



**DELAWARE HEALTH AND SOCIAL SERVICES**

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Division of Developmental Disabilities Services

## DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

### DDDS SERVICE STANDARDS FOR:

- ◆ *Neighborhood Homes*
- ◆ *CLAs*
- ◆ *Shared Living*
- ◆ *Day Habilitation*
- ◆ *Prevocational Services*
- ◆ *Supported Employment*
- ◆ *Nurse Consultation*
- ◆ *Behavioral Consultation*
- ◆ *DDDS Case Management*

**Mission:**

*Valuing persons with intellectual and developmental disabilities, honoring abilities, respecting choice, and achieving possibilities as we work together to support healthy, safe, and fulfilling lives.*

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***Purpose:***

To promote the health, safety and well-being of all individuals receiving services through the *Division of Developmental Disabilities Services (DDDS)* and to ensure a system of monitoring and accountability.

In addition to these standards in this manual, *Neighborhood Homes* as defined in **16 Del.C 3310** and **Shared Living Homes (Family Care Homes)** providing supports to more than one (1) individual as defined by **16 Del.C 3315** must also be licensed by the *Division of Long Term Care Residents Protection (DLTCP)* as meeting a minimum acceptable standard for living conditions. These standards can be found at the following link:

<http://dhss.delaware.gov/dhss/dlterp/>

Definitions of all DDDS waiver services can be found at the following link:

<http://www.dmap.state.de.us/downloads/manuals/DD.Waiver.Provider.Specific.pdf>

For additional information and resources, please refer to the *Quality Improvement Manual*:

<http://dhss.delaware.gov/dhss/ddds/qa.html>

**Waivers to Standards:**

Providers may not exempt itself from any of these standards or any portion of this manual. Waivers to standards are person specific and must be included within the person centered plan.

Should any section, sentence, clause or phrase of these standards be legally declared unconstitutional or invalid for any reason, the remainder of said standards shall not be affected thereby.

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**∞ Section 1.0 - Provider Standards: All Providers**

- 1.1 The Provider shall maintain and comply with a written policy and procedures manual for its staff. A mechanism shall be in place to ensure that this manual is easily accessible to staff and updated continuously to comply with changes in state and/or federal laws and regulations.  
*\* Provider Qualification, 3310 Regulation*
- 1.2 The Provider shall have policies and procedures for behavior support that include but is not limited to: person centered positive behavior support techniques, prohibit aversive practices and seclusion, prohibit the use of bedrails and enclosed cribs for behavioral support, and include safeguards for the use of restrictive interventions.  
*\* Behavior Support Plan Policy*
- 1.3 The Provider shall have policies and procedures that promote the utilization of reportable incident data to track trends and develop process improvements to prevent incident recurrences as outlined in the DHSS and DDDS policies.  
*\* Community Incident Reporting, DHSS PM 46*
- 1.4 The Provider shall have policies and procedures that describe the system for reporting and processing of all incidents and "near miss events" as outlined in the DDDS Community Incident Reporting Policy.  
*\* Community Incident Reporting, DHSS PM 46*
- 1.5 Providers shall have written site specific procedures for meeting the following emergencies and disasters: fire, earthquake, severe weather (*Hurricane, Tornado*), and missing individuals; and such procedures shall be communicated to all staff. This includes maintaining an adequate communication system to ensure that off-duty personnel and local fire and safety authorities are notified promptly in the event of an emergency or disaster.  
*\*^ 3310 Regulation*
- 1.6 The Provider shall comply with criminal background check and drug testing laws (*16DEL.C. Sections 1141 and 1142*) and implement regulations.  
*Delaware Code*
- 1.7 The Provider shall have policies and procedures that provide instructions for the implementation and documentation of the person centered plan.  
*\* Life Span Plan Manual, related to a Current Standard*
- 1.8 The Provider shall have policies and procedures to address individual rights complaints.  
*\* 3310 Regulation, DDDS Rights Complaint Policy*
- 1.9 The Provider shall have policies and procedures in place for infection control that minimally address: Standard Precautions, Proper Storage and usage of Personal Hygiene Items, Infestations.  
*\* DDDS Infection Control Policy, 3310 Regulation*
- 1.10 The Provider shall have an internal quality improvement plan which includes performance measures.  
*\* CMS*
- 1.11 The Provider shall ensure that all vehicles used to transport individuals by the Provider shall be equipped with a proper seatbelt for each individual's needs, which is in good repair, a means of communication, and shall comply with applicable safety and licensing standards established by the Delaware Division of Motor Vehicles.  
*Fleet Services*

\* Does not apply to Shared Living

+ Shared living is not expected to have a written policy for each home. This is an expectation of service delivery.

^ Agencies that operate in the community do not need site specific plans (Supported Employment, Community Based Day Habilitation)

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- 1.12 All vehicles equipped with either a mechanical lift and/ or can hold over ten (10) individuals must have one (1) secured fire extinguisher that is serviced annually.  
*\* Fire Marshal*
- 1.13 The Provider or transporter shall maintain liability insurance as required by Delaware Law.  
*Delaware Law*
- 1.14 The Provider shall have a mechanism in place to ensure that all drivers have a current driver's licenses.  
*Fleet Services*
- 1.15 The Provider ensures that all staff complete the required DDDS trainings.  
*\* Training Policy for DDDS Authorized Providers*
- 1.16 The Provider shall have a mechanism to ensure compliance with all DDDS contract and provider qualifications.  
*\* Provider Qualification, Contract*
- 1.17 The Provider shall have a description of its services that includes a description of:
- ◆ The population served;
  - ◆ The Provider plans to strategically address the needs and desires of those served;
  - ◆ The services available;
  - ◆ Expectations and outcomes.  
*\* Provider Qualifications*
- 1.18 The Provider shall have a staff job description(s) in place for all personnel that include:
- ◆ Job Qualifications;
  - ◆ Duties and Responsibilities;
  - ◆ Competencies required;
  - ◆ Expectations regarding the quality and quantity of work;
  - ◆ Documentation that staff reviewed, understand, and;
  - ◆ Is working under a job description specific to the work performed within the agency.  
*\* 3310 Regulations*
- 1.19 Confidentiality of individuals' records shall be maintained in accordance with Federal Health Insurance Portability and Accountability Act (HIPPA) and *16 Delaware Code 1121 (6)*.  
*Delaware Code*
- 1.20 Providers shall ensure that provisions be made for emergency auxiliary heat and lighting by means of alternative sources of electric power, alternate fuels, and stand-by equipment, or arrangement with neighbors, other agencies or community resources.  
*3310 Regulation*

## **☞ Section 2.0 - Provider Standards: All Residential Providers Including: Neighborhood Homes, CLAs, and Shared Living**

### **2.1 Person Centered:**

- 2.1.1 The Provider ensures that the environment supports the individual's interests, needs, and abilities.  
*CMS, Transition Plan, Current Standard*

\* Does not apply to Shared Living

+ Shared living is not expected to have a written policy for each home. This is an expectation of service delivery.

