

ABILITIES, LLC

Residential Services

Department Handbook

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**“I define belonging as the innate human desire to be
part of something larger than us.
One of the greatest barriers to belonging is *fitting
in.*”**

— *Brené Brown*

Welcome

► Welcome to the Abilities, LLC Residential Services team.

The work you do every day shapes the lives of the people who live in our homes, and it shapes the culture of this entire organization, and that is something we never want anyone here to forget. Direct Support Professionals are the heart of Abilities, and every policy in this handbook exists to support the work you do, to protect the people you serve, and to make sure that showing up for this work feels worth it to you. We know what it takes to do this job well, and we do not take it for granted that you choose to do it here. Thank you for being part of this team.

► Introduction

This handbook contains the policies that govern residential services at Abilities, LLC. It applies to all employees in the Residential Services Department: Direct Support Professionals, Lead DSPs, Assistant House Managers, House Managers, Residential Program Managers, the Community Registered Nurse, the Community LPN, the Quality Assurance Professional, and the Due Process Manager.

This handbook works alongside the Abilities, LLC Employee Handbook. The Employee Handbook covers universal policies that apply to every employee regardless of department. This handbook covers everything specific to working in residential. You are expected to know and follow both documents.

If you have questions about anything in this handbook, your supervisor is your first point of contact. Human Resources is always available for guidance.

This handbook is a living document. Abilities, LLC reserves the right to update, revise, or replace policies at any time. When policies change, you will be notified and asked to acknowledge the update. Employment at Abilities, LLC is at-will. This handbook is not a contract of employment.

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CHAPTER

1

Your Employment in Residential

This chapter covers attendance, PTO accrual rates specific to residential roles, the attendance bonus program, scheduling, on-call, and weather teams.

R1.1

Attendance and PTO Policy

This policy establishes PTO accrual rates and attendance expectations specific to residential roles. Universal PTO rules, including how PTO is used, approved, cashed out, and paid at separation, are in Policy 2.1 of the Employee Handbook. This policy applies to all hourly residential employees: Direct Support Professionals, Certified DSPs, Lead DSPs, Assistant House Managers, and House Managers.

► PTO Eligibility

- Full-time and part-time employees begin accruing PTO immediately upon hire, prorated to their start date.
- PTO becomes available for use on Day 61.
- PRN employees are not eligible for PTO or benefits.
- Full-time employees must average at least 30 hours worked per week to maintain full-time PTO accrual.
- House Manager, AHM, and Lead DSP positions are full-time only.

► PTO Accrual Rates

All hourly employees accrue PTO weekly, prorated to date of hire. Accrual is applied every Friday and is reflected in the weekly pay cycle.

Role	Weekly Accrual	Annual Total
House Manager (HM): Full-Time	3.08 hrs	160 hrs/year
Assistant House Manager (AHM): Full-Time	2.88 hrs	150 hrs/year
Lead DSP: Full-Time	2.69 hrs	140 hrs/year
Certified DSP (C-DSP): Full-Time	2.31 hrs	120 hrs/year
Certified DSP (C-DSP): Part-Time	1.15 hrs	60 hrs/year
DSP: Full-Time	1.92 hrs	100 hrs/year
DSP: Part-Time	0.96 hrs	50 hrs/year

► Submitting PTO Requests

- All PTO requests must be submitted and approved in BambooHR.
- You cannot request more PTO than what you currently have banked.
- Your request must include a comment listing the hours you need off.
- Any request of 8 hours or more will be treated as a full day off.
- Overnight PTO: submit two separate BambooHR requests, one for each calendar date affected, with a comment on each explaining the split.

- House Managers are not scheduled on Saturdays or Sundays and may not request PTO for those days. They do participate in the weekend on-call rotation per Policy R1.4. This rule does not apply to protected leave.

► Call-In Procedure

All unplanned absences must be reported to the Attendance Line at 660-225-1489 before your shift starts. You must call in this way for all absences, including FMLA and protected leave. Texting or messaging your supervisor is not a substitute for calling the Attendance Line.

If a call-in reaches a supervisor by phone, text, or chat instead of the Attendance Line, the supervisor's job is to redirect the employee to call 660-225-1489. Receiving a message from an employee does not count as a valid call-in. The employee must call the Attendance Line themselves.

HR enters all call-ins into the Attendance tab in BambooHR within 1 business day of receiving the Attendance Line voicemail.

► Tardy Policy

Report your own tardies in the home's Google Chat. If you do not, ISL Management is responsible for reporting the tardy in the ISL Management chat. If you arrive 60 minutes or more after your scheduled start time, by that point we have had to rearrange coverage and find someone else to cover your shift. That means the absence counts as a call-in, not a tardy.

When a tardy crosses the 60-minute threshold and becomes a call-in:

- You are removed from the schedule for that shift.
- The absence counts as a call-in on your attendance record.
- The hours are not made up later by the agency.
- You may pick up open shifts later in the week at your discretion.

► First 60 Days

First 60 Days: We follow this policy to the letter. There are no exceptions. Every call-in during your first 60 days is automatically an uncovered call-in. PTO does not become available for use until Day 61. Two or more call-ins for any reason during your first 60 days will result in termination. Seven or more tardies during your first 60 days will result in termination. Calling in to any training shift (purple shifts in WhenToWork) during your first 60 days will result in immediate termination.

► Covered vs. Uncovered Call-Ins

- An uncovered call-in happens when you do not have enough PTO to cover the absence. Covered call-ins do not count against your attendance record.
- Two uncovered call-ins in a rolling 12-month window will result in termination.
- Call-ins are counted per shift, not per day. If you are scheduled for two shifts in one day and call in for the whole day, that counts as two call-ins.
- Four consecutive call-ins require a note from a medical professional confirming you could not work.
- Calling in on a recognized holiday results in automatic termination, regardless of whether PTO is available to cover the absence.

► Patterned Absences

A pattern is the same type of absence happening three or more times. Patterned absences are reviewed and addressed even when PTO covers them, because the concern is the pattern itself. Examples of patterns we monitor:

- Loading PTO and then calling in within 24 hours of using it, every month.
- Calling in every Friday, Saturday, or Sunday to skip weekend shifts.
- Calling in every Monday to extend the weekend.
- Submitting a PTO request, picking up other shifts in the same week to offset the requested hours, and then cancelling the PTO before it deducts. Once is administrative cleanup; as a pattern, it is misuse of the system.
- Repeated absences that land in predictable spots and suggest intentional misuse of the attendance policy or PTO.

Patterned and intentional misuse of the attendance policy will result in disciplinary action.

► **Systems**

- **BambooHR:** Submit and track all PTO (time off) requests, and view your attendance record.
- **WhenToWork:** View your schedule, trade shifts, and pick up extra hours.
- **SetWorks (a.k.a. your timeclock):** Record all hours worked through Activity Records. SetWorks functions as the agency’s timeclock and is how every minute you work makes it onto your paycheck.

R1.2 Attendance Bonus Policy

Showing up consistently is one of the most valuable things you can do for the people we support, your team, and yourself. The attendance bonus structure recognizes that. Monthly and quarterly bonuses reward really good attendance, and the annual bonus rewards exceptional attendance with rules that tighten as the dollars grow. This policy applies to Direct Support Professionals, Lead DSPs, Assistant House Managers, and House Managers.

► **Monthly Attendance Bonus**

Eligibility: Full-Time and Part-Time employees only. PRN employees are not eligible.

Earn \$75 every month you have great attendance for the full calendar month.

What You Need to Do	What Counts Against You
Attend every scheduled shift for the full calendar month.	Any call-in (covered or uncovered).
Be on time. Up to 1 tardy is allowed in the month.	Two or more tardies in the month.
Stay for your full shift.	Any early departure.

Monthly bonuses are paid by the last payday of the month for the prior month. Mid-month hires are not eligible in their hire month. Eligibility starts in your first full month of employment.

Human Resources verifies monthly bonus earners each month, and the Payroll Administrator then processes the bonus with payroll based on the information from HR.

► **Quarterly Streak Bonus**

Eligibility: Full-Time and Part-Time employees only. PRN employees are not eligible.

Earn an additional \$150 when you stack three great-attendance months back-to-back inside a single calendar quarter. This is paid on top of the three monthly bonuses.

Quarter	Months You Must Hit
Q1	January, February, March
Q2	April, May, June
Q3	July, August, September
Q4	October, November, December

What You Need to Do	What Counts Against You
Attend every scheduled shift for all three months.	Any call-in or early departure in any of the three months.
Be on time. Up to 1 tardy per month allowed.	Two or more tardies in any single month inside the quarter.
Be in good standing on the quarter close-out date.	Active separation, resignation, or attendance warning at quarter close.

Quarterly Streak Bonuses are paid by the last payday of the month for the prior month.

Human Resources verifies quarterly bonus earners at the close of each quarter, and the Payroll Administrator then processes the bonus with payroll based on the information from HR.

You can earn the monthly and quarterly bonuses without qualifying for the annual \$10,000 pot.

- **Monthly and quarterly:** based on individual months and quarters. Missing the annual does not affect these.
- **Annual:** requires exceptional attendance for the full earning period. One disqualifying event ends annual eligibility.

► **Annual Attendance Bonus**

Eligibility: Full-Time employees only. Part-Time and PRN employees are not eligible.

Every year Abilities, LLC sets aside a \$10,000 pot. Every employee who hits exceptional attendance for the full year splits the pot equally. This bonus rewards a higher standard than the monthly and quarterly bonuses.

What You Need to Do	What Counts Against You
Attend every scheduled shift across the full earning period.	Any call-in of any kind, regardless of reason.
Show up on time. You may have up to 3 tardies across the full earning period.	Four or more tardies.
Stay for your full scheduled shift every time.	Any last-minute departure or early-out that requires removing you from the schedule.

- The earning period runs from one Christmas party to the next.
 - First earning period: December 13, 2025 through December 10, 2026.

- Second earning period: December 11, 2026 through December 9, 2027.
- The Christmas party is always held on the second Friday in December at 12:00 PM.
- The pot splits equally among all who qualify.
 - Five qualify = \$2,000 each.
 - Two qualify = \$5,000 each.
 - One qualifies = \$10,000.
- The annual bonus is presented by check at the Christmas party.

Human Resources, the Payroll Administrator, and the Executive Director verify annual bonus earners before issue, and the Payroll Administrator then processes the bonus with payroll based on the information from HR.

► **General Rules**

- Early departure means leaving before the end of your scheduled shift without prior approval. Last-minute departure means an unplanned early-out that requires the agency to remove you from the schedule and find coverage. Both count as disqualifying events for the monthly, quarterly, and annual bonuses.
- Approved PTO days do not disqualify you. Only unplanned absences, tardies, and last-minute departures are disqualifying.
- All bonuses (monthly, quarterly, and annual) are taxed. The dollar amounts listed are gross. You receive the post-tax amount.
- If you resign, are involuntarily terminated, quit without notice, or fail to complete your full two-week notice period, you forfeit any earned but unpaid bonus across all three tiers.

R1.3 Scheduling Policy

This policy explains how Abilities, LLC builds and manages staff schedules to make sure homes are always covered and the people we support always have the care they need.

► **Availability Types**

Availability Type	Description
Open Availability	Available 7:00 AM to 10:00 PM, Monday through Friday, and every other weekend. Some locations start at 6:00 AM.
Morning Open Availability	7:00 AM to 3:00 PM, Monday through Friday, and every other weekend. Some locations start at 6:00 AM.
Evening Open Availability	2:00 PM to 10:00 PM, Monday through Friday, and every other weekend.
Overnight Open Availability	10:00 PM to 8:00 AM, Monday through Friday, and every other weekend.
Weekend Only	All shifts on Saturdays and Sundays, every weekend.
Restricted Availability	Available only on certain days, times, or shifts you have specified.

► **Scheduling Order**

Schedules are built in this order to make sure homes are consistently covered:

- House Manager
- Assistant House Manager
- Lead DSP
- Overnight Employees
- Weekend-Only Employees
- Morning or Evening Open Availability Employees (ranked by hire date)
- Open Availability Employees (ranked by hire date)
- Restricted Availability Employees (ranked by hire date)

► Open Availability Perks

- Employees with full Open Availability (not morning-only or evening-only) may choose two preferred ISL locations they are trained at. They get scheduling priority at those two homes after management.
- If no shifts are available at your preferred locations, Human Resources will help find an alternative.

► Scheduling Limits

- Full-time employees may be scheduled up to 43 hours per week (40 regular hours and up to 3 hours of overtime) based on program needs. This is not guaranteed.
- Overtime comes from an open, unassigned shift or from coverage needs.
- Weekly schedules are published every Tuesday by midnight, two weeks in advance.
 - You are responsible for checking your schedule within 48 hours of publishing.
 - Report any errors to your Residential Program Manager immediately.
- Already-published shifts are not edited. Once the schedule is live, changes go through the shift change process below.

► Shift Changes in WhenToWork

- **Trading:** Trades must be with a qualified, trained employee from the same home. Trades cannot cause overtime unless both employees are already in overtime and are trading overtime for overtime.
- **Dropping:** A shift you post on the trade board is still your responsibility until a supervisor approves the trade.
- **Picking Up:** Employees may pick up open shifts at any home they are trained to work in. The RPM or DRO will review and approve or deny the pickup.

► Scheduling Contact Rules

This applies to anyone who can manage or edit the staff schedule: Residential Program Managers, House Managers, Assistant House Managers, Lead DSPs, Administrators, and on-call staff.

- You may only call or text each employee once per day about an open shift. Multiple messages on the same day are not allowed, even if you use different methods.
- If an employee says they need to think about it or gives no clear answer, you may send one follow-up message no earlier than one hour after your first contact.
- Do not contact employees who are on approved time off. Check BambooHR before reaching out to anyone.
- Coverage decisions follow agency policy.

- A clean shift trade between two trained, qualified employees through WhenToWork is permitted.
- Informal arrangements that work around attendance, PTO, scheduling, or coverage policies are not allowed.
- Examples of informal arrangements: offering future shift coverage in exchange for current pickup, granting unofficial comp time, waiving documentation requirements, or making attendance exceptions in exchange for coverage.
- Coverage runs on policy, not negotiation.

What Is Never Allowed When Asking Staff to Pick Up

- **Guilt-tripping.** Statements like “You are the only one who has not helped” are not acceptable.
- **Manipulation.** Suggesting someone’s job is at risk if they do not take a shift is not acceptable.
- **Bribery.** Offering private gifts, personal cash, or personal favors not approved by the agency is not acceptable.

This applies to everyone who contacts staff about coverage, including administrative and office staff.

► Responsibilities by Role

- **Director of Residential Operations (DRO):** Approves and denies time off for all residential employees, assists with coverage situations, provides guidance on scheduling decisions, and publishes the final schedule each week.
- **Residential Program Manager (RPM):** Monitor staffing and scheduling needs for your homes. Communicate with the DRO and ISL Management about scheduling gaps or ongoing coverage problems. Keep WhenToWork updated in real time alongside the House Manager. When a staff member stays late, comes in early, leaves early, or any other change happens during a shift, enter the update in WhenToWork as soon as possible after being notified, and at the latest within one day. Updates that fall at the end of a pay period (Saturday) must be entered immediately so payroll can run on time.
- **House Manager (HM):** Make sure all shifts at your assigned home are filled and accurately reflected in WhenToWork. Communicate with your Residential Program Manager and the Director of Residential Operations about coverage needs. Keep the schedule updated in real time. When a staff member stays late, comes in early, leaves early, or any other change happens during a shift, enter the update in WhenToWork as soon as possible after being notified, and at the latest within one day. Updates that fall at the end of a pay period (Saturday) must be entered immediately so payroll can run on time.
- **Assistant House Manager (AHM):** Support the House Manager in shift coverage coordination and schedule accuracy at your assigned home.
- **Human Resources:** Maintain and update WhenToWork user access and availability records. Review and process all availability change requests within 2 business days of receiving them.
- **Direct Support Professional (DSP):** Work all shifts you are assigned, unless you have properly traded or covered them. Check your schedule within 48 hours of it being published. Use WhenToWork for all shift-related activity. Keep your availability current and update it in advance when changes are needed.

R1.4

On-Call Policy

Residential operations run around the clock, and the people we serve do not stop needing us when the office closes. On-call coverage exists so that whenever something happens outside of business hours,

whether that is a call-in, a medical event, or a crisis, there is always someone available to make decisions, support the team, and protect the people we serve.

This policy explains what on-call means at Abilities, LLC, who is assigned on-call duties, what those duties involve, and how on-call time is compensated. This policy applies to residential employees assigned on-call responsibilities: Assistant House Managers, House Managers, Residential Program Managers, the Director of Residential Operations, and the Executive Director.

► **ISL Management On-Call Responsibilities**

Applies to House Managers and Assistant House Managers:

- Serve as the on-call contact for your home.
- Coordinate or personally cover any uncovered shifts. This may include trading shifts, adjusting staffing, or working an open shift yourself.
- Answer questions, communicate with your team, and handle any issues that come up.

► **Administrator On-Call Responsibilities**

Applies to Residential Program Managers and the Director of Residential Operations:

- Provide oversight and crisis support across all homes and programs.
- Keep WhenToWork updated to reflect all staffing changes over the weekend.
- Monitor work email throughout the weekend for any call-in activity.
- Enter tardies into the Attendance tab of the employee’s profile in BambooHR. HR enters all call-ins into the Attendance tab in BambooHR within 1 business day of receiving the Attendance Line voicemail; on-call administrators enter tardies only.
- Serve as the escalation point for emergency department visits, law enforcement involvement, missing persons, life-saving interventions, and external agency involvement such as DMH.
- Step in to cover vacant ISL Management homes or support crisis response staff as needed.

On-call staff must be able to respond to calls, texts, and Google Chat messages within 30 minutes. There is no specific location requirement, but you must be able to respond effectively if called upon.

► **Pre-Weekend Planning**

The Administrator On-Call must complete the following tasks by 2:00 PM every Friday: create the On-Call Google Chat thread and add all scheduled ISL Managers and the Nursing On-Call Person; confirm the full weekend on-call coverage plan; and make sure WhenToWork reflects all confirmed changes for weekend shift coverage.

► **Weekend On-Call Scheduling**

On-call schedules are managed by the Director of Residential Operations and released one quarter at a time, no later than the 15th of the month before each new quarter.

Quarter	Schedule Released By
Q1: January through March	December 15
Q2: April through June	March 15

Quarter	Schedule Released By
Q3: July through September	June 15
Q4: October through December	September 15

► Scheduling Conflicts and Splits

- **Step 1:** Try to trade your weekend with another qualified person from your home or department.
- **Step 2:** If a trade is not possible, email the Director of Residential Operations to request reassignment to an open on-call weekend. Your email must include:
 - The reason for the conflict.
 - The weekend you prefer instead.
- Your request must be made before the schedule is published in WhenToWork. No reassignment requests will be accepted after the schedule goes live.

► Splitting On-Call Coverage

- Splits are by full calendar day only. Partial-day or hourly splits are not allowed.
- To request a split, the originally scheduled employee emails the Director of Residential Operations with:
 - The proposed split.
 - The name of the employee covering part of the weekend.
 - The specific days each person is responsible for.
- Written confirmation from both employees is required before the on-call weekend starts.

► Holiday On-Call

A holiday weekend is the weekend the holiday falls on, OR the weekend immediately following the holiday.

When the Holiday Falls	Which Weekend Counts as the Holiday Weekend
The holiday falls on Saturday or Sunday.	That weekend is the holiday weekend. The following weekend does not count.
The holiday falls on a weekday (Monday through Friday).	The weekend immediately after the holiday is the holiday weekend.

- No employee may be scheduled for the same holiday weekend two years in a row.
- No employee may be scheduled for two recognized holiday weekends back-to-back in the same calendar year.
- If you trade or give away a holiday on-call shift, that holiday still counts toward your scheduling history.
- Employees scheduled as on-call during a holiday weekend receive an extra \$50 bonus for that weekend.

► Scheduling Limitations

- ISL Management on-call is limited to working one double shift per weekend.

- All employees scheduled for on-call must have at least 8 consecutive hours of rest before and after working a double shift.
- Exception: If the third shift in a row is a sleep shift that allows at least 6 hours of uninterrupted rest, it may be exempt from the mandatory rest requirement.
- Extreme Staffing Shortage Exception: If there are 80 or more open DSP shift hours during a single weekend, on-call employees may be asked to work a second double shift.

► Getting Paid for On-Call Work

Hourly employees with on-call responsibilities who respond to work-related communication outside of their scheduled direct care shifts are entitled to log and be paid for that time.

- Track the time you spend responding to work-related communication outside of scheduled DSP shifts. This includes coordinating shift coverage, answering medical questions, providing support by phone or chat, or emailing staff with updates.
- You can combine multiple communication events into one daily timeclock entry in SetWorks. The comment must clearly explain the type of communication.
- You may not log on-call communication that happens during a regularly scheduled, paid DSP shift.

► Weekday Open Shift Coverage

Weekday shift coverage is a collaborative effort between ISL Management and Residential Program Managers.

- Factors considered when filling open shifts: current scheduled hours, weekend on-call rotation, approved time off, and how urgent the open shift is.
- Residential Program Managers are expected to help carry the weekday coverage load. When staffing needs require it, Residential Program Managers may be excused from office duties to work a direct care shift. This is a shared responsibility, not one that falls entirely on ISL Management.
- ISL Management should not be asked to work more than two consecutive double shifts without a day off in between. If coverage needs are pushing past that threshold, the Residential Program Manager steps in.
- If ISL Management has approved time off, they are not required to cover weekday shifts.
- When weekday coverage cannot be resolved through ISL Management and the Residential Program Manager, the Director of Residential Operations steps in, including working direct care if necessary. The Executive Director is the last resort.

