor; Psychiatrist; Audiologist; Cognitive Behaviorist/Neuropsychologist; Neurologist; Physiatrist; Dentist; Podiatrist; Emergency Care; and other medical/behavioral health care providers as required by individuals. When medically necessary, the contractor shall transfer the individual to a licensed emergency care facility for emergency medical care and shall promptly notify the department of said transfer.
7. Pre-Vocational/Vocational/Educational Planning on-site and/or off-site to meet the specific needs of individuals, which may include: Linkages to local pre-vocational, vocational and educational opportunities; Linkages to the Bureau of Rehabilitation Services; Job coaching for individuals; Assistance in developing career/educational plans with achievable goals; and access to or direct provision of Graduate Equivalency Diploma (GED) or other competency tests.
8. Psycho-educational/Life Skill Groups on-site and/or off-site to meet the specific needs of individuals, which may include activities in the following areas: Health education, Sexuality groups, Acquired Immunodeficiency Syndrome (AIDS) / Human Immunodeficiency Virus (HIV) education; Life Skills; Anger/stress management and coping skills; Money management/budgeting training; Nutrition/wellness services; and other groups as needed by individuals.

9. Community Linkages either formal or informal, with existing community resources that address individual need. Such resources include, but are not limited to, off-site day habilitation services; vocational rehabilitation services; local self-help and 12-step services; recovery/relapse prevention support groups; churches/spiritual groups; local social activities; and libraries.
10. Family Supports With the individual's permission, contractor shall assist individuals being served to maintain desired communication and contacts with family members and significant others, including activities such as "family night"; arranging for available supports for family members and significant others; and contacting family members to attend relevant meetings, including Individualized Service Plan meetings.
11. Social/Leisure/Recreation Activities which shall include but not be limited to: Facilitating the development of picnics, outings, and other community-based social clubs, activities, and trips; and personal leisure activities such as hairdressing and shopping.
12. Collaboration with the Department which shall include but not be limited to: Cooperation with the Department's Director of ABI/TBI Services and collaboration with the Local Mental Health Authority (LMHA). Through these collaborative interactions, the department shall provide consultation and expertise in the actual delivery of services.
13. Compliance with standards of operations for community residences for individuals with acquired brain injury and DMHAS Medication Endorsement Procedure for non-licensed staff as defined in Conn. Gen. Stat. § 17a-468b.

C. The Contractor shall comply with the following additional requirements:
1. Eligibility Requirements for Community-Based Residence Program The contractor shall provide the CBRP services described herein only to individuals referred by the department.
2. Efficient Use of Resources The Contractor shall manage these services in an economical and efficient manner consistent with applicable laws and regulations. Contractor shall take full advantage of existing community resources and services, including Medicare, Medicaid, the Department of Social Services (DSS) Elder Care Waiver, and/or other applicable services.
3. Changes in the Availability of Service The Contractor shall notify the Department immediately regarding any impediment that materially affects the availability of services to individuals being served.
4. Transfer of an Individual With Extremely Unmanageable Behaviors The Contractor shall transfer individuals who exhibit behaviors that pose a threat to the safety and well being of staff and individuals being served to alternative inpatient settings only after consultation with the Department.
5. Seclusion and Restraint The contractor shall implement policies and procedures regarding seclusion and restraint that comply with applicable state and federal laws and regulations and are consistent with the Department's policies. The contractor shall provide its staff with training regarding the appropriate use of seclusion and restraint and less restrictive alternatives.
6. Contractor Designation of Staff Contact The Contractor shall designate an individual on its management staff who will be responsible for overseeing the Contractor's responsibilities pursuant to this Agreement. Such individual shall be responsible for communication with the Department regarding contractor performance pursuant to this Agreement.
7. Handbook The Contractor shall prepare a handbook and shall make it available to all individuals upon admission. The handbook shall include, but is not limited to the following topics:
    a. A listing of the services provided by the Contractor;
    b. A listing of the administrative and clinical staff, their duties and how to contact them;
    c. Visitation policy;
    d. Other rules and guidelines of Contractor;
    e. Rights and responsibilities;

f. Procedures for filing a complaint or grievance, including allegations of neglect and abuse; and
g. Availability of advocacy services.

