

State of Connecticut
REGULATION
of the

DEPARTMENT OF DEVELOPMENTAL SERVICES

Concerning

**[Licensure of Private Residential Facilities For
Mentally Retarded and Autistic People]
[Community Training Home Licensing Regulations]
Licensing of Community Companion Homes**

Section 1. Sections 17a-227-23 to 17a-227-30, inclusive, of the Regulations of Connecticut State Agencies are amended to read as follows:

Sec. 17a-227-23 Definitions

[For the purpose of these regulations the following definitions shall apply:] As used in section 17a-227-23 to section 17a-227-30, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Abuse" means the willful infliction by a caregiver of physical pain or injury, or the willful deprivation of services necessary to the physical safety of an individual.

(2) "Action plan" means the section of an individual's Individual Plan (IP) that describes the process to assist an individual to move towards the individual's desired outcomes. The action plan shall include an individual's needs or issues to be addressed; an individual's desired outcomes; the actions and steps to achieve the outcomes; the person or persons responsible to assist the individual to achieve the outcomes; and the timeframes for the accomplishment of the desired outcomes.

[(a) "Aversive Procedure" means the planned use of an event which may be unpleasant, noxious, or otherwise cause discomfort to alter the occurrence of a specific behavior. These procedures include the use of physical isolation, mechanical and physical restraint.

(b) "Behavior modifying medications" means any chemical agent used for the direct effect it exerts upon the central nervous system to modify thoughts, feelings, mental activities, mood, or performance. These chemical agents or psychotropic medications are often broken down into: anti-manics, antianxiety agents, antipsychotics, antidepressants, stimulants, and sedative/hypnotics. Medications which are not usually described as psychotropics are covered by this definition when they are prescribed primarily for their psychotropic effects such as mood stabilization and impulse control. These medications include certain anticonvulsants, some beta-blockers, and certain other drugs.]

(3) "Aversive procedure" means the contingent use of an event or a device which may be unpleasant, noxious, or otherwise cause discomfort for an individual to (A) alter the occurrence of a specific behavior, or (B) protect the individual from harming himself or another person. Aversive procedures may include the use of physical isolation, mechanical restraint, physical restraint, chemical restraint,

or other department approved methods in accordance with sections 17a-238-7 to 17a-238-13, inclusive, of the Regulations of Connecticut State Agencies.

(4) "Behavior modifying medication" means any chemical agent used for the direct effect it exerts upon the central nervous system to modify thoughts, feelings, mental activities, mood, or performance. These chemical agents or psychotropic medications include, but are not limited to: antipsychotics or neuroleptics; antidepressants; anti-manics; anti-anxiety agents; stimulants; and sedatives or hypnotics. Other medications that are not typically described as psychotropics such as certain anticonvulsants, beta-blockers and other drugs, if they are prescribed primarily for their psychotropic effects such as mood stabilization and impulse control, are covered by this definition.

(5) "Behavior support plan" means a written document developed by an individual's planning and support team to address and work towards remediation of an individual's behaviors that interfere with the implementation of the goals and objectives identified in the individual plan. The behavior support plan shall include identification of specific target behaviors and a plan for tracking and monitoring responses. If necessary, the use of aversive procedures shall be included in the plan.

[(c) "Case manager" means the person responsible for assisting individuals to gain access to department services, managing development of the client's overall plan of services, securing and/or coordinating services, monitoring client progress, maintaining family contact, collecting and disseminating data and information.]

(6) "Case manager" means the department's employee responsible for (A) assisting an individual to gain access to the department's services, (B) managing the development of an individual plan for an individual, (C) coordinating an individual's services, (D) monitoring an individual's progress, (E) maintaining contact with an individual's family, and (F) collecting and disseminating data and information concerning an individual.

(7) "Chemical restraint" means psychotropic medication that is administered to an individual on an emergency basis, after all other interventions have failed and the individual is in danger of harming himself or another person.

[(d)] (8) "Commissioner" means the [commissioner of the department of mental retardation.] Commissioner of Developmental Services.

[(e) "Community training home (CTH)"] (9) "Community companion home" or "CCH" means a private family home in which three or fewer [adults or children with mental retardation or autism] individuals reside and which is licensed pursuant to [Section 17a-227 CGS.] section 17a-227 of the Connecticut General Statutes. [For children, the CTH provides] For individuals under the age of eighteen, a CCH shall provide a substitute family for those who cannot live with their own families or for whom adoption is not immediately possible. [For adults, the CTH provides] For individuals eighteen years or older, a CCH shall provide a nurturing home environment where [adults] an individual can share responsibilities, develop mutual relationships, be independent and make [their] his own choices.

(10) "CCH agreement" means the document executed at the time an individual is placed in a CCH outlining departmental and licensee obligations and responsibilities; signed by the licensee or licensees; and approved by the regional director or the regional director's designee.

[(f) "CTH home study" means a compilation of information gathered through processes of visitation,

interview and research which includes the following topics: general information, family members, applicants as individuals, family/individual in function, health status, desired characteristics of individuals to be placed, physical aspects of the home, neighborhood and community and social worker's evaluation.]

(11) "CCH home study" means a document reflecting information gathered about an applicant, the applicant's family and any other occupants of the home through visiting the home, interviewing the occupants and conducting background checks.

[(g)] (12) "Community [training] companion home residential survey" means a checklist that is used by the department's quality management staff during the licensing [procedure] process to determine that general conditions in the home meet the standards contained in [these regulations.] sections 17a-227-23 to 17a-227-30, inclusive, of the Regulations of Connecticut State Agencies.

(13) "Compliance order" means a document issued by the commissioner delineating actions required to be taken by a CCH licensee in order to comply with sections 17a-227-23 to 17a-227-30, inclusive, of the Regulations of Connecticut State Agencies.

(14) "DDS policies, procedures and directives" means written guidelines and rules issued by the commissioner governing the operation of the department and persons licensed to operate a community companion home pursuant to section 17a-227 of the Connecticut General Statutes.

[(h)] (15) "Department" or "DDS" means the [department of mental retardation (DMR).] Department of Developmental Services.

[(i)] "Designee" means a person selected to act on someone's behalf.

[(j)] "DMR policies" means written procedures and rules issued by the commissioner which govern the operation of the department and organizations and persons licensed to conduct or maintain private facilities pursuant to Section 17a-227 CGS.]

[(k)] (16) "Direct contact person" means [any] a person, other than the licensee or [his designee] the licensee's designee, who provides [personal care services,] support, supervision or assistance to [residents.] an individual living in a community companion home.

[(l)] "Document" means to provide material that is evidence of compliance with applicable regulatory standards. Such material may take any form which is sufficient to document compliance.]

[(m)] (17) "Dwelling" means [any building designed for human habitation.] a private family home.

[(n)] (18) "Emergency" means a [critical] circumstance in which the health or safety of [the client] an individual or other [persons must] person shall be protected [immediately.] without delay by the licensee or the licensee's designee.

(19) "Financial exploitation" means the theft, misappropriation or unauthorized or improper use of property, money or other resource that is intended to be used by or for an individual who receives services or funding from the department.

[(o)] "Fire" (20) "Home safety inspection report" means a checklist that is used to determine compliance with the current [edition of the] National Fire Protection Association Life Safety [Code,

as amended by the department.] Code and other physical plant safety criteria as established by the department.

[(p) "Individual" means any person with mental retardation or autism who resides in a private residence conducted or maintained by a person or organization licensed pursuant to Section 17a-227 CGS and these regulations.]

(q) "Habilitation" means the process by which a person with mental retardation or autism is helped to acquire those life skills which enable him to experience community presence and participation, provide him with opportunities to develop and exercise competence, to make choices, to develop meaningful relationships and to be accorded respect and dignity.]

[(r)] (21) "Human rights committee" [means a group of individuals who are not employees of the department, who provide monitoring to ensure the protection of legally guaranteed rights of persons who are mentally retarded and are recognized to do so by the region.] or "HRC" means a group of persons, who are not employees of the department, who provide monitoring to ensure the protection of legal and human rights of persons with intellectual disability. Membership of an HRC may include a physician, an attorney, a parent or guardian, staff of contracted agencies, and other volunteers. A DDS employee shall act as a liaison between the HRC and a region or training school. The HRC shall act as an advisory group to the regional or training school director.

(22) "Individual" means a person with intellectual disability, Prader-Willi syndrome, or autism spectrum disorder placed by the commissioner who resides or who is eligible to reside in a community companion home licensed pursuant to section 17a-227 of the Connecticut General Statutes.

(23) "Individual Plan" or "IP" means a document created by an individual, the individual's planning and support team and the CCH licensee that includes, but is not limited to: (1) an assessment and profile of an individual's current life situation; (2) an individual's vision for the future; (3) an assessment and analysis of an individual's abilities, need for supports, and preferences for those supports; (4) an identification of the desired outcomes for an individual receiving supports; (5) plans to address an individual's support needs, personal goals, and the desired outcomes for the individual receiving supports; (6) an identification of supports and services to be provided to an individual; and (7) evaluations of an individual's progress to ensure that the support needs and desired outcomes for the individual receiving supports are met. The document shall incorporate other aspects of an individual's life, such as: significant events, accomplishments, and relationships in the individual's life; an individual's strengths; an assessment of the individual's home life, work, day program, school, retirement plan, leisure interests, and community life; the individual's financial plan; and an assessment of the individual's health, safety and welfare.