R1.5

Weather Teams Policy

When severe winter weather makes the roads unsafe, Abilities, LLC activates Weather Teams. We do this for two reasons. The first reason is your safety, because we do not want anyone driving in conditions that put their life at risk. The second reason is continuity of care, because the people we support depend on us being there no matter what the roads look like. Weather Teams solve both at once: volunteers stay at the home for the duration so no one has to drive, and the home stays covered. This policy applies to all employees who volunteer to participate in a Weather Team.

► When Weather Teams Are Called

The Executive Director's Office activates Weather Teams when severe snow or ice is expected to seriously affect road conditions. Weather Team activations are announced via BambooHR announcement so that every employee receives the same notification at the same time.

► How to Sign Up

- Participation is voluntary. Spots are filled on a first-come, first-served basis. Contact your House Manager or Residential Program Manager after the activation announcement to volunteer.
- Once you sign up, you must stay for the full Weather Team period. Your participation is final. Leaving early or not showing up is addressed under the attendance policy.
- If you have a shift scheduled within 16 hours after the Weather Team ends, you will be removed from that shift.
- If a home does not get enough volunteers, all employees scheduled at that home are expected to report to work normally under the regular attendance policy.

► What to Bring

Bring personal items you will need: medications, clothing, phone charger, and anything else for an overnight stay. The agency will provide air mattresses and bedding as needed. No community outings are permitted during a Weather Team.

► Weather Team Pay

- **Active Work Hours:** All active work hours are paid at your regular hourly rate. Overtime applies to active hours under normal wage laws.
- **Sleep Rate Hours:** Designated sleep hours are paid at a flat rate of \$18.00 per hour. Sleep rate hours are not counted toward overtime. The number of sleep hours depends on the length of the activation and will be communicated by the Executive Director's Office.
- **Extra Incentive:** Each Weather Team volunteer also receives 5,000 WorkTango points in addition to their hourly and sleep rate pay.

R1.6

Medical Restrictions and Accommodations Policy

Direct care work in residential is physical. The people we support depend on staff who can lift, transfer, reposition, assist someone from the floor, drive long distances, and execute MANDT holds when needed. When an employee receives medical work restrictions, including pregnancy-related restrictions, the agency follows a defined process to determine what accommodations are reasonable and where the employee can be safely placed during the restriction period.

► How This Policy Works With the Universal Handbook

The full medical accommodation process, including the Pregnant Workers Fairness Act (PWFA) interactive process, the Americans with Disabilities Act (ADA) accommodation process, required medical documentation, and the agency's full obligations and rights, lives in the Universal Employee Handbook. This residential policy does not replace it. This policy covers the residential-specific operational pieces: who handles accommodation requests in residential, what the physical requirements are at each ISL, and how placement decisions are made during accommodation.

► Who Decides

Human Resources is the accommodation decision-maker at Abilities, LLC. The interactive process described in the Universal Employee Handbook is owned and run by HR. In HR's absence, accommodation decisions route to the DCE, then to the Executive Director.

- House Managers, Assistant House Managers, RPMs, and the DRO cannot grant or deny accommodations. They cannot promise an employee they will stay at a particular ISL during a restriction period. They cannot tell an employee what accommodation they will or will not receive.

- Any employee who provides medical work restrictions to anyone in residential leadership must have those restrictions routed to HR immediately. Residential leadership does not hold, delay, or evaluate restriction documentation. It goes to HR the same day it is received.
- Placement during accommodation, including potential temporary reassignment to a different ISL or to a non-direct-care role if available, is determined through the HR-led interactive process. It is not the employee's choice and it is not negotiated with the employee's House Manager or RPM.

► Why Placement May Change

The physical requirements of the DSP role vary by ISL because the people who live in each home have different support needs. A restriction that is reasonable to accommodate at one home may not be reasonable to accommodate at another, because the essential physical functions are different. Reasonable accommodation does not mean the accommodation the employee prefers. It means an accommodation that allows the employee to perform the essential functions of their role without imposing undue hardship on the agency or shifting the workload onto coworkers in ways that compromise the care of the people we support.

If a restriction cannot be reasonably accommodated at the employee's current ISL, HR will work through the interactive process to determine whether reassignment to a different ISL, modified duty, or other accommodation is appropriate. The needs of the people we support, the essential functions of the role at each ISL, and the impact on coworkers are all factors HR considers.

► Definitions

The terms below appear in the per-ISL physical requirements that follow. They are defined here so the requirements are clear and consistent.

Total ADL Care: Total Activities of Daily Living care means the individual cannot perform any part of dressing, bathing, toileting, eating, or mobility independently. The physical demands of providing total ADL care include:

- Bathing the individual head to toe, including supporting them in a shower chair or bath bench, leaning over a tub or shower threshold, washing hair, and reaching all body areas. Sustained bending at the waist and reaching across a body for ten to twenty minutes per bath.
- Dressing the individual fully, including pulling clothing over the head and limbs of a person who cannot assist, lifting limbs, rolling the individual side to side on a bed to position pants and undergarments, and fastening clothing.
- Full toileting support, including transferring on and off the toilet, perineal cleaning, and managing incontinence products. Includes lifting and rolling a fully dependent adult on the bed for cleaning and brief changes.
- Feeding the individual by hand or by spoon for the entire meal, sustaining a seated position for the duration of the meal, and supporting safe swallowing per any dysphagia or modified diet protocols.
- Repositioning the individual in bed every two hours when in bed long-term, which requires rolling and bracing a fully dependent adult.
- Transferring the individual between bed, wheelchair, toilet, shower chair, and recliner using the method specified in their care plan, which may include two-person transfers, mechanical lift use, or pivot transfers.
- Oral care for an individual who cannot perform it themselves, including brushing teeth and managing dentures.
- Grooming, including hair brushing, nail care coordination, and shaving where applicable.

MANDT Holds and Sustained Engagement: When an ISL is listed as using MANDT regularly or as part of routine support, the physical demands include being able to execute the hold exactly as taught, hold a position during de-escalation, and sustain physical proximity for extended periods.

► **Per-ISL Physical Requirements**

The table below shows the physical requirements at each ISL based on the support needs of the people who currently live there. RPMs and the CRN review this table at least annually and update it as individuals move in, move out, or experience significant changes in support needs.

Requirement	Bedford	Cypress	Foxridge	Knob	Southside	Southwest
ADL Care						
Bathing	Daily			Daily	Daily	Daily
Dressing	Daily			Daily	Daily	Daily
Toileting	Daily		Daily	Daily	Daily	Daily
Feeding	Daily			Daily	Daily	
Repositioning every 2 hours				Daily	Daily	Daily
Transferring				Daily	Daily	Daily
Oral care	Daily		Daily	Daily	Daily	
Grooming	Daily		Daily	Daily	Daily	
Other Physical Demands						
Use a computer and type	Daily	Daily	Daily	Daily	Daily	Daily
MANDT used regularly	Daily	✓		Daily	Daily	
Drive up to 4 hours one way	✓	✓	✓	✓	✓	✓
Assist a fallen person from the floor	Daily			Daily	Daily	
Assist with bathing (bending/crouching)	Daily			Daily	Daily	Daily
Team lift a person	Daily			Daily	✓	Daily
Team lift wheelchair to bed/furniture				Daily	✓	Daily
Turn a 150 lb+ person				Daily		Daily

Legend: ✓ = required at this home · Daily = expected daily occurrence (not occasional) · Blank = not required at this home.

R1.7 Staying Awake on Shift

Staff are expected to stay awake, alert, and actively engaged for the full duration of every shift that is not a designated sleep shift. The people we support depend on staff observation to know when something is wrong, and falling asleep on a non-sleep shift puts them at serious risk.

Sleeping during any shift that is not a designated sleep shift is a serious infraction. Employees receive one warning for the first occurrence. The next occurrence results in termination.

A designated sleep shift is a shift formally marked as such in the schedule and paid under Policy R2.2.

R1.8

Early Release from Shift

Sometimes the staffing need for a shift drops part-way through. An individual leaves with family, an individual is hospitalized, or every individual has retired for the evening and the shift is overstaffed for what is left to do. When that happens, this policy governs who gets released and how the decision is made.

Early release is a privilege, not a guarantee. Meeting one of the conditions below does not require approval if other operational needs require coverage. This policy applies to all direct care staff: Direct Support Professionals, Certified DSPs, PRN staff, Lead DSPs, Assistant House Managers, Certified AHMs, House Managers, and Certified HMs.

► When Early Release Is Available

A staff member may be eligible for early release when one of the following is true:

- An individual leaves the home with family or another approved party and no longer requires support for the remainder of the shift.
- An individual is hospitalized or unexpectedly away from the home, reducing the staffing need for the remainder of the shift.
- All individuals have retired for the evening and current staffing exceeds what is needed.

► Order of Release

When early release is available and multiple staff are on shift, release is decided by total expected hours through the end of the current pay period. Total expected hours means scheduled hours plus known coverage the staff member is already committed to: weekend on-call duties and any open shifts they are expected to fill before the pay period closes.

The staff member with the greatest total expected hours is released first. This applies regardless of role. If a House Manager is on-call for the upcoming weekend and is expected to cover three open shifts, those hours are part of the comparison even though they have not been worked yet. If a DSP has more total expected hours than the manager, the DSP is released first.

There is no discretion once total expected hours are compared.

Deals, trades, and informal arrangements between management and staff about early release are not allowed. A House Manager may not offer to leave early tonight in exchange for releasing a DSP on a future shift. Every release decision is made independently based on total expected hours at the time of the release.

► Approval Authority

Only the House Manager or Residential Program Manager may approve an early release. This authority cannot be delegated. No staff member may leave a shift early without direct confirmation from the House Manager or RPM.

► Documentation in the ISL Group Chat

All early release approvals must be posted by the House Manager or RPM in the ISL group chat at the time of the decision. The post is the documented record of the release. Failure to post is a violation of this policy.

► Concerns and Escalation

If a staff member believes an early release decision is being applied inconsistently or unfairly, escalation must happen while the staff member is still on shift.

- **Step 1:** Contact the Residential Program Manager.
- **Step 2:** If unresolved, contact the Director of Residential Operations.

Concerns may also be reported to HR after the shift if the issue is not resolved through escalation. Retaliation against any employee for raising a concern under this policy is strictly prohibited.

R1.9

Coaching and Corrective Action

Most issues at work get solved through coaching, not discipline. The agency's Staff Accountability Tier Reference, found at the back of this handbook, gives the at-a-glance framework. This policy explains how coaching actually works and the path between coaching and termination when that path is needed.

► How We Look at What Went Wrong

Before deciding what response a situation needs, leadership looks at how widely the issue is showing up.

- **One employee, isolated issue.** A single person made a mistake or fell short of an expectation, and no one else was harmed by it. This is a coaching conversation, not a discipline situation.
- **A few employees with the same issue.** When two to four people are running into the same problem, the cause is rarely all of them at once, and the pattern usually points to a small clique forming, a weak immediate manager, or a shared misunderstanding. The response is at the group level, with the supervising manager involved.
- **The whole house, or across houses.** When an issue shows up in every shift of a home or in the same form across multiple homes, the cause is foundational, pointing to a divide between management and the home, a missing system, or a leadership gap. The response moves up to senior leadership.

This is a diagnostic step that tells leadership what kind of response is needed before any conversation happens.

► What Coaching Looks Like

Coaching is not a write-up but a working conversation between the employee and their supervisor that includes a clear, specific example of what the employee did that needs to change, a clear, specific example of what doing it right looks like, and a defined timeline for the change to take hold. Black-and-white things like clocking in on time have a short timeline, while skills that take practice to learn have a longer one.

When the employee shows consistency in doing it the right way over the agreed-upon timeline, the coaching is closed and recorded as a positive: something the employee learned and overcame, not something kept in their file as a mark against them.

The principle is that we do not hold overcome things over people's heads.

► When Coaching Is Not Enough

When the timeline passes and the employee has not made the change, or when the issue keeps repeating, coaching becomes formal corrective action. The path:

- **Written warning.** A documented record of the issue, the prior coaching, and the specific expectations going forward. This stays in the employee's file.
- **Final warning.** A documented final notice that one more occurrence will result in termination.
- **Termination.** Employment ends on the next occurrence after the final warning.

Certain situations skip these steps entirely: abuse, neglect, falsifying documentation, theft, and other serious violations move directly to termination, with no prior coaching or warning required.

Uncontrolled emotional outbursts directed at a coworker or an individual served are taken seriously regardless of where the employee is in the corrective action path.

► Documentation

Coaching conversations are tracked in coaching notes, while written warnings, final warnings, and terminations are documented in BambooHR as formal employment records. Every employee has access to their own records and can see what is on file.

R1.10

ISL Management Shift Coverage

House Managers and Assistant House Managers cannot work only morning shifts or only evening shifts; they are expected to work across both on a regular cadence.

The reasons are practical. The home runs differently in the morning than in the evening, with different behavioral patterns, different work being done by the team, and different ways the people we support spend their day. A manager who only works one part of the day cannot effectively manage what they have not seen. Evening DSPs need to see their leader work the shift they work, and morning DSPs need the same. New procedures, new training, and culture changes all hold better when the manager is present during the part of the day they are trying to change.

CHAPTER

2

Compensation

This chapter covers compensation policies specific to residential roles. Universal wage band rules and base compensation are covered in Policy 3.5 of the Employee Handbook. This chapter addresses the Knob ISL compensation differential and the residential holiday pay schedule.

R2.1

Knob ISL Compensation Policy

Abilities, LLC pays \$1.00 more per hour to all direct care employees who are permanently scheduled at Knob ISL. This increase recognizes that the physical demands at this location are significantly greater than at any other home. It is not a bonus or a temporary add-on. It is part of your base pay.

► Why Knob ISL Has Higher Pay

- Staff provide 100% hands-on physical care for every individual throughout every shift.
- The physical toll on staff at this location is substantially higher than at any other Abilities ISL.
- Knob ISL serves four individuals (other homes serve three), and the care demands per person are much higher.
- Knob ISL averages double, sometimes triple, the number of medical appointments per month compared to other homes.
- Knob ISL requires double the number of daily shifts compared to other ISL homes.

► Who Is Eligible

The \$1.00 per hour increase applies to Direct Support Professionals, Certified DSPs, Assistant House Managers, Certified AHMs, House Managers, and Certified House Managers when working at Knob ISL.

The \$1.00 differential applies in two ways depending on how you are staffed at Knob:

- **Permanently scheduled at Knob.** If you are hired at Knob or transfer to Knob as your home, the \$1.00 starts on your first full pay period and stays in place as long as Knob remains your home.
- **Floating across multiple homes.** If you work across two or more homes including Knob, eligibility is reviewed once a month using a 90-day look-back of your timesheet data. You qualify in any month where at least 70% of your direct care hours were worked at Knob. The look-back is not rolling. Each monthly review pulls the prior 90 days as a snapshot.

The following are not eligible:

- Employees who pick up shifts at Knob but are permanently scheduled elsewhere and do not meet the 70% floater threshold.
- PRN employees.
- Employees in non-direct-care roles such as administrative, behavior, nursing, or maintenance.

► How the Increase Works

Situation	What Happens
Permanently scheduled at Knob and meeting the 70% threshold.	\$1.00 added directly to your base hourly rate. Not a bonus. Part of your base pay.
Covering a shift at another ISL.	You keep the \$1.00 increase. Your home

Situation	What Happens
	assignment is still Knob.
Transferring to Knob from another home.	\$1.00 goes into effect on your first full pay period at Knob.
Overtime.	Calculated on your full rate including the \$1.00, as required by law.

Merit raises are calculated on your base wage band rate before the Knob bump is applied. The \$1.00 location increase is not included in the raise calculation.

- **Example:** Your base rate is \$18.00/hr. You receive a 3% merit increase. Your raise is calculated at \$18.00, bringing your new base rate to \$18.54/hr. The \$1.00 Knob bump is then added on top, making your total rate \$19.54/hr. The bump itself does not grow with the raise.

► Holiday Pay

This holiday pay schedule applies to residential direct care employees only. It does not apply to employees in any other department. Employees working direct care shifts in ISL homes on a recognized holiday are paid at 1.5x their regular hourly rate, except for Christmas Day which is paid at 2x. Holiday pay does not apply to administrative work.

Holiday	Date	Pay Rate (Direct Care ISL Only)
New Year's Day	January 1	1.5x regular rate
Memorial Day	Last Monday in May	1.5x regular rate
Juneteenth	June 19	1.5x regular rate
Independence Day	July 4	1.5x regular rate
Labor Day	First Monday in September	1.5x regular rate
Veterans Day	November 11	1.5x regular rate
Thanksgiving Day	Fourth Thursday in November	1.5x regular rate
Christmas Eve	December 24	1.5x regular rate
Christmas Day	December 25	2x regular rate
New Year's Eve	December 31	1.5x regular rate

See Policy 2.2 of the Employee Handbook for universal holiday rules.

R2.2 Sleep Shift Pay

Designated sleep shifts in residential are paid at a flat rate of \$18.00 per hour. Sleep hours are not included in overtime calculations.

The shift is designated as sleep, but the DSP must wake up if prompted by a coworker or individual, regardless of the time. When that happens, the shift flips from sleep to awake and counts toward overtime like any other regular awake shift.

R2.3

Every-Weekend Pay

Employees whose primary schedule is every Saturday and every Sunday receive 4 extra paid hours per weekend at their regular hourly rate, on top of the hours they work. These are called Comped Hours. Comped Hours are not included in overtime calculations.

Example: 8 a.m. to 8 p.m. Saturday plus 8 a.m. to 8 p.m. Sunday = 24 hours worked + 4 Comped Hours = 28 paid hours total.

The 4 hours are tied to fulfilling the every-weekend duty. If an employee calls in, uses PTO, or otherwise does not work both weekend shifts, they forfeit the Comped Hours for that week.

CHAPTER

3

Documentation

Universal documentation standards are in Policy 4.3 of the Employee Handbook. This chapter covers residential-specific documentation systems, time blocks, narrative requirements, and data collection responsibilities.

R3.1

Activity Records Policy

Completing your documentation accurately and on time is one of the most important parts of your job. Activity Records in SetWorks are the official record of the services you provide. They are used for Medicaid billing, regulatory compliance, and the care of the individuals we support. Incomplete or inaccurate documentation directly harms the people we serve and puts the agency's funding at risk.

► Activity Records Are Your Clock

Your Activity Record times in SetWorks are how you clock in and out. Payroll pulls your start and end times directly from your Activity Records. Universal payroll rules, including pay periods, time entry deadlines, and corrections, are in Policy 3.2 of the Employee Handbook.

► Documentation Is About the Individual, Not About You

Your Activity Records belong to the person you are documenting on. That means the focus is on them, on what they did, what support they needed, and how their day went. Documentation is not the place to write how you felt about your shift, what you thought about a coworker, or what frustrated you. If something happened that needs to be raised with management, raise it through the right channel. Keep the record clean, factual, and centered on the individual.

► Required Time Blocks

All Activity Records must follow this daily structure, regardless of when your shift is:

Time Block	Hours
Morning Record	7:00 AM to 3:00 PM
Evening Record	3:00 PM to 10:00 PM
Overnight Record (first calendar day)	10:00 PM to 11:59 PM
Overnight Record (second calendar day)	12:00 AM to 7:00 AM

Document only within the record that matches the exact hours you worked. The first staff member to start in each time block creates the Activity Record for that block and lists all staff and individuals present. Documentation times cannot overlap.

► What Every Activity Record Must Include

- The individual's name, the home location, and the correct start and end time.
- Accurate Staff Attendance times reflecting exactly when you worked.
 - If you arrive late, enter the time you actually arrived, not your scheduled start.
 - Example: if you are scheduled at 3:00 PM and arrive at 3:11 PM, your start time is 3:11 PM.
 - If you worked 8:00 AM to noon, that is what you enter, not the full shift block.

- Accurate Individual Attendance times reflecting when you actually provided support to each person. If someone leaves for day program at 9:00 AM, their attendance ends at 9:00 AM even if your shift continues.
- A narrative comment that covers the full time documented and includes meaningful detail about the support you provided.
- Answers to all goal, outcome, and plan questions in the record.
- Your SetWorks PIN signature to confirm submission.

► **How to Refer to People in Your Narrative**

When You Are...	Use...	Example
Referring to the individual you are documenting on	Their first name, first and last name, or initials	“John smiled when his music came on” / “J.D. asked for a snack at 4:00 PM” / “John D. completed his morning routine independently”
Referring to yourself, coworkers, or staff	First name, first and last name, initials, or title plus name	“I helped John with his shower” / “HM Sarah called the doctor” / “Staff Mary supported John during the appointment”
Referring to another supported individual	General roles only: housemate, friend, boyfriend, girlfriend	“John’s housemate joined them for dinner” / “John spent time with his friend at the park”

► **Overnight Documentation Requirements**

All general Activity Record requirements apply to overnight staff. In addition, overnight records must include:

- **Shift Tasks:** services you provide during the shift, such as disinfecting the home, cleaning mobility equipment, doing laundry, and any other tasks in the individual’s support needs.
- **Visual Checks:** you must visually check on each individual at least once per hour (unless the person’s PCSP says otherwise) and document each check in the Activity Record.
- **Split Records:** all overnight shifts must be split into two separate Activity Records, one for each calendar day.

► **Two-Day Lock**

Activity Records lock 2 calendar days after the shift. After this point, the record cannot be edited or submitted without a formal correction process through the Quality Assurance Professional. Submit your records on time to avoid the lock.