^ Agencies that operate in the community do not need site specific plans (Supported Employment, Community Based Day Habilitation)

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2.1.2 The Provider ensures that the individual has personal belongings and his/ her bedroom has personalized décor.

*CMS, Transition Plan, Current Standard*

2.1.3 The Provider ensures that the individual is supported to accomplish outcomes as identified in his or her person centered plan.

*CMS, Transition Plan, Current Standard*

**2.2 Rights Protection, Dignity and Respect:**

2.2.1 The Provider ensures that the individual is treated by staff and/or caregivers in a respectful and friendly manner.

*CMS, Transition Plan, Current Standard*

2.2.2 The Provider ensures that the individual exercises their rights as they choose.

*DDDS Rights Policy, CMS, Transition Plan, Current Standard*

2.2.3 The Provider ensures that the individual has privacy when he/she wants or needs it.

*CMS, Transition Plan*

2.2.4 The Provider ensures that the individual's cultural and ethnic values and traditions are respected and accommodated.

*CMS, Transition Plan*

2.2.5 The Provider follows the agency and DDDS Rights Policy.

*Rights Policy*

2.2.6 The individual's personal finances must be protected from fraud and abuse. They must be accessible to the individual at any time. Funds for individuals may not be co-mingled with funds from other individuals or the provider. They must be maintained in separate accounts. Accurate records must be kept of the individual's finances, including all transactions, which must be produced as requested by the individual or the Division. Receipts or other documentation must be maintained for all expenditures using the individual's funds. An independent audit of individual funds must be conducted every four (4) months. Site audits must be completed monthly. Agency providers shall have policies and procedures in place that promote fiscal protection.

*CMS, Transition Plan, Funds Policy*

2.2.7 An Individual Rights Complaint form is available in the home.

*Rights Policy*

**2.3 Relationships and Natural Supports in the Community**

2.3.1 The Provider has policies and procedures that promote open communication and interaction with residents of the community in which the home is located in, in order to facilitate the individual's integration into their community.

+ *CMS, Transition Plan, Current Standard*

2.3.2 The Provider ensures that the individual is supported to spend time with people and in places that are important to them.

*CMS, Transition Plan, Current Standard*

2.3.3 The Provider ensures that the individual is supported to maintain a relationship with his or her family.

*(As applicable)*

*CMS, Transition Plan, Current Standard*

\* Does not apply to Shared Living

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- 2.3.4 The Provider supports the individual to have visitors at any time.  
*CMS, Transition Plan*

**2.4 Physical Environment and Emergencies**

- 2.4.1 The Provider ensures a home-like environment for each home.  
*3310 Regulation*
- 2.4.2 The exterior of the home shall reflect its community and be free from hazards.  
*3310 Regulation*
- 2.4.3 Each home shall have written evacuation plans readily accessible as outlined in standard 1.5.  
*3310 Regulation*
- 2.4.4 Individuals, staff, and/or providers are trained in executing the emergency plans.  
*3310 Regulation*
- 2.4.5 Each home conducts at least one fire drill per calendar quarter (*4 per year*). Drills are not to be held at night, during individual's sleep time, nor during inclement weather.  
*3310 Regulation*
- 2.4.6 The home shall have an adequate number of UL (*Underwriter's Laboratory*) approved smoke detectors in working order; minimum one (*1*) per floor, on levels that have bedrooms, the detector shall be placed between the bedroom area and the remainder of the home.  
*3310 Regulation*
- 2.4.7 There shall be two (*2*) five (*5*) pound ABC Fire Extinguishers in a Neighborhood Home, one (*1*) 2.5 pound ABC Fire Extinguisher in a CLA and a Shared Living home that are readily accessible in the Home. Extinguishers are to be checked annually by a qualified inspector/company.  
*3310 Regulation*
- 2.4.8 There shall be a means of communication in each home that is accessible to staff and the individuals living in the home.  
*3310 Regulation*
- 2.4.9 There shall be a lockable door on each bedroom, so that the individual may lock them for privacy as they see fit. Providers may only have keys based on special individualized circumstances, such as health and safety risks of the resident. These special circumstances that require providers to have a key to the individual's bedroom door shall be documented in the person-centered plan.  
*3310 Regulation, CMS, Transition Plan*
- 2.4.10 There shall be a three (*3*) day supply of food and water in each home at all times.  
*3310 Regulation*
- 2.4.11 The telephone numbers of the nearest poison control center and the nearest source of emergency medical services shall be posted.  
*3310 Regulation*
- 2.4.12 The interior of the home is clean, free of odors, and in good repair.  
*3310 Regulation*
- 2.4.13 The provider has a non-expired basic first aid kit available in the home.  
*3310 Regulation*

\* Does not apply to Shared Living

+ Shared living is not expected to have a written policy for each home. This is an expectation of service delivery.

^ Agencies that operate in the community do not need site specific plans (Supported Employment, Community Based Day Habilitation)

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**2.5 Choice**

- 2.5.1 The Provider ensures that the individual makes decisions regarding meals and have access to food at any time, unless approved restrictions are noted in the person-centered plan.  
*CMS, Transition Plan, Current Standard*
- 2.5.2 The provider ensures the individual is supported to make informed choices in all areas of his/her life, including decisions related to the level of engagement with others and activities. The provider will ensure that the individual is informed about community resources and activities and is supported to choose resources and activities at the level of involvement one chooses. The provider must honor the decisions regarding these aspects of each individual's life. The provider can encourage the individual to make choices that will be in his or her best interest but cannot mandate these choices.  
*CMS, Transition Plan, Current Standard*
- 2.5.3 The Provider ensures that the individual has an informed choice of opportunities to explore competitive work or volunteer work experiences.  
*Employment First Act 2012, CMS, Transition Plan, Current Standard*
- 2.5.4 The Provider ensures that the individual chooses his/her bedroom, including the ability to have his/her own private bedroom.  
*CMS, Transition Plan, Current Standard*