[(s) "Interdisciplinary team (IDT)" means a group of persons which includes the individual being served, his or her family, guardian or advocate, those persons who work most directly with the individual in each of the professions, disciplines, or service areas that provide service to the individual, including direct care staff, and any other persons whose participation is relevant to identifying the needs of the individual, devising ways to meet them, writing an Overall Plan of Services and reviewing the plan for effectiveness.]

[(t)] (24) "License" means the written authorization issued by the commissioner to [any] a person [or organization to conduct or maintain a private residence] to operate a community companion home for the lodging of [persons with mental retardation or autism] an individual as defined in subsection (22)

of this regulation for a period of [up to] not more than one year.

[(u)] (25) "Licensee" means [the] a person who is authorized by the commissioner to [conduct or maintain a private residence] operate a community companion home for the lodging of [persons with mental retardation or autism] an individual as defined in subsection (22) of this regulation and [is] shall be responsible to the department for complying with the provisions of [these regulations.] sections 17a-227-23 to 17a-227-30, inclusive, of the Regulations of Connecticut State Agencies.

(26) "Licensee's designee" means the person identified by the CCH licensee to perform a duty or carry out a specific role under the authority of the CCH license.

(27) "Licensing waiver" means the temporary or permanent deferral of the applicability of a regulation or other requirement by the commissioner or the deputy commissioner that does not materially affect the health or safety of an individual.

[(v)] "Mechanical restraint" means any apparatus that restricts movement. Helmets, mitts and similar devices used to prevent self injury are considered mechanical restraints.]

(28) "Mechanical restraint" means an apparatus used to restrict an individual's movement, including any device, such as helmets, mitts or bedrails, used to prevent self-injury. Devices designed by a physical therapist and approved by a physician that are used to achieve proper body alignment or balance, and protective devices approved by a physician to address an individual's medical condition are not mechanical restraints.

(29) "Neglect" means the failure by a caregiver, through action or inaction, to provide an individual who receives services or funding from the department with the supports and services necessary to maintain such individual's physical or mental health; or such individual's safety that includes, but is not limited to, protecting an individual from incidents of inappropriate or unwanted individual to individual sexual contact.

[(w)] (30) "Occupant" means any person residing in [a home licensed as] a community [training] companion home including [residents] an individual placed there by the [department and non-retarded persons residing there for whatever reason.] department.

[(x)] "Overall plan of services (OPS)" means a document which specifies a strategy to guide the delivery of service to a client for up to one year.

(y) "Personal care services" means assistance to individuals which allows them to perform their routine activities of daily living to maintain independence, health, personal appearance, comfort, safety and interactions within their community.

(z) "Physical restraint" means physically holding a client to restrict movement or to prevent the client from harming himself or others.]

(31) "Physical isolation" means the process used in an aversive procedure whereby an individual is separated from others, usually by placement in a room or area alone.

(32) "Physical restraint" means a department approved physical intervention used to restrict an individual's movement to protect the individual or to prevent self-injury or injury to another person.

(33) “Planning and support team” or “PST” means a group of persons that includes the individual being supported; the individual’s family, guardian or advocate, as applicable; the individual’s case manager; a registered nurse; the CCH licensee; persons who provide supports and services to the individual; and any other person who the individual requests to participate. The planning and support team shall assist the individual to develop, implement, and evaluate his or her individual plan and shall assist the individual to obtain, manage, evaluate, and adjust supports, as needed.

(34) “Positive behavioral support” means an integrated approach to teach an individual adaptive and socially appropriate skills and competencies. Supports may include, but are not limited to, teaching new skills or refining existing skills, and providing environmental supports to increase adaptive behaviors.

[(aa) "Private residence" means any dwelling that is conducted or maintained by a person or organization, licensed pursuant to Section 17a-227 G.S., as a residence for the lodging of persons with mental retardation, autism or both.]

(35) “Primary care provider” means a physician licensed pursuant to chapter 370 of the Connecticut General Statutes; an advanced practice registered nurse licensed pursuant to chapter 378 of the Connecticut General Statutes; or a physician’s assistant licensed pursuant to chapter 370 of the Connecticut General Statutes.

[(bb)] (36) "Program review committee" [means a group of professionals who are assembled to review client programs and behavior modifying medications to ensure that they are clinically sound, supported by proper documentation, and that they provide the least restrictive service within as normalized a setting as possible and are recognized by the region to do so.] or “PRC” means the group, which includes a psychiatrist, a psychologist, an educational specialist and DDS professional staff that reviews an individual’s behavior support plan and an individual’s behavior modifying medications to ensure that the plan is clinically sound and supported by appropriate documentation and that any medications prescribed are being administered in conformance with sections 17a-210-1 to 17a-210-10, inclusive, of the Regulations of Connecticut State Agencies and DDS policies, procedures and directives.

[(cc) "Provisional license" means a license which is issued in response to an application for renewal if, for any reason, the department has not denied or issued a permanent license within thirty (30) days after the expiration date of the previous license. A provisional license is valid for not more than 180 days.]

(37) "Provisional status” means a condition imposed on a license when the license has not been renewed or the license renewal has not been denied by the department not less than 30 days after the date of expiration of the license.

(38) “Psychological abuse” means an act intended to (A) humiliate, intimidate, degrade or demean an individual who receives services or funding from the department, (B) inflict emotional harm or invoke fear in such individual, or (C) otherwise negatively impact the mental health, the physical health or the safety of such individual.

(39) “Qualified provider” means a person, firm or corporation that has met departmental criteria and has knowledge of community companion homes that is contracted by the department to provide supports and services to an individual residing in a CCH and to a CCH licensee.

(40) "Quality system" means the department's comprehensive process that monitors compliance with sections 17a-227-23 to 17a-227-30, inclusive, of the Regulations of Connecticut State Agencies; level of care determinations; individual plans; service delivery; outcome achievement; individuals' health, safety and welfare; and qualifications of licensees. The quality system shall be defined in DDS policies, procedures and directives and includes, but is not limited to: abuse and neglect investigation; program review; human rights review; mortality review; case management; level of need determination; quality management; quality improvement; contract monitoring; auditing; and other department activities the purpose of which is to evaluate, monitor or improve services provided to individuals.

[(dd) "Region" means the management of a geographical subdivision of the state as defined by the department of mental retardation.]

(ee) "Record" means written information pertaining to each resident which shall include administrative, treatment and educational data.]

(41) "Record" means any documentation related to an individual or a program that is required to be maintained by the CCH licensee.

(42) "Region" means the geographic subdivision of the department that exercises oversight and management of programs and services provided by or funded by the department.

(43) "Regional director" means the department's administrator responsible for the management of one of the department's regions, whose duties include, but are not limited to, oversight of all direct services to individuals, all contracted qualified provider programs, case management and all necessary support functions.

(44) "Sexual abuse" means (A) any sexual contact between an individual who receives services or funding from the department, regardless of such individual's ability to consent, and a family member, paid staff or a volunteer, or (B) the encouragement by a family member, paid staff or a volunteer of an individual who receives services or funding from the department to engage in sexual activity.

[(ff) "Specific service plan" means a component of the overall plan of service that is written and implemented by a member of the interdisciplinary team to implement the goals assigned to that team member.]

(45) "Specific service plan" means the written component of an action plan within an individual's IP that is required to be implemented by the licensee to address the enhancement or maintenance of the individual's skills.

(46) "Summary application for renewal" or "SAR" means the two-part DDS form used to update information in the initial CCH license application and any previous CCH license renewal application. The first part of the SAR shall be completed and signed by the CCH licensee. The second part of the SAR shall be completed and signed by the regional director or the regional director's designee.

(47) "Support" means assistance provided to an individual by a licensee which enables the individual to perform routine activities of daily living to maintain independence, health, safety, personal appearance, and interactions within the community.

(48) “Transfer” means the move of an individual from a residential facility operated, licensed, or funded by the department to another such program, which is proposed by the commissioner or a regional director.

(49) “Verbal abuse” means the use of offensive or intimidating language that is intended to provoke or cause the distress of an individual who receives services or funding from the department.

Sec. 17a-227-24 [Applications] Application for a community companion home license

[(a) Applications for a license to conduct or maintain a community training home and provide personal care services for persons with mental retardation or autism shall be filed, on forms provided by the department of mental retardation, with the region in which the home is located. An application may be filed by one person or persons.

(b) Applications for an initial license to conduct or maintain a community training home shall be signed by the applicant(s). The application packet shall be completed by the applicant with assistance from the department and include the following information: (1) the real property interest, if any, the applicant(s) holds in the residence, such as lease or ownership; (2) the address and physical description of the residence (3) three character references for each applicant from three responsible who are not related to the applicant(s); (4) verification of any conviction records of the applicant(s) and any other occupants of the home; (5) whether the applicant(s) currently holds or previously held licenses from the department or any other state department; (6) a certification of good health for each applicant signed by a licensed physician within the past twelve months; (7) the employment status of the applicant(s) for the past three years; (8) a complete list of all occupants, indicating age and relation to the applicant(s); and (9) a local fire marshal's certificate if the CTH is located in a structure containing more than two dwelling units.]