► **Non-Compliant Records**

Issue	Example
Not submitted same day	Record entered the following day or later
Narrative too short or generic	“Client had a good day” — no meaningful detail
Goal or outcome questions skipped	Required fields left blank

Issue	Example
Inaccurate or gapped time entries	Staff attendance shows full shift block instead of actual hours worked
Overnight not split	Single record covers both calendar days instead of two separate records

► **How to Fix a Non-Compliant Record**

- **For incomplete records:** open the record, add the missing information, and resubmit it back to the Quality Assurance Professional through SetWorks messaging.
- **For missing or deleted records:** the Quality Assurance Professional sends you an Activity Record Exception form through BambooHR. Complete the exception electronically.

Documentation compliance is reviewed as part of your performance evaluation. Repeated patterns of late, incomplete, or inaccurate documentation will be addressed through coaching and corrective action. Intentionally falsifying documentation is a serious compliance violation.

R3.2 Behavioral Data Collection Policy

Collecting accurate behavioral data is a shared responsibility between Behavior Services and residential staff. As a residential employee, you are part of the implementation team for any individual you support who has an active Behavior Support Plan. The data you collect drives clinical decisions about whether a plan is working and whether a goal is being met. Inaccurate or missing data directly affects the quality of an individual’s behavior services.

► **Your Responsibilities**

- Collect behavioral data as specified in each individual’s BSP, at the time and in the format Behavior Services directs.
- Record all data accurately.
- Submit or enter data in the system or format Behavior Services specifies, such as SetWorks, paper tracking sheets, or other approved formats.
- Notify the assigned BCBA or Lead RBT in the house chat right away if you cannot collect data, if a tracking tool is missing or damaged, or if you notice a significant change in the individual’s behavior.
- Participate in training from the Behavior Services team on data collection tools, definitions, and procedures.

► **Data Collection Standards**

Behavior Services uses several different data collection methods depending on what is being measured. Your BSP and the BCBA or Lead RBT will tell you which method applies to each individual you support. Common methods include:

What the BCBA Calls It	What It Actually Means for You	What You Do
Frequency Recording	Count how many times a specific behavior happens.	Every time you see the behavior, mark it on the data sheet. At the end of your shift, total the marks.
Duration Recording	Track how long a behavior lasts each time it happens.	Start a timer when the behavior begins. Stop it when it ends. Record

What the BCBA Calls It	What It Actually Means for You	What You Do
		the total time.
Interval Recording	Divide your shift into short time blocks and note whether the behavior happened in each block.	Set a timer for the interval (e.g., every 15 minutes). At the end of each interval, circle Yes or No on the sheet.
ABC Data	Document what happened before (Antecedent), the behavior itself (Behavior), and what happened after (Consequence).	When a behavior happens, fill in the three columns on the ABC form: what triggered it, what it looked like, and what you did.
Task Analysis	Break a skill into small steps and track which steps the person completed.	Go through each step with the individual. On the data sheet, mark whether they did each step independently, with help, or not at all.

The data collection method is chosen by the BCBA and written into the BSP. You may not change the method, switch to a different one, or estimate data.

► Data Integrity

- **Real-time only.** Data must reflect what you directly observed during your shift. Do not enter data from memory after the fact.
- **No backfilling.** Do not fill in previous days' data sheets unless you are reviewing recorded paper data with BCBA approval.
- **No rounding or approximating.** Enter exact counts, durations, percentages, and times as observed.
- **Document deviations.** If the BSP could not be implemented as written during your shift, document what actually happened.
- **No over- or under-reporting.** Do not add behaviors that did not occur or leave out behaviors that did.

► Documentation Timeline

When	Expectation
During your shift	Record data in real time on the tracking sheet or system Behavior Services has specified.
End of shift	Confirm all data is entered before you leave.
No later than two calendar days after the shift	Any session note or follow-up entry must be in SetWorks. After this point the record locks.

► Falsification

Data fabrication, falsification, or retroactive entry without proper documentation is a serious ethics violation.

For full policy details, see the Behavior Services Department Handbook. Questions about specific BSP data requirements go to the assigned BCBA or Lead RBT.

R3.3

Working Alongside Behavior Services

The Behavior Services Department and Residential Services work in the same homes with the same individuals. Understanding how the two departments intersect prevents confusion, protects session integrity, and keeps the individuals we support at the center of both teams' work.

► RBTs Do Not Perform Residential Duties During Sessions

RBTs are not responsible for residential duties during a session. This includes informal coverage requests like keeping an eye on someone, listening for the kitchen, or stepping in for a moment. The session belongs to the individual on the RBT's schedule. If the home is short-staffed, contact your House Manager. The table below shows what an RBT can and cannot do during a session.

What an RBT Can and Cannot Do During a Session

What an RBT CAN Do During Session	What an RBT CANNOT Do During Session
Deliver the BSP and skill acquisition program exactly as written.	Provide personal care, hygiene support, or toileting assistance to the individual or anyone else.
Collect behavioral data using the methods specified in the BSP.	Administer medications. RBTs do not pass meds during sessions, even if certified as a Medication Aide.
Conduct preference assessments under BCBA direction.	Cook meals, do dishes, do laundry, clean common areas, or take out trash.
Model and coach BSP implementation for residential staff when authorized by the BCBA.	Watch, supervise, or keep an eye on a different individual in the home, even briefly.
Run scheduled community outings that are part of the session plan.	Run residential errands or transport individuals for non-session purposes.
Respond to a real emergency to keep someone safe (medical emergency, fire, immediate danger).	Cover for short-staffed shifts or fill in as a DSP.
Report observations and changes to the BCBA after the session.	Make independent clinical decisions or change the BSP.
Document the session in SetWorks.	Modify the BSP, change a goal, or alter data collection procedures without BCBA authorization.

► BSP Questions Go to the BCBA

If you have a question about why an individual's Behavior Support Plan is written a certain way, or what a specific intervention is intended to do, that question goes to the BCBA, not to the RBT. RBTs implement the plan as written. They do not have the authority to explain or modify clinical decisions.

► Your Role in BSP Implementation

When an individual has an active BSP, you are part of the implementation team. The Behavior Services Department will train you in person on the BSP before you are expected to implement it.

- Follow the BSP as written during your shifts. Do not improvise, skip steps, or substitute your own judgment for the written plan.
- Collect behavioral data as directed by Behavior Services. See Policy R3.2.
- Report any concerns about BSP implementation, unusual behavioral changes, or situations where the plan does not seem to be working to your House Manager and the assigned BCBA or Lead RBT.

For the full scope of practice policy governing what RBTs and BCBA's can and cannot do, see the Behavior Services Department Handbook.

CHAPTER

4

Individual Rights in ISL Settings

The universal Individual Rights Policy (Policy 5.3) and Due Process Policy (Policy 5.4) in the Employee Handbook apply to all employees. This chapter provides the residential-specific rights policies that govern day-to-day life in ISL homes. Every policy in this chapter is a federal and state compliance requirement, not a preference.

R4.1

Pet Policy

Pets can be an important part of someone's life. At the same time, pet ownership in an ISL home comes with real responsibilities. This policy explains when pets are allowed, who is responsible for their care, and what happens when pet ownership is not working out.

► **Employees: No Personal Pets at Work**

Employees are not allowed to bring personal animals into any Abilities, LLC location. If an employee's pet injures an employee or an individual we support, the employee will be terminated.

► **The Landlord's Rules Come First**

Many ISL homes have a no-pet rule in the lease. If the lease says no pets, there are no pets. Abilities, LLC will not violate a landlord's lease for any reason. If an individual wants a pet but lives in a no-pet home, they may choose to move to a home where pets are allowed.

► **Individuals May Have Pets If**

- The landlord lease specifically allows pets, AND
- All requirements in this policy are met and kept up over time.

Pet ownership can be denied or ended at any time if it is no longer safe, sustainable, or fair to housemates.

► **Who Pays for the Pet**

The individual and/or their guardian or payee must have their own money to cover all pet costs. This includes adoption or purchase, food and supplies, crates and bedding, toys, routine and emergency vet care, medications, grooming, licensing, and vaccinations. Abilities, LLC does not advance or provide funds for pet-related expenses.

► **Who Takes Care of the Pet**

The pet belongs to the individual, and caring for it is their responsibility. Staff may help with care as part of skill-building. However, staff will not become the primary caretaker. If staff are providing most or all of the animal's care, the individual will be considered unable to safely support pet ownership. The pet must then be rehomed, and alternate living arrangements will be determined by the individual's team.

► **The Pet Must Be Healthy and Safe**

Abilities, LLC will not allow animal neglect or abuse, intentional or unintentional. Every individual in our homes has the right to a pet, and every pet in our homes has the right to be safe. If an individual is harming a pet, whether deliberately or through an inability to provide adequate care, Abilities, LLC will

not stand by while that animal suffers. Staff must report concerns about animal welfare to the Residential Program Manager immediately.

Specific situations that require immediate action include: not feeding or watering the animal, not getting needed vet care, unsanitary conditions that affect the animal's health, and any physical harm to the animal.

► Impact on Housemates

Pets must not disturb housemates through excessive noise or ongoing odors. If a pet is causing ongoing problems for the household, the pet must be rehomed. Alternate living arrangements for the individual will be determined by their team.

► Impact on Property

The individual and/or their guardian or payee are fully responsible for all damage caused by the pet, including damage to floors, furniture, and belongings, as well as cleaning and repairs. Abilities, LLC does not cover pet-related damage costs.

► Final Decisions

Abilities, LLC may deny or end pet ownership at any time based on lease restrictions, health and safety concerns, impact on housemates, animal welfare, or what is sustainable for staff.

R4.2

Visitor Access Policy

Every person we support has the right to have visitors whenever they want. Staff cannot tell individuals they cannot have visitors or make it hard for visitors to come. The only way visitor access can ever be limited is through formal due process.

► Individual Rights

- Individuals have the right to invite and have visitors at any time, including evenings, weekends, and overnight.
- Individuals have the right to talk privately with their visitors. Staff may not listen in or interfere without a due-process-approved restriction.
- Individuals have the right to have visitors stay as long as they choose.
- Overnight stays are permitted for a typical number of nights, consistent with what anyone would normally have a close friend or family member stay. Visitors may not move into the ISL. Visitors may not sleep in communal areas.

► What Staff Must Do

- Welcome and respect the visitors an individual chooses.
- Never discourage, delay, or interfere with a visitor coming to the home.
- Never use visitor access as a reward or a consequence for someone's behavior.
- If a visitor poses a documented safety concern, contact the Residential Program Manager or Director of Residential Operations right away. Do not act on your own.

► When Can Visitor Access Be Limited?

Visitor access can only be limited in these specific situations:

- A formal due-process-approved restriction is in place and documented in the individual's PCSP.

- A court order or legal protective order restricts contact with a specific person.
- An active safety situation requires immediate protective action. Contact the Residential Program Manager or Director of Residential Operations immediately. The DRO notifies the Due Process Manager. A formal team review must happen within five business days.

R4.3

Sexuality and Intimate Relationships Policy

Every person we support has the right to sexuality, intimacy, and intimate relationships. This is a protected right under Missouri regulation 9 CSR 45-5.010(4)(F)(13) and federal HCBS rules. It is not your job to restrict, judge, or discourage these rights. Your job is to support the person and respect their privacy.

An individual's rights related to sexuality and intimate relationships cannot be restricted by a guardian or a court order. HCBS is a federally funded service, and federal protections govern. Guardian wishes and court directives do not override federally protected rights within this service. Any restriction requires formal due process through DMH, not a guardian directive.

► Individual Rights

- Individuals have the right to develop and maintain intimate relationships.
- Individuals have the right to privacy in their relationships and personal expression.
- Individuals have the right to access age-appropriate information about relationships, sexuality, and sexual health.
- Individuals have the right to make their own decisions about their body and their relationships.
- These rights cannot be restricted by staff attitudes, house rules, or provider policy without formal due process.

► What Staff Must Do

- Treat individuals' relationships with respect and without judgment.
- Give individuals privacy when they ask for it or when the situation clearly calls for it.
- Never mock, discourage, shame, or interfere with an individual's relationships or personal expression.
- Never apply informal rules without due process approval, such as prohibiting a partner from visiting or requiring a bedroom door to stay open at all times.
- If you have a concern about a specific situation, contact your House Manager. Do not act on your own.

► Where the Right Ends

The right to sexuality and intimate relationships does not include the right to commit a sexual crime or sexually harass another person. Examples include viewing child sexual abuse material, attempting to date or sexually pursue minors, continuing romantic or sexual advances toward someone who has declined, or any conduct that is criminal or constitutes harassment.

Report this behavior immediately to the House Manager or Residential Program Manager so Behavior Services can be notified. Any conduct that may constitute a crime against a child or another person is also a mandated reporter situation under Policy 4.5 of the Employee Handbook.

► If You Have a Safety Concern

If you have a real, documented concern that an individual may be at risk of being exploited, coerced, or harmed in a relationship, report it to your supervisor right away. A safety concern does not allow you to restrict the relationship on your own. It requires a team response.

- **Concerns about exploitation or abuse:** report per Policy 6.2 of the Employee Handbook (Abuse and Neglect).
- **Concerns about an individual's ability to consent:** bring it to the team, which may involve the BCBA, Community Registered Nurse, and guardian.
- **Any restriction based on a safety concern** requires formal due process per Policy 5.4 of the Employee Handbook.

► What Is Never Allowed

The following are prohibited and may result in corrective action:

- Telling an individual they cannot have a partner visit without a due-process-approved restriction.
- Requiring bedroom doors to stay open at all times as an informal house rule.
- Making negative comments about an individual's relationship choices, sexual orientation, or gender identity.
- Discouraging an individual from having relationships because of your personal beliefs or discomfort.

R4.4

Personal Property Policy

Every person we support has the right to own their belongings, decorate their space, and have their things protected. You cannot throw away, donate, move, or restrict someone's belongings without their permission.

► Individual Rights

- Individuals have the right to own and use their personal belongings without interference.
- Individuals have the right to furnish and decorate their personal living space the way they want.
- Individuals have the right to have their belongings handled with care by all staff.
- Individuals have the right to be told if something is lost or damaged, and to have it addressed.

► Personal Property Inventory at Move-In

When an individual moves into an ISL home, ISL Management must complete a personal property inventory. This list is stored in SetWorks under Individual > Additional Info. The inventory must be updated when major items are added or removed with the individual's consent, or after any incident involving damage to property.

► What Staff Must Do

- Handle all personal property with care and respect.
- Never borrow, use, move, donate, or throw away an individual's belongings without their express permission, or the guardian's permission when applicable.
- Report any lost, missing, or damaged property to the Residential Program Manager right away.
- Never make independent decisions about what an individual should or should not own.

► Lost, Damaged, or Stolen Property

Accidents happen and things break. The expectation at Abilities, LLC is that when something goes wrong, you say so. This connects directly to our core value of integrity. Concealing damage, pretending you do

not know what happened, or staying quiet because you are afraid of consequences is a more serious problem than the accident itself.

- Report any lost, damaged, or stolen property to the Residential Program Manager and document it in SetWorks.
- Theft of an individual's property by a staff member is grounds for immediate termination and may be reported to law enforcement.

► Donating or Throwing Away Belongings

An individual's belongings can only be donated or thrown away with their informed consent and, when applicable, their guardian's consent. That consent must be documented. You cannot decide on your own that something is too old, too broken, or unnecessary.

R4.5

Individual Financial Autonomy Policy

Every person we support has the right to control their own money. They can decide how to spend it, save it, or use it. It is not your job to judge those decisions. Your job is to support their independence.

► Individual Rights

- Individuals have the right to control their own money to the fullest extent possible, unless a formal restriction has been approved through due process.
- Individuals have the right to decide how to spend, save, or use their money.
- Individuals have the right to support in learning how to budget and manage money.
- Individuals have the right to access their own financial information in a format they can understand.
- Individuals have the right to make their own financial choices, including choices staff disagree with, as long as they are not being exploited or placed in danger.

► What Staff Must Do and Must Not Do

- Respect an individual's financial decisions without judgment, even if you personally disagree.
- You may offer information or guidance if asked. You may not override someone's choices without a due-process-approved restriction.
- Never use an individual's money or belongings for your own benefit. This is grounds for immediate termination.
- Never pressure, persuade, or manipulate an individual into a financial decision.
- If you suspect someone is being financially exploited by a family member, housemate, or anyone else, report it immediately to your House Manager and per Policy 6.2 of the Employee Handbook.

► Access to EBT Cards, Household Funds, and Shopping

An individual's EBT card, household funds, and grocery funds belong to them. Staff support access. Staff do not control access. The following practices are not allowed:

- ISL Management and DSPs cannot lock away an individual's EBT card, household funds, or grocery funds. These belong to the individual and must remain accessible to them.
- Staff cannot restrict an individual's access to their own funds. Access is the default. Restriction requires due process per Policy R4.9.
- Staff cannot require an individual to shop on a fixed day each week, or on any other staff-imposed shopping schedule. The individual decides when they want to shop.

- Staff cannot require an individual to shop only with certain staff or only with management. Any trained, scheduled staff member can support a shopping trip when the individual wants to go.
- Staff convenience, the rhythm of the home, and the preferences of staff or management are not valid reasons to restrict any of the above.
- Limiting where individuals shop.

If an individual has a documented support need related to finances or shopping, the support is described in the PCSP and reflects choice, not restriction. Any actual restriction must go through formal due process per Policy R4.9 and the Universal Employee Handbook before it is implemented.

► Restricting Financial Access

An individual's control over their own finances can only be restricted through formal due process per Policy 5.4 of the Employee Handbook. Staff convenience, accounting ease, and personal opinions about someone's spending choices are not valid reasons for a restriction.

R4.6

Do Not Resuscitate (DNR) Orders Policy

Your job in a medical emergency is simple: call 911 and start CPR. That is always your first move. You provide CPR every time, unless the Nursing Department has specifically told you otherwise for a specific individual.

The rule: Call 911. Start CPR. The only time you do not start CPR is when the Nursing Department has reviewed a valid authorization for that individual and has given you specific, documented instructions. Those instructions will be in the individual's home in a clearly marked location, and your House Manager will make sure you know about them.

The Nursing Department manages all DNR authorizations, documentation, and staff communication. See Chapter 11 (Nursing) for the Nursing Department's policy.

R4.7

Individual Wellness Policy

Every person we support has the right to see a doctor, dentist, eye doctor, and hearing specialist on a regular basis. Abilities, LLC actively helps individuals access this care. Staff support individuals in getting to appointments and never stand in the way of someone getting the healthcare they need.

► Individual Rights

- Individuals have the right to routine medical and preventive care that fits their age and health needs.
- Individuals have the right to dental, vision, and hearing exams and any follow-up care recommended.
- Individuals have the right to see specialists when their health requires it.
- Individuals have the right to choose their own healthcare providers.
- Individuals have the right to be told about their health conditions, medications, and treatment options in a way they can understand.
- Individuals have the right to refuse medical treatment. If they refuse, staff document it and notify via the house Google Chat.

► Staff Responsibilities

- Support individuals in attending scheduled appointments and document attendance and relevant outcomes in SetWorks.
- Never discourage, delay, or block an individual from accessing healthcare.
- If an individual refuses a recommended healthcare service, document the refusal and notify via the house Google Chat.
- Encourage and support wellness activities based on what the individual enjoys, what they prefer, and what their PCSP goals include.

R4.8

Digital and Civic Rights Policy

Every person we support has the right to participate in digital life and civic society. These are not privileges. They are rights that belong to the individual and cannot be restricted without formal due process.

► Rights Every Individual Has

- The right to access and use the internet, social media, and digital platforms of their choosing.
- The right to use a phone, television, and radio.
- The right to communicate privately using any platform or device they choose.
- The right to practice their religion or choose not to, including attending religious services and activities.
- The right to participate in political activities, including attending rallies and protests, volunteering for campaigns, and voting.
- The right to vote and to receive support in doing so unless a court order specifically removes that right.
- The right to participate in civic activities, including city council meetings, community organizations, and other matters of public life.

► What Staff Must Do

- Support individuals in accessing the internet, social media, and digital tools as part of their daily life.
- Never restrict an individual's access to their phone, television, internet, or social media without a due-process-approved restriction.
- Transport individuals to and from civic, religious, political, and community activities they choose to attend.
- Support individuals to engage in those activities while there. This means actively assisting them in doing what they came to do, not standing by passively.
- Help the individual participate in the activity in the way they want to participate. This is their experience, not yours.

R4.9

Due Process and Rights Restrictions: Residential

This section gives residential staff specific guidance on how due process protections apply in ISL settings. The full Due Process Policy is in Policy 5.4 of the Employee Handbook. Read this section as an extension of that policy, not a replacement for it.

A PCSP may not be implemented until all required signatures are obtained. This applies to new, modified, and amended PCSPs without exception. Per the August 2025 DMH Provider Bulletin, this requirement has no exceptions. Implementing a plan before required signatures are in place

is a compliance violation.

► What You Must Know as a Residential Staff Member

- No single person can decide to restrict an individual's rights. It takes a full team discussion.
- An individual's rights cannot be restricted by provider policy, staff practices, or house rules.
- Rights cannot be limited without formal due process.
- Rights restrictions must never be used for staff convenience, as discipline, as retaliation, or to save money.
- Positive supports must be tried and documented before any restriction is considered.

► Examples of Prohibited House Rules

- **Lights out by 9:00 PM.** You cannot set or enforce a bedtime for an individual. Their sleep schedule is their own choice. Any restriction on when someone may stay awake must go through formal due process and be documented in the PCSP.
- **Telling someone they cannot eat or must wait for food.** You cannot restrict when or whether an individual can eat without a clinical or safety reason supported by due process. Individuals have the right to access food in their own home at any time.

These are examples, not an exhaustive list. If you are unsure whether a practice is a prohibited house rule, contact the Due Process Manager or your House Manager before doing it.