**2.6 Health, Wellness, and Safety**

- 2.6.1 Any storage (including refrigeration) or medication room should be accessed only by those employees or individuals authorized to do so, and securely locked at all times.  
*\* LLAM*
- 2.6.2 All controlled substances and syringes shall be double locked (i.e. stored in a locked box inside a larger drawer or locked cabinet. A lock on an outside access door can be considered the first lock.  
*\* LLAM*
- 2.6.3 Medications are never left unattended.  
*\* LLAM*
- 2.6.4 Medication containers are designed to protect the medication from breakdown and damage, and should be stored in accordance with the directions on the medication label or package insert.  
*\* LLAM*
- 2.6.5 Medications that require refrigeration shall be stored in a locked box within the refrigerator.  
*\* LLAM*
- 2.6.6 Providers shall provide or assist to arrange for transportation for an individual's appointments.  
*CMS Assurance, Current Standard*
- 2.6.7 The individual's medication regimen is managed according to the most recent Board of Nursing approved medication training program.  
*LLAM*

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- 2.6.8 Each dose administered shall be recorded by date, time and initials of the individual or the individual assisting.  
*\* LLAM*
- 2.6.9 Accurately maintained count sheets are present for all controlled substances and other medications not secured in bubble packs.  
*\* LLAM*
- 2.6.10 Lab work is completed within five (5) business days of the receipt of order or as ordered.  
*CMS Assurance, Current Standard*
- 2.6.11 Necessary screenings/appointments are scheduled within five (5) working days of receipt of order or per doctors' orders.  
*CMS assurance, Current Standard*
- 2.6.12 Providers support the individual to attend all medical appointments. If the individual refuses to attend a medical appointment the refusal must be documented in the person centered plan.  
*CMS Assurance, Current Standard*
- 2.6.13 All medication errors are reported, documented, and a corrective action has been implemented.  
*LLAM*
- 2.6.14 Assistive technology and equipment are in good condition and used as designed.  
*Current Standard*
- 2.6.15 Providers shall obtain copies of lab and diagnostic reports and place them into the person centered plan within three (3) days of receiving them.  
*CMS Assurance, current standard*
- 2.6.16 Providers shall have a written process to audit medication practices of the unlicensed assistive personnel (UAP) at a minimum of weekly (*checking all medication, medical orders, and MARs*).  
*\* CMS Assurance*
- 2.6.17 Providers shall have a written process to check MARs for medication errors/omissions daily.

## **∞ Section 3.0 - Provider Standards: CLA & Shared Living Specific**

### **3.1 Physical Environment and Emergencies**

- 3.1.1 All windows designed to open and shut must be functional.  
*3310 Regulation*
- 3.1.2 The building shall be constructed and maintained to prevent the entrance, and control the existence, of rodents and insects.  
*3310 Regulation*
- 3.1.3 Screen doors shall open outward and shall be equipped with self-closing devices.  
*3310, 3315 Regulation*
- 3.1.4 All screening shall have at least 16 mesh per inch. (standard size screen)  
*3310 Regulation*

\* Does not apply to Shared Living

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- 3.1.5 Individual bedrooms shall open directly into a corridor.  
*3310, 3315 Regulation*
- 3.1.6 All homes accommodating individuals who regularly require wheelchairs shall be equipped with ramps.  
*3310, 3315 Regulation*
- 3.1.7 Ramps must be compliant with the standards outlined in the Americans with Disabilities Act (ADA).  
*3310, 3315 Regulation*
- 3.1.8 The roof, exterior walls, doors, skylights and windows shall be weather tight and watertight and shall be kept in sound condition and good repair.  
*3310 Regulation*
- 3.1.9 Electric shall meet all municipal, county and State requirements and laws.  
*3310 Regulation*
- 3.1.10 Floor surfaces shall be durable, yet non-abrasive and slip resistant. Floor surfaces shall be kept in good repair. Area rugs on hard finished floors shall have a non-skid backing. Carpeting shall be maintained in a clean condition.  
*3310, 3315 Regulation*
- 3.1.11 Cameras or monitoring devices are not permitted in individual bedrooms or bathrooms unless written permission by the individual(s) or authorized representative in on file.  
*3310, 3315 Regulation*
- 3.1.12 Each bedroom shall be well ventilated.  
*3310, 3315 Regulation*
- 3.1.13 Each bedroom shall be an outside room with at least one (1) window opening directly to the outside.  
*3310, 3315 Regulation*
- 3.1.14 Bedroom walls must extend from the floor to the ceiling.  
*3310, 3315 Regulation*
- 3.1.15 Each bedroom shall have one (1) light fixture and there shall be a switch at the entrance.  
*3310, 3315 Regulation*
- 3.1.16 Each bedroom shall provide storage space for clothing and storage space for personal items to include, minimally, closet space.  
*3310 Regulation*
- 3.1.17 There shall be one (1) operational bathtub or shower in every home.  
*3310 Regulation*
- 3.1.18 Each bathroom must promote privacy for the individual.  
*3310 Regulation*
- 3.1.19 The hand washing sinks shall have hot and cold water.  
*3310 Regulation*
- 3.1.20 Hot water may not exceed 115<sup>F</sup>.  
*3310, 3315 Regulation*

\* Does not apply to Shared Living

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- 3.1.21 At least one (1) refrigerator and one (1) freezing unit, in proper working order and capable of maintaining frozen foods in the frozen state and refrigerated foods at 41<sup>F</sup> or below.  
*3310 Regulation*
- 3.1.22 At least one (1) four-burner range and one (1) oven (*or combination thereof*) which is in proper working order.  
*3310 Regulation*
- 3.1.23 Dry or staple food items shall be stored in a ventilated room that is not subject to waste water backflow or to contamination by condensation or leakage.  
*3310, 3315 Regulation*
- 3.1.24 Food storage areas shall be free of odd particles, dust and dirt.  
*3310, 3315 Regulation*
- 3.1.25 All cleaning supplies and food must be stored separately.  
*3310, 3315 Regulation*
- 3.1.26 The use of security or observational devices (*cameras in bedrooms or alarms on the doors and windows*) shall constitute a restrictive procedure and require consent and review by the human rights committee. The need for such devices shall be documented in the person centered plan. Home security and monitoring devices (*such as ADT, etc.*) are not considered restrictive procedures and may be used if the individual is informed of the purpose.  
*3310, 3315 Regulation, Behavior Support Policy*
- 3.1.27 The exterior of the site shall be free from hazards and also from the accumulation of waste materials, obsolete and unnecessary articles, tin cans, rubbish, and other litter.  
*3310, 3315 Regulation*
- 3.1.28 The home must have a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of the individuals.  
*3310, 3315 Regulation*
- 3.1.29 Stairways shall have non-slip surfaces and sturdy handrails to prevent slipping. Stairways over six (6) feet in width shall have handrails on both sides.  
*3310, 3315 Regulation*
- 3.1.30 Bedrooms shall provide eighty (80) square feet of floor space.  
*3310, 3315 Regulation*
- 3.1.31 Mattresses shall be covered or protected with non-porous material.  
*3310, 3315 Regulation*
- 3.1.32 All homes shall have at a minimum of one (1) trash receptacle.  
*3310, 3315 Regulation*
- 3.1.33 All furniture shall be of such condition so as not pose a safety hazard and arranged and located as to provide convenient access to the individual.  
*3310, 3315 Regulation*
- 3.1.34 All individuals shall have a bed that is suitable for the individuals and satisfies all support needs.  
*3310, 3315 Regulation*