(a) An application for a license to operate a community companion home and provide support for individuals shall be filed on forms provided by the department with the DDS regional director or the regional director’s designee in the region in which the home is located. An application may be filed by any person.

(b) An application for an initial license to operate a community companion home shall be signed by each applicant. The application packet shall be completed by the applicant with assistance from the department and include the following information:

(1) The real property interest, such as lease or ownership, if any, each applicant holds in the home;

(2) The address and physical description of the home;

(3) Three character references for each applicant from three persons who are not related to the applicant;

(4) A complete list of all occupants of the home, indicating the occupant’s age and relationship to each applicant;

(5) Written verification of any conviction record of each applicant and any other occupant of the home by the state and local police, as applicable;

(6) Whether any applicant or any occupant of the home has previously held or currently holds a

license to provide in-home care from any state agency;

(7) Whether any applicant or any occupant of the home has ever been the subject of an abuse or neglect investigation;

(8) A certificate signed by a primary care provider within the previous twelve months for each applicant stating that the applicant has been in good health;

(9) Each applicant's employment history for the previous three years from the date of the application;

(10) A local fire marshal's certificate if the CCH is located in a structure containing more than two dwelling units;

(11) Verification from the department that each applicant and any occupant of the home is not on the DDS Abuse and Neglect Registry; and

(12) Written verification from the Department of Children and Families of the results of a hotline background search on each applicant and any occupant of the home.

Sec. 17a-227-25 [Licensing] Initial licensing procedure

(a) The regional office will review the application, and such other materials which may be required to accompany the application, for completeness and accuracy.

(b) The case manager, or other person designated by the region, assigned to the CTH will complete a CTH Home Study.

(c) The regional director will transmit to the department's director of regulatory compliance the application and related materials (including CTH Home Study) if approved by the regional director as to completeness and accuracy. If satisfied that the required application package is complete and accurate, the director of regulatory compliance shall cause an inspection to occur within 30 days to determine if the applicant satisfies all applicable initial licensing standards.

(d) The applicant shall comply with the requirements delineated on the department's fire safety inspection report. Additionally, applicants located in a building containing more than two living units shall obtain a fire marshal certificate reflecting the applicable chapter of the NFPA Life Safety Code.]

(a) The regional director or the regional director's designee shall review the application for initial licensure, and any other materials which may be required to accompany the application including the CCH home study. If the application is determined to be complete and accurate, the regional director or the regional director's designee shall recommend initial licensure and send the completed application to the commissioner or the commissioner's designee.

(b) A DDS staff person designated by the regional director or a staff person of a qualified provider with knowledge of community companion homes contracted by the department shall complete a CCH home study. The CCH home study shall:

(1) Address an applicant's employment status, financial status, health status, family function,

education, recreational interests, religious affiliation, community involvement, and include a description of the physical aspects of the home, and the neighborhood in which it is located.

(2) Include an evaluation of the applicant's potential strengths and weaknesses and a statement regarding the characteristics of an individual who might be appropriately placed in the applicant's home.

(3) Detail and evaluate any unusual information identified in application materials including, but not limited to, an applicant's or an occupant's police record; police calls for service to the home; or history or involvement with other state agencies.

(c) Upon the receipt of the completed application and related materials, including the CCH home study, the commissioner or the commissioner's designee shall review the application and related materials for completeness and accuracy. If the commissioner or the commissioner's designee agrees with the regional recommendation for initial licensure, the commissioner shall require the department's quality management staff to complete an inspection of the home, not more than 30 days after the date of submission of the completed application to the commissioner or the commissioner's designee, to determine if the applicant satisfies all applicable initial licensing standards.

(d) An applicant for a license of a CCH in a building containing more than two dwelling units, in addition to compliance with the requirements of the department's home safety inspection report, shall obtain a fire marshal's certificate reflecting compliance with the applicable chapter of the National Fire Protection Association (NFPA) Life Safety Code.

(e) The applicant shall be advised in writing of any deficiencies noted in the completed community companion home residential survey and shall submit [an acceptable] a plan of correction which [is] shall be developed with [regional office assistance] regional or qualified provider support staff, as necessary. [If the applicant fully complies with applicable initial standards the commissioner shall issue a license which indicates type of residence and maximum number of clients who may reside in the residence.] When an applicant has fully complied with the initial licensing standards, the commissioner shall issue a license which shall indicate the maximum number of individuals 18 years or older or individuals under the age of 18 who may reside in the CCH under the authority of the license. The license shall be issued for a term of one year and may be renewed in accordance with [Sec. 17a-227-26 of these regulations.] section 17a-227-26 of the Regulations of Connecticut State Agencies. All CCH licenses are conditional upon compliance with applicable initial licensing standards and the department's CCH operating standards and may be revoked by the commissioner at any time in accordance with [Sec. 17a-227-27 of these regulations.] section 17a-227-27 of the Regulations of Connecticut State Agencies.

(f) The commissioner may grant a licensing waiver for any [specific standard(s), standards] initial licensing standard as specified in section 17a-227-29 of the Regulations of Connecticut State Agencies, or operating standard as specified in section 17a-227-30 of the Regulations of Connecticut State Agencies, or other [requirements] department requirement that [do] does not materially [effect] affect the health and safety of [residents] an individual. A request for a licensing waiver [must] shall be in writing, [signed by the applicant,] identifying the person requesting the licensing waiver and [provide] providing the reasons for the request [and] with any supporting documentation. A licensing waiver granted by the commissioner shall be in writing and specify the duration and terms under which the licensing waiver is granted.

(g) If an applicant fails to comply with applicable standard(s) and licensing procedures, and has not

obtained a waiver from any such standard(s) or requirements or has failed to submit and implement an acceptable plan of correction, the application for a license to conduct or maintain a residence shall be denied. An application may also be denied if, as a result of a routine police check, the applicant or any other occupant is found to have a police record which indicates any potential risk to the resident's health and safety.]

(g) If an applicant fails to comply with a CCH initial licensing standard or the CCH licensing procedure in this section and has not obtained a licensing waiver of any such licensing standard or department requirement, or has failed to submit or implement a plan of correction that has been accepted by the department, the application for a license to operate a community companion home shall be denied. If, as a result of an arrest or conviction record check, a DDS Abuse and Neglect Registry check, a DCF hotline background search or a license check with any other state agency, an applicant or any occupant of the home is found to have a police record, or a history of substantiated abuse or neglect that would indicate a potential risk to an individual's health, safety or welfare, the application for a CCH license also may be denied.

(h) An applicant shall not maintain any other license, certification or approval to provide in-home care to children or adults from any state agency or entity unless a licensing waiver is granted in accordance with subsection (f) of this section.

Sec. 17a-227-26 Renewal of a community companion home license

[(a) At least 45 days prior to the expiration date of a license the department will notify the licensee to initiate renewal of a license if the licensee wishes to continue to conduct or maintain a residence. Application for renewal shall be made on a Summary Application for Renewal, signed by the licensee on forms provided by the department. The Summary Application for Renewal is designed to update the information contained in the initial application which may not be current and any other information which needs to be updated annually.

(b) The Summary Application for Renewal shall be filed with the regional office serving the community training home. The Summary Application for Renewal shall be processed in accordance with the licensing procedure outlined in Sec. 17a-227-25 of these regulations. If a license is not denied or renewed within 30 days after the expiration date of the license, the commissioner shall issue a provisional license for not more than 60 days. The commissioner may grant 30 day extensions not to exceed 180 days to any provisional license. A provisional license may only be issued if (1) the licensee substantially complies with initial and operating standards; (2) any deficiencies do not materially affect the health and safety of clients; and either (3) the licensee has developed an acceptable plan of correction; or (4) time is needed for the orderly transfer of residents.]

(a) The department shall send a copy of the Summary Application for Renewal form to a CCH licensee annually, not later than 45 days prior to the expiration date of the CCH license. The licensee shall complete and sign the Summary Application for Renewal in order to continue to operate a community companion home. The completed Summary Application for Renewal shall update information contained in the initial CCH licensing application and any of the licensee's previous Summary Applications for Renewal.

(b) The licensee shall send the completed Summary Application for Renewal to the regional director or the regional director's designee. The Summary Application for Renewal shall be reviewed by the regional director or the regional director's designee for completeness and accuracy, in accordance with the provisions of this section and section 17a-227-25 of the Regulations of Connecticut State

Agencies. The regional director or regional director's designee shall make a recommendation to the commissioner for the renewal or denial of the license. A CCH license shall not be renewed if the licensing procedure has not been completed. A CCH license also may not be renewed, if the department does not receive written verification of the implementation of a plan of correction that has been accepted by the department of any deficiency that may materially affect the health, safety or welfare of an individual.