► Your Responsibilities

- Implement any approved rights restrictions exactly as written in the individual's PCSP and due process documentation. Do not add, remove, or change anything.
- Never impose an informal restriction that is not in the individual's PCSP.
- Collect all required due process data using the tools and methods the Due Process Manager or Behavior Services team specifies.
- Report any concerns about a restriction's impact on the individual to the Due Process Manager or your House Manager right away.
- Notify your supervisor immediately if you see any restriction being applied in a way that does not match the approved documentation.

► The Due Process Manager

The Due Process Manager coordinates, documents, submits, tracks, and monitors all due process activities at the agency. Responsibilities include: working with the individual's team to identify restrictions and what data is needed; writing all due process documents using agency templates; collecting all required signatures; submitting documentation to DMH within 30 days of the plan starting; tracking submission confirmations and deadlines; building and monitoring data collection tools in SetWorks; reviewing due process data at least every two weeks; tracking restoration goals; and reporting prohibited practice referrals to leadership.

► Prohibited Practices

Abilities, LLC strictly prohibits:

- Seclusion or isolation as a behavioral intervention.
- Mechanical restraints, which are not authorized in any service setting.

- Chemical restraints used to manage behavior rather than treat a diagnosed medical condition.
- Physical restraints outside of DMH-approved, trained techniques.
- Any practice that restricts access to food, water, sleep, hygiene, or basic needs.

Any rights restriction identified as a possible prohibited practice must be reported immediately to the Executive Director and Director of Residential Operations, reviewed through the prohibited practice review process, and corrected and resubmitted as required.

CHAPTER

5

Health and Safety

This chapter covers emergency response and drills, individual death, hospitalization and bed hold, delegations and protocols, controlled medications, and medication administration. Nursing department operations and the full nursing program structure are in Chapter 11. Incident reporting, abuse and neglect, and communicable disease policies are in the Employee Handbook.

R5.1

Emergency Response and Drills

Every employee must know what to do in an emergency. Your job in a crisis is to keep the people we support safe, call for help, and follow the procedures below. When in doubt, call 911 first. Each ISL has an evacuation route and shelter locations posted in the home; refer to those during any emergency that involves leaving or sheltering in place.

Each emergency type below covers two things: how to respond when the emergency happens, and how often we drill that emergency type. Drills are not optional. They cannot be replaced by classroom discussion or written review.

► Supporting People with Mobility Needs in Every Emergency

Many of the people we support use wheelchairs or cannot move their own bodies independently. Every procedure in this section accounts for that. Staff are expected to know in advance who in their home needs what kind of physical support, and to practice that support during drills so they can deliver it under stress.

Approved evacuation methods for individuals who cannot move themselves:

- Their wheelchair when the wheelchair is a safe option for the route.
- A blanket drag when the wheelchair is not safe or available (the chair is in another room, the chair cannot navigate the exit, the chair would slow evacuation in a fire). The blanket drag is an authorized evacuation method, not a last resort. Use it when it is the safest option.

► Tiered Escalation

- **Tier 1: Universal Response.** Every employee is trained on these emergency procedures. Fire, tornado, medical, behavioral crisis, elopement, and utility failure protocols apply in every situation, for every individual, without exception. When an emergency occurs, your first step is always to follow the Tier 1 procedure for that situation.
- **Tier 2: Escalation to On-Call and Specialized Staff.** When a Tier 1 response is not enough, contact the on-call supervisor, ISL Management, nursing on-call, or Behavior Services staff.
- **Tier 3: Director-Level and External Agency Response.** Direct involvement of the Residential Program Manager, Director of Residential Operations, Executive Director, and external agencies such as law enforcement, DMH, EMS, or MMAC. Hospitalizations, law enforcement involvement, missing persons, deaths, catastrophic building damage, and any situation requiring regulatory notification.

► Fire Procedures

Step 1: Evacuate all individuals using the home's posted escape route. Close doors behind you but do not lock them. Use each individual's appropriate evacuation method (their wheelchair if safe, or a blanket drag if not). Know in advance who needs what kind of help.

Step 2: Call 911. Give the address of the ISL home.

Step 3: Account for everyone. Do not go back inside for any reason until the fire department says it is safe. If an individual attempts to re-enter the burning home, use MANDT techniques to physically restrain them if necessary to keep them safe until help arrives.

Be aware that some individuals may not understand the danger. Stay calm, speak clearly, and follow the procedure exactly. Do not stop to explain or negotiate during evacuation.

Step 4: Notify the on-call supervisor as soon as everyone is safely out.

Step 5: Every fire requires an incident report in SetWorks before the end of your shift. There are no exceptions.

► **Fire Drills**

Requirement	Detail
Frequency	8 drills per year.
Shift coverage	Across the year, drills must include at least 1 morning shift, 1 evening shift, and 1 overnight shift.
Sleep hour drills	2 of the 8 drills must occur during actual sleep hours. Individuals must be physically woken. Simulated sleep does not count. Sleep-hour drills count toward the overnight shift requirement; they are not separate from it.
Staff variation	Drills must involve different staff members across the year.
Blanket drag practice	If any individual in the home would require a blanket drag for evacuation, staff must practice the technique during fire drills. Practice is performed on a coworker, not on a supported individual.
New individual drill	A fire drill must be completed within 7 days of any new individual moving into the home. The entire home participates. Document the move-in date and the drill date.
Who schedules and runs the drill	ISL Management schedules. The DSPs on shift run the drill at the scheduled time.
Where documented	SetWorks, immediately after completion.
Staff knowledge	Staff must be able to explain the evacuation route, how to support individuals with mobility or sensory needs, and how to account for everyone.

► **Beeping Smoke Alarms**

If you notice a smoke alarm beeping (low battery chirp, malfunction, or any non-emergency alarm sound), notify the house chat right away so Maintenance is notified and can address it.

► **Tornado and Severe Storm Procedures**

Step 1: Move everyone to the shelter location indicated on the home’s posted emergency route. Use each individual’s appropriate method: walking with support, their wheelchair, or a blanket drag if needed. For individuals who use wheelchairs, lock the brakes once in the shelter location and position them away from windows.

Step 2: Cover everyone with blankets or cushions to protect from debris.

Step 3: Notify the on-call supervisor.

Step 4: After the storm, check the home for damage before re-entering any area.

Step 5: Complete an incident report in SetWorks only if the home was damaged, an individual was injured, or 911 or other emergency personnel were called. A drill or storm with no damage and no injuries does not require an incident report.

► **Severe Weather Drills**

Requirement	Detail
Frequency	3 drills per year.
Shift coverage	Drills must be varied across different shifts and times of year.
Sleep hour drills	At least 1 of the 3 must occur during actual sleep hours, with individuals woken and moved to the designated shelter-in-place location. Simulated sleep does not count.
Shelter location	Individuals must be taken to the shelter location identified on the home's posted emergency route. Practice using each individual's actual evacuation method.
Who schedules and runs the drill	ISL Management schedules. The DSPs on shift run the drill at the scheduled time.
Where documented	SetWorks, immediately after completion.

► **Medical Emergency Procedures**

Step 1: Call 911 immediately for any medical emergency.

Step 2: If the individual is not breathing, provide CPR per Policy R4.6 (DNR Policy) and your current CPR training.

Step 3: Stay calm. Reassure the individual. Do not leave them alone.

Step 4: Notify the on-call supervisor as soon as you can safely do so.

Step 5: When the individual is transported, make sure the appointment folder (medications, contact info, health plan) goes with them.

Step 6: Support other individuals in the home, reassure them, and complete all required incident and event reports before the end of your shift.

► **Medical Emergency Drills**

Requirement	Detail
Frequency	1 drill every 6 months (2 per year).
Realistic scenarios	Drills must reflect realistic scenarios for the individuals in the home. If an individual is diabetic, conduct a blood sugar emergency drill. If someone has a seizure history, include a seizure response drill.
Required actions	Drills must incorporate CPR and first aid actions where applicable,

Requirement	Detail
	include calling 911 and contacting the on-call supervisor or nurse, and account for any individual who requires physical support during transport or response.
Individual participation	Individuals do not need to participate in medical drills unless they want to or it is appropriate. The focus is staff training.
Who schedules and runs the drill	Nursing staff visit the home and run the drill.
Where documented	Nursing collects drill data on the nursing form and files it in Google Drive.

► Intruder Procedures

Step 1: Call 911 immediately. Give the address, describe the threat, and follow dispatcher instructions.

- **Step 2 (if safe to leave):** Evacuate everyone through the nearest safe exit and move far from the building. Use each individual's appropriate evacuation method.
- **Step 2 (if not safe to leave):** Move everyone to the designated safe room (the master bedroom). Use each individual's appropriate method to get them there. For individuals who use wheelchairs, lock the brakes once inside and position away from doors and windows. Lock or barricade the door. Turn off lights and silence phones. Have everyone stay low, quiet, and out of sight. Do not open the door until law enforcement identifies themselves and says it is safe.

Step 3: After the threat is over, follow law enforcement instructions before leaving the safe area. Check all individuals for injuries. Notify the on-call supervisor.

Step 4: Complete incident and event reports before the end of your shift.

► Intruder Drills

Requirement	Detail
Frequency	1 drill per year.
Required steps	The drill must practice the full lockdown procedure: securing individuals in the designated safe room, locking or barricading the door, silencing phones, and staying low and out of sight. Practice using each individual's actual mobility supports.
Staff knowledge	Staff must be able to explain the home's safety protocol and when to call 911.
Who schedules and runs the drill	ISL Management schedules. The DSPs on shift run the drill at the scheduled time.
Where documented	SetWorks, immediately after completion.

► Earthquake Procedures and Drills

Requirement	Detail
Frequency	1 drill per year.
Pre-drill setup	Safe spaces must be identified in each home before the drill.
For mobile individuals	Drop to hands and knees, cover under a sturdy table or against an interior wall away from windows, hold position.
For individuals using wheelchairs or who cannot drop to the floor	Lock wheelchair brakes, move away from windows, cover the person's head and neck, remain with them. For individuals who cannot use a wheelchair safely during an earthquake, support them in a position away from windows and falling objects.
Who schedules and runs the drill	ISL Management schedules. The DSPs on shift run the drill at the scheduled time.
Where documented	SetWorks, immediately after completion.

► Bomb Threat Procedures

Step 1: Stay calm. Take the threat seriously. Do not argue with or challenge the person making the threat.

Step 2: Call 911 right away. Give the ISL address, how the threat was received, the exact words used if you know them, and the time you received it. Follow all dispatcher instructions.

Step 3: After calling 911, notify the on-call supervisor with the same information.

Step 4: Evacuate only if directed by law enforcement or the on-call supervisor. Do not touch, move, or investigate any suspicious objects.

Step 5: Re-enter only after law enforcement declares the location safe.

Step 6: Complete an incident report before the end of your shift.

► Utility Failure Procedures

Power Outage

- Use flashlights. No candles or open flame.
- Check that everyone is safe and comfortable.
- If someone depends on power-dependent medical equipment, activate backup immediately (portable tanks, batteries, or relocation).
- Notify the on-call supervisor right away.
- An incident report is required only when emergency responders were called or involved, an individual was injured, or an individual on power-dependent medical equipment was affected and the situation required an emergency response or unplanned relocation. Routine outages where backup systems worked and no one was harmed do not require an incident report.

Gas Leak

- Evacuate immediately. Use each individual's appropriate evacuation method.
- Do not use light switches, electrical devices, or phones inside the home.
- Call 911 from outside.
- Notify the on-call supervisor once everyone is safe.

- Do not go back inside until the fire department or utility company says it is clear.
- Complete an incident report before the end of your shift.

Carbon Monoxide (CO) Alarm

- Evacuate immediately to fresh air. Use each individual's appropriate evacuation method.
- Call 911 and report the CO alarm.
- Notify the on-call supervisor.
- Do not re-enter until emergency responders say it is safe.
- Complete an incident report before the end of your shift.

Water or Sewer Failure

- Notify the house chat right away so Maintenance and ISL Management are aware.
- Follow Maintenance or on-call supervisor instructions for bottled water, hygiene, or temporary relocation.
- Water or sewer failure does not require an incident report.

► Maintenance Emergency Procedures

Maintenance emergencies include broken pipes or flooding, no heat or AC during extreme weather, electrical hazards, and sewage backup.

- **During business hours (Monday through Friday, 8 AM to 4 PM):** Notify the House Manager or Residential Program Manager, who will contact Maintenance.
- **After hours, weekends, and holidays:** Text the Maintenance Emergency Line at 660-563-0830. Then notify the on-call supervisor.
- **While waiting:** keep individuals safe and away from the hazard. If there is immediate danger (fire, gas leak, CO), call 911 first.

► Elopement (Missing Person) Procedures

If the individual has an elopement plan in their BSP or Safety Crisis Plan, follow that plan first.

Step 1: Check the immediate area: all rooms, closets, bathrooms, basements, yards, and vehicles. Call the person's name calmly.

Step 2: Expand your search to favorite spots and places the person usually goes. If two staff are on shift, one stays with the group while the other searches.

Step 3: If you do not find the person within a few minutes, or if the situation is unsafe, call 911 and your supervisor. Give a physical description and the last direction you saw the person go.

Step 4: The Residential Program Manager or Director of Residential Operations contacts the guardian directly. The Executive Director issues an agency-wide BambooHR announcement with the individual's identifying information.

Step 5: When found, check for injuries, provide reassurance, and return the person safely. Monitor closely for the rest of the shift.

Step 6: An incident report is required only when emergency responders were called or involved, the person was injured during the elopement, or the person was actually missing and could not be located by staff. Walking out of the house with staff following them is not an elopement and does not require an incident report.

► Behavioral Crisis Procedures

Step 1: If the individual has a BSP, follow it exactly. The BSP takes priority over general procedures.

Step 2: Keep everyone safe. Stay calm, move other individuals away from the area if needed, and reduce environmental triggers.

Step 3: For individuals without a BSP: use basic de-escalation (calm voice, give space, redirect), avoid power struggles, and contact the on-call supervisor for guidance.

- **Step 4:** If the situation is not getting better:
 - Contact the on-call supervisor immediately.
 - Physical intervention may be used when the individual or staff are in immediate danger, regardless of whether it is specifically authorized in the BSP.
 - Physical intervention may also be authorized in the individual's PCSP.
 - Any physical intervention must use MANDT-trained techniques only. No other form of physical intervention is permitted under any circumstances.
 - Seclusion, punishment, and unauthorized restraint are strictly prohibited.

Step 5: After the crisis, check for injuries, provide reassurance, and allow time for the person to regulate. Notify Behavior Services when crisis steps were required or injuries occurred.

Step 6: Complete all required incident reports and daily notes before the end of your shift.

► Catastrophic Building Emergency

A catastrophic emergency means the home has been seriously damaged and may not be safe to occupy: a missing roof, structural damage, or utilities that cannot be restored.

Step 1: Get everyone out safely using each individual's appropriate evacuation method. If there is immediate danger, call 911 first.

Step 2: Notify the on-call supervisor immediately. Stay with individuals and keep them safe.

Step 3: The on-call supervisor contacts Maintenance as soon as possible and arranges temporary housing. You do not need to arrange housing yourself.

Step 4: Complete an incident report in SetWorks before the end of your shift. The Director of Residential Operations and Executive Director will manage regulatory notifications.

► Emergency Staffing Shortage

When a staffing shortage threatens an individual's coverage:

Step 1: The established on-call system (Policy R1.4) is the first response.

Step 2: If on-call coverage cannot resolve the shortage, the escalation order is ISL Management, then Residential Program Manager, then Director of Residential Operations, then Executive Director. Any of these individuals may be required to work direct care to maintain coverage.

Running a home short-staffed is a last resort. It requires Director of Residential Operations approval and must be reported as a variance per Policy R6.3.

► Car Accident Procedures

Step 1: Pull over and stop the vehicle. Turn on hazard lights. Check all occupants for injuries.

Step 2: Call for help. Every accident must be reported to law enforcement:

- Call 911 immediately if anyone is injured, the vehicle cannot be moved, the accident involves another vehicle or pedestrian, or there is significant property damage.

- For minor accidents with no injuries and no significant damage, call the local police non-emergency line to report and request an officer if needed.
- There is no accident too small to report. Every accident gets a call.

Step 3: If the vehicle is safe, keep everyone inside with seatbelts on until help arrives. If the vehicle is unsafe, move everyone away from the roadway.

Step 4: Notify the on-call supervisor as soon as it is safe to do so. Give your exact location, who is with you, whether EMS and police are on scene, and whether anyone is injured.

Step 5: Stay with individuals. Reassure them. Do not argue or admit fault. Cooperate fully with law enforcement. Follow EMS directions if someone is transported. Make sure the appointment folder goes with the individual.

Step 6: Complete a written incident report before the end of your shift.

► Drill Exemptions

Individuals who are medically fragile are exempt from participating in emergency drills (fire, weather, earthquake, intruder). This exemption must be explicitly documented in the individual's PCSP stating that the individual is medically fragile and exempt from emergency drill participation due to medical risk.

► Drill Documentation

All drills are documented immediately after completion (in SetWorks for all drill types except medical, which Nursing files in the Nursing for Residential shared Google Drive folder). Documentation must include the type of drill, date and time, shift, staff members present, individuals who participated, and a brief description of the response. ISL Management is responsible for scheduling drills, ensuring documentation is completed, and tracking compliance across the year.

R5.2

Individual Death Policy

This policy explains what to do when an individual passes away while in services. Every step must be handled with dignity, respect, and care. The Executive Director's Office leads the formal response. Your job as direct staff is to call for help immediately and support everyone in the home.

► Step 1: Immediate Response

- Call 911 immediately and follow their instructions.
- Notify the on-call supervisor as soon as you are able to.
- Keep other individuals calm and away from the area.

► Step 2: Supporting Those in the Home

- Stay with housemates. Keep the environment calm as much as possible. Follow the administrator's instructions for the next step.

► Step 3: Documentation

- Staff must complete an Event Report in SetWorks within 24 hours of the death.
- The Residential Program Manager collects all supporting documentation, including medical information, incident details, and witness statements. Documentation must be kept secure.
- The Finance Director will finalize billing up to the date of death within seven days.
- All documentation is kept for a minimum of seven years per HIPAA and DMH record retention standards.

► Step 4: Mortality Review

The Executive Director's Office will lead a mortality review with nursing staff, Residential Program Managers, and behavior services staff as needed. The review covers the circumstances surrounding the death, the person's medical, behavioral, and service history, staff actions and response times, and any potential contributing factors or system issues. Findings are documented and submitted to DMH as required.

► Step 5: Supporting Housemates and Staff

The Department of Culture and Experience will arrange grief support for housemates and staff affected by the death. Counseling resources will be offered to both the individuals we support and employees.

R5.3

Individual Hospitalization and Bed Hold

When an individual we support is hospitalized, Abilities, LLC continues to hold their bed and their place in services for a defined period. This policy explains how long the bed is held and when service termination becomes possible due to extended hospitalization.

- Abilities, LLC holds the individual's bed during hospitalization.
- After 30 days of continuous hospitalization, the bed cannot be held if an appropriate referral to fill the spot is received.
- Abilities, LLC will not actively pursue a new individual to fill the bed or issue a service termination notice until 60 days of continuous hospitalization have passed.

R5.4

Delegations, Protocols, and Adaptive Equipment Policy

Some individuals we support have medical needs that require specific training before staff can help them. This policy explains the three types of medical support training you may need: nursing delegations, nursing protocols, and adaptive equipment training. You may not perform any delegated nursing task without being formally trained and cleared by nursing staff first.

► Nursing Delegations

A nursing delegation is a medical task that a Registered Nurse has assessed, determined it is safe to delegate, trained you on, verified your competency for, and formally documented. Only employees who have been trained, assessed, and formally delegated by a nurse may perform these tasks.

Examples of Delegated Tasks

Feeding tube care or administration, cough assist, suctioning, bolus checks, diabetic care including blood sugar checks and insulin administration, and specialized food preparation such as mechanical soft diets, pureed diets, and thickened liquids.

Training Process

- The CRN writes the delegation. Mealtime-related delegations (mechanical soft, pureed, thickened liquids) are typically trained by the LPN.
- Hands-on, in-person training is delivered by the assigned nurse.
- Staff must demonstrate competency to the nurse's satisfaction before being cleared.
- Completion of training is documented on the individual's delegation signature page, kept in the home.
- Annual retraining is required. The CRN tracks expiration dates and schedules refreshers.

► Nursing Protocols

A nursing protocol is a written set of instructions that tells staff exactly what to do in specific medical situations for a specific individual. Protocols cover routine care steps, what to monitor, when to escalate, and who to contact.

Examples of Protocols

Seizure protocols, fall protocols, behavioral health response protocols, communication device use, and feeding tube emergency protocols.

Training Process

- Staff must review and sign off on each protocol that applies to an individual they support before working with that individual.
- The CRN owns the signature page workflow. Active protocols and expired protocols are tracked separately on the signature page.
- Protocols are reviewed and updated as the individual's needs change. When a protocol is updated, all staff supporting that individual must re-sign.

► Adaptive Equipment

Some individuals use adaptive equipment such as wheelchairs, communication devices, lifts, slings, feeding pumps, or specialized seating. Staff must be trained on each piece of equipment they use to support an individual.

Examples of Adaptive Equipment

Power and manual wheelchairs, Hoyer lifts, transfer slings, AAC devices (such as Tobii or iPad-based communication), feeding pumps, and shower chairs.

Doctor-ordered communication devices

Some adaptive equipment, such as a Tobii or other AAC device, is ordered by a physician and integrated into the individual's daily life. For doctor-ordered communication devices:

- The RPM coordinates the order, vendor relationship, and any clinician follow-up appointments.
 - RPM creates training materials for the device.
- The HM owns staff training on use in the home and integration with the individual's daily routine.