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- 3.1.35 Furniture and furnishings shall be safe, comfortable, cleanable and in good repair. These shall resemble those in homes in the community, to the extent compatible with individual's choice and the physical needs of the individuals living in the home.  
*3310 , 3315 Regulation*
- 3.1.36 Providers shall complete or assist individuals with completing laundry.  
*3310 , 3315 Regulation*
- 3.1.37 All homes have a minimum of two (2) means of egress.  
*3310 , 3315 Regulation*
- 3.1.38 Basement space may be used for activities for people in the home if there is a minimum of two (2) fire exits.  
*3310 , 3315 Regulation*

**∞ Section 4.0 - Provider Standards: All Day Services Including:  
Day Habilitation, Prevocational, Supported Employment.**

**4.1 Person Centered**

- 4.1.1 The Provider ensures that the environment supports the individual's interests, needs, and abilities.  
*CMS, Transition Plan, Current Standard*
- 4.1.2 The Provider ensures that the individual is supported to accomplish outcomes as identified in his/her person-centered plan.  
*CMS, Transition Plan, Current Standard*

**4.2 Rights Protection, Dignity and Respect**

- 4.2.1 The Provider ensures that the individual is treated by staff in a respectful and friendly manner.  
*Rights Policy, CMS, Transition Plan, Current Standard*
- 4.2.2 The Provider ensures that the individual exercises his/her rights (*and responsibilities*) as they choose.  
*CMS, Transition Plan, Current Standard*
- 4.2.3 The Provider follows the agency and DDDS Rights Policy.  
*Rights Policy*

**4.3 Health, Wellness, and Safety**

- 4.3.1 Assistive technology and equipment are used as designed.  
*Current Standard*

**∞ Section 5.0 - Provider Standards: Day Habilitation**

**5.1 Rights Protection, Dignity and Respect**

- 5.1.1 The Provider ensures that the individual has privacy for personal care.  
*CMS, Transition Plan, Current Standard*
- 5.1.2 An Individual Rights Complaint form is conspicuously posted.  
*Rights Policy*

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**5.2 Relationships and Natural Supports in the Community**

- 5.2.1 The Provider has policies and procedures that promote open communication with individuals in the community and promote community integration.  
*CMS, Transition Plan, Current Standard*
- 5.2.2 The Provider ensures that the individual is encouraged and supported to spend time with people and in places that are important to them.  
*CMS, Transition Plan, Current Standard*
- 5.2.3 The Provider provides supports for individuals to develop and maintain a variety of relationships.  
*CMS, Transition Plan, Current Standard*
- 5.2.4 The Provider ensures the individual is supported to have visitors in the setting.  
*CMS, Transition LLAM, Current Standard*

**5.3 Physical Environment and Emergencies**

- 5.3.1 All bathrooms shall have individual lockable doors or stalls that promote privacy.  
*Adopted from 3310 Regulation*
- 5.3.2 Hot water may not exceed 115<sup>F</sup>.  
*Adopted from 3310 Regulation*
- 5.3.3 Each toilet shall be equipped with a toilet seat and toilet tissue.  
*Adopted from 3310 Regulation*
- 5.3.4 Hand washing sinks shall be available in or immediately adjacent to bathrooms and/or toilet rooms.  
*Adopted from 3310 Regulation*
- 5.3.5 The interior of the site is clean, free of odors, and in good repair.  
*Adopted from 3310 Regulation*
- 5.3.6 Each site conducts at least one fire drill per calendar quarter. (4 per year) These may not be conducted in inclement weather.  
*Adopted from 3310 Regulation*
- 5.3.7 Individuals and staff are trained in executing the emergency plans.  
*Adopted from 3310 Regulation*
- 5.3.8 Each Day Habilitation site shall comply with all State and Federal Fire Codes. Each site must present a current fire inspection at the time of review.  
*Adopted from 3310 Regulation*
- 5.3.9 Emergency telephone numbers, including telephone numbers for fire, police, poison control, and ambulance shall be posted by public telephones.  
*Adopted from 3310 Regulation*
- 5.3.10 Exterminator services shall be required when there is evidence of any infestation.  
*Adopted from 3310 Regulation*
- 5.3.11 There shall be cleaning supplies and disinfecting agent supplies stored away from food.  
*Adopted from 3310 Regulation*

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5.3.12 All exits have exit signs.

*Fire Code Regulation*

5.3.13 Emergency evacuation plans are posted at every exit and public places.

*Fire Code Regulation*

5.3.14 Cameras or monitoring devices are not permitted in bathrooms.

*Adopted from 3310 Regulation*

5.3.15 The provider has a non-expired basic first aid kit available in the site.

*Adopted from 3310 Regulation*

5.3.16 Ramps must be compliant with the standards outlined in the Americans with Disabilities Act (ADA).

*3310, 3315 Regulation*

#### 5.4 Choice

5.4.1 The provider ensures the individual is supported to make informed choices in all areas of his/her life, including decisions related to the level of engagement with others and activities. The provider will ensure that the individual is informed about community resources and activities and is supported to choose resources and activities at the level of involvement one chooses. The provider must honor the decisions regarding these aspects of each individual's life. The provider can encourage the individual to make choices that will be in his or her best interest but cannot mandate these choices.

*CMS, Transition plan, Current Standard*

#### 5.5 Health, Wellness, and Safety

5.5.1 Any storage (including refrigeration) or medication room should be accessed only by those employees or individuals authorized to do so, and securely locked at all times.