(c) If a CCH license is not denied or renewed within 30 days after the expiration date of the license, the license shall be considered to be in provisional status until such time as the licensing procedure has been completed and any necessary verifications have been received by the department.

(d) In the event of the death of a CCH licensee, another occupant of the CCH, subject to compliance with this section and section 17a-227-24 of the Regulations of Connecticut State Agencies, may be authorized by the commissioner to assume the existing CCH license. The license shall be amended to reflect the name of the new licensee.

(e) A licensee shall not maintain any other license, certification or approval to provide in-home care to children or adults from any state agency or entity unless a licensing waiver is granted in accordance with subsection (f) of section 17a-227-25 of the Regulations of Connecticut State Agencies.

Sec. 17a-227-27 [Revocation, compliance orders, sanctions] Compliance orders, denial or revocation of a license

[(a) A license may be revoked at any time a licensee: (1) fails to comply with the licensing procedure prescribed by the department; (2) fails to comply with any applicable initial or operating standard, fails to obtain necessary waivers, or fails to submit and implement an acceptable plan of correction; (3) fails to comply with applicable state and local laws relating to building, health, fire, protection, safety, sanitation and zoning; (4) furnishes or makes any false or misleading statements to the commissioner or the department in order to obtain or retain a license; (5) fails or refuses to submit reports when required or make records available when requested by the commissioner or department or otherwise denies unrestricted access to records of individuals served by the licensee; (6) refuses to admit the commissioner or his designee onto the licensed premises at any reasonable time as deemed necessary by the commissioner or his designee to protect the health or safety of the residents.

(b) The commissioner may impose any of the following restrictions and limitations whenever a licensee fails to comply with any applicable initial or operating standards: (1) reduce the licensed capacity of the residence; (2) modify the intensity of supervision by requiring the licensee to accept staff support and additional supervision from the department; (3) require such additional training as may be necessary to correct a violation or prevent a repeat violation of these regulations; (4) issue compliance orders that must be implemented within 30 days of issuance unless the licensee requests a hearing in accordance with Sec. 17a-227-28 of these regulations. Failure to implement a compliance order may result in the commissioner taking any action authorized by this section. Compliance orders shall be issued by the commissioner by certified letter to the licensee.]

(a) The commissioner may issue a compliance order when a licensee fails to comply with the provisions of section 17a-227-23 to 17a-227-30, inclusive, of the Regulations of Connecticut State Agencies or any requirements of the department's quality system as defined in section 17a-227-23 of the Regulations of Connecticut State Agencies. The licensee shall be required to implement the terms of the compliance order not later than 30 days after receipt of the compliance order by the

licensee unless the licensee requests an administrative hearing in accordance with section 17a-227-28 of the Regulations of Connecticut State Agencies. A compliance order shall be in effect until the department deems that compliance has been achieved.

(b) Failure by the licensee to implement a compliance order may result in the commissioner taking any of the following actions:

(1) Reducing the licensed capacity of the community companion home;

(2) Modifying the level of department oversight including, but not limited to, requiring the licensee to accept DDS or qualified provider staff support;

(3) Requiring the licensee to receive additional training as may be necessary to correct a violation or prevent a repeat violation of sections 17a-227-23 to 17a-227-30, inclusive, of the Regulations of Connecticut State Agencies; or

(4) Revocation of the license to operate a community companion home.

(c) An application for a license or the renewal of a license to operate a community companion home may be denied or a CCH license may be revoked at any time, if an applicant or a licensee:

(1) Fails to comply with the department's licensing procedure in sections 17a-227-25 to 17a-227-26, inclusive, of the Regulations of Connecticut State Agencies;

(2) Fails to comply with any applicable initial licensing standard or operating standard; fails to obtain necessary licensing waivers; or fails to submit or implement a plan of correction that has been accepted by the department;

(3) Fails to comply with applicable state and local laws, ordinances, rules and regulations; and applicable building, health, fire protection, safety, sanitation and zoning codes;

(4) Furnishes or makes any false or misleading statements to the commissioner or the commissioner's designee in order to obtain or retain a CCH license;

(5) Fails or refuses to submit documentation or make records available when requested by the commissioner or the commissioner's designee or otherwise denies unrestricted access to records of individuals served by the licensee;

(6) Refuses to admit the commissioner or the commissioner's designee to the licensed premises when deemed necessary by the commissioner or the commissioner's designee in order to protect the health, safety or welfare of an individual; or

(7) Fails to comply with any of the requirements of the department's quality system.

(d) A CCH license may not be renewed if the license has been in a provisional status for more than 180 days.

(e) The commissioner shall send written notice to the applicant or the licensee by certified mail of the commissioner's decision to (1) deny a CCH license; (2) issue a compliance order; (3) reduce the licensed capacity of a CCH; (4) deny the renewal of a CCH license; or (5) revoke a CCH license.

The commissioner shall inform the applicant or the licensee of his right to request an administrative hearing in accordance with section 17a-227-28 of the Regulations of Connecticut State Agencies.

Sec. 17a-227-28 [Hearings] Administrative hearing on the issuance of a compliance order; or the denial or revocation of a license

[Any person aggrieved by a decision to: (1) deny an application for an initial license; (2) deny an application for renewal of a license; (3) revoke a license; or (4) any other decision authorized pursuant to Sec. 17a-227-27 of these regulations, may request by certified letter an administrative hearing within 15 days of receipt of the notice of the action by certified letter. Administrative hearings shall be conducted in accordance with the department's rules of practice, sections 19-570-1 through 67, inclusive of the Regulations of Connecticut State Agencies. In the absence of a written request for an administrative hearing within the fifteen day period, the decision or action of the commissioner shall be deemed effective from the date of receipt of the notice of such decision or action. Requests for an administrative hearing must be made in writing to the commissioner.]

(a) An applicant or licensee aggrieved by the commissioner's decision may request an administrative hearing, by certified letter, not later than fifteen days after receipt of the commissioner's written notice of (1) denial of a CCH license; (2) issuance of a compliance order; (3) reduction of the licensed capacity of a CCH; (4) denial of a renewal of a CCH license; or (5) intent to revoke a CCH license. The administrative hearing shall be conducted in accordance with the provisions of sections 4-176e to 4-184, inclusive, of the Connecticut General Statutes.

(b) Licensure actions shall be stayed pending the commissioner's decision resulting from the administrative hearing.

(c) In the absence of a request by an applicant or licensee for an administrative hearing, the commissioner's decision shall be final.

Sec. 17a-227-29 Initial licensing standards for a community companion home

[The licensee must meet the following standards before obtaining any license to conduct or maintain a residence for persons with mental retardation or autism.] The applicant or licensee shall meet the following initial licensing standards before the department shall issue a license to operate a CCH for a person with intellectual disability, Prader-Willi syndrome, or autism spectrum disorder.

(a) [Licensee Qualifications and Responsibilities] Applicant's and licensee's qualifications and responsibilities:

(1) [The] An applicant or a licensee shall demonstrate the capacity to maintain a [health] healthy and safe living environment for [individuals.] an individual through compliance with and adherence to both initial licensing standards and operating standards.

[(2) The licensee shall complete the department's approved training for community training home operators and/or shall be able to demonstrate during the CTH home study phase, that they are competent in the following areas:]

(2) An applicant or a licensee shall complete the department's approved training for community companion home licensees or shall be able to demonstrate during the period in which the CCH home study is conducted that the applicant or licensee is competent as determined by the regional

director or the regional director's designee or is certified, as applicable, in the following areas:

(A) [first aid,] First aid certification from a DDS approved first aid training provider;

(B) [cardiopulmonary resuscitation (CPR),] Cardiopulmonary resuscitation (CPR) certification from a DDS approved CPR training provider;

(C) [emergency medical procedures,] Emergency medical procedures;

(D) [infection control procedures,] Infection control procedures;

(E) [how] How to respond in case of fire [and] or other life-threatening [situations, and] situations;

[(F) DMR mission statement.

(G) For homes licensed for children:]

(F) Abuse and neglect prevention and reporting;

(G) Dysphagia and the risk of choking;

(H) Alzheimer's disease and dementia symptoms and care;

(I) Responsibilities and legal obligations of maintaining confidential information related to an individual placed in a CCH;

(J) Responsibilities of the management of an individual's funds and benefits;

(K) Basic medication administration;

(L) Current department safety alerts and advisories;

(M) Positive behavioral support training;

(N) CCH documentation requirements;

(O) CCH agreement; and

(P) DDS mission statement.

(3) If a CCH is being licensed for an individual under the age of 18, in addition to the requirements of subdivision (2) of this section, an applicant or a licensee shall complete the department's approved training for community companion home licensees or shall be able to demonstrate during the period in which the CCH home study is conducted that the applicant or licensee is competent as determined by the regional director or the regional director's designee in the following areas:

[(1) permanency planning,] (A) Permanency planning;

[(2) subsidized adoption,] (B) Subsidized adoption;

[(3) educational rights,] (C) Educational rights;

[(4) relations with natural families, and] (D) Relations with biological families;

[(5) information resources.] (E) Assistance for individuals to develop and maintain friendships;

(F) Self advocacy; and

(G) Information resources.