Training Process

- In-person, hands-on training is delivered by ISL Management or by the equipment vendor when the equipment is new or specialized.
- Staff must demonstrate competency before using the equipment unsupervised with the individual.
- Adaptive equipment training is documented in BambooHR.
- Refresh training is provided when equipment changes, the individual's use of it changes, or a new staff member begins working with the individual.

► Cleaning and Maintenance of Adaptive Equipment

Equipment used by individuals must be kept clean and functional. ISL Management owns the cleaning schedule and tracks completion in SetWorks. Maintenance issues with equipment go to the Maintenance Department. Issues with the equipment's clinical fit or use go to nursing or the prescribing clinician.

R5.5

Controlled Medication Policy

Controlled medications require careful tracking, secure storage, and exact documentation. The rules in this policy are not optional. They are how we protect the individuals we support and how we protect ourselves.

► Storage Requirements

All controlled medications must be stored double-locked, meaning two separate physical locks, each requiring its own key. The standard setup is a locked bag or box inside a locked cabinet. Controlled medications must be stored separately from all other medications.

Refrigerated controlled medications must be stored in a locked container inside a locked refrigerator, or in a locked bag inside the fridge if a locked refrigerator is not available.

► When a Narcotic Is Brought Into the Home

When a controlled medication is brought into the home for the first time, or when a refill is delivered, the person delivering the medication participates in the initial count alongside ISL Management. Log the medication on the narcotic count sheet and both parties sign before the medication is placed in storage.

► How to Count

Controlled medications are counted by hand and documented at every shift change.

What Counts as a Shift Change

- Outgoing DSP and Incoming DSP both present. The incoming staff member counts. The outgoing staff member observes. Both sign.
- Outgoing DSP only present (no incoming staff yet). The outgoing staff member counts alone and signs. The next staff to arrive counts again and signs.
- Incoming DSP only present (no outgoing staff). The incoming staff member counts alone and signs. The previous staff signature on the prior shift's count stands.

Steps to Complete a Count

- **Step 1:** Open the locked storage and take out the medication.
- **Step 2:** Count the actual quantity on hand.
- **Step 3:** Compare to the documented quantity on the narcotic count sheet.
- **Step 4:** Document the count, date, time, and sign per the shift change rules above.
- **Step 5:** Return the medication to double-locked storage.

► After Administering a Controlled Medication — Update the Narcotic Log Immediately

Every time a controlled medication is administered, update the narcotic log right away. Do not wait until the end of shift.

- Date and time of administration.
- Medication name and dose given.
- New total on hand (subtract the dose given from the prior total).
- Administering staff signature and witness signature.

Example: The prior total on hand is 50. You give 1 dose. You record the new total as 49, with both your initials and the witness initials.

► Correcting a Log Error

If you find an error on the narcotic count sheet, do not erase, white out, or scribble over it. Draw a single line through the error, write the correction next to it, and initial. Then notify the House Manager.

► What to Do if a Count Is Wrong

If the actual quantity does not match the documented quantity:

- Do not assume an error. Do not adjust the count to make it match.
- Recount the medication immediately to make sure you did not miscount.
- If the count is still wrong, notify the House Manager and Residential Program Manager right away.
- The House Manager investigates and documents what happened. Any unaccounted-for controlled medication is a serious compliance event and is reported per Policy 6.2 of the Employee Handbook (Abuse and Neglect) and to law enforcement when appropriate.

R5.6

Medication Administration Policy

Every medication we give in our homes affects someone's health and safety. This policy explains how medications are administered, documented, stored, disposed of, and reviewed. It applies to all staff who handle, administer, or supervise medication in any ISL home.

► Authorized Staff

Only Level I Medication Aides (LIMAs) who have completed the required 16-hour course and any required refreshers may administer medications. Staff who are not certified may not pass medications under any circumstances. See Policy R7.2 for training requirements.

► Administering Medications

Staff use the eMAR (electronic Medication Administration Record) for every dose. Follow the Six Rights of medication administration every time:

- **Right Individual** — verify the person.
- **Right Medication** — verify the label.
- **Right Dose** — verify the amount.
- **Right Route** — verify oral, topical, etc.
- **Right Time** — verify the scheduled time.
- **Right Documentation** — sign the eMAR immediately after administration.

If any of these is wrong or unclear, stop and contact the on-call nurse before administering.

► Routine Medication Storage

Routine (non-controlled) medications are stored in the locked medication cabinet at the home. Refrigerated medications go in the designated medication area of the fridge, separate from food. Each individual's medications are kept separately and clearly labeled.

► Discontinued, Expired, and Unused Medications

- Any discontinued, expired, or unused medication is removed from active storage immediately.
- Discontinued and expired medications are placed in a designated disposal container at the home for transport to the office nurses.
- The disposal container is labeled with the individual's name and "medications for destruction."

- ISL Management transports the disposal container to the office nurses, who handle final destruction per state and federal disposal requirements.
- For controlled medications being destroyed: count the controlled medication first, deduct the quantity from the narcotic log at the time it is removed from storage, and have both ISL Management and the collecting nurse sign the narcotic count sheet at handoff.
- All destruction is documented in the individual's SetWorks file under Destroyed Medications.

► Individual Self-Administration

Abilities, LLC promotes individual independence and treats every medication administration time as an opportunity for education and skill-building. Self-administration is encouraged when appropriate and documented.

- **Independent Self-Administration:** The individual independently manages and takes their medications without staff assistance of any kind, from beginning to end. This means the individual handles every step of the process on their own: getting the medication out, opening the package, identifying the correct dose, and ingesting the medication.
- **Supervised Self-Administration:** The individual ingests their medication while staff provide supervision or assistance approved in the PCSP. This may include popping medications from bubble packs, placing medications in a cup, reading labels, or verbal prompting. At both levels, the individual is the person who ingests the medication.

Eligibility Requirements

Self-administration must be documented in the individual's PCSP including the level (independent or supervised); a physician or licensed nurse must determine the individual is capable; and the Nursing Team must complete and document an assessment confirming ability and approved level of support.

eMAR Documentation

Staff must select the correct eMAR option (Independent Self-Admin or Supervised Self-Admin) that reflects the actual level of support provided. Staff may not sign or initial the eMAR as if they administered the medication when the individual self-administered, even when staff provided approved supervision or physical assistance.

► Staff Medications

- Staff who bring personal medications into the home are responsible for proper storage at all times.
- All staff medications, including over-the-counter items, must be stored locked in the designated staff area.
- Staff medications may not be stored in the medication cabinet or any area used for individuals' medications.
- Staff may not purchase medications and bring them into the home for individuals.
- Staff may not bring personal medications from home for use by individuals.

► Staff Teaching Responsibilities

Staff should actively engage individuals during medication administration in a respectful, age-appropriate, and person-centered manner. Staff should encourage individuals to learn the name of their medications, understand the reason for each, recognize dosages and timing, and ask questions. Teaching must be ongoing, informal, and adjusted to the individual's communication style and readiness. Individuals are not required to participate if they choose not to at a given time.

► Nursing Monthly Medication Reviews

The Nursing Department completes a monthly medication review for each home covering verification of medication accuracy against the eMAR, review of disposal documentation, controlled medication count verification, and any required follow-up training or coaching for staff. Findings are documented and shared with ISL Management.

► Incentive and Compliance

The Nursing Department runs an internal medication safety incentive program for ISL homes with consistently strong eMAR documentation and zero discrepancies. Details are communicated by Nursing. Repeated medication errors or documentation failures are addressed through coaching and corrective action.

R5.7

Incident Report Debrief Process — In Development

The agency is developing a formal incident report debrief process that will define when an incident triggers a debrief beyond the standard incident report, which department leads the debrief based on the type of incident (behavior, nursing, culture, leadership), and how the debrief is documented.

Until the formal process is published, incident review continues under the current Quality Assurance Professional and supervisor workflow. This section will be updated when the formal debrief process is in place.

CHAPTER

6

Program and Operations

This chapter covers the operational systems that hold residential services together: implementation strategies, quality assurance, variance reporting, individual intake and discharge, appointment tracking, monthly reviews, documentation systems, workflow tools, and benefits maintenance.

R6.1

Implementation Strategy Policy

Implementation strategies are how PCSP outcomes get carried out in real life. Every individual's PCSP includes specific outcomes, and each outcome has an implementation strategy that tells you how to support the person in working toward that outcome. Following the strategy as written is a Medicaid billing compliance requirement. It is also how we honor what the individual said they wanted in their plan.

► What Implementation Strategies Are

An implementation strategy is the specific, written plan for how staff support an individual in working on a PCSP outcome. The strategy includes the outcome itself, the steps staff take, how often the activity should occur, and how progress is tracked.

► Your Responsibilities

- Read each individual's implementation strategies. A printed copy is kept in the home, and SetWorks holds the permanent record under the individual's profile.
- Follow the strategy exactly as written. Do not improvise, change the steps, or substitute your own approach.
- Document each implementation in SetWorks at the time it happens, including whether the individual participated, refused, or had support adjusted, and any relevant detail about how it went.
- If you notice an implementation strategy is not working, is not realistic, or is causing problems for the individual, tell your House Manager or Residential Program Manager. Implementation strategies are designed to be reviewed and adjusted. Your input matters.

► Refusals and Documentation

If an individual refuses to participate in an outcome, document the refusal in SetWorks at the time it happens. Do not skip the documentation, force participation, or pretend the activity occurred. If an individual refuses every implementation of an outcome for an entire month, the Residential Program Manager documents that pattern in the monthly review and the team revisits the strategy.

► PCSP Outcomes vs. Behavior Services Tracking

PCSP outcomes are tracked separately from behavior services data. If an individual has both a PCSP outcome and a Behavior Support Plan goal, the documentation lives in two different places: the PCSP outcome documentation lives in SetWorks under implementation strategies; the BSP data lives wherever Behavior Services has directed (SetWorks, paper, or another system per Policy R3.2). One does not substitute for the other. Both must be completed as written.

R6.2

Quality Assurance Professional (QAP) Policy

The Quality Assurance Professional ensures that all residential documentation, financial records, and individual service records meet Abilities, LLC standards and DMH compliance requirements. The QAP is supervised jointly by the Director of Residential Operations and the Finance Director.

► Documentation Compliance

- Review Activity Records in SetWorks for completeness, accuracy, and compliance with Policy R3.1.
- Send Activity Record Exception forms via BambooHR when records are missing or have been deleted.
- Track patterns of non-compliance and report them to the Director of Residential Operations and ISL Management.
- Support training on documentation standards as needed.

► Individual Finances

- Maintain accurate financial ledgers for each individual.
- Process individual financial transactions in accordance with the Finance Department's procedures.
- Reconcile individual finances on the cadence established by the Finance Department. The Finance Director reconciles all accounts in which the QAP makes ledger entries.
- Flag any concerns about individual financial activity to the Finance Director immediately.

► Records Management

- Maintain organized SetWorks files for each individual per Policy R6.9.
- Ensure required documents are filed in the correct subfolders.
- Support audit and survey readiness across all individual records.

► Working with Other Departments

- Coordinate with Residential Program Managers and ISL Management on documentation issues at the home level.
- Coordinate with Nursing on medical records and physician orders.
- Coordinate with Finance on individual financial matters and reconciliation.
- Coordinate with the Due Process Manager on rights restriction documentation.

R6.3

Variance Reporting Policy

Variance and Over-Served Variance are Medicaid billing terms. Residential staff do not calculate these, but understanding them explains why accurate documentation matters.

- **Variance:** a service was paid for but was not delivered. The agency returns the money to MMAC.
- **Over-Served Variance:** a service was delivered above what was budgeted. The agency reports it to REDCap.

► When Variance and Over-Served Variance Occur

- **Calendar-driven:** automatic every month. A 31-day month = 1 day Over-Served Variance. A 28-day February = 2 days Variance.
- **Event-driven Variance:** individual absent, hospitalized, discharged mid-month, or has authorized alone time.
- **Event-driven Over-Served Variance:** individual refuses day program, behavioral event requires higher staffing, support-ratio change, or individual admitted mid-month.

► How Variance and Over-Served Variance Are Reported

- The Executive Director calculates hours affected for each event (authorized monthly hours divided by 30).
- The Executive Director prepares the MMAC worksheet for Variance.
- The Executive Director submits Over-Served Variance to REDCap within 30 days of the end of the plan year, and then to MMAC.
- Residential staff support this by keeping documentation accurate and reporting service changes promptly.

Cross-reference: Finance Department Handbook, Policy F4.6 (ISL Variance Billing).

► What Happens After Submission

The Director of Residential Operations reviews the calculation with the RPM to confirm the service delivery record. The Executive Director reviews and submits to MMAC. MMAC adjusts payment on a future remittance. The QAP reviews variance patterns in monthly compliance reporting.

R6.4

Individual Intake Policy

Bringing a new individual into services is a careful process. Before anyone moves in, the team must determine that Abilities, LLC can safely and appropriately meet the person's needs, that the home is the right environment, and that the existing housemates and the new individual will be compatible. Once the team agrees, intake follows a structured timeline so the individual has everything in place before they arrive and during their first weeks.

► Pre-Intake Decision Process

Before an intake date is set, the team reviews the referral together:

- **Step 1:** The Executive Director receives the referral and shares the information with the Director of Residential Operations, the relevant Residential Program Manager, the BCBA, and the Community Registered Nurse.
- **Step 2:** The team reviews the individual's history, support needs, medical needs, behavioral profile, and the home where the individual would be placed.
- **Step 3:** The team agrees on whether Abilities, LLC can safely and appropriately serve the individual. The Executive Director communicates the decision to the referring party.
- **Step 4:** A team meeting is scheduled so the individual can visit the home and meet staff before any final commitment to move-in.
- **Step 5:** If accepted, Abilities, LLC sets a move-in date with the referring party, the individual, and the guardian or family.

► Pre-Move-In Preparation

Once a move-in date is set, ISL Management and the Residential Program Manager prepare the home and the team:

- ISL Management prepares the bedroom and personal space, makes sure shared spaces are ready, and addresses any environmental modifications needed.
- The Residential Program Manager makes sure all current staff at the home are introduced to the new individual's information and any specific support needs.

- Nursing reviews medical orders, sets up the eMAR, and arranges for needed medications to be available on move-in day. The Community Licensed Practical Nurse drafts the Physician's Orders. The Community Registered Nurse signs delegations and protocols when applicable.
- Behavior Services, when the individual will receive behavior services, prepares any BSP, behavior tracking, or AbiliBucks materials.

► Move-In Day

The Residential Program Manager and the assigned ISL Management team are present for move-in. ISL Management welcomes the individual and supports them in settling into their bedroom and personal space.

- Complete the personal property inventory per Policy R4.4.
- Complete the home walkthrough with the individual.
- Introduce the individual to housemates and any staff present.
- Confirm all medications and supplies are at the home.
- ISL Management ensures appointment folders, contact information, and emergency information are in place.

► First Two Weeks

- The Residential Program Manager checks in with the individual, ISL Management, and direct staff regularly during the first two weeks.
- Nursing visits within the first week to complete an in-person nursing assessment.
- If the individual will receive behavior services, the assigned BCBA visits within the first week to begin assessment and team coordination.
- A fire drill is completed within 7 days of move-in per Policy R5.1.
- Any concerns or adjustments are surfaced to the Director of Residential Operations.

► Staff Roles in Transition

- **Residential Program Manager:** leads the home-level transition, ensures all systems and supports are in place, and is present for move-in day.
- **ISL Management:** prepares the home and bedroom, supports day-of arrival, completes property inventory and walkthrough, and orients the new individual to the home.
- **Maintenance:** assists with the physical move-in, including moving furniture and belongings, hanging items, and home setup.
- **Nursing:** ensures medical orders are signed, eMAR is set up, medications are available on move-in day, and an in-person nursing assessment is completed within the first week.
- **BCBA (when behavior services apply):** begins assessment and team coordination during the first week of services.
- **Direct Support Professionals:** review the new individual's PCSP, BSP, POS, and other documentation before working a shift, and welcome the individual into the home with respect and care.

R6.5

Transitions and Discharge Policy

Sometimes an individual's living situation needs to change. They may move to a different home, move out of services, transition to a different provider, or be discharged. Every transition must be handled carefully, with the individual at the center of the planning. This policy explains how transitions and discharges are managed.

► Planned Transitions Within Abilities, LLC

If an individual is moving from one Abilities home to another:

- The team meets to discuss the move and confirm the new home is appropriate.
- The Residential Program Manager coordinates the move with the individual, guardian, support coordinator, and any clinical or behavioral team members.
- The new home receives a complete copy of the PCSP, POS, BSP, AbiliBucks plan, and other support documentation before move-in.
- The personal property inventory is updated.
- Both ISL Management teams (the home leaving and the home receiving) communicate during the move to ensure continuity of care.
- After move-in, the RPM schedules two house meetings at the office to confirm the transition is going well: one a week after move-in and one at thirty days.

► Transitions to Another Provider

If an individual is leaving Abilities, LLC for another provider:

- The Executive Director coordinates with the support coordinator and the receiving provider.
- The Residential Program Manager prepares the records package: PCSP, POS, BSP, AbiliBucks plan, monthly reviews, and any other relevant documentation.
- Nursing prepares medications for transfer.
- The Finance Director closes out the individual's accounts up to the discharge date.
- ISL Management supports the individual in packing and moving their belongings.
- All required regulatory notifications are completed by the Executive Director.

► Service Termination

In rare circumstances, Abilities, LLC may need to discharge an individual from services. This decision is never made by a single person and follows a formal process led by the Executive Director.

- Reasons may include extended hospitalization (per Policy R5.3), a documented inability to safely meet the individual's needs, or persistent behaviors that pose ongoing safety risks that cannot be addressed within current resources.
- The Executive Director provides written notice to the individual, guardian, and support coordinator with at least 30 days advance notice except in emergency situations.
- The Director of Residential Operations supports the team during the transition.
- All required regulatory notifications are completed.

R6.6

Appointment Tracker Policy

Each home tracks all medical appointments using the shared Google Drive folder titled "Residential for ISL Management." This is the single source of truth for what appointments are scheduled, what has happened, and what follow-up is needed. Keeping this tracker current is one of the House Manager's most important responsibilities.

► Who Maintains the Tracker

- ISL Management is responsible for keeping the appointment tracker accurate and current. In some homes, this responsibility is shared between ISL Management and whoever handles the individual's appointments day to day.

- The Assistant House Manager and Residential Program Manager support and back up the House Manager when needed.

► What Goes in the Tracker

- Date of the appointment.
- Appointment type (Scheduled, Urgent Care, etc.).
- Physician name.
- Location.
- Whether the appointment was completed (Yes or No).
- Comments: outcomes, follow-up needed, new prescriptions, and any notes from the visit.
- Whether there were medication changes (Yes or No).
- Whether documents have been uploaded to SetWorks (Yes or No).

► Updating the Tracker

Update the tracker as soon as anything changes: new appointment scheduled, appointment rescheduled or cancelled, appointment completed, or follow-up actions identified.

R6.7

PCSP Monthly Reviews Policy

Every individual's PCSP outcomes are reviewed every month. The monthly review is the formal record of what is working, what is not, and what needs to change. The Residential Program Manager owns each review.

► Who Owns the Monthly Review

- The Residential Program Manager writes and signs the monthly review for each individual at their assigned homes.
- The Support Coordinator signature is required for the monthly review to be considered complete.

► Timeline and Distribution

- The Residential Program Manager sends the signed monthly review to the Support Coordinator via BoldSign by the 15th of the month for the prior month.
- The Residential Program Manager sends a copy of the monthly review to the legal guardian by the same 15th-of-the-month deadline. The guardian copy can be sent before the Support Coordinator signature is received because Support Coordinator turnaround can take time. The guardian receives the review on schedule regardless.
- Once the Support Coordinator signs and returns the review, the completed review is uploaded to the individual's SetWorks file.

► What the Monthly Review Includes

- Progress on each PCSP outcome for the month.
- Implementation strategy data and any patterns of refusal, with documentation when an individual refused an outcome for the entire month.
- Health and safety updates, including incidents, hospitalizations, medication changes, and emergency events.
- Service delivery summary, including any variances reported during the month.
- Recommendations for the next month.

R6.8**Working Documents in the Home**

Some individual documents need to be available on paper in the home at all times so staff and the individual can reference them quickly during a shift. Other records live in SetWorks as the system of record. This policy explains the difference.

► **What Lives on Paper in the Home**

The following documents are kept on paper in the home as working clinical references for staff and the individual to access during a shift:

- Person-Centered Support Plan (PCSP)
- Behavior Support Plan (BSP)
- Nursing delegations and protocols
- Physician's Orders (POS)
- AbiliBucks plan, when applicable
- Behavior tracking sheets

► **What Lives in SetWorks**

SetWorks is the system of record for the individual's full file. This includes:

- Medical records, consults, labs, and imaging.
- Financial records and ledgers.
- Signed monthly reviews.
- Signed leases, signed annual records, and signed delegations and protocols.
- Audit trail and historical records.
- Anything that does not need to be at staff or individual fingertips during a shift.

► **Why It Works This Way**

Working clinical references on paper at the home give staff and the individual fast, reliable access during a shift, including during emergencies and times when SetWorks may not be accessible. SetWorks as system of record gives the agency a complete, secure, retrievable file for compliance, audit, and continuity of care.

R6.9**SetWorks Folder Structure Policy**

Each individual's SetWorks file is organized into a defined folder structure. This consistency is what allows audits, surveys, and routine compliance reviews to find what they need quickly. House Managers, Assistant House Managers, Residential Program Managers, the QAP, Nursing, and Behavior Services all upload to specific folders for specific purposes.