*LLAM*

5.5.2 All controlled substances and syringes shall be double locked (i.e. stored in a locked box inside a larger drawer or locked cabinet. A lock on an outside access door can be considered the first lock.

*LLAM*

5.5.3 Medications are never left unattended.

*LLAM*

5.5.4 Medication containers are designed to protect the medication from breakdown and damage, and should be stored in accordance with the directions on the medication label or package insert.

*LLAM*

5.5.5 Medications that require refrigeration shall be stored in a locked box within the refrigerator.

*LLAM*

5.5.6 The individual's medication regimen is managed according to the most recent Board of Nursing approved medication training program.

*LLAM*

5.5.7 Each dose administered shall be recorded by date, time and initials of the individual or the individual assisting.

*LLAM*

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5.5.8 Accurately maintained count sheets are present for all controlled substances and other medications not secured in bubble packs.

*LLAM*

5.5.9 All medication errors are reported, documented, and a corrective action has been implemented.

*LLAM*

**5.6 Service Specific**

5.6.1 Program Administrators shall have a degree in the human service area and/or 6 months experience with persons with intellectual and developmental disabilities.

*Provider Qualifications*

**☞ Section 6.0 - Provider Standards: Prevocational**

**6.1 Rights Protection, Dignity and Respect**

6.1.1 The Provider ensures that the individual has privacy for personal care.

*CMS, Transition Plan, Current Standard*

6.1.2 An Individual Rights Complaint form is conspicuously posted.

*Rights Policy*

**6.2 Physical Environment**

6.2.1 All bathrooms shall have individual lockable doors or stalls that promote privacy.

*Adopted from 3310 Regulation*

6.2.2 Hot water may not exceed 115<sup>F</sup>.

*Adopted from 3310 Regulation*

6.2.3 Each toilet shall be equipped with a toilet seat and toilet tissue.

*Adopted from 3310 Regulation*

6.2.4 Hand washing sinks shall be available in or immediately adjacent to bathrooms and/or toilet rooms.

*Adopted from 3310 Regulation*

6.2.5 The interior of the site is clean, free of odors, and in good repair.

*Adopted from 3310 Regulation*

6.2.6 Each site conducts at least one fire drill per calendar quarter. *(4 per year)*

*Adopted from 3310 Regulation*

6.2.7 Individuals and staff are trained in executing the emergency plans.

*Adopted from 3310 Regulation*

6.2.8 Each Day Habilitation site shall comply with all State and Federal Fire Codes. Each site must present a current fire inspection at the time of review.

*Adopted from 3310 Regulation*

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- 6.2.9 Emergency telephone numbers, including telephone numbers for fire, police, poison control, and ambulance shall be posted by public telephones.  
*Adopted from 3310 Regulation*
- 6.2.10 Exterminator services shall be required when there is evidence of any infestation.  
*Adopted from 3310 Regulation*
- 6.2.11 There shall be cleaning supplies and disinfecting agent supplies stored away from food.  
*Adopted from 3310 Regulation*
- 6.2.12 All exits have exit signs.  
*Fire Code Regulation*
- 6.2.13 Emergency evacuation plans are posted at every exit and in public places.  
*Fire Code Regulation*
- 6.2.14 Cameras or monitoring devices are not permitted in bathrooms.  
*Adopted from 3310 Regulation*
- 6.2.15 The provider has a non-expired basic first aid kit in the site.  
*Adopted from 3310 Regulation*

### 6.3 Choice

- 6.3.1 The provider ensures the individual is supported to make informed choices in all areas of his/her life, including decisions related to the level of engagement with others and activities. The provider will ensure that the individual is informed about community resources and activities and is supported to choose resources and activities at the level of involvement one chooses. The provider must honor the decisions regarding these aspects of each individual's life. The provider can encourage the individual to make choices that will be in his or her best interest but cannot mandate these choices.  
*CMS, Transition plan, Current Standard*

### 6.4 Service Specific

- 6.4.1 If individuals are paid a sub minimum wage during the provision of a prevocational service, the service center must be certified by the U.S. Department of Labor as a Work Activity Center as defined in Section 14(c) of the Fair Labor Standards Act.  
*Provider Qualifications*
- 6.4.2 Services shall be aimed at increasing opportunities for meaningful adult career development with an emphasis on obtaining paid community employment.  
*Provider Qualifications*
- 6.4.3 The Provider shall ensure that individual(s) (*and/or their family or guardian*) have accurate and individualized information regarding the impact and value of wages on benefits.  
*Provider Qualifications*

## **∞ Section 7.0 - Provider Standards: Supported Employment**

### 7.1 Service Specific

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- 7.1.1 Group Supported Employment services shall consist of two (2) to eight (8) individuals working in the community.  
*Provider Qualifications, Provider Definition*
- 7.1.2 Individual Supported Employment shall have no more than one (1) individual working with one (1) staff member working in the community.  
*Provider Qualifications, Provider Definition*
- 7.1.3 The Provider shall ensure that individual(s) (*and/or their family or guardian*) have accurate and individualized information regarding the impact and value of wages on benefits.  
*Provider Qualification, DMAP*
- 7.1.4 A Job Coach/ Employment Specialist must meet the following minimum standards:
- Successful completion of an Employment Specialist Curriculum as approved by DDDS. Completion must occur within six (6) months of the date of hire. Persons who have not completed an approved Employment Specialist curriculum and who are currently providing services as of September 1, 2016 shall have six (6) months to come into compliance.
  - Receive mentoring during the first six (6) months of employment.
  - Graduation from high school or acquired a GED.
  - Meet the continuous training requirements as outlined in the DDDS Day Services Training  
*Provider Qualifications*

## ∞ Section 8.0 - Standards: Case Manager

- 8.1 The person-centered planning process is driven by the individual.  
*CMS, Transition Plan, Life Span Plan, Current Standard*
- 8.2 The planning process includes people chosen by the individual.  
*CMS, Transition Plan, Life Span Plan, current standard*
- 8.3 All meetings occur at the time and location of convenience to the individual.  
*CMS, Transition Plan, Life Span Plan, current standard*
- 8.4 The person-centered plan documents that the case manager assisted the individual in selecting services, settings and providers from among the available options and the discussion of those options, including why the options selected were preferred over others that were not selected. The plan must document all relevant factors that the individual considered, including such elements as: location, proximity to friends or family members, the individual's income, any special requirements the individual has, etc. The plan must reflect that all settings are chosen by the individual and that the setting is integrated in, and supports full access to the greater community.  
*CMS, Transition Plan, CM Duty*
- 8.5 The person-centered plan reflects that opportunities to seek employment and work in competitive integrated settings are offered.  
*Employment First Law 2012, CMS, Transition Plan, Life Span Plan*
- 8.6 The person-centered plan reflects that the individual was given opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.  
*CMS, Transition Plan, Life Span Plan*
- 8.7 Modification to the HCBS settings requirements needed by the individual must be supported by a specific assessed need and justified in the person-centered plan. The following is to be documented:

