'Home Alone Time' Request Guidelines for Adults with Developmental Disabilities living in Certified Family Homes

Review by Bureau of Developmental Disability Services (BDDS) Care Managers:

Steps

- 1) The Person-Centered Planning (PCP) team requests alone time on the Individual Service Plan (ISP) or 'Home Alone Time' Mid-Year Request form. Plan Developer/PCP team submits the ISP or 'Home Alone Time' Mid-Year Request form to the BDDS Information Coordinator (IC). The IC will forward document(s) to the BDDS Care Manager assigned to the participant.
- 2) The BDDS Care Manager reviews the request for 'home alone' time together with any information/supporting documentation submitted with the request. In addition, the BDDS Care Manager may review the Medical, Social, Developmental Assessment Summary, SIB-R, Physician's Health and Physical, etc. to determine if there are any intellectual, functional, behavioral, or medical needs that would contra-indicate a request for 'home alone time'. The BDDS Care Manager may contact the Plan Developer to request additional information and/or documentation if the request seems to pose a health and/or safety issue for the participant. The following questions may be used to guide discussion with the Plan Developer/PCP team:
 - How has the participant demonstrated an ability to successfully respond to a variety of emergency situations? The PCP team should be able to verify the following:
 - o Can the participant independently evacuate the residence in the event of a fire?
 - Can the PCP team provide reasonable details that support the participant is able to demonstrate an ability to appropriately respond to a variety of situations that may present when they are home alone (e.g. telephone rings, a knock at the door, problems when using household appliances, sustains a minor or major injury, etc.).
 - What back-up supports are in place?
 - Does the participant have the ability to recognize the need for and seek emergency help?
 - Does this request for 'home alone' time include the participant being able to go out into the community while on 'home alone time'?
 - If 'no', does the participant have a history of compliance when it comes to following directions (e.g. not leaving the home by themselves)?
 - If 'yes', Plan Developer/PCP team should be able to provide reasonable details to support the participant is able to demonstrate an ability to navigate the community in a safe and effective manner (e.g. does the participant understand 'stranger danger', how and who would they contact in an emergency situation while in the community, are they at risk for exploitation, do they have a history of behaviors that would put them or the community at risk if they are out and about on their own, etc.).
- 3) BDDS Care Managers should also evaluate the 'home alone time' request from the perspective of its clinical value for the participant. Below are some questions to consider:
 - Is there any information that suggests this request is not the participant's choice?
 - Does it appear 'home alone time' is being requested to accommodate a provider need?
 - When the Care Manager believes the 'home alone time' is to accommodate a provider need and not a participant want the Care Manager should discuss with their Hub Program Manager. Hub Program Manager will provide guidance regarding approval/denial of request (as applicable).
 - Does this request make sense in relation to the person's functional age and cognitive skills?
 - Does the alone time contradict other elements of the plan (e.g. behavioral problems, impulse control, victimization, etc.).

- 4) When there are requests for frequent or extended periods of 'home alone' time, the BDDS Care Manager should explore with the Plan Developer/PCP team whether there is a need for a 24/7 supervised living situation. Does the participant indicate a desire to live in a more independent setting? If so, a transition plan may be appropriate.
- 5) If the participant wishes to increase the number of hours of 'home alone time' approved on the annual ISP or 'Home Alone Time Mid-Year Request' form, the increased number of hours must be requested through a 'Home Alone Time' Mid-Year Request form.
- 6) Community Partnerships of Idaho, Inc. (CPI), the Program Coordination services contractor for the Department, is responsible for developing a Program Implementation Plan (PIP) for 'Home Alone Time' if 'home alone' hours have been approved by a BDDS Care Manager on a participant's ISP or 'Home Alone Time Mid-Year Request' form.

CPI only develops and implements a 'home alone time' PIP with the CFH provider after 'home alone time' has been approved by the Department. 'Home Alone Time' PIPs <u>are not</u> available to submit with an ISP or 'Home Alone Time Mid-Year Request' form.

NOTE: When CPI develops 'Home Alone Time' PIPs, they should be written to indicate a 100% baseline for any objectives associated with the participant being able to remain alone for the approved number of hours per day/week. CPI will report to the Department if documentation and/or information received on the participant related to the 'home alone time' goal indicates there are health and safety concerns.

In addition, if a CFH Specialist identifies that a participant is spending more time alone than the number of hours approved on their current ISP or 'Home Alone Time Mid-Year Request' form, the CFH Specialist will notify BDDS. BDDS will determine what 'next steps' are appropriate (e.g. Quality Assurance investigation, follow-up with Plan Developer/PCP team to re-evaluate 'home alone time', etc.).