The handbook shall be made available in English and Spanish and shall be written in a manner that is understandable to individuals.

8. Recordkeeping The Contractor shall maintain a detailed record for each individual being served in compliance with all applicable state and federal laws and regulations. The Contractor shall comply with all applicable state and federal laws and regulations pertaining to the confidentiality of such records. Such records shall include medical records, fiscal records, personnel records and other records of operation. The Contractor agrees to comply with the Department's policies regarding access to records.
9. Bed Hold Requirements When a individual requires treatment which involves a temporary residential stay in another facility, the Contractor shall hold the individual's bed and maintain the individual's personal effects, health care related and other required equipment and supplies for as long as the Department determines is necessary. If the individual will not be returning, the Contractor shall continue to hold the bed for another Department-referred individual unless other arrangements are approved in writing by the Department.
10. Crisis Intervention Plan The Contractor shall develop a crisis intervention plan for each individual in consultation with all involved parties. The crisis intervention plan shall provide strategies to prevent or respond to situations, behaviors and/or symptoms which are harmful to the individual or others; or, situations which may lead to re-hospitalization. Such crisis intervention plans shall have goals and guiding principles and shall include, but not be limited to the following:
    a. Situations, behaviors and symptoms which are harmful to the individual or others; or, which may lead to re-hospitalization;
    b. Situations, behaviors and symptoms which may be antecedents to crisis;
    c. Environmental modifications that can be effective in crisis situations;
    d. Previously effective interventions, from least to more restrictive/intrusive;
    e. Previously ineffective or exacerbating interventions;
    f. Current medications;
    g. Medications (dosage, frequency, duration of administration) previously effective in the management of identified crisis situations, behaviors and symptoms;
    h. Medications which are contraindicated due to allergy, side-effect or other reasons; and
    i. Persons to be notified in the event of a crisis. These might include, but not be limited to, the following: Treatment team leader; Emergency services (9-1-1); Physician; Social Worker/Case manager of DSS or the department; Crisis response team; Family or conservator and Court liaison.
11. Reporting of Abuse and Neglect For the purposes of this contract, any incidents of abuse or neglect shall be considered as critical incidents and shall be reported to the Department pursuant to the reporting requirement in Part 1 of this agreement. The contractor agrees to fully cooperate with the department in any investigation of such incidents.

D. The services shall be provided at the following location(s), with the capacity as described below:

Location	Individual Capacity

E. The Contractor shall implement the services described herein to result in the following outcomes. Such outcomes shall be measured in the manner described herein. Outcome results achieved pursuant to these terms and conditions will be monitored by the Department through data reported by the Contractor to the Department's information systems, in observations through site visits, review of individual records and/or in the required monthly service reports. The Department's outcome indicators for the contractor's funded services are as follows:

PERFORMANCE OUTCOME MEASURES

COMMUNITY-BASED RESIDENCE PROGRAM
FOR INDIVIDUALS WITH ACQUIRED BRAIN INJURIES

OBJECTIVE	MEASURE
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15th day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Individuals will improve or maintain their overall functioning.	At least 95% of individuals served annually will maintain or increase their level of functioning as measured by the Global Assessment of Functioning Scale (GAF), Modified Global Assessment of Functioning Scale (MGAF).
4. Individuals will successfully complete treatment.	At least 90% of individuals discharged will have substantially completed the objectives identified on their recovery plans.
5. Individuals will receive follow-up care promptly.	At least 90% of individuals who have successfully completed treatment will have at least one (1) residential admission or two (2) outpatient services within thirty (30) days of discharge.
6. Individuals will improve or maintain their living situation.	At least 60% of individuals served annually will improve or maintain their living situation.
7. Individuals will maintain or improve their employment status.	At least 60% of individuals served annually will maintain or increase their amount of competitive employment.
8. Individuals will improve or maintain their social supports.	At least 60% of individuals served annually will have increased or maintained the number of social supports.