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- ◆ Identify a specific and individualized assessed need;
  - ◆ Positive interventions and supports used prior to modification;
  - ◆ Less intrusive methods tried and;
  - ◆ A description of the condition that is directly proportionate to the specific need.
- CMS, Transition Plan, Adapted from the System-Wide Person Centered Planning CMS Presentation*

- 8.8 The person-centered plan establishes a time limit for periodic review.  
*CMS, Transition Plan, Life Span Plan, Current Standard*
- 8.9 The person-centered plan includes a method to request changes to the plan.  
*CMS, Transition Plan, Life Span Plan, Current Standard*
- 8.10 The person-centered planning process supports and encourages individuals to make informed choices of supports and services.  
*CMS, Transition Plan, Life Span Plan*
- 8.11 The person-centered plan includes the process of how the individual was assisted to make choices among community settings.  
*CMS, Transition Plan, Life Span Plan, Current Standard*
- 8.12 The person-centered plan reflects that the individual has given informed consent to approve the person centered plan prior to three hundred sixty four (364) days of the previously approved plan.  
*CMS, Transition Plan, Life Span Plan, Current Standard*
- 8.13 The person-centered plan is distributed to the individual and all other people involved in the plan.  
*CMS, Transition Plan, Current Standard*
- 8.14 The person-centered plan is signed by all people supporting the individual.  
*CMS, Transition Plan, Current Standard*
- 8.15 The person-centered plan is written in language understood by the individual.  
*CMS, Transition Plan*
- 8.16 The person-centered plan is updated prior to the change/start of all services.  
*CM Duties*
- 8.17 The person-centered plan defines desired outcomes chosen by the individual. These outcomes must include timelines, who is responsible for assisting the individual with achieving the outcome, and the satisfaction of the outcome.  
*CMS, Transition Plan*
- 8.18 The DDDS Case Manager visits the individual one (1) time per quarter; two (2) of the visits must be in the individual's home.  
*CM Duties, Waiver Assurance*
- 8.19 The individuals Level of Care (LOC) is completed annually.  
*CM Duties, Waiver Assurance*
- 8.20 The DDDS Case Manager completes monthly reviews of the progress of the individual's outcomes.  
*CM Duties, Waiver Assurance*
- 8.21 The DDDS Case Manager ensures that the individual's funds are managed correctly. *Shared Living Only.*  
*CM Duties*

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- 8.22 All assessments of supports are completed as needed.  
*CM Duties, CMS, Transition Plan, Current Standard*
- 8.23 The person-centered plan addresses any health, safety, or risk factors and how to minimize the identified factors.  
*CMS, Transition Plan, Current Standard*
- 8.24 The person-centered plan reflects that the individual was given the option to choose his/her roommate.  
*CMS, Transition Plan*
- 8.25 The person-centered plan shall reflect the individual's strengths and preferences.  
*Current Standard*

## **∞ Section 9.0 - Standards: Nurse Consultant**

- 9.1 An Individual/Health Support Summary is completed annually and included in the person centered plan.  
*Nursing Duties, Waiver Assurance, Current Standard*
- 9.2 The Nurse ensures that a Fall-Risk assessment is completed upon admission to a Residential site.  
*Nursing Duties, Current Standard*
- 9.3 The Nurse ensures that a monthly on-site medication/record review is completed to include reviewing of all medical appointments and follow-ups, labs are completed as ordered.  
*Nursing Duties, Waiver Assurance, Current Standard*
- 9.4 The Nurse completes a monthly contact (*phone/in person/email*) with Shared Living Providers to discuss any medical changes.  
*Nurse Duties, Current Standard*
- 9.5 An annual on-site visit occurred for Shared Living Providers to confirm an accurate medication list and view the storage of medications.  
*Nursing Duties, Current Standard*
- 9.6 The Nurse ensures that documentation is present to indicate that the individual's current immunization history is updated on a continuous basis and follows national best practice.  
*Nursing Duties, Waiver Assurance*
- 9.7 The Nurse ensures that annual/current orders are present for all medications, diet and medical equipment.  
*Nursing Duties, Current Standard*
- 9.9 The Nurse ensures that all Medication labels and Medication Administration Records (*MAR*) match the Physician's orders for the medication.  
*LLAM*
- 9.10 The Nurse ensures that a three (3) day supply of all medications is available at all times.  
*Nursing Duties, Current Standard*
- 9.11 The Nurse ensures that a supply of over the counter medication (*SMO*) shall be stocked at each home. The use of such medications must be authorized by the individual's physician in writing, and the use must be documented in the medical record.  
*LLAM*
- 9.12 The Nurse ensures that PRN medications have specific documented parameters for how/when the medication should be given.  
*LLAM*

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- 9.13 The Nurse ensures that Side Effects sheets are present for all medication that the individual receives.  
*LLAM*
- 9.14 The Nurse ensures that the medically prescribed diet is noted in the Health Support Summary.  
*Nursing Duties, Current Standard*
- 9.15 The Nurse ensures that an aspiration assessment is completed upon admission to a Residential site.  
*Nursing Duties, Current Standard*
- 9.16 The Nurse ensures that all routine health screenings are completed according to recommendations by PCP.  
*Waiver Assurance, Current Standard*