[(H) For homes licensed for adults:]

(4) If a CCH is being licensed for an individual age 18 or older, in addition to the requirements of subdivision (2) of this section, an applicant or a licensee shall complete the department's approved training for community companion home licensees or shall be able to demonstrate during the period in which the CCH home study is conducted that the applicant or licensee is competent as determined by the regional director or the regional director's designee in the following areas:

[(1) use of generic resources,] (A) Use of community resources;

[(2) age-appropriate activities and expectations, and] (B) Age-appropriate activities and expectations;

[(3) supported employment.] (C) Employment opportunities;

(D) Assistance for individuals to develop and maintain friendships; and

(E) Self advocacy.

(b) [Health and Life Safety] Applicant's and licensee's health and safety qualifications and responsibilities:

(1) [The residence] A community companion home shall comply with all applicable state and local [codes governing construction, fire and building safety.] laws, ordinances, rules, regulations and applicable building, health, fire protection, safety, sanitation and zoning codes.

(2) [The] An applicant or a licensee shall comply with the requirements delineated [on] in the department's [fire] home safety inspection report. [Additionally, applicants located in a building containing more than two living units shall obtain a fire marshal certificate reflecting the applicable chapter of the NFPA Life Safety Code.]

(3) An applicant or a licensee residing in a building containing more than two dwelling units shall obtain a fire marshal certificate reflecting compliance with the applicable chapter of the National Fire Protection Association (NFPA) Life Safety Code.

[(3) The] (4) An applicant or a licensee shall have a written evacuation [procedures] plan that

[are] is designed to accommodate the special requirements of each [person] individual who lives in the [residence.] CCH.

[(4) The] (5) An applicant or a licensee shall have a written plan for responding to [power failure including] emergencies, including the loss of electricity, heat or water. The written plan shall address emergency relocation of all individuals residing in the CCH.

[(5) The] (6) An applicant or a licensee shall ensure that overall conditions of the [residence] CCH are safe, sanitary, and meet applicable state and local health codes.

[(6) The] (7) An applicant or a licensee shall ensure that toileting and bathing facilities are clean, accessible and afford privacy to [the residents.] an individual residing in the CCH.

[(7) The] (8) An applicant or a licensee shall ensure that furniture and furnishings are safe, comfortable, [appropriate to the needs of the residents, and in good repair.] in good repair and appropriate to the needs of an individual residing in the CCH.

[(8) The licensee shall ensure that bedrooms have walls that extend from floor to ceiling and at least one exterior window.]

(9) An applicant or a licensee shall ensure that the CCH has a means to wash and dry clothing.

(10) An applicant or a licensee shall ensure that bedrooms have walls that extend from floor to ceiling and at least one operable exterior window.

[(10) The] (11) An applicant or a licensee shall ensure that [multiple-bed bedrooms provide at least 60 square feet per occupant.] an individual who shares a bedroom with another occupant of the CCH has not less than 60 square feet of floor space for each occupant of the bedroom.

[(11) The] (12) An applicant or a licensee shall ensure that [single-bed bedrooms contain at least 80 square feet.] an individual's single-bed bedroom has not less than 80 square feet of floor space.

[(12) The] (13) An applicant or a licensee shall ensure that [bedrooms contain] an individual's bedroom contains additional space as needed for bedside assistance and to accommodate the use and storage of mobility devices and prosthetic equipment.

Sec. 17a-227-30 Operating standards for a community companion home

[A licensee must meet the following standards in order to maintain any license to conduct or maintain a residence for persons with mental retardation or autism:] A licensee shall meet the following operating standards in order to maintain a license to operate a CCH for a person with intellectual disability, Prader-Willi syndrome, or autism spectrum disorder:

(a) Health and [Life Safety] safety standards

(1) [The applicant] A licensee shall comply with the requirements delineated [on] in the department's [fire] home safety inspection report. [Additionally, applicants located in a building containing more than two living units shall obtain a fire marshal certificate reflecting the applicable chapter of the NFPA Life Safety Code.]

(2) A licensee residing in a building containing more than two dwelling units shall obtain a fire marshal certificate reflecting the applicable chapter of the National Fire Protection Association (NFPA) Life Safety Code.

[(2) The] (3) A licensee shall practice and document evacuation procedures [on a quarterly basis.] not less than once every three months.

(A) [At least one of the quarterly] No fewer than one of the evacuation procedures [per] in a year shall be held during sleeping hours, and

(B) During an evacuation [procedures, individuals] procedure, an individual shall be moved to a safe [areas] area outside of the dwelling, unless [their] the individual's ability to evacuate independently has been documented, or unless a practice evacuation would endanger the health or safety of [those individuals.] the individual.

[(3)] (4) When [the] a licensee is absent from the [home, he] CCH, the licensee shall provide a responsible designee who is available at all times, if such supervision is necessary as documented in the [overall plan of services.] individual plan.

[(4) The] (5) A licensee shall ensure that the commissioner or [his or her] the commissioner's designee has access to the [residence,] CCH, the individual and [his] the individual's records at any [reasonable] time for the purpose of monitoring the [person's safety] individual's health and safety, [and] coordinating residential services, [and] or coordinating other services.

[(5) The] (6) A licensee shall maintain records and reports of periodic fire safety, health, sanitation, and environmental inspections required by local and state laws and regulations and shall document actions taken to correct deficiencies noted in these reports.

[(6) The licensee shall ensure and document that they and their designees are adequately trained to teach and support the individualized needs of residents as defined in the overall plan of services, including, but not limited to individuals who:

- (A) Require special mealtime assistance,
- (B) Use mobility devices,
- (C) Have seizure disorders or physical disabilities,
- (D) Have special communication needs,
- (E) Require positioning or supportive devices,
- (F) Require behavior management techniques, including those for behavioral emergencies,
- (G) Are unable to self-administer medications,
- (H) Receive behavior modifying and/or anti-convulsant medications, and
- (I) Require other personal care services as outlined in the individual's OPS.]

(7) A licensee shall document that the licensee and the licensee's designees are adequately trained to support an individual whose needs, as documented in an individual plan, may include, but are not limited to, the following:

- (A) Assistance to ensure an individual's safety at mealtimes;
- (B) Help in the use of mobility devices;
- (C) Help in managing seizure disorders or physical disabilities;
- (D) Knowledge of and assistance with special communication needs;
- (E) Assistance in proper positioning or with supportive devices;
- (F) Knowledge and implementation of appropriate behavior management techniques, including techniques for behavioral emergencies;
- (G) Help in self-administration of medications;
- (H) Receipt and administration of behavior modifying or anti-convulsant medications; and
- (I) Access to other supports and services as outlined in the individual's IP.

[(7) The] (8) A licensee shall ensure that required information is communicated to all direct contact persons to ensure [the] an individual's health, safety and [well-being.] welfare.

[(8) The] (9) A licensee shall ensure that [the] an individual receives [adequate medical attention to prevent or treat any physical ailment or injury.] prompt treatment, management, and follow up for any health issue when it is identified and is necessary to ensure an individual's health.

[(9) The] (10) A licensee shall assist [the] an individual to [obtain] have a medical examination not less than annually or [otherwise] in accordance with the recommendation of the [primary care physician and] individual's primary care provider and shall maintain documentation [to that effect.] of all the individual's medical appointments. [The] A medical examination shall be appropriate to the [person's] individual's gender and [age and] age. The individual's primary care provider shall monitor chronic medical conditions, such as seizure disorders.

[(10) The] (11) A licensee shall [record any time a person] document each time an individual has a seizure and maintain [such] the records for three years from the date of the last seizure. [Such] The records shall include:

- (A) Time of the [seizure,] seizure;
- (B) Duration of the [seizure,] seizure; and
- (C) Descriptive characteristics of the seizure.

[(11) The licensee shall assist the individual to obtain an annual dental examination and maintain documentation to that effect. The examination shall be appropriate to the person's age and shall

monitor chronic dental conditions. Individuals without teeth shall be seen by a dentist and evaluated for prosthetic devices.]

(12) A licensee shall assist an individual to have an annual dental examination or as ordered by the individual's dentist, and maintain documentation of all the individual's dental appointments. The dental examination shall be appropriate to the individual's age. The individual's dentist shall monitor chronic dental conditions. Individuals without teeth shall be seen not less than annually by a dentist, and be evaluated for prosthetic devices.

[(12) The] (13) A licensee shall ensure that each individual's adaptive, corrective, mobility, orthotic, prosthetic, and other devices are kept in good repair, that basic maintenance is performed as needed and that the individual's case manager is notified of any problems with the devices.

[(13) The] (14) A licensee shall [ensure that the] notify an individual's case manager [is notified whenever the seriousness or frequency of a behavior is causing distress to an individual or] when a serious or frequent behavior or medical condition causes the individual distress; or the behavior or medical condition suggests the possibility of a physiological, psychiatric, or psychological condition.

[(14) The] (15) A licensee shall ensure that an individual's on-going psychiatric or neurological consultation is provided as ordered by the [physician] primary care provider or a psychiatrist licensed pursuant to chapter 370 of the Connecticut General Statutes who prescribes the individual's behavior modifying medication.

