

Blended Staffing Approved? YES No

Start Date of Blended Staffing: _____ Stop Date of Blended Staffing: _____

Care Manager Signature _____

INTENSE SUPPORTED LIVING REQUEST FOR BLENDED STAFFING¹

(Less than 1:1 staffing, 24 hours/day, 7 days/week)

Participant Name: _____ Proposed Start and Stop Dates for
Blended Staffing: _____

Supported Living Agency: _____ Participant Address: _____

Request Submitted By: _____ Job Title: _____

Intense Supports are for those exceptional participants who require intense, twenty-four (24) hour per day supports and supervision. However, requests for a blend of 1:1 and group staffing will be reviewed on a case-by-case basis. Any requests for a blend of 1:1 and group staffing must be approved by the Department prior to a participant receiving less than 1:1 supports and supervision 24 hours per day, 7 days per week. Alone time will not be considered for persons approved for Intense Supported Living services.

Check (v) each of the criteria below which qualified the participant for Intense Supported Living services:

Recent felony convictions or charges for offenses related to serious injury or harm of another person. These participants must have been placed in a supported living setting directly from incarceration or directly after being diverted from incarceration.

History of predatory sexual offenses and is at a high risk to re-offend based on a sexual offender risk assessment completed by an appropriate professional.

Documented, sustained history of serious aggressive behavior showing a pattern of causing harm to themselves or others. The frequency and intensity of this type of aggressive behavior must require continuous monitoring to prevent injury to themselves or others.

Chronic or acute medical conditions that are so complex or unstable that one-to-one staffing is required to provide frequent interventions and constant monitoring. Without this intervention and monitoring the participant would require placement in a nursing facility, hospital, or ICF/ID with twenty-four (24) hour on-site nursing.

History

1. How long has the participant been receiving Intense Supported Living services?

¹ Agencies are encouraged to utilize this form when requesting a blend of 1:1 and group staffing, but this form is not required. If you choose to make this request in some other format, the request must provide the Department with information that answers all of the questions identified on the *Intense Supported Living Request for Blended Staffing* form. In addition, the request must include the endorsement statement and signatures of the persons identified on the Department's *Intense Supported Living Request for Blended Staffing* form. Requests for a blend of 1:1 and group staffing should be submitted through the Department's Information Coordinator via fax at 208-332-7297 or via email at BDDACM@dhw.idaho.gov.

Living Configuration(s)

1. How many other participants are currently residing in the home? _____

Level of Support _____ Safety Plan? YES NO

Level of Support _____ Safety Plan? YES NO

1. How many hours of 1:1 staffing will be provided each day?

2. How many hours of group staffing per day are being requested?

3. What will the ratio of staff to participants be during the time group staffing is in place for this participant?

4. Why is less than 1:1 staffing being requested?

5. What strategies are in place to ensure the individual needs of the participant are met during those times group staffing is provided?

6. Are there structural, physical, emotional, behavioral or environmental risks (evacuation during an emergency) that would present concerns for this or any other participant in the home while group staffing was being provided?

YES NO If 'YES', please describe agency's plan to address risk.

7. What is the agency's protocol in the event staff requires back-up support during the time group staffing is being provided?

8. How quickly would the agency be able to have back-up staff physically present to assist in the home?

Person-Centered Planning Team Safety Plan Endorsement

The signatures verify that the individuals have participated in the development of the safety planning procedures when blending staffing occurs and endorse the implementation of all conditions including staffing ratios and staffing patterns contained herein.

Participant Signature

Date

Guardian Signature

Date

Supported Living Agency QIDP Signature

Date

Plan Developer/TSC

Date

Other

Date

Other

Date

The agency administrator or designee has reviewed and approved the safety plan.

Agency Administrator/Designee

Date

***IMPORTANT:** If an agency wants to make changes in relation to the distribution of hours of individual or group staffing approved through a Request for Blended Staffing, a new Request for Blended Staffing must be completed and submitted for review and approval by the Department prior to any changes being made in the blend of individual and group hours.