## **∞ Section 10.0 - Standards: Behavior Consultant**

- 10.1 Behavioral Consultant must have education, training, and/or experience demonstrating competence in each of the following areas:
- ◆ Possession of a Bachelor’s degree or higher in Behavioral or Social Science or related field. Individuals who exceed the stated minimum qualifications may also provide Behavioral Consultation.
  - ◆ Six months experience in developing functional assessment plans by assessing behavioral needs and determining behavioral objectives
  - ◆ Six months experience in evaluating and assessing consumer functioning using a variety of formal test and survey tools
  - ◆ Six months experience in making recommendations as part of a consumer’s service plan such as clinical treatment, counseling, or determining eligibility for health or human service/benefits
  - ◆ Six months experience in interpreting laws, rules, regulations, standards, policies, and procedures.  
*Provider Qualification*
- 10.2 The Behavioral Consultant ensures that a Functional Behavioral Assessment is completed for everyone using Behavioral Consultation.  
*Behavior Support Policy*
- 10.3 A Behavioral Support Plan is created in accordance with the DDDS Behavior Support Plan Policy and must be included as part of the individual’s person centered plan.  
*Behavior Support Policy*
- 10.4 A creation of a quarterly report that identifies target behaviors for which data will be collected for specific types of incidents and also delineates psychiatric appointments, medication training, staff training, mental health appointments, medical issues and at risk concerns that occurred during the quarter.  
*B.A Duties, Current Standard*
- 10.5 The Behavioral Consultant ensures that the Division's approved Peer Review process for Behavior Intervention Strategies are completed as per policy.  
*Behavior Support Policy, B.A Duties, Current Standard*
- 10.6 The Behavioral Consultant ensures that consents are obtained annually, as otherwise specified, or whenever a change occurs as outlined in the behavioral support plan policy.  
*Behavior Support Policy, B.A Duties*
- 10.7 The Behavioral Consultant ensures that Individual Rights Restriction forms are completed and reviewed annually.  
*B.A Duties, current standard*

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**✧ Definitions:**

“Abuse”	<p>a. <i>Physical abuse</i> is unnecessarily inflicting pain or injury to a patient or resident. This includes but is not limited to, hitting, kicking, punching, slapping, or pulling hair. When any act constituting physical abuse has been proven, the infliction of pain is assumed;</p> <p>b. <i>Sexual abuse</i> which includes, but is not limited to, any sexual contact, sexual penetration, or sexual intercourse by an employee or contractor, as defined in 11 DE Code, Ch. 5, §761, with an individual. It shall be no defense that the sexual contact, sexual penetration, or sexual intercourse was consensual;</p> <p>c. <i>Emotional abuse</i>, which includes, but is not limited to, ridiculing, demeaning, humiliating, bullying or cursing at an individual, or threatening an individual with physical harm. (<i>DHSS Policy Memorandum #46</i>)</p>
“Aversive Interventions”	Interventions intended to inflict pain, discomfort and/or social humiliation, or any intervention as perceived by the person to inflict pain, discomfort or social humiliation in order to reduce behavior. Examples of aversive interventions include, but are not limited to, electric skin shock, liquid spray to one’s face, and strong, non-preferred taste applied to the mouth. ( <i>NASDDDS Research Committee-11/11/2014</i> )
“Behavioral Consultant”	Consultation services that assist the individual with significant, intensive challenging behaviors that interfere with activities of daily living, social interaction, work, or similar situations.
“Behavior Support Plan”	A person centered, positive behavior intervention document of behavior and/or mental health supports developed from a functional behavioral assessment based on a foundation of positive, proactive values to aid the individual in striding towards his/her goals and objectives in life with minimal interference from behaviors that impede his/her progress.
“Co-mingling of funds”	Individual funds that are blended into a “pool” of other program participants and/or contractual provider funds.
“Community Living Arrangement (CLA)”	A non-freestanding living unit ( <i>Apartment, Townhome, Duplex</i> ) that is integrated in the community, chosen by the individual, and not located on the grounds of an institution.
“Continuous Quality Improvement”	A process-based, data-driven approach to improving the quality of a service. It operates under the belief that there is always room for improving operations, processes, and activities to increase quality.
“Day Habilitation”	Are provided for individuals who have identified a need to increase their level of independence with Adaptive Skills, Socialization, Activities of Community Living, and/or Activities of Daily Living.
“DDDS Case Manager”	An employee of DDDS who assist individuals with developmental intellectual disabilities with the facilitation of services and the development of the Person-Centered Plan.
“Department”	The Department of Health and Social Services, the legal successor to the State Board of Health ( <i>DHSS</i> )
“Division”	The Division of Developmental Disabilities Services ( <i>DDDS</i> )

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“Financial Exploitation”	<p>Shall mean the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the individual by any person or entity for any person’s or entity’s profit or advantage other than for the individual’s profit or advantage. "Financial exploitation" includes, but is not limited to:</p> <ol style="list-style-type: none"><li>a. The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with an individual to obtain or use the property, income, resources, or trust funds of an individual for the benefit of a person or entity other than the individual;</li><li>b. The breach of a fiduciary duty, including but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment that results in the unauthorized appropriation, sale or transfer of the property, income, resources or trust funds of the individual for the benefit of a person or entity other than the individual; and</li><li>c. Obtaining or using an individual’s property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the individual lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds (31 Del.C. §3902(11)). (<i>DHSS Policy Memorandum #46</i>)</li></ol>
“Functional Behavioral Assessment”	<p>Is an instrumental process to gaining an understanding of why problem behavior occurs. The goal is to identify what the person is trying to communicate and/or identify medical and psychiatric issues. (<i>NASDDDS Research Committee-11/11/2014</i>)</p>
“Group Supported Employment”	<p>Activities provided to individuals who because of their disabilities need onsite and frequent support in order to obtain and maintain employment. Employment must be provided in an integrated, community setting and individuals must be compensated at or above minimum wage for their work. Group sizes range from two (2) to eight (8) individuals.</p>
“Guardian”	<p>A guardian is a person appointed by the Court to make medical and/or financial decisions for a disabled person. There are three types of guardianships: Guardianship of an adult person, guardianship of an adult person's property and guardianship of the property of a minor child who is under eighteen. (<i>Delaware Court of Chancery</i>)</p>
“Home and Community Based Services Waiver (HCBS)”	<p>Authorized in the 1915 (c) of the Social Security Act, the program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization.</p>
“Health Care Surrogate”	<p>Shall mean the individual who has the highest priority to act for the patient under Delaware law. Delaware law presumes a person has decision-making capacity until a physician determines that a patient does not have decision-making capacity. The hierarchy under Delaware Law to act as the authorized-representative for a person without decision-making capacity is as follows:</p> <ol style="list-style-type: none"><li>1. The court-appointed Guardian, only with the appropriate authority;</li><li>2. The patient’s most recently appointed Agent in an Advance Health Care Directive or Health Care Power of Attorney, only with the appropriate authority;</li><li>3. If there is no Guardian or Agent or if the designated Guardian or Agent is unavailable, or if the patient revoked an Advance Health Care Directive pursuant to 16 Del.C. § 2504, the Surrogate Statute applies and will allow either the individual named by the patient prior to losing decision-making capacity or if none, the individual recognized by the Surrogate Statute, 16 Del.C. § 2507, to act.</li></ol>