[(15) When an individual receives] (16) If an individual is prescribed to take antipsychotic medication, the licensee shall assist the individual to [obtain] have an examination for signs of an involuntary movement disorder [semi-annually] not less than every six months or more frequently as required by the department or the individual's [physician.] primary care provider or a psychiatrist licensed pursuant to chapter 370 of the Connecticut General Statutes.

[(16) The] (17) A licensee shall ensure that [the] an individual is provided adequate nutrition and hydration and any special diets or eating devices [when] that are specified by [a dietary] an appropriately licensed health care professional or a physician.

[(17) The] (18) A licensee shall ensure an individual is provided sufficient amounts and a variety of nutritious food for meals based upon the individual's preferences and dietary needs.

(b) [Resident Rights] Protection of an individual's rights

[(1) The licensee shall not deny services, and treatments shall not be withheld from individuals who are otherwise eligible for them, solely on the basis of religion, race, color, ancestry, national origin, sex or physical or mental disability.]

(1) A licensee shall not deny services to or treatments shall not be withheld from an individual who is eligible for them, based on an individual's age, ancestry, color, gender identity or expression, mental disability, national origin, physical disability, race, religious creed, sex, or sexual orientation.

(2) [The] A licensee shall [foster ongoing] promote an individual's ongoing relationships, communication and contact [between individuals and their families,] with the individual's family,

friends and other significant persons.

(3) [The] A licensee shall not require [the] an individual to perform work beyond normal household chores, unless such work is part of a program that has been approved by the [person's interdisciplinary team] individual's PST and, if necessary, the regional program review committee and the regional human rights [committees.] committee.

(4) [The] A licensee shall not require [the] an individual to be involved in or have responsibility for the care, eating assistance, clothing, or training of any other [individuals.] individual or occupant of the CCH.

[(5) The licensee shall ensure each individual's access to his advocate or legal counsel.]

(5) A licensee shall ensure an individual has access to the individual's advocate, legal counsel, or guardian.

(6) [The] A licensee shall not subject [the] an individual to [harassment or humiliation in any aspect of the residential program.] psychological abuse, sexual abuse or verbal abuse.

[(7) The licensee shall allow the individual to attend religious services as desired and whenever possible, shall help the person travel to religious activities in the community.]

(7) A licensee shall ensure that an individual has access to religious or cultural activities of the individual's choice and shall help the individual travel to religious or cultural activities in the community.

(8) [The] A licensee shall [allow] ensure that [the] an individual is able to acquire, possess, store, and have access to [his] personal belongings.

(9) [The] A licensee shall not deny an individual regular meals for any reason, except [according to a doctor's] in accordance with a primary care provider's orders.

(10) [The] A licensee shall allow [individuals] an individual access to [telephones with] a telephone that allows for privacy for incoming and outgoing calls. [Assistance in the proper use of the telephone shall be afforded the individual so he may pursue this right. Any limitations imposed on this access by the overall plan of services shall be reviewed and approved by the human rights committee and the regional director.] A licensee shall provide assistance to an individual in the proper use of a telephone.

(11) [The] A licensee shall ensure that [the] an individual may receive and send [sealed] mail, including through electronic media, without any form of censorship or invasion of privacy. The licensee shall offer training and assistance as needed to help the [individual.] individual with sending or receiving mail.

(12) [The] A licensee shall allow [the] an individual to voice grievances without interference.

(13) [The] A licensee shall allow [the] an individual to be employed outside of the [home] CCH and shall assist [him] the individual in [his] efforts to secure suitable employment.

(14) Any limitations imposed on an individual's rights shall be reviewed and approved by the

regional human rights committee and the regional director, and shall be documented in the individual's IP.

(c) Prevention of [Abuse and Neglect] abuse and neglect

(1) [The] A licensee shall not use and shall prohibit the use of corporal punishment.

(2) [The] A licensee shall not mistreat, financially exploit, abuse, or neglect an [individual who receives services under the auspices of the licensee.] individual. The licensee shall report [any instance] all instances of suspected abuse or neglect of an individual according to provisions of applicable state law.

(3) [The] A licensee shall document [any instance] all instances of possible abuse or neglect or unusual incidents in [the] an individual's record and shall notify the [department's case manager verbally within 72 hours of learning of the incident.] regional director or the regional director's designee without delay upon learning of any incident of abuse or neglect.

(4) [The] A licensee shall cooperate with all [investigating bodies and] persons investigating an allegation of abuse, neglect or financial exploitation and shall supply any information requested during an [abuse] abuse, neglect or financial exploitation investigation.

(5) [The] A licensee shall verbally report the death of an individual without delay to the regional director or the regional director's designee [within 24 hours of the death.] upon being informed of the death or upon discovery of the death of the individual.

[(6) The licensee shall implement any protective service plan required by DMR or another agency authorized to investigate abuse and require these plans.]

(6) A licensee shall implement any protective service plan and provide protective services required by any agency authorized to investigate abuse or neglect, and shall take any actions deemed necessary by the department to ensure an individual's health and safety.

(d) Protection of [Resident Financial Interests] an individual's financial interests

(1) Money earned or received by an individual [as a gift or allowance] shall be treated as the individual's personal property.

[(2) The licensee shall assist individuals to control their personal funds as prescribed in their overall plans of service, and assure that the individuals are involved in decisions related to the expenditures of such funds.]

(2) A licensee shall assist an individual to control personal funds as prescribed in the individual's IP.

(3) A licensee shall ensure that an individual is involved in decisions related to the expenditure of the individual's personal funds.

(4) The licensee shall ensure that an individual's application for redetermination of continued Medicaid eligibility is completed in a timely manner.

[(3) The] (5) A licensee shall, as appropriate to [each] an individual's age and abilities, teach skills in budgeting, shopping and money management consistent with the individual's specific service [plan for the residential setting.] plan.

(6) Any expenditure of an individual's personal funds in an amount greater than fifty dollars, or any expenditure to be used as a gift to the licensee, the licensee's family or the licensee's friends shall be prohibited without planning and support team review and approval. The PST review and decision shall be documented in the individual's IP.

[(4) Individuals' personal monies shall not be used to pay for any services or other expenses which are funded by state or federal programs.]

(7) An individual's personal funds shall not be used to pay for any service or other expense which is or could be paid for with state or federal funds.

[(5) The] (8) A licensee shall [assure] ensure that the [financial interests] personal funds and personal belongings of [individuals] an individual who [are] is transferred or moves into [a residence] the CCH are received and properly accounted for. [The licensee shall assure that individuals who are transferred from the licensee's residence leave in possession of their financial resources, personal property, and that appropriate documentation is maintained, including:]

(9) A licensee shall ensure that an individual, who is transferring or moving from the CCH is in possession of all of the individual's personal funds, personal property and appropriate documentation, including:

[(A) If the individual is transferred to another residence, the licensee of the sending residence shall assure that the individual leaves in possession of his bankbook or any other indices of ownership of bank accounts,]

(A) The individual's bankbook or other documentation of ownership of any bank account;

(B) The balance of the individual's [funds, shall be sent to the new licensee or the individual, whichever is appropriate, within ten (10) days after the transfer date,] funds shall be sent to the individual's new service provider or to the individual, whichever is appropriate, not later than ten (10) days after the transfer date or the date of the move; and

(C) Any cash held by the licensee plus any amount held in [aggregate trustee] the individual's bank [accounts shall be included.] accounts.

[(6) The] (10) A licensee shall [assure] ensure that an individual has a bank account and shall ensure the safekeeping of [individuals' financial interests and personal belongings.] an individual's personal funds and personal belongings, that include, but are not limited to, the following:

(A) [Individual monies and personal belongings, to the extent the licensee exercises any control over such monies and belongings, shall be kept reasonably safe from theft or destruction,] An individual's money and personal belongings shall be kept safe from theft or destruction to the extent that the licensee exercises control of such money and personal belongings;

(B) [Checking,] An individual's checking, savings or any other bank [accounts] account shall be titled [in a manner that assures] so that only the [resident] individual has an ownership interest in such [accounts,] account; and

(C) [Resident's] An individual's personal [monies] money and accounts shall not be commingled with the licensee's personal [monies] money or accounts.

[(7) A license shall maintain an accounting of all client personal monies. The accounting shall:]

(11) A licensee shall maintain a financial record of an individual's personal money and accounts, if the individual's IP requires that the licensee assist in controlling the individual's personal funds. If the licensee has control of an individual's personal funds, the licensee shall:

[(A) Maintain an individual financial record which documents, on a monthly basis, receipt and disbursement of resident funds and personal monies,]

(A) Document, on a monthly basis, all receipts and disbursements of an individual's funds and personal money. The individual's financial record shall include all deposits of earned income, entitlements, and personal needs allowances; a record of all expenditures as they are incurred; and a current balance of the individual's funds;

(B) Provide adequate documentation to support [disbursements of individuals' monies with bona fide receipts for items costing in excess of \$20.00 from vendors and stores identifying the nature of the expenditures,] any disbursement of an individual's money with an original receipt from a vendor or store for each item costing \$20.00 or more that identifies the nature of the expenditure;

[(C) Assure that such documentation discloses specific dates of transactions, the amount and the current balance,]

(C) Ensure that the individual's financial record and supporting documentation discloses specific dates of transactions, the amount paid, and the individual's current balance of funds;

(D) [Maintain such documentation a minimum of three (3) years from the date of the last audit by the department, and] Retain an individual's financial records and any supporting documentation for not less than three years; and

(E) Provide [timely reports in the form of a detailed accounting upon request of a resident, family members, guardians, advocates or the department.] an individual's current financial record or any report related to an individual's financial record when requested by the individual; the individual's family members, guardian, or advocates; or the department.

