

IH & CS and Companion In Home & Community Supports and Companion Services

Enabling individuals to live independently in his/her own home.

- The IH & CS and Companion programs have gone through many changes over the years.
- We began providing this type of service in November, 1993, when we started the Supported Living Program. Which focused on providing services to individuals in their own apartments.
- Currently 45 individuals/families receive IH & CS or Companion services.



In Home & Community Supports

- Is a direct service provided in the home and community settings to assist participants in acquiring, maintaining, and improving the skills necessary to live in the community, to live more independently, and to participate meaningfully in community life.
- To the extent that IH & CS is provided in community settings, the settings must be inclusive rather than segregated.
- Services consists of assistance and guidance in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities, and use of community resources, communication, fine and gross motor skills, relationship development, home management, home safety, socialization, and use of community resources.

- The type and amount of assistance, support and guidance are informed by the assessed need for physical, psychological and emotional assistance established through the assessment and person-centered planning process.
- The type and amount of assistance are delivered to enhance the autonomy of the participant, in line with his or her personal preferences and to achieve his or her desired outcome.



State and Federal Requirements

- The In-Home and Community Support provider must provide the level of services necessary to enable the participant to meet habilitation outcomes.
- This includes ensuring the following assistance, support and guidance (prompting, instruction, modeling, reinforcement) will be provided to the participant as needed to enable him or her to:

-Carry out activities of daily living such as personal grooming and hygiene, dressing, making meals, maintaining a clean environment.

-Manage his or her home including locating a private home, arranging for utility services, paying bills, routine home maintenance, and home safety. -Learn and develop practices that promote good health and wellness wellness such as nutritious meal planning, regular exercise, carrying through prescribed therapies and exercises, awareness and avoidance of risk including environmental risks, exploitation and abuse; responding to emergencies in the home and community such as fire or injury; knowing how and when to seek assistance.

-Manage his or her medical care care including scheduling and attending medical appointments, filling prescriptions and selfadministration of medications, and keeping health logs and records. This may also include assistance, support and guidance in the administration of medications in accordance with applicable regulatory guidance, positioning the participant, taking vital statistics, performing range of motion exercises as directed by a licensed professional, applying prescribed treatments and monitoring for seizure activity. -Manage his or her mental health diagnosis and emotional wellness including self-management of emotions such as disappointment, frustration, anxiety, anger, and depression; applying trauma informed care principles and practices; and accessing mental health services. This includes implementation of the Behavior Support component of the plan, the Crisis Intervention component of the plan and/or the Skill Building component of the plan which may involve collecting and recording the data necessary to evaluate progress and the need for revisions to the plan.

-Participate in the development and implementation of the service plan and to direct the person-centered planning process including identifying who should attend and what the desired outcomes are. -Achieve financial stability through activities such as; managing personal resources, general banking and balancing accounts, record keeping and managing savings accounts and utilizing programs such as ABLE accounts.

-Communicate with providers, caregivers, family members, friends and others face-to-face and through the use of the telephone, correspondence, the internet, and social media. The service may require knowledge and use of sign language or interpretation for individuals whose primary language is not English.

-Develop and maintain relationships with members of the broader community (examples include but are not limited to: neighbors, coworkers, friends and family) and to manage problematic relationships. -Exercise rights as a citizen and fulfill their civic responsibilities such as voting and serving on juries; attending public community meetings; to participate in community projects and events with volunteer associations and groups; to serve on public and private boards, advisory groups, and commissions, as well as develop confidence and skills to enhance their contributions to the community.

-Participate in preferred activities of community life such as shopping, going to restaurants, museums, movies, concerts, dances and faith based services.

-Make decisions including providing guidance in identifying options/choices and evaluating options/choices against a set of personal preferences and desired outcomes. This includes assistance with identifying supports available within the community. -Use a range of transportation options including buses, trains, cab services, driving, and joining car pools, etc.

-Develop his or her personal interests; such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to discover.

-Identification of risk to the participant and the implementation of actions such as reporting incidents as required by ODP, the Older Adults Protective Services Act, the Adult Protective Services Act and the Child Protective Service Law, applicable regulations and/or calling emergency officials for immediate assistance.

-Successfully parent his or her child(ren) This includes assessing parenting competency, as well as modeling and teaching parenting skills such as discipline techniques, child development, health and safety issues and decision-making skills.

IH & CS vs Companion

- In-Home and Community Support may also include elements of Companion services as long as these elements do not constitute more than half of the In-Home and Community Support service.
- Staff providing the In-Home and Community Support must be awake during overnight hours for the purpose of performing tasks that require continual assistance as identified in the service plan to ensure medical or behavioral stability. These tasks include the following:

-Taking vital statistics

- -Positioning
- -Performing range of motion exercises

-Administering prescribed medications or applying prescribed treatments

- -Monitoring for seizure activity
- -Maintaining the functioning of devices whose malfunction would put the participant at risk

-Crisis intervention

If the participant only needs supervision or assistance with tasks that do not meet the criteria above such as evacuation in the event of an emergency during overnight hours, the appropriate service during this time period is Companion services.

Companion Services

- Companion Services are direct services provided to participants age 18 and older who live in private homes for the limited purpose of providing supervision or assistance that designed to ensure the participants health, safety, and welfare or to perform activities of daily living for the participant.
- Are used in lieu of IH & CS when an habilitative outcome is not appropriate or feasible (when the staff mainly does the activities for the participant or supervises the participant versus assisting the participant to learn, enhance, or maintain a skill)

- Companions may supervise , assist, or even perform activities that include: grooming, household care, or meal preparation and planning, ambulating, medication administration in accordance with regulatory guidance and socialization.
- This service can be used for hours when the individual is sleeping and needs supervision with tasks that do not require continual assistance, or non habilitative care to protect the safety of the individual (individual lives on their own but does not have the ability to evacuate in the event of an emergency)
- This service can also used to supervise an individual and assure their health and safety during socialization or non-habilitative activities in the community.