► **Who Can Upload to SetWorks Folders**

Only ISL Management and above (House Manager, Assistant House Manager, Residential Program Manager, and any administrative role) may upload documents to SetWorks. Direct Support Professionals do not upload directly. DSPs hand documents to ISL Management to upload.

► **Standard Folder Structure**

Each individual's SetWorks file uses the following folder structure. Year-specific folders are created annually.

[Year] Medical

- Adaptive Equipment
- Delegations & Protocols
- Destroyed Medications
- Immunizations
- Labs & Imaging
- Medical Documents
- Narcotic Counts
- Nursing Summaries
- Physician's Orders

Behavior Services

- Assessments
- BSPs
- Monthlies

Finances

- Bank Statements
- Tax Documents > [Year]
- EBT Receipts > [Year]
- PSA
- SSA/SSI Documents > [Year]
- UR Packets
- Variance

Mileage > [Year] > [Vehicle]

Misc.

- Adaptive Equipment Cleaning
- Consents
- HCBS Handbook
- Identification
- Leases
- Risk Assessments

Pre-SETworks

[Year] PCSP

- ABI Monthlies
- Due Process
- Implementation Strategies
- PCSPs & Addendums
- SC Monthlies

► Naming Conventions

Files uploaded to SetWorks must use a consistent naming convention so they can be found later.

- **Format:** MM.DD.YYYY-Documents-DescriptiveDetail
- **Examples:** 04.15.2026-POS-Quarterly | 03.22.2026-Labs-CBC
- Avoid spaces, special characters, and abbreviations that future staff may not recognize.

R6.10

Monday.com Workflow Policy

Monday.com is the agency's project and task tracking system. Residential uses Monday.com for the variance board, certain operational workflows, and cross-departmental coordination. This policy explains how residential staff use Monday.com.

► Who Uses Monday.com

- Residential Program Managers, the Director of Residential Operations, and the Executive Director use Monday.com regularly.
- House Managers and Assistant House Managers use Monday.com for variance reporting and any boards their RPM has assigned them to.
- Direct Support Professionals do not have Monday.com access.

► Variance Board

See Policy R6.3 for variance reporting requirements. The Variance board lives in Monday.com and is the system of record for all residential variances.

► Other Boards

RPMs and the DRO may use additional boards for project tracking, cross-departmental coordination, and operational workflows. Any new board that involves residential staff must be communicated by the DRO before staff are expected to use it.

R6.11

Guardian-Sent Extra Funds Policy

Sometimes a guardian sends extra money to an individual we support. This can be a one-time gift, a holiday or birthday gift, or a recurring transfer. Residential's role is to keep these funds moving cleanly to Finance and to follow the spending direction Finance provides. Finance handles all account routing, deposit, and accounting. See the Finance Department Handbook for the full handling and reporting workflow.

► RPM Workflow

- Forward every guardian email about extra funds to the Finance Director immediately, before the funds arrive. The forward is the trigger that puts the funds on Finance's radar.
- Wait for direction from the Finance Director before any spending occurs. The Finance Director confirms when funds have arrived and tells you how the funds are to be spent.
- Coordinate the spending at the home per the Finance Director's direction.
- Collect every receipt for every purchase and forward them to the Finance Director for processing.
- Do not commingle guardian-sent funds with home expenses, household supply purchases, or any other ledger.

► Why This Matters

Funds sent by a guardian must have a complete accounting trail from the moment they arrive to the receipts that go back. Residential's piece is small but critical: forward the email, follow direction, return receipts. Finance handles the rest.

R6.12**Benefits Maintenance Policy**

Every individual we support depends on their benefits being active. EBT and Medicaid in particular keep food on the table and keep medical care, prescriptions, and our HCBS billing intact. A lapse is not a paperwork problem. A lapse means the individual loses access to food, medication, or services, and the agency loses the ability to bill for the care we are providing. The Residential Program Manager is the residential role accountable for keeping these benefits active at all times.

► RPM Accountability

The RPM is responsible for ensuring that EBT and Medicaid stay active for every individual on their caseload. This includes initial applications, renewals, and any documentation required to keep benefits in place. Some guardians complete these applications and renewals themselves. Some guardians require the agency to complete them. Either way, the RPM is the residential role accountable for the outcome. If the benefits lapse, residential owns the lapse.

► Working with Guardians

- If the guardian completes EBT and Medicaid applications and renewals, the RPM tracks the dates and confirms with the guardian before deadlines that the work is being done.
- If the guardian requires the agency to complete applications and renewals, the RPM completes them or coordinates completion through the proper agency staff.
- If the RPM identifies a lapse, an upcoming renewal, or a missing application, the RPM notifies the guardian immediately and documents the notification.
- If the guardian does not respond or does not act, the RPM escalates to the Director of Residential Operations and continues working the issue. Silence from a guardian is not an excuse for letting benefits lapse.

► Tracking and Documentation

- The RPM maintains a current record of EBT and Medicaid status, renewal dates, and required documentation for every individual on their caseload.
- All correspondence with guardians about benefits is documented and kept in the individual's SetWorks file.

R6.13**Sub-Lease Agreement**

Each individual living in an Abilities ISL has a sub-lease agreement signed by the individual and/or their guardian and the Executive Director. Abilities, LLC holds the master lease with the property owner; the sub-lease is between the individual and Abilities.

- The Finance Director sends sub-leases to individuals and guardians by December 1 each year for January 1 renewal.
- Signed sub-leases are uploaded to SetWorks under Files > Misc. > Leases.
- Unsigned or draft sub-lease documents are never uploaded to SetWorks.

Cross-reference: Finance Department Handbook, Policy F6.1 (Sub-Lease Process).

R6.14**Monthly PSA Ledger Send to Guardians**

Each month, the Residential Program Manager sends each individual's PSA Ledger for the previous month to the guardian by the last day of the current month. This is an RPM-owned monthly task.

- The RPM sends the ledger directly to the guardian.
- The Finance Director does not send the ledger.
- The Finance Director answers specific questions and handles any problems or issues that arise from the ledger.

Cross-reference: Finance Department Handbook, Policy F2.3 (Monthly Reports to Guardians).

CHAPTER

7

Training and Development

This chapter covers residential-specific training: home-specific orientation, training shifts, ongoing training requirements, and the principle that drives our training delivery standards. Universal training policies are in Chapter 7 of the Employee Handbook. The Department of Culture and Experience owns training delivery standards across the entire agency.

R7.1

Home-Specific Training Policy

Before you work independently at any home, you must complete the home-specific training for that home. This includes hands-on experience with each individual you support, the home's daily routines, the home's emergency procedures, and the systems that home uses. Home-specific training is required for every home you are scheduled at, including homes you pick up shifts at occasionally.

► Training Shifts

Training shifts are scheduled in WhenToWork as purple shifts. Purple shifts are paired with an experienced staff member who shows you how the home runs, introduces you to each individual, and supports you in learning the systems.

- New employees complete training shifts as part of orientation.
- Existing employees moving to a new home complete training shifts before working independently at that home.
- All training shifts at a home must be completed before you are scheduled to work solo at that home.
- Calling in to a training shift during your first 60 days results in immediate termination per Policy R1.1.

► Minimum Training Days at Time of Hire

New employees complete a minimum of 6 in-home training days at time of hire. Some homes require more. Knob ISL, for example, requires 8 or more in-home training days for new employees because of the complexity of the home and the level of support the people who live there need. The exact number of training days for any new hire is set by the DRO based on the home, the new employee, and that employee's experience.

► Home-Specific Training Checklists

The agency is in the process of developing home-specific training checklists for each ISL. These checklists will list every task, routine, individual-specific support, and system that a new staff member must learn at that home before working independently. Once implemented, the home-specific training checklist becomes the formal record of home-specific training completion.

► What Home-Specific Training Covers

- Hands-on introduction to each individual you will support, including their PCSP, BSP, POS, and any individual-specific delegations or protocols you must follow.
- The home's daily routines, including morning, evening, and overnight expectations.
- The home's emergency procedures, including the posted evacuation route, shelter location, and how to support each individual during emergencies (per Policy R5.1).
- SetWorks, the documentation system.

- Where supplies, equipment, and emergency resources are kept.
- Communication tools used at the home, including the house Google Chat.

R7.2

Ongoing Training Requirements

Working in residential services requires ongoing training. Some training is required by Missouri DMH regulations, some is required by the agency to meet standards of care, and some is specific to the individuals you support. This policy lists the training requirements that apply to all residential direct care staff.

► **Training Delivery Standards**

Skill-based training requires demonstrated competency in person. Awareness-based training is satisfied by reading and signing acknowledgment. The Department of Culture and Experience sets and enforces training delivery standards across the entire agency, regardless of the content or department. Read-and-sign is not training when the topic requires the staff member to be able to do something. Confirming awareness of a policy is not the same as being able to perform a task safely.

Skill-based topics that require in-person demonstrated competency include: CPR, First Aid, MANDT physical interventions, medication administration, nursing delegations, adaptive equipment, communication devices set up by Behavior Services, Tools of Choice, and any individual-specific support technique.

Awareness-based topics that may be satisfied by reading and signing acknowledgment include: handbook policies, code of conduct, agency mission and values, and confidentiality and HIPAA basics.

► **Training Requirements**

Training	Frequency	Notes
CPR	Initial at hire, refresher every 2 years	In-person hands-on demonstration required.
First Aid	Initial at hire, refresher every 2 years	In-person hands-on demonstration required.
MANDT modules	Initial at hire, one-time	Online modules covering the foundation.
MANDT in-person physical intervention	Initial at hire, refresher annually	MANDT is the only physical intervention training authorized at Abilities, LLC. No other physical intervention technique is permitted.
Tools of Choice (online modules)	Initial at hire, one-time	Foundational positive behavior support modules.
Tools of Choice (in-person)	16-hour course at hire, 4-hour refresher annually	Owned and delivered by the Department of Culture and Experience. See description below.
Level I Medication Aide (LIMA)	16 hours at hire, 4-hour refresher every 2 years	Required for any staff who administers medications. Also referred to as DD Medication Aide.

Training	Frequency	Notes
Documentation training (SetWorks)	Initial only	Refreshed if/when SetWorks changes.
PCSP training (per individual)	Annually for each individual you support	Skill-based. Includes implementation strategies and outcomes.
BSP training (per individual)	Annually for each individual with a BSP you support	Skill-based. Delivered by the Behavior Services Department.
Nursing delegations (per individual)	Annually and when needs change	Skill-based. In-person, signed off by nursing.
Nursing protocols (per individual)	When the protocol is added or updated	Signed acknowledgment of each protocol.
Adaptive equipment (per piece)	When equipment is added or use changes	In-person, signed off by ISL Management.

► Tools of Choice

Tools of Choice is a positive behavior support training program. It teaches staff foundational positive supports for working with the people we serve. It works alongside MANDT, which is our crisis intervention training. Tools of Choice gives you the everyday tools to support people in healthy, dignified, person-centered ways. MANDT gives you the tools for those rare moments when crisis intervention is necessary. Both are required.

The Department of Culture and Experience owns Tools of Choice training. The DCE delivers the in-person 16-hour course at hire and the 4-hour annual refresher.

► Individual-Specific Training

Beyond the agency-wide training requirements above, you must be trained on each individual you support. This includes their PCSP, their BSP if applicable, their POS, any nursing delegations or protocols that apply to them, any adaptive equipment they use, and their communication device when applicable. Individual-specific training is required before you work independently with that individual and is refreshed at least annually or whenever the individual's needs change.

► Tracking and Compliance

- All required training is tracked in BambooHR.
- If you call in to a scheduled training session, your certification lapses. A lapsed certification means you cannot legally administer medications or perform delegated nursing tasks until it is reinstated.
- Repeated failure to complete required training may result in corrective action up to and including termination.
- The QAP is responsible for scheduling DSPs for required ongoing training and tracking completion.

CHAPTER

8

Home Operations

This chapter covers the day-to-day operational expectations for ISL homes: cleanliness, household supplies and stocking, and transportation. The standard is consistent: every home is someone's actual home, and it should look and feel that way every shift.

R8.1

Cleanliness Policy

Every Abilities home is someone's home. It should always feel that way. A clean, organized, comfortable home protects the health of the people we support, makes daily routines easier, and reflects the respect we have for them. This policy sets the cleanliness standards expected at every home.

► Daily Cleaning Standards

Note: Mopping floors is done only on overnight shifts. Wet floors during active day and evening shifts create a fall risk for the individuals we support.

- **Kitchen:** dishes washed and put away after each meal; counters wiped after each use; floors swept daily.
- **Bathrooms:** toilets, sinks, and floors cleaned daily.
- **Common areas:** surfaces wiped, floors swept or vacuumed, and clutter cleared daily.
- **Bedrooms:** cleaned daily with the individual's involvement, respecting their personal space and preferences.
- **Trash:** all trash taken out daily.

► Weekly Cleaning Standards

- **Bathrooms:** deep cleaned, including showers, tubs, and grout.
- **Floors:** mopped throughout the home.
- **Kitchen:** refrigerator wiped down and expired food removed; appliances cleaned.
- **Bedding:** sheets washed for every individual.
- **Laundry:** all individuals' laundry kept current and never allowed to pile up.

► Monthly Cleaning Standards

- Refrigerator and freezer fully emptied and cleaned.
- Oven and microwave deep cleaned.
- Vents, fans, and baseboards dusted.
- Cabinets organized and wiped.

► Universal Precautions

- **Gloves:** wear gloves when cleaning bodily fluids, handling soiled laundry, supporting personal hygiene tasks that may involve contact with bodily fluids, and any other task where contact with bodily fluids is possible. Gloves are not required for routine medication administration. However, gloves ARE required when administering medications by routes that may involve contact with bodily fluids: suppositories, eye drops, ear drops, and topical applications to broken skin.
- **Hand washing:** wash your hands with soap and warm water before food prep, after using the bathroom, after personal care tasks, and after cleaning.

- **Disinfecting:** high-touch surfaces (light switches, doorknobs, handrails, faucets) must be disinfected daily.
- **Bodily fluid spills:** clean immediately using gloves and approved disinfectants. Dispose of contaminated materials in tied trash bags.

► Cleaning Supplies and Chemicals

All chemical storage requirements are in Policy R8.2. Use chemicals only as directed and only for their intended purpose.

► Pest Control

Report any pest issues (insects, rodents, etc.) immediately to the House Manager through the house chat. Pest issues are addressed promptly. Staff may not use store-bought pesticides without Maintenance approval.

R8.2

Household Supplies and Stocking Policy

Every home must always be fully stocked with what the people we support need to live their lives. This policy explains how supplies arrive, where they go, and the storage standards that apply across the home.

► Supply Categories

- **Food and groceries:** enough food for the number of people in the home and the meal plans currently in place.
- **Personal hygiene supplies:** each individual's preferred products.
- **Cleaning supplies:** enough to maintain the cleanliness standards in Policy R8.1.
- **Paper goods:** toilet paper, paper towels, and tissues.
- **Laundry supplies:** detergent, fabric softener if used, dryer sheets if used.
- **First aid and basic health supplies:** bandages, thermometers, and other items per nursing direction.

► Stocking from Walmart

All routine household supplies are ordered through Walmart. The House Manager submits orders, Walmart delivers, and ISL Management puts items away in the correct storage locations.

► Food Storage

- Food must be stored in the shared kitchen spaces (pantry, kitchen cabinets, refrigerator, and freezer). Mini-fridges in bedrooms are not permitted.
- Each individual's personal food items must be labeled with their name in Sharpie.
- All food, including liquid nutritional supplements, must be temperature-controlled. Food may not be stored in garages, sheds, non-climate-controlled basements, or outdoor storage, regardless of whether the manufacturer says it is shelf-stable. Climate-controlled storage protects food integrity for the people we support.
- Expired food must be removed weekly during cleaning.

► Chemical Storage

All cleaning chemicals, disinfectants, and similar products must be stored locked in the designated chemical storage area. Chemicals may not be stored in the medication cabinet, on countertops, or in any unsecured location. The chemical storage area must be kept locked at all times when not in use.

► Bedroom Standards

- **Bedroom windows:** must be covered for privacy (frosting, curtains, blinds).
- **Bedroom locks:** every bedroom must have a working lock, and the individual living in that bedroom must hold their own key. Two specific exceptions apply: when the individual is not capable of holding or manipulating a key, or when the individual has previously locked themselves in a room and could not unlock the door or call for help. Both exceptions must be documented in the individual's PCSP.

► Bathroom Standards

Bathroom windows must be covered for privacy.

► Appointment Folders

Each home maintains an appointment folder that goes with the individual to every medical appointment, ER visit, or hospitalization. The folder must contain:

- Physician's Orders (POS)
- Face sheet
- Guardian paperwork
- Consent paperwork
- Allergies

ISL Management is responsible for keeping appointment folders current. When information changes, ISL Management updates the folder.

R8.3

Transportation Policy

Many of the routines that matter most to the people we support, including doctor visits, day program, work, and time in the community, depend on transportation. This policy explains who can drive, what training is required, and what is expected of drivers.

► Driver Eligibility

- Must hold a valid driver's license.
- Must have a clean driving record per Abilities, LLC's insurance requirements.
- Must be added to the agency's insurance before driving.
- Must complete vehicle-specific training when applicable (see below).

► Knob Bus and Transit Van Training

Two vehicles in the Abilities, LLC fleet require additional vehicle-specific training before a staff member may drive or use them with individuals onboard:

- **Knob Bus:** vehicle-specific training covers driving the bus and operating the wheelchair tie-downs. Both must be completed before driving the Knob Bus with individuals onboard.
- **Transit Vans:** vehicle-specific training covers operating the wheelchair tie-downs. Tie-down training must be completed before transporting individuals using the wheelchair securement system.

► Vehicle Equipment Standards

Every Abilities, LLC vehicle is equipped with the following items, which must remain in the vehicle at all times:

- Emergency folder containing vehicle insurance information, registration, and emergency contact information.
- Fire extinguisher. Maintenance is responsible for inspections and replacements. Report any concerns through the maintenance request process.
- Mini first aid kit. These are pre-purchased and stocked by the agency. Report any items used or expired so the kit can be replaced.

► Driver Responsibilities

- Use seatbelts at all times for yourself and every passenger.
- Secure all wheelchairs using the appropriate tie-down system before driving. Verify that all securement points are properly engaged.
- Drive defensively. Obey all traffic laws.
- Do not use a phone while driving. If you need to take a call or send a message, pull over.
- If you are involved in an accident, follow Policy R5.1 (Car Accident Procedures).
- If you suspect a vehicle is unsafe, do not drive it. Notify Maintenance and your supervisor immediately.

► Individual Transportation

- Individuals have the right to access community life. Transportation must be available to support their PCSP outcomes, day program attendance, work, medical appointments, and personal preferences.
- Plan trips in advance whenever possible to make best use of agency vehicles and staff time.
- When supporting an individual at a medical appointment, the appointment folder must go with them per Policy R8.2.

► Personal Vehicles

Staff may transport individuals in a personal vehicle only when the staff member is approved by Abilities, LLC, insurance is on file, and the trip purpose is approved in advance by the Executive Director. No mileage reimbursement is paid without that pre-approval.

R8.4

Company Vehicle Fueling Procedure

All employees authorized to drive a company vehicle are responsible for ensuring the vehicle has adequate fuel before use. The company WEX Fleet Card is the required method of payment for all fuel purchases. Cash, personal cards, and any other payment method are not authorized for company vehicle fuel and are not reimbursable.

► Step-by-Step Procedure

- **Step 1:** Locate the WEX Fleet Card. Each company vehicle has its own WEX Fleet Card stored at the ISL where the vehicle is assigned. The card is black with the vehicle's year, make, and model printed on the front. Use only the card assigned to the vehicle you are fueling.
- **Step 2:** Insert the WEX Fleet Card into the pump card reader to begin the transaction.

- **Step 3:** Enter the vehicle's current odometer (mileage) reading when prompted. The pump will not allow fueling without a valid odometer entry.
- **Step 4:** Enter your Employee ID when prompted. Your Employee ID is on your provided fuel card reference card and in your BambooHR account under the Personal Info tab.
- **Step 5:** Select the correct fuel type and fuel the vehicle.
- **Step 6:** Obtain a printed receipt from the pump before leaving the station.
- **Step 7:** Turn the printed receipt in to your ISL the same day you fuel the vehicle. Receipts verify WEX card transactions and must be retained at the home in the receipt and card binder.

► Receipt Retention and Submission to Finance

Fuel receipts follow a defined path from the pump to Finance. The path exists so every WEX transaction has a verifying receipt and so Finance can reconcile the WEX statement against actual purchases.

- DSPs and other authorized drivers turn in fuel receipts to their ISL the same day the vehicle is fueled.
- Receipts are kept in the receipt and card binder at the home until ISL Management collects them.
- ISL Management takes the receipts to the office at least monthly and turns them in to the Finance Director.
- If a receipt is missing for a transaction on the WEX statement, the Finance Director notifies the RPM, who follows up with ISL Management and the driver to locate the receipt or document why it is missing.

CHAPTER

9

AbiliBucks

This chapter explains AbiliBucks, the voluntary token economy at Abilities, LLC. It covers what AbiliBucks is, who participates, how plans are built, where the store lives, and how staff support the program.

R9.1

AbiliBucks Policy

AbiliBucks is a really simple token economy. Individuals earn AbiliBucks for things they choose to work on and trade them for items at the AbiliBucks store. It is voluntary and is meant to be fun, motivating, and individualized.

► How It Works

- Participation is voluntary. Individuals are not required to participate.
- Each participating individual has an AbiliBucks plan that lists what they earn AbiliBucks for and how much each item is worth.
- Staff hand out AbiliBucks during the shift when the individual earns them per the plan.
- Tracking is done in pen. Pencil is not used because it can be erased.
- Individuals come to the office during posted store days and hours to shop for items with their AbiliBucks.