(e) Medication and [Restraint] aversive procedures

(1) The licensee shall not use medication, [restraint] aversive procedures or punishment as a substitute for [programming] positive behavioral supports or in any manner that interferes with [habilitative programming.] the implementation of an action plan in the individual's IP.

[(2) Behavior modifying medication shall not be ordered or administered on an as needed (p.r.n.) basis.]

(2) Upon the recommendation of the PRC and the HRC, the regional director shall approve or disapprove the ordering of or administration of any behavior modifying medication to be used on an as-needed basis (PRN) by an individual. PRN medication orders shall be time-limited and shall be reviewed as specified by the PRC based upon the individual's treatment plan. The recommendation of the PRC and the HRC shall be based upon the review of documentation that includes:

(A) A reason for the treatment plan;

(B) Methods for monitoring the use of the medication;

(C) Clear criteria for the administration of the medication; and

(D) Appropriate safeguards as determined by the individual's PST, the PRC or the HRC.

(3) The licensee shall administer [medication in accordance with the physician's order, including monitoring for adverse reactions.] medication, including over-the-counter drugs, supplements, or herbal remedies, only in accordance with a primary care provider's order and shall monitor the individual for adverse reactions. The [physician] primary care provider shall be notified [immediately] without delay if any adverse reactions are noted.

(4) The licensee shall not [employ mechanical or physical restraints, isolation, or aversive methods without prior interdisciplinary team involvement and approval of program review and human rights committees.] administer behavior modifying medication without the written consent of an individual or an individual's legal guardian. The licensee shall notify the regional director or the regional director's designee without delay when a primary care provider or a psychiatrist licensed pursuant to chapter 370 of the Connecticut General Statutes orders any new behavior modifying medication, or orders a change in the dosage, beyond previously reviewed and approved ranges, of an existing behavior modifying medication.

(5) [In an emergency situation, of severity equal to a sudden psychotic episode, acute mania or suicidal depression, the licensee shall ensure that the individual's case manager is notified as soon as possible.] If an individual's PST has determined that the individual does not have the capacity to consent to the use of behavior modifying medication and the individual does not have a plenary guardian, limited guardian for medical decisions, or conservator of person, or if such person having legal authority to provide consent does not consent to use of the medication, the licensee shall ensure that the medication is not administered without review by the individual's PST, and the PRC and the HRC, as applicable, according to the provisions of DDS policies, procedures and directives. If the primary care provider or a psychiatrist licensed pursuant to chapter 370 of the Connecticut General Statutes indicates that the individual is a danger to himself or others, the behavior modifying medication may be administered without such consent. In such instance the licensee shall notify the regional director or the regional director's designee without delay, but not later than 24 hours after the initial administration of behavior modifying medication.

(6) [The licensee shall assure that, to the extent reasonably possible, an individual who experiences a behavioral emergency will be managed utilizing approved behavior management techniques without resorting to police intervention, hospital emergency room admission, or

admission to a mental health facility.] The licensee shall ensure that the use of behavior modifying medication is reviewed and approved by the PRC and the HRC, as applicable, and the regional director according to the provisions of DDS policies, procedures and directives.

[In the event that a licensee cannot manage a behavioral emergency within the licensee's resources and must resort to police intervention, hospital emergency room admission or admission to a mental health facility, the licensee shall notify the regional director or his designee via the region's emergency on-call system prior to taking any such action, or as soon as possible thereafter.]

(7) The licensee shall not use aversive procedures without prior involvement of the individual's PST and the approval of the PRC and the HRC, as applicable, and the regional director. If, in an emergency situation, such aversive procedures are required to be used, the licensee shall notify the regional director or the regional director's designee without delay after aversive procedures have been used.

[(7) If a behavior modifying medication is used on an emergency basis three times within a 30-day period, the licensee shall notify the individual's case manager.] (8) The licensee shall use emergency aversive procedures only when necessary to protect the individual from self-injury or to prevent injury to others.

[(8) The licensee shall employ emergency mechanical or physical restraints only when absolutely necessary to protect the individual from injury to himself or to prevent injury to others.] (9) In an emergency situation of severity equal to a sudden psychotic episode, an acute mania or a suicidal depression, the licensee shall ensure that the regional director or the regional director's designee is notified without delay.

[(9) When mechanical or physical restraint is used three times within a 30 day period, the licensee shall notify the individual's case manager.] (10) In the event that a licensee cannot manage a behavioral emergency within the licensee's resources and must resort to intervention by the police, admission to a hospital emergency room or admission to a mental health facility, the licensee shall notify the regional director or the regional director's designee by calling the department's manager on-call system prior to taking any such action, or without delay after the intervention or admission.

[(10) The licensee shall report each use of an emergency restraint or behavior modifying medication to the DMR case manager within 72 hours.] (11) The licensee shall report any use of an emergency aversive procedure on an individual to the department's manager on-call system and an incident report form shall be completed and sent to the individual's case manager.

(A) When an emergency aversive procedure is used on an individual, the licensee shall examine the individual for any injury. If an injury is present, the licensee shall have the individual examined by a primary care provider without delay.

(B) If, upon an examination of the individual by the licensee, no injury is present, the licensee shall have the individual assessed by a registered nurse from the department or from a qualified provider not later than 72 hours after the use of the emergency aversive procedure.

[(11)] (12) Only approved devices identical to those specified in [a written behavior management program] the individual's behavior support plan shall be used to restrain an individual. When an

individual is restrained using mechanical [devices,] restraints, the licensee shall document for each use that:

[(A) That the safety and well-being of the individual is checked at least every 15 minutes during each application,

(B) That release from restraint was provided for a minimum of ten minutes every hour with an opportunity provided for motion, exercise, liquid intake, and toileting, and

(C) That release from restraint is allowed as soon as the individual is calm.]

(A) The health and safety of the individual has been checked not less than every 15 minutes during each period of restraint;

(B) The individual has been released from restraint for an opportunity for movement, exercise, liquid intake, and toileting, at a minimum of ten minutes every hour, during any period of mechanical restraint; and

(C) The release of the individual from restraint has occurred when the individual appears calm.

(f) Planning and [Provision of Services] provision of services

(1) [The] A licensee shall participate in the individual's [interdisciplinary] planning and support team and shall assist in the development of [the individual's overall plan of service.] an individual's IP. A copy of the individual's IP shall be available in the CCH.

[(2) When the individual's overall plan of service specifies goals that are to be addressed in the residential setting, the licensee shall participate in the development and implementation of a written specific service plan in collaboration with the individual's interdisciplinary team as appropriate.]

[(3)] (2) Prior to the development of the [specific service] individual plan, the licensee shall review [any pertinent information,] information pertaining to the individual, which may include plans developed for the individual by other [agencies] agencies, to assess its relevance to the [residential] current needs of the individual.

(3) When an individual's IP specifies goals to be addressed by the licensee, the licensee shall participate in the development and implementation of an action plan in collaboration with the individual's planning and support team.

(4) The licensee shall ensure that any identified risk area for an individual has been communicated to the individual's case manager, included in the individual's IP, and evaluated by the PST to determine if an action plan is necessary.

(5) When an action plan identifies a need to maintain or enhance an individual's living skills, the licensee shall, in collaboration with the PST, participate in the development and implementation of a specific service plan.

[(4) The licensee shall ensure that the specific service plan developed for the residential setting is

implemented consistent with:

- (A) The behavioral objectives,
- (B) The instructional methods,
- (C) Collection, reporting and analysis procedures, and
- (D) Timeframes identified in the plan.]

(6) A licensee shall ensure that the individual's specific service plan shall be implemented consistent with the plan's: (A) behavioral objectives; (B) instructional methods; (C) data collection, reporting and analysis procedures; and (D) timeframes.

[(5) The licensee shall obtain any health, psychological, cognitive, social, or other assessment of the individual that is specified as the licensee's responsibility by the interdisciplinary team.]

(7) A licensee shall ensure that an individual receives any health, psychological, cognitive, social, or other assessments that are specified as the licensee's responsibility by the individual's planning and support team.

[(6) The licensee and the case manager shall review the overall plan of service on at least a quarterly basis to ensure that it is being implemented and that it continues to meet the needs of the individual.]

(8) The planning and support team shall meet at the CCH and review an individual's IP not less than every three months for the first year that an individual is placed in the CCH. After the first year of the individual's placement, the PST shall meet at the CCH and review the individual's IP not less than every six months or more frequently as determined by the individual's case manager or the commissioner's designee.

