

## PROGRAM POLICY – ICF/ID-H

- 1 Qualified Intellectual Disability Professional (QIDP)
  - 1.1 Each home will have a qualified intellectual disability professional (QIDP) who will be responsible for supervising the implementation of each person's individual service plan (ISP), integrating the various aspects of the each person's services, assuring continuity of services with those provided by outside agencies, recording each person's progress and initiating periodic review of each ISP for necessary modifications or adjustments. The QIDP shall provide a minimum of 1.75 hours of service per week per person receiving services, based on current regulations or directives from the California Department of Public Health.
- 2 Community Support Specialist (CSS)
  - 2.1 The primary responsibility of the Community Support Specialist (CSS) will be the care and training of persons receiving services. There will be sufficient staff members to carry out the active treatment programs and meet each individual person's needs. Each site will have sufficient staff to provide services 24 hours a day, per current regulations.
- 3 Supervisor
  - 3.1 Each site will have a supervisor that reports to and is accountable to the QIDP.
- 4 Overnight Staffing
  - 4.1 At least one staff member will be present and available to persons served at all times when they are in the home. Person's receiving services will be assessed as to their supervisory needs during sleeping hours. This assessment will be completed by the physician at the time of admission and at subsequent re-certification visits when a change in condition is present. Also, the interdisciplinary team may assess each individual at annual ISP meetings. If a person is deemed to have health or behavioral risks during the overnight shift, then overnight staff members will be required to do checks on individuals throughout the night. If, none of the persons residing at a given home have any health or behavioral risks

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identified that require checks throughout the night, then staff members may be allowed to sleep during the overnight shift, assuming all persons are asleep (i.e. all current needs have been met) and the staff member is awake by 6:00 am or ½ hour prior to person's normal wake-up time, if earlier than 6:00 am.

POLICY DATE: August 2001  
REVISED: May 2004  
October 2009  
January 2011  
May 2012  
August 2014  
REVIEWED: September 2015  
REVISED: November 2016  
REVIEWED: October 2017