► AbiliBucks Plans

Each participating individual's AbiliBucks plan is built around what they care about, what they want to work on, and what is realistic for them. Plans are written by Behavior Services in collaboration with the individual.

- The plan lists each earning opportunity and the AbiliBucks value.
- The plan is reviewed and updated as the individual's interests and goals change.
- Earning items in an AbiliBucks plan are separate from PCSP outcomes. They may overlap by coincidence, but the AbiliBucks plan is its own document and is not a way of tracking PCSP progress.

► The AbiliBucks Store

The AbiliBucks store is at the office, not at the homes. Inventory is kept at the office. The store is open during posted days and hours. Individuals come to the office to shop with their AbiliBucks.

- Staff support individuals in coming to the office to shop during posted hours.
- Items in the store are chosen with input from individuals and reflect what they actually want.
- There are no cabinets of AbiliBucks items at the homes. Staff do not stock or store AbiliBucks at homes.

► Staff Roles

- **Lead RBT and RBTs:** train Direct Support Professionals on each individual's AbiliBucks plan. Provide ongoing coaching and feedback on implementation.
- **House Managers:** support staff in implementing AbiliBucks plans during shifts and reinforce the plan within the home's daily routines.

- **Direct Support Professionals:** follow each individual's AbiliBucks plan during shifts. Hand out AbiliBucks per the plan, document earnings on the tracking sheet in pen, and support individuals in coming to the office to shop during posted store hours.

► Questions and Support

If you have questions about an individual's AbiliBucks plan, contact the Lead RBT or the assigned RBT.

CHAPTER

10

Communication

This chapter covers how communication runs in residential: which tools we use for what, the cadence expected by role, and where to send what. Universal communication policy and expectations are in Chapter 5 of the Employee Handbook.

R10.1

Residential Communication Policy

Residential runs on clear, consistent communication. The communication tools below are all the tools we use, and each has a specific purpose. Using the right tool for the right thing keeps everyone informed without overwhelming anyone.

► Communication Tools

Tool	What It Is For
Google Chat (house chat)	Real-time updates within the home: shift handoffs, day-of changes, mood and behavior notes, and time-sensitive coordination among staff working at that home.
Google Chat (ISL Management chat for the home)	Coordination between the House Manager and Residential Program Manager for that home.
Google Chat (RPM team chat)	Cross-house coordination among Residential Program Managers.
Google Chat (On-Call thread, weekend)	Weekend on-call coordination across all homes. See Policy R1.4.
Email	Formal communication, documentation requests, scheduling decisions that need a record, and anything that requires a written response or follow-up.
Google Drive (Residential for ISL Management)	The shared folder where appointment trackers and other shared residential management documents live. See Policy R6.6.
WhenToWork	All shift-related communication: trades, pickups, and schedule confirmations.
BambooHR	PTO requests and approvals, attendance documentation, formal HR communication.
SetWorks (messaging)	Communication tied directly to documentation, like Activity Record corrections.
Phone calls and texts	Used only for urgent matters that cannot wait for a chat or email reply.

► Communication Cadence by Role

- **Direct Support Professionals:** check email at least once per shift. Check the house Google Chat continuously throughout the shift.
- **ISL Management:** check email at the beginning and end of each shift, at minimum. Check Google Chat continuously throughout the shift.
- **Residential Program Managers:** check email multiple times per day. Check Google Chat continuously during work hours.

► **Tone and Standards**

Every message is part of the record and is read by the people you work with every day. Use a tone you would be comfortable with anyone reading. Keep messages clear, factual, and respectful.

► **Photos of Individuals**

Photos of an individual, such as a rash, an injury, or a change worth showing Nursing, may be sent 1:1 to Nursing, the RPM, the DRO, or another staff member for client care purposes. Photos of individuals must not be shared in group chats, the house chat, or any general chat. If you need to share something visual that the team needs to see, route it through the right person.

► **When to Escalate**

- Anything that affects an individual's safety, health, or rights goes to the Residential Program Manager immediately, by phone if it is urgent.
- Anything that involves law enforcement, emergency responders, hospitalization, or an external agency goes to the Residential Program Manager and the Director of Residential Operations immediately.
- Anything that may need agency-wide attention goes to the Executive Director through the chain of command.

► **ISL House Chat — Who is Included**

Every ISL house chat must include the following roles. Membership is not optional and is maintained by the Residential Program Manager.

- All Direct Support Professionals assigned to the home
- Lead DSPs assigned to the home
- Assistant House Manager
- House Manager
- Residential Program Managers
- Director of Residential Operations
- BCBA and assigned RBTs — only if an individual in the home receives behavior services
- Quality Assurance Professional (QAP)
- Community LPN and Community Registered Nurse (CRN)

The RPM is responsible for adding and removing members when assignments change. Staff who are no longer assigned to a home must be removed from the house chat promptly.

► **ISL Management Chat — Who is Included**

The ISL Management chat coordinates house-level management across homes. The following roles must be members of every ISL Management chat:

- House Manager

- Assistant House Manager
- Lead DSPs
- BCBA and Lead RBT — only if an individual in the home receives behavior services
- Community Registered Nurse (CRN) and Community LPN
- Residential Program Managers (RPMs)
- Director of Residential Operations (DRO)
- Due Process Manager (DPM)

The RPM maintains membership in the ISL Management chat for their assigned homes.

► RPM Chat — Who is Included

The RPM chat is for residential program oversight and cross-home coordination at the management level. Membership is limited to:

- Residential Program Managers (RPMs)
- Director of Residential Operations (DRO)
- Executive Director

► Residential Department Chat — Who is Included

The Residential Department chat is the agency-wide coordination space for all departments that have a direct operational role in supporting residential services. Membership includes:

- Director of Residential Operations (DRO)
- Residential Program Managers (RPMs)
- Executive Director
- Quality Assurance Professional (QAP)
- Due Process Manager (DPM)
- Finance Director
- BCBA
- Lead RBT
- Maintenance Director
- Maintenance Technician
- Community Registered Nurse (CRN)
- Community Licensed Practical Nurse (CLPN)

R10.2

Residential House Meetings Policy

House meetings are how we keep teams connected, share important updates, and create space for DSPs to ask questions and bring concerns forward. They are working meetings built around the people who do the work, not status updates from management.

► Frequency

- All homes: minimum every 8 weeks.
- Cypress and Southside (high behavioral): minimum monthly.
- Knob and Southside (high medical): minimum monthly.
- Meetings must be posted on WhenToWork and on the RPM and HM calendar.

► Who Leads

- The House Manager leads the meeting.
- The Residential Program Manager attends as support and guidance, not as the leader.

► Structure

- Open with an icebreaker of no more than 5 minutes.
- Reserve a minimum of 15 minutes for DSP Q&A, set aside for DSPs only.
- Provide the Department of Culture & Experience with 15 minutes at minimum every other meeting, every meeting when issues are present, and additional time when the RPM requests it.
- Build the agenda for the DSPs attending. The House Manager creates a separate facilitator guide if needed.
- Keep the agenda concise so there is enough time for each item to be covered fully.

► What to Cover

The content that follows the icebreaker should focus on the work, the home, and the people inside it.

- **Individual updates:** any changes in PCSP, BSP, POS, behavior, medical status, or routines that the team needs to know.
- **Operational updates:** changes that affect how the home runs day to day, including new processes, schedule changes, or system updates.
- **Policy review or clarification:** any new or updated policies that apply to the home, walked through in plain language with time for questions.
- **Training reinforcement:** review of topics where the home is showing patterns of need, including documentation, MANDT, Tools of Choice, or medication practices.
- **Wins and recognition:** good work happening in the home, both staff and individual successes worth naming out loud.
- **DSP Q&A:** open floor for DSPs to ask questions, raise concerns, and bring forward what is not working.
- **Action items:** clear close-out of who is doing what, by when, before the meeting ends.

► Guest Department Attendance

Departments attend only when their content is on the agenda. The RPM is responsible for invitations.

- **MANDT Instructor:** when MANDT is being discussed.
- **Behavior Team (BCBA and/or Lead RBT):** when BSP, escalation response, or behavioral strategies are being discussed. The individual must have active behavior services for the behavior team to attend and educate.
- **Department of Culture & Experience:** for discussions on empathy, leadership, setting expectations, building rapport, or morale issues within the house, whether among individuals or staff.
- **HR:** for policy reviews or policy clarification.
- **QAP:** for documentation training or documentation issues.
- **Nursing:** when training is needed for delegation protocols or medical equipment how-tos.

RPMs and house staff cannot train on delegated tasks in a meeting. Nursing must lead all delegation training.

► Agenda Submission

- Departments that need time in the meeting (Behavior, Culture & Experience, etc.) create their own agenda for their portion.

- That agenda is submitted to the RPM at least 3 business days before the meeting for review and edits.
- All ISL house meetings follow the agency Meeting Procedure policy.

► Meeting Minutes

The RPM is responsible for capturing meeting minutes. To make sure minutes are accurate and detailed, the RPM uses an audio-to-transcription device or app during every meeting. After the meeting, the RPM sends the minutes to every DSP and manager assigned to the ISL and uploads the minutes to the shared Google Drive folder for meeting minutes.

R10.3

Supervisor Recognition Expectations

Every supervisory role is expected to send four WorkTango recognitions per calendar month. Recognitions must be specific and individual — a generic “good job” does not count. A group recognition naming two or more people counts as one recognition toward the four.

CHAPTER

11

Nursing Support in Residential

This chapter covers nursing-related operations that residential staff are part of: medical consults, the appointment tracker, pharmacy workflows, TB testing, choking risk monitoring, the Fatal Five framework, end-of-life support, StationMD telehealth, and medical supply management. Nursing is delivered by the Community Registered Nurse and Community LPN. This chapter explains how residential staff coordinate with nursing, not how nursing delivers clinical care.

► How to Use StationMD

StationMD is a telehealth service that connects you to a doctor for non-emergency medical concerns. Follow these steps every time.

Step 1: Call StationMD. Before you call, have a full set of vitals ready (temperature, blood pressure, heart rate, respirations, O2, weight), the individual's date of birth, and a clear list of your concerns. You will first speak with a nurse who takes the initial report.

Step 2: The nurse reports your concerns to the on-call doctor. The doctor, or sometimes the nurse, will call you back. Be ready for a Zoom visit. You must have the StationMD app downloaded on the house tablet or your phone before you need it.

Step 3: The doctor will ask what is going on. Describe the situation clearly. If the doctor orders a new medication or makes a change, confirm it is being sent to the correct pharmacy. Monday through Thursday: Tarrytown Expocare. Friday through Sunday: confirm with the doctor which pharmacy covers the weekend.

R11.1

Medical Consult Documentation Workflow

Every medical consult, appointment summary, lab order, and discharge document must end up in the individual's SetWorks file. This is not optional. The path from the doctor's office back to SetWorks is the workflow described here.

► Standard Workflow

- **Step 1:** ISL Management drops medical consults at the office during their scheduled weekly admin days. ISL Management does not upload to SetWorks directly.
- **Step 2:** The Residential Program Manager uploads the consult to SetWorks within 5 business days of receiving it.
- **Step 3:** Any orders, follow-up appointments, or referrals identified in the consult are added to the appointment tracker by the House Manager.

► Emergency Room Documents

Emergency room discharge documents are an exception to the standard cadence. ER documents must be at the office within 2 business days of the visit. The Residential Program Manager uploads ER documentation to SetWorks within 2 business days of receiving them.

► Why This Workflow Exists

Medical documentation is the spine of an individual's medical history. Missing, late, or lost consults create real clinical risk. They also create real audit and compliance risk. The workflow above keeps the documentation moving in a defined path with defined accountability at each step.

R11.2

Appointment Tracker Policy

The appointment tracker is a shared document in the Google Drive folder Residential for ISL Management. It is the working list of upcoming medical appointments for every individual we support.

► Who Maintains It

- House Managers add every new appointment, follow-up, or referral to the appointment tracker as soon as it is scheduled.
- RPMs review the tracker regularly to confirm appointments are not missed.
- Nursing references the tracker for HRST and monthlies.

► Cancelled Appointments

If an individual misses or cancels an appointment, the House Manager updates the tracker, notes the reason, and reschedules. Repeated cancellations are flagged to the RPM and Nursing for follow-up.

R11.3

Pharmacy Workflow Policy

Abilities, LLC uses a defined pharmacy schedule for prescription pickups. Following the schedule is what keeps medication supply continuous and prevents missed doses.

► Pharmacy Schedule

- **Monday through Thursday:** Tarrytown Expocare.
- **Friday through Sunday:** Walmart Pharmacy or Walgreens Pharmacy. Use only when the medication is critical and cannot wait until Monday.

► Picking Up Medications

- Medications are delivered to the office.
- Nursing or the Residential Program Manager reviews each delivery before it leaves the office for the home.
- Reviewed medications are placed in the home's designated ISL box.
- ISL Management picks up the medications during scheduled admin visits.
- Verify the individual's name, the medication name, and the dose match the order before leaving the office.
- Document receipt in the home per Policy R5.6.

► Refill Coordination

ISL Management monitors medication supply and orders refills before running out.

R11.4

TB Testing Policy

Tuberculosis screening is required annually for every individual we support. The agency uses the Johnson County Community Health Center (JCCHC) for TB testing administration.

► TB Testing Workflow

- **Step 1:** ISL Management schedules the individual's annual TB test at JCCHC.
- **Step 2:** JCCHC administers the TB test.
- **Step 3:** An Abilities, LLC nurse (CRN or LPN) reads the TB test result at the appropriate read time.

- **Step 4:** The Abilities nurse reports the result back to JCCHC and signs the supporting documentation.
- **Step 5:** The TB documentation is uploaded to SetWorks under the [Year] Medical folder, Immunizations subfolder.

► Frequency

TB testing is due annually for each individual. ISL Management tracks TB due dates as part of the appointment tracker workflow.

R11.5

Choking Risk Monitoring Policy

Choking is one of the leading preventable causes of death for individuals with intellectual and developmental disabilities. Abilities, LLC tracks every choking event.

► Tracking

Every choking event is documented in SetWorks at the time it occurs. Nursing reviews choking documentation as part of clinical oversight.

Every choking event requires an incident report completed in SetWorks before the end of shift. No exceptions.

► Choking Risk Assessment

Abilities, LLC uses the Choking Risk Assessment to identify and monitor each individual's risk. The assessment scores five areas:

- DD diagnosis.
- Physical impairments and positioning.
- Medical diagnoses.
- Medications.
- Choking history in the past 12 months.

The assessment is completed at admission, at each annual PCSP, after any choking episode, and any time there is a change in chew-swallow ability. Completed assessments go to the physician for signature with a swallow-study recommendation.

► When to Act

If the individual is choking and cannot clear their airway: begin the Heimlich maneuver immediately and call 911. Do not wait. Do not call the nurse first.

Choking risk decisions, dietary modifications, and swallow study determinations are clinical decisions made by Nursing in coordination with the doctor. Residential staff document accurately, follow Nursing's guidance, and follow any modified diet or feeding plan exactly as written.

R11.6

Fatal Five Awareness Policy

The Fatal Five are five conditions that disproportionately cause preventable death in people with intellectual and developmental disabilities. Awareness of these five conditions saves lives. Every direct care staff member is expected to recognize the warning signs and act fast.

► The Fatal Five

- **Aspiration:** food, liquid, or other material entering the lungs. Watch for coughing during meals, wet voice, fever, recurrent pneumonia.

- **Bowel Obstruction:** blockage in the digestive tract. Watch for no bowel movement for several days, abdominal swelling, vomiting, abdominal pain.
- **Dehydration:** insufficient fluid intake. Watch for dry mouth, dark urine, decreased urination, lethargy, confusion.
- **Seizures:** especially status epilepticus, seizures lasting longer than 5 minutes or back-to-back without recovery.
- **Sepsis:** body's overwhelming response to infection. Watch for high fever, very low temperature, rapid breathing, confusion, rapid heart rate.

► Staff Responsibilities

- Recognize warning signs early. The Fatal Five often present subtly before becoming critical.
- Act on what you see. If something is wrong, escalate to Nursing or call 911. Do not wait for confirmation.
- Document accurately in SetWorks at the time of observation.

R11.7

End-of-Life Support Policy

When an individual is approaching end of life, the team coordinates with the individual, their guardian, their medical team, and any hospice or palliative care providers to ensure the individual's preferences, dignity, and comfort are honored. End-of-life decisions are clinical and personal. Residential staff follow the documented plan, support the individual and the people who love them, and document care accurately.

R11.8

StationMD Telehealth Policy

StationMD is a telehealth service that connects staff and individuals with physicians who specialize in caring for people with intellectual and developmental disabilities. StationMD is available around the clock and is used for medical issues that need a physician but are not life-threatening emergencies.

► When to Use StationMD

- Acute medical concerns that need a physician's evaluation but do not require a 911 call.
- Concerns that arise outside of the individual's PCP office hours.
- Situations where a physician's order, prescription, or guidance is needed quickly.

► How to Initiate a StationMD Consult

- **Step 1:** Call StationMD. Have a full set of vitals ready (temperature, blood pressure, heart rate, respirations, O2, and weight), the individual's date of birth, and a clear list of your concerns. You will speak with a nurse first for the initial report.
- **Step 2:** The nurse will report to the doctor. The doctor, or sometimes the nurse, will call you back. Be ready for a Zoom visit. Download the StationMD app on the house tablet or your phone before you need it. The visit takes place over Zoom.
- **Step 3:** The doctor will ask what is going on. Describe the situation clearly. If the doctor orders a new medication or makes a change, confirm it is going to the correct pharmacy:
 - Monday through Thursday: Tarrytown Expocare.
 - Friday through Sunday: Walmart Pharmacy or Walgreens. Use Walmart or Walgreens only when the medication is critical and cannot wait until Monday.

► After the Visit

- StationMD faxes consult documentation to the office.
- Residential Program Managers ensure the StationMD consult documentation is uploaded to SetWorks.
- House Managers ensure any follow-up appointment generated by the StationMD visit is added to the appointment tracker in the Google Drive folder Residential for ISL Management.

R11.9

Medical Supply Management Policy

Medical supplies are split between supplies kept at the home and supplies kept at the office. The split exists because of how each supply is used and who manages it. The first aid kit at each home is owned by Nursing because the kit must be clinically maintained.

► ISL Management Owns At-Home Supplies

ISL Management is responsible for ordering, stocking, and maintaining the day-to-day medical supplies kept at the home. This includes:

- Disinfecting wipes.
- Hand sanitizer.
- Other day-to-day medical supplies, except the first aid kit.

► Nursing Owns the At-Home First Aid Kit

The first aid kit at each home is owned by Nursing. Nursing checks, restocks, and replaces expired items in the first aid kit. ISL Management notifies Nursing if the first aid kit is used or if anything is missing or expired.

► LPN Owns Office Supplies

The LPN orders, stocks, and maintains the medical supplies kept at the office. This includes:

- Incontinence wipes.
- Gloves in sizes Medium, Large, and Extra Large.
- Blood pressure cuffs.
- Forehead thermometers.
- Pulse oximeters.
- Masks and face coverings.

► Requesting Office Supplies

ISL Management requests office-stocked supplies from the LPN as needed.

Health Risk Screening Tool (HRST)

► What the HRST Does

The Health Risk Screening Tool (HRST) is a statewide screening process implemented by the Missouri Division of Developmental Disabilities through IntellectAbility. Its purpose is early detection of health risks in waiver participants. The HRST screens individuals across 22 health-related areas and produces a Health Care Level (HCL). An HCL of 3 or higher requires a Clinical Review by a Registered Nurse within 14 calendar days.

► Who Completes It

The CRN and Community LPN complete HRST screenings at Abilities. DSPs do not have rating access.

► Your Role as a DSP

Answer the CRN or LPN's questions about the individual honestly and thoroughly. Your daily observations directly affect the accuracy of the screening.

► What Abilities Does and Does Not Do in HRST

Abilities completes the HRST screening. We do not complete monthly reviews, Health Risk Support Plans, or delegations inside the HRST system. Instead:

- Monthly nursing summaries are completed as the RN Oversight Monthly Health Summary PDF and sent via BoldSign.
- Health risk support plans are reflected in the individual's protocols.
- Nursing delegations are maintained as PDFs and printed copies outside the system.

Staff Accountability Tier Reference

When something goes wrong at work, leadership uses a tiered framework to decide how to respond. This page exists so that DSPs, ISL Management, and every other employee can see the same framework leadership uses. Knowing it removes guesswork. It also makes clear that not every issue ends in discipline. Most do not.

► The Three Tiers

Tier	What It Means	Examples
Tier 1	A teachable moment. The issue is addressed through coaching, feedback, or a conversation. No formal write-up. This is where most issues are handled.	Late once or twice; minor documentation gap caught and fixed; small communication misstep; first-time mistake on a routine task.
Tier 2	A pattern or a more serious single issue. Formal coaching documentation. May include a written corrective action plan with specific expectations and a follow-up timeline.	Patterned absences after coaching did not change behavior; repeated documentation errors after training; failure to follow a known procedure that did not result in harm.
Tier 3	A serious violation or a serious pattern that did not improve. Includes the most significant outcomes, including separation from employment. Always involves leadership review and documentation.	Falsifying documentation; violating an individual's rights; theft; abuse or neglect; serious safety violations; refusal to complete required corrections after Tier 2.

► How to Read This Table

The examples in the table are examples, not rules. Every situation has its own context. Two situations that look the same on paper can land in different tiers because of the circumstances around them. Leadership uses judgment, not a checklist. The framework gives the response structure; it does not replace judgment.