[(7) The licensee shall not transfer an individual without the prior approval of the department.

(8) The licensee shall ensure that he and his designees use the language or communication system that the individual uses or is being taught to use.]

(9) A licensee shall use, and shall ensure that the licensee's designees use, the language or communication system that an individual uses or is being taught to use.

[(9) The] (10) A licensee shall teach [the] an individual skills through activities and social interactions that maximize the individual's positive contact with [other] persons in the community.

(11) The licensee shall not (A) accept an individual for placement or (B) move an individual from the licensee's CCH without the prior approval of the regional director or the regional director's designee.

Statement of Purpose

These Department of Developmental Services' Licensing of Community Companion Homes (CCH) regulations are being amended to: (1) clarify and update the initial licensing and operating standards for CCH licensees to better protect individuals placed in community companion homes; (2) standardize the CCH application and licensing procedure; (3) add safeguards for consumers with abuse and neglect registry checks and arrest and conviction record checks of all occupants of the home; and (4) reflect current best practices and changes in practice dictated by expanded choice in service options for individuals. These CCH regulations also require that licensees are certified in cardiopulmonary resuscitation and have had training in Alzheimer's disease and dementia symptoms and care. Certain technical changes have been made to place these regulations in conformance with new and revised guidelines established in the Legislative Commissioners' Office's State of Connecticut Manual for Drafting Regulations, Revised December 2009.

Section 17a-227-23 makes various changes in the definitions used in these regulations and adds definitions concerning various types of abuse and neglect. Sections 17a-227-24 to 17a-227-26, inclusive, updates the CCH licensing procedure and the process of applying for and renewing a CCH license. Sections 17a-227-27 to 17a-227-28, inclusive, detail department sanctions including compliance orders and denial or revocation of a license and an applicant's or licensee's right to an administrative hearing to contest these sanctions. Sections 17a-227-29 to 17a-227-30, inclusive, clarify and update both the initial licensing standards and the operating standards for CCH licensees.

CERTIFICATION

This certification statement must be completed in full.

I hereby certify that the above Regulation(s)

- 1) is/are (check all that apply) adopted amended repealed by this agency pursuant to the following authority(ies): (complete all that apply)
- a. **Connecticut General Statutes section(s)** 17a-227.
- b. **Public Act Number(s)** _____.
(Provide public act number(s) if the authorizing act has not yet been codified in the Connecticut General Statutes.)

And I further certify

- 2) that **Notice of Intent** to adopt, amend or repeal said regulation(s) was electronically submitted to the Secretary of the State on _____, and posted to the Secretary's regulations website on _____; *(Insert dates notice was (a) emailed to the Secretary of the State and (b) posted on the Secretary's website, if notice and posting were required by CGS 4-168, as amended by PA 13-247 and PA 13-274.)*
- 3) and that a public hearing regarding the proposed regulation(s) was held on _____ or that no public hearing was held; *(Insert date(s) of mandatory public hearing(s) held pursuant to CGS 4-168(a), as amended, or other applicable statute, and/or voluntary hearing, or if no hearing was held, check the box for that statement.)*
- 4) and that notice of **Decision to Take Action** on said regulations was electronically submitted to the Secretary of the State on _____, and posted to the Secretary's regulations website on _____; *(Insert dates notice was (a) emailed to the Secretary of the State and (b) posted on the Secretary's website, if notice and posting were required by CGS 4-168, as amended by PA 13-247 and PA 13-274.)*
- 5) and that said regulation(s) is/are **EFFECTIVE** (check one, and complete as applicable)
- When posted online by the Secretary of the State.
- OR** on (insert date) _____.

6) SIGNED (Head of Board, Agency or Commission)	OFFICIAL TITLE, DULY AUTHORIZED Commissioner	DATE
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APPROVED by the Attorney General as to legal sufficiency in accordance with CGS Section 4-169, as amended.

DATE	SIGNED (Attorney General or AG's designated representative)	OFFICIAL TITLE, DULY AUTHORIZED
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*Proposed regulations are **DEEMED APPROVED** by the Attorney General in accordance with CGS Section 4-169, as amended, if the Attorney General fails to give notice to the agency of any legal insufficiency within thirty (30) days of the receipt of the proposed regulation.*

(For Regulation Review Committee Use ONLY)

APPROVED in WHOLE or WITH technical corrections deletions substitute pages

DEEMED APPROVED, pursuant CGS 4-170(c), as amended.

Rejected without Prejudice Disapproved, pursuant to CGS 4-170(c), as amended.

By the Legislative Regulation Review Committee in accordance with CGS Section 4-170, as amended	DATE	SIGNED (Administrator, Legislative Regulation Review Committee)
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In accordance with CGS Section 4-172, as amended by PA 13-247 and PA 13-274, one certified paper copy and one electronic copy with agency head certification statement received on the date(s) specified below.

DATE	SIGNED (Secretary of the State)	BY
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(For Secretary of the State Use ONLY)

Date Posted to SOTS Regulations Website:

Date Electronic Copy Forwarded to the Commission on Official Legal Publications:

SOTS file stamp:

GENERAL INSTRUCTIONS

1. All regulations proposed for adoption, amendment or repeal, *except* emergency regulations, must be presented to the Attorney General for determination of legal sufficiency. (See CGS Section 4-169.)
2. After approval by the Attorney General, the original and one electronic copy (in Word format) of all regulations proposed for adoption, amendment or repeal must be presented to the Legislative Regulation Review Committee for its action. (See CGS Section 4-168, as amended by PA 13-247, section 28, and PA 13-274, and CGS Section 4-170.)
3. Each proposed regulation section must include the appropriate regulation section number and a section heading. (See CGS Section 4-172.)
4. New language added to an existing regulation must be in underlining or CAPITAL LETTERS, as determined by the Regulation Review Committee. (See CGS 4-170(b).)
5. Existing language to be deleted must be enclosed in [brackets]. (See CGS 4-170(b).)
6. A completely new regulation or a new section of an existing regulation must be preceded by the word "(NEW)" in capital letters. (See CGS Section 4-170(b).)
7. The proposed regulation must have a statement of its purpose following the final section of the regulation. (See CGS Section 4-170(b).)
8. The *Certification Statement* portion of this form must be completed, including all applicable information regarding notice submission and website posting date(s) and public hearing(s). (See more specific instructions below.)
9. Additional information regarding rules and procedures of the Legislative Regulation Review Committee can be found on the Committee's web site: <http://www.cga.ct.gov/rr/>.
10. A copy of the Legislative Commissioners' Regulations Drafting Manual is located on the LCO website at http://www.cga.ct.gov/lco/pdfs/Regulations_Drafting_Manual.pdf.

CERTIFICATION STATEMENT INSTRUCTIONS

(Numbers below correspond to the numbered sections of the Certification Statement page)

1. a) Indicate whether the regulation contains newly adopted sections, amendments to existing sections, and/or repeals of existing sections. **Check all cases that apply.**
b) Indicate the specific legal authority that permits or requires adoption, amendment or repeal of the regulation. If the relevant public act has been codified in the most current biennial edition of the *Connecticut General Statutes*, indicate the relevant statute number(s) instead of the public act number. If the public act has not yet been codified, indicate the relevant public act number.
2. An agency must electronically submit notice of its intent to adopt the regulation to the Secretary of the State at regulations.sots@ct.gov for posting on the Secretary's regulations website. Enter both the date notice of intent was submitted to the Secretary of the State *and* the date the notice was posted on the Secretary's website. For emergency regulations, use Form Regs-1-E instead of this form. For non-substantive technical amendments and repeals adopted without prior notice or hearing as permitted by subsection (g) of CGS 4-168, use Form REGS-1-T instead of this form.
3. CGS 4-168(a), as amended by PA 13-247 and PA 13-274, prescribes requirements for holding a public hearing on proposed regulations. Enter the date(s) of all hearing(s) held under that section, if any, also enter the date(s) of any hearing(s) the agency was required to hold under the provisions of any other law; and enter the date(s) of any public hearing(s) the agency elected to hold voluntarily. If no public hearing was held, mark (X) the check box.
4. **NEW REQUIREMENT:** CGS 4-168(d), as amended by PA 13-247 and PA 13-274, prescribes requirements electronically submitting notice of decision to take action (proceed with adoption) of a proposed regulation for posting to the Secretary's regulations webpage. Enter both the date notice of decision was submitted to the Secretary of the State *and* the date the notice was posted on the Secretary's website.
5. As applicable, enter the specific effective date of the regulation; or indicate that it is effective upon posting online by the Secretary of the State. **Please note the important information below.**
Permanent regulations adopted after July 1, 2013 are effective upon posting online by the Secretary of the State (SOTS), or at a *later* date specified by the agency, or at a *later* date if required by statute. See CGS 4-172(b). An effective date may not precede the date of posting online by SOTS, and it may not precede the effective date of the public act requiring or permitting the regulation.
6. Submit the original proposed regulation to your agency commissioner for signature.