► Skipping Tiers

Most issues start at Tier 1 and move up only if the pattern continues or the behavior does not change. Some issues skip tiers because of the severity of what happened. Rights violations, abuse, neglect, theft, and falsification of records are examples of issues that start at Tier 3 regardless of whether the employee has any prior history.

► Documentation

Tier 1 conversations are tracked in coaching notes. Tier 2 and Tier 3 actions are documented in BambooHR as formal employment records. Every employee has access to their own records and can see what is on file.

Residential Career Ladder

Abilities, LLC is committed to growth from within. The career ladder below shows the path from Direct Support Professional into ISL Management and beyond. Each role builds on the one before it, and every step is grounded in the work of supporting the people we serve.

► The Path

Direct Support Professional → Lead DSP → Assistant House Manager → House Manager → Residential Program Manager → and other advancement roles.

► What ISL Management Roles Require

To move into and stay in ISL Management (Lead DSP, AHM, HM), three things are required:

- Completion of the Certified DSP training program in full. Not partial completion. The full program.
- Active use of Tools of Choice with both the individuals supported and with the employees managed.
- Demonstrated leadership qualities, listed below.

► Leadership Qualities We Look For

These are the qualities that matter in residential leadership at Abilities, LLC. They are not abstract ideals. They show up in everyday decisions.

- **Clarity:** You tell people what you need, when you need it, and why. You do not leave the team guessing. You do not soften feedback so much it disappears.
- **Courage:** You have hard conversations when they need to happen. You name what is not working. You stand by a decision even when it is unpopular, as long as it is right.
- **Trust:** You follow through. You do what you said you would do. The people you lead can predict you because you are consistent.
- **Purpose:** You know why we do this work. You connect daily tasks to the lives of the people we support so the team never loses sight of why any of it matters.
- **Belonging:** You build a team where people feel like they belong, not just like they fit in. You make space for difference. You notice who is on the edge and pull them in.
- **Empathy:** You can sit with someone's hard moment without rushing to fix it. You see the person before the problem. You assume your team members are doing their best with what they have.
- **Coaching over managing:** You teach. You ask questions instead of giving orders when teaching is the better move. You grow the people on your team so they can do more than they could when they joined you.

► What Stalls or Stops Advancement

Some patterns hold employees back from promotion. These are not zero-tolerance events that result in termination on their own, but they do affect whether someone is considered ready for the next step on the ladder.

- Lack of self-control toward another person, including uncontrolled emotional outbursts directed at a coworker, a staff member who reports to you, or an individual we support. Context matters; everyone has a hard day, but a pattern of losing control is different. Leaders are expected to manage their reactions even on hard days because the people on their team are watching.
- Patterns of attendance issues, documentation failures, or missed expectations that have required ongoing coaching.

- Inability to receive coaching from your own supervisor or to delegate to people who report to you.
- Behavior that damages the trust or the dignity of the people you work with or work for.

► Voluntary Demotion and the Cool-Down Period

If an employee voluntarily demotes from a leadership role for any reason, they are not eligible to be promoted back into a leadership role for at least 12 months from the date of the demotion.

Leadership work is hard and comes with responsibilities that direct care does not, including shift coverage, decisions that affect other people's work, and accountability for outcomes you cannot fully control by yourself. Stepping down from that and back into it inside a year sends a message we do not want to send: that the role can be left when it gets hard and stepped back into when it gets easier. That is not how leadership works at Abilities, and it is not fair to the people who hold those roles full-time.

The 12-month clock applies regardless of why the demotion happened. After 12 months, the employee is considered again on the same basis as anyone else applying for the role.

► Advancement Requirements

The specific requirements for advancement at each level are still being developed. As they are finalized, they will be added here. In the meantime, talk to your supervisor or the Director of Residential Operations if you are interested in advancing.

Signs of Burnout

Caregiving is emotionally and physically demanding in ways most other jobs are not. Burnout is a real, common, and treatable consequence of doing this work over time, and recognizing it early, whether in yourself or in someone on your team, is one of the most important skills in this field.

► What Burnout Looks Like

Burnout is not a single feeling but something that builds over time, with subtle signs at first and obvious ones later. Common signs across the cycle:

- **Emotional exhaustion.** Feeling drained at the start of your shift, not just the end, and dreading work in a way that goes beyond “I don’t want to go in today.”
- **Depersonalization.** Becoming detached or cynical about the people you support, talking about them as tasks rather than people, and losing the warmth that brought you into this work.
- **Reduced sense of accomplishment.** Feeling like nothing you do matters, even when the work is being done.
- **Physical signs.** Headaches, stomach issues, frequent illness, trouble sleeping, exhaustion that does not lift with time off.
- **Withdrawal.** Pulling back from coworkers, missing more shifts, being less present in the home even when on shift.
- **Irritability.** Shorter fuse with coworkers, supervisors, or the people you support, with small things prompting big reactions.

► How to Detect Burnout in Yourself

The hardest part of burnout is that you usually feel it before you can name it. A few questions worth asking honestly:

- Do I feel different about the people I support than I did six months ago?
- Am I dreading work in a way I did not used to?
- Am I sleeping, eating, and resting in ways that take care of me?
- Am I talking about work outside of work in ways that feel heavy or angry?
- Am I withdrawing from the parts of life that usually fill me back up?

If you can honestly say yes to any of these, that is a signal to pay attention.

► How to Detect Burnout in Others

You will often see burnout in a coworker before they see it in themselves. Things to watch for:

- A coworker who used to be warm with the individuals they support is now flat or short.
- A coworker who used to engage with the team is now quiet, withdrawn, or skipping interactions they used to be part of.
- A coworker is starting to call in more, arrive late, or leave early.
- A coworker is talking about the work with bitterness or cynicism that is new for them.
- A coworker is making more mistakes than usual on tasks they used to handle without issue.

When you see this in someone, you are not their therapist and you do not have to fix it. What helps most is honest, low-pressure attention. A simple “I noticed you have not been yourself lately. Are you doing okay?” gives the person a chance to open up if they want to, and it tells them they are seen.

► What to Do About It

Burnout is not solved by toughing it out. Caregivers who push through it without addressing it tend to either leave the field entirely or become the kind of caregiver who hurts the people they support, and both outcomes are preventable.

If You Are Noticing Burnout in Yourself

- Tell your supervisor, not because they will fix it for you, but because they need to know.
- Speak with the Director of Culture and Experience. You can call the office and request a meeting at any time.
- Use your PTO; it exists for this exact reason.
- Talk to someone outside of work, whether friends, family, a counselor, a doctor, or any trusted person from outside the caregiving world. This is not weakness; it is maintenance.
- Look at the basics: sleep, food, water, exercise, and time outside of work that has nothing to do with work. Burnout often starts in the body before it shows up in the mind.

If You Are Noticing Burnout in Someone Else

- Reach out to them directly, not through someone else. A short, honest check-in goes further than a long one.
- Do not diagnose them or push them to act; ask, listen, and follow up.
- If you have a serious concern about a coworker's wellbeing or about the safety of the people they support, tell their supervisor or yours.

If You Are a Supervisor

- Burnout in your team is part of what you watch for. Schedule coverage, PTO patterns, shift quality, and tone in the chat are all signals.
- Address it directly with the employee, because most of the time something is going on.
- When you have a team member showing signs, make space for them and make it clear that taking care of themselves is part of doing the job well, not the opposite of it.

This work is not done alone. The agency exists to support the team, the team exists to support each other, and burnout is one of the things we watch for together.

Acronym Guide

Quick reference for acronyms used throughout this handbook.

Acronym	Meaning
AAC	Augmentative and Alternative Communication
ABA	Applied Behavior Analysis
AHM	Assistant House Manager
BCBA	Board Certified Behavior Analyst
BSP	Behavior Support Plan
C-DSP	Certified Direct Support Professional
CRN	Community Registered Nurse
CSAM	Child Sexual Abuse Material
CSP	Community Support Professional
DCE	Director of Culture and Experience (Department of Culture and Experience)
DD	Developmental Disabilities
DMH	Department of Mental Health (Missouri)
DNR	Do Not Resuscitate
DRO	Director of Residential Operations
DSP	Direct Support Professional
ED	Executive Director
eMAR	Electronic Medication Administration Record
EMOMED	Electronic Medicaid Online Member ID
FCSR	Family Care Safety Registry
HCBS	Home and Community-Based Services
HM	House Manager
HR	Human Resources
IDD	Intellectual and Developmental Disabilities
IR	Incident Report
ISL	Individual Supported Living
JCCHC	Johnson County Community Health Center
LIMA	Level I Medication Aide (also DD Medication Aide)

Acronym	Meaning
LPN	Licensed Practical Nurse
MANDT	MANDT System (crisis intervention training)
MMAC	Missouri Medicaid Audit and Compliance
OIG	Office of Inspector General
PCSP	Person-Centered Support Plan
POS	Physician’s Orders
PPE	Personal Protective Equipment
PRN	Pro Re Nata (as needed)
PTO	Paid Time Off
QAP	Quality Assurance Professional
RBT	Registered Behavior Technician
REDCap	Research Electronic Data Capture (DMH submission platform for Over-Served Variance)
RN	Registered Nurse
RPM	Residential Program Manager
SAM	System for Award Management
SC	Support Coordinator
StationMD	Telehealth physician service for individuals with IDD
TB	Tuberculosis
WEX	Fleet fuel card vendor used for company vehicle fuel purchases

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Expired medications, ISL Mgmt to office nurses	R5.6
Expired medications, disposal container labeled	R5.6
Falsification of documentation	R3.1, R3.2
Fatal Five, aspiration	R11.6
Fatal Five, bowel obstruction	R11.6
Fatal Five, dehydration	R11.6
Fatal Five, seizures (status epilepticus)	R11.6
Fatal Five, sepsis	R11.6
Fatal Five, staff responsibilities	R11.6
Financial autonomy, EBT cards and household funds	R4.5
Financial autonomy, individual rights	R4.5
Financial autonomy, restrictions require due process	R4.5, R4.9
Financial autonomy, shopping access cannot be restricted	R4.5
Fire drills	R5.1
Fire extinguisher in vehicles (Maintenance)	R8.3
First aid, training every 2 years	R7.2
First aid kit, owned by Nursing	R11.9

Term	Policy Reference
First aid kit (mini), in vehicles	R8.3
First 60 days, training shift call-in = termination	R1.1, R7.1
Food storage, no bedroom mini-fridges	R8.2
Food storage, Sharpie labeling	R8.2
Food storage, temperature-controlled (no garage/shed)	R8.2
Foxridge, physical requirements	R1.6
Fuel card (WEX), one card per vehicle	R8.4
Fuel card (WEX), personal use prohibited	R8.4
Fueling procedure, company vehicle	R8.4
Fueling procedure, odometer entry required	R8.4
Fuel receipts, retained at home in binder	R8.4
Fuel receipts, ISL Management turns in to Finance Director monthly	R8.4
Fuel receipts, same-day turn-in to ISL	R8.4
Gas leak response	R5.1
Gloves, when required (bodily fluid routes)	R8.1
Google Drive, Residential for ISL Management folder	R11.2, R11.8
Guardian copy of monthly review (15th deadline)	R6.7
Guardian-sent extra funds, do not commingle	R6.11
Guardian-sent extra funds, full handling (cross-reference)	Finance Department Handbook
Guardian-sent extra funds, receipts to Finance Director	R6.11
Guardian-sent extra funds, RPM forwards email to Finance Director	R6.11
Guardian-sent extra funds, RPM workflow	R6.11
Hard household items, individual ownership	Finance Handbook F1.1
Holiday on-call coverage	R1.4
Household funds, individual controls access	R4.5
Holiday pay, role-specific rates	R2.1
Home-specific training	R7.1
Home-specific training, checklists in development	R7.1
House Manager, monthly review participation	R6.7

Term	Policy Reference
House Manager, role and responsibilities	R1.5
House Manager, schedule errors not reported to	R1.3
Implementation strategies, monthly review	R6.1
Implementation strategies, refusal documentation (full month)	R6.1
Individual rights, due process required	R4.9, Universal Handbook 5.4
Individual rights, sexuality and intimate relationships	R4.5
Individual rights, sexual conduct boundaries	R4.5
Intake, BCBA visit if behavior services	R6.4
Intake, CRN signs delegations and protocols when applicable	R6.4
Intake, LPN drafts POS	R6.4
Intake, team-based decision steps	R6.4
Intruder response	R5.1
ISL Management, drops consults at office (weekly admin days)	R11.1
ISL Management, owns at-home medical supplies	R11.9
ISL Management, shift coverage (morning and evening)	R1.10
Incident report debrief process (in development)	R5.7
Johnson County Community Health Center (TB)	R11.4
Knob Bus, driving and tie-down training	R8.3
Knob ISL, \$1.00 differential first full pay period	R2.1
Knob ISL, 70% threshold for differential	R2.1
Knob, physical requirements	R1.6
Lead RBT, trains DSPs on AbiliBucks	R9.1
LIMA, 16 hours at hire	R7.2
LIMA, 4-hour refresher every 2 years	R7.2
LPN, owns office medical supplies	R11.9
LPN, delivers meal prep delegation training	R5.4
MANDT, in-person annual refresher	R7.2
MANDT, modules at hire (one-time)	R7.2
MANDT, only authorized physical intervention	R7.2

Term	Policy Reference
MANDT, physical demands of holds and sustained engagement	R1.6
Mandated reporting, sexuality concerns	R4.5
Meal prep delegations (CRN writes / LPN trains)	R5.4
Medicaid applications and renewals, RPM responsible	R6.12
Medical consults, ISL Mgmt to office workflow	R11.1
Medical consults, RPM uploads within 5 business days	R11.1
Medical consults, why workflow exists	R11.1
Medical emergency drills (Nursing-led)	R5.1
Medical restrictions and accommodations	R1.6
Medical restrictions, routed to HR same day	R1.6
Medical supply management (split: ISL Mgmt / Nursing / LPN)	R11.9
Medication administration, standards	R5.6
Medication errors	R5.6
Medication, expired meds turn-in to office nurses	R5.6
Medication refusals	R5.6
Mileage reimbursement (cross-reference)	Universal Handbook 3.1
Missed appointments, House Manager updates tracker	R11.2
Monday.com, residential users	R6.10
Monday.com, variance board	R6.3, R6.10
Monthly attendance bonus (1 tardy/month)	R1.2
Monthly attendance bonus, mid-month hire eligibility	R1.2
Monthly PSA Ledger send to guardians	R6.14
Monthly review, completed when SC signature received	R6.7
Monthly review, guardian copy by 15th	R6.7
Monthly review, RPM owns and signs	R6.7
Monthly review, RPM sends to SC by 15th	R6.7
Nursing, owns first aid kit at homes	R11.9
On-call, holiday rotation	R1.4
On-call, splitting coverage	R1.4
On-call, weekday rotation	R1.4

Term	Policy Reference
On-call, weekend rotation	R1.4
Over-Served Variance, definition	R6.3
Over-Served Variance, REDCap submission	R6.3
Overnight documentation split	R3.1
Patterned absence, definition (3+ same type)	R1.1
Patterned absence, examples	R1.1
Patterned absence, PTO request then cancel after picking up shifts	R1.1
PCSP, training annually	R7.2
PCSP, working copy in home	R6.8
PCSP outcomes separate from AbiliBucks	R9.1
PCSP outcomes separate from behavior services tracking	R6.1
Pets in ISL homes	R4.1
Pharmacy, Mon-Thu (Tarrytown Expocare)	R11.3
Pharmacy, Fri-Sun (Walmart or Walgreens, critical only)	R11.3
Pharmacy, refill coordination	R11.3
Physical requirements per ISL	R1.6
Physician's Orders (POS), drafted by LPN at intake	R6.4
Physician's Orders (POS), in appointment folder	R8.2
Physician's Orders (POS), working copy in home	R6.8
Picking up shifts, RPM/DRO approval	R1.3
Power outage, when an IR is required	R5.1
Pregnancy accommodation (cross-reference)	R1.6, Universal Handbook
PRN medications	R5.6
Protocols, sig page workflow	R5.4
Protocols, working copy in home	R6.8
PSA Ledger, monthly send to guardians	R6.14
PSA receipts, ISL Management uploads to PSA Ledger	R6.12
PTO accrual, weekly rates by role	R1.1
Purple training shifts, complete before solo	R7.1
PWFA accommodation (cross-reference)	R1.6, Universal Handbook

Term	Policy Reference
QAP, ledger entries (Finance Director reconciles)	R6.2
Quarterly attendance bonus (1 tardy/month, 3 total)	R1.2
RBT, no residential duties during sessions	R3.3
RBT, session time protected	R3.3
REDCap, Over-Served Variance submission	R6.3, Acronym Guide
Recognition, supervisor cadence (4 WorkTango per month)	R10.3
Residential for ISL Management (Google Drive folder, literal name)	R11.2, R11.8
Residential for RPMs (Google Drive folder, literal name)	R6.12
Residential Program Manager, monthly review ownership	R6.7
Residential Program Manager, schedule errors reported to	R1.3
Residential Program Manager, SetWorks upload timeline	R11.1
Rights restrictions, cannot be implemented without due process	R4.9
Room and Budget Calculation Worksheet, RPM updates from SSA letters	R6.12
Scheduling, errors reported to RPM	R1.3
Scheduling, manipulation/bribery prohibited	R1.3
Scheduling, picking up shifts process	R1.3
Seizures (Fatal Five)	R11.6
Sepsis (Fatal Five)	R11.6
SetWorks, ISL Management and above upload only	R6.9
SetWorks, naming conventions	R6.9
SetWorks, standard folder structure	R6.9
SetWorks, system of record (full file)	R6.8
Sexual conduct boundaries (CSAM, minors, harassment)	R4.3
Sexuality and intimate relationships, individual rights	R4.3
Shopping, individual choice of when	R4.5
Shopping, individual choice of staff	R4.5
Shopping, no staff-imposed schedule	R4.5
Shopping, cannot limit where individuals shop	R4.5
Sleep Shift Pay	R2.2
Sleeping on a non-sleep shift, serious infraction	R1.7

Term	Policy Reference
Southside, physical requirements	R1.6
Southwest, physical requirements	R1.6
Specialized diets	R5.4
SSA letters, RPM opens and uploads	R6.12
SSA letters, SetWorks folder location	R6.9, R6.12
SSA letters, triggers Room and Budget update	R6.12
Staffing shortage (emergency)	R5.1
Staying awake on shift, employment expectation	R1.7
Staying awake on shift, one warning then termination	R1.7
StationMD, faxes consult documentation to office	R11.8
StationMD, follow-up to appointment tracker	R11.8
StationMD, how to initiate	R11.8
StationMD, RPM uploads to SetWorks	R11.8
StationMD, when to use	R11.8
Stocking, from Walmart	R8.2
Sub-lease agreement	R6.13
Sub-lease agreement (Finance cross-reference)	Finance Handbook F6.1
Swallow study coordination	R11.5
Tardy, 60+ minutes = call-in	R1.1
Tardy, ISL Management reports when employee does not self-report	R1.1
Tardy, self-reporting in house chat	R1.1
TB testing, Abilities nurse reads result	R11.4
TB testing, annual frequency	R11.4
TB testing, JCCHC administers	R11.4
TB testing, signed and uploaded to SetWorks	R11.4
Termination, training shift call-in (first 60 days)	R1.1, R7.1
Tarrytown Expocare (Mon-Thu)	R11.3
Tools of Choice, 16-hour course at hire	R7.2
Tools of Choice, 4-hour annual refresher	R7.2
Tools of Choice, DCE owns delivery	R7.2

Term	Policy Reference
Tools of Choice, works alongside MANDT	R7.2
Tornado response, posted shelter route	R5.1
Total ADL Care, definition and physical demands	R1.6
Training, awareness-based (read and sign)	R7.2
Training, DCE sets and enforces standards	R7.2
Training, home-specific	R7.1
Training, individual-specific (PCSP, BSP, delegations)	R7.2
Training, purple shifts in WhenToWork	R7.1
Training, requirements table	R7.2
Training, skill-based (demonstrated competency)	R7.2
Transit van, tie-down training only	R8.3
Transportation, accident reporting	R8.3
Transportation, driver requirements	R8.3
Transportation, safety standards	R8.3
Transportation, vehicle equipment standards	R8.3
Triple check (medication)	R5.6
Variance, definition	R6.3
Variance, Monday.com submission	R6.3
Variance, reporting requirements	R6.3
Vehicle equipment, emergency folder	R8.3
Vehicle equipment, fire extinguisher (Maintenance)	R8.3
Vehicle equipment, mini first aid kit	R8.3
Visitor access (cross-reference)	Universal Handbook 5.3
Visitor access, DRO notifies Due Process Manager	R4.2
Voting and civic rights	R4.8
Walgreens (Fri-Sun, critical only)	R11.3
Walmart, household stocking	R8.2
Walmart Pharmacy (Fri-Sun, critical only)	R11.3
Water or sewer failure	R5.1
Weather teams (winter coverage)	R1.5

Term	Policy Reference
Wheelchair, blanket drag when not safe to wheel	R5.1
Wheelchair, evacuation guidance integrated in every emergency	R5.1
Wheelchair, tie-down training (Knob Bus and Transit)	R8.3
WhenToWork, shift coordination only	R10.1
WorkTango, supervisor recognition cadence (4/month)	R10.3
WEX Fleet Card, one card per vehicle	R8.4
WEX Fleet Card, personal use prohibited	R8.4
WEX statement reconciliation, RPM follow-up	R8.4
Working clinical references on paper	R6.8
Working documents, two-track architecture	R6.8

ABILITIES, LLC

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Abilities, LLC partners with individuals, families, and the community to provide safe, respectful, and high-quality supports that promote independence, dignity, and an improved quality of life for people with developmental disabilities.

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