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“Human Rights Committee (HRC)”	A group of people who are not employees of DDDS who provide monitoring to assure the protection of legal and human rights of Individuals with Intellectual and Intellectual Disabilities. The membership may include physicians, lawyers, parents or other volunteers. A DDDS employee shall act as a liaison between HRC and the regional offices.
“Individual”	Any individual living in the community who receives authorized supports and/or services through DDDS.
“Individual Supported Employment”	Activities provided to individuals who because of their disabilities need ongoing support in order to obtain or maintain employment. Individual Supported Employment is an individual job, in an integrated work setting, in the general workforce for whom the individual is compensated at or above minimal wage. This assumes a one to one ratio.
“Informed Consent”	<p>Is the consent of a patient to the performance of health care services by a health care provider who has informed the patient both verbally and in writing, to an extent reasonably comprehensible to general lay understanding, of the nature of the proposed procedure or treatment and of the risks and alternatives to treatment which a reasonable patient would consider material to the decision whether or not to undergo the treatment. The patient must understand the information provided by the health care provider.</p> <p>(d) "Persons receiving services from the Division of Developmental Disabilities Services (DDDS)" shall mean, for the purposes of this subchapter, those persons served within the residential program of the Division.</p> <p>(e) Individuals specified in this subsection are disqualified from acting as an alternate decision maker if the person receiving services from DDDS has filed a petition for a protection from abuse order against the individual or if the individual is the subject of a civil or criminal order prohibiting contact with the person receiving services from DDDS. (Title 16, Chapter 55, subsection 5530 (b))</p>
“Integration”	The term “integration”, used with respect to individuals with developmental disabilities, means exercising the equal right of individuals with developmental disabilities to access and use the same community resources as are used by and available to other individuals. ( <i>Administration on Intellectual and Developmental Disabilities</i> )
“Medication Diversion”	<p>Shall mean knowingly or intentionally interrupting, obstructing or altering the delivery or administration of a prescription drug to an individual receiving services, provided that such prescription was:</p> <ol style="list-style-type: none"><li>a. Prescribed or ordered by a licensed health care practitioner for the individual receiving services and</li><li>b. The interruption, obstruction or alteration occurred without the prescription or order of a licensed health care practitioner. (<i>DHSS Policy Memorandum #46</i>)</li></ol>
“Mistreatment”	Shall mean include the inappropriate use of medications, isolation, or physical or chemical restraints on or of individual receiving services.
“Neglect”	<p>Shall mean:</p> <ol style="list-style-type: none"><li>a. Lack of attention to the physical needs of an individual receiving services to include but not limited to toileting, bathing, nutrition and safety;</li><li>b. Failure to report problems or changes in health problems or changes in health condition to an immediate supervisor or nurse;</li></ol>

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- c. Failure to carry out a prescribed treatment plan or plan of care that resulted in a negative impact or potential negative impact or the neglect resulted in a repeated trend;
- d. A knowing failure to provide adequate staffing which results in a medical emergency to any individual receiving services where there has been documented history of at least 2 prior cited instances of such inadequate staffing within the past 2 years in violation of minimum maintenance of staffing levels as required by statute or regulations promulgated by the Department, all so as to evidence a willful pattern of such neglect. (16 DE Code, §1161-1169). (*DHSS Policy Memorandum #46*)

“Neighborhood Home”	A residence that is fully integrated in the community, not on the grounds of an institution, has shared common living areas, and where the individual chooses to live. These homes offer up to 24 hour supports to individuals with Intellectual and Developmental Disabilities. This residence is licensed by the Division of Long Term Care Residents Protection ( <i>DLTCRP</i> ) pursuant to 19 Del.C. §1101 and must meet minimum acceptable standards for living conditions and supports.
“Nurse Consultant”	A licensed Registered Nurse ( <i>RN</i> ) who provides consultation to individuals with intellectual developmental disabilities. The Nurse Consultant provides: <ul style="list-style-type: none"><li>a. the overall coordination and monitoring of the health care needs of waiver individuals</li><li>b. assistance to caregivers in carrying out the individual treatment/support plans that are necessary to improve the individuals independence and inclusion in their community.</li></ul>
“Person Centered Plan”	Known in Delaware as the Life Span Plan; this plan includes the following elements: people chosen by the individual, reflects cultural considerations, uses plain language, includes strategies for solving disagreement, offers informed choice to the individual regarding services and supports that the individual receives and from whom, and provides a method to request updates.
“Prevocational”	Learning and work experiences, including volunteer work that assist the individual to develop general, non-job-task-specific and skills ( <i>soft skills</i> ) that contribute to employability related to the individual’s employment goal. If compensated, individuals are paid in accordance with the requirements of part 525 of the Fair Labor Standards Act.
“PROBIS ( <i>Peer Review of Behavioral Intervention Strategies</i> )”	The DDDS approved peer review committee, appointed by the Division Director or designee, charged with the review and approval of the Behavior Health Support Plan. Individuals on the PROBIS committee should have knowledge and experience in the field of psychology, behavior science, and or practical experience with developing Behavior Health Support Plans.
“Provider”	A provider that has been authorized by DDDS in order to provide services to meet the specialized needs of individuals’ with intellectual and developmental disabilities.
“Reportable Incident”	Suspicion of any of the following: Abuse, Financial Exploitation, Medication Diversion, Mistreatment, Neglect, Unanticipated Death, Significant Injury. ( <i>DHSS Policy Memorandum #46</i> )
“Rights Complaint”	An allegation that an individual’s rights have been violated.
“Rights Restriction”	The limitation, disruption or constraint of a person’s freedom to engage in activities generally allowed to others.

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“Unanticipated Death”	Shall include all deaths of individuals served that are of a suspicious and/or unusual nature. They shall also include those deaths whereby the Division of Forensic Science assumed jurisdiction.
“Seclusion”	The involuntary confinement of an individual alone in a room, enclosure, or space that is either locked or, while unlocked, physically disallows egress (Adopted Statutory Authority: 14 Delaware Code, Section 122(d) (14 Del.C. §122(d))
“Shared Living”	A DDDS-certified private home owned by the principal care provider who lives in the home that is fully intergraded in the community. Services include: <ol style="list-style-type: none"><li>Personal care and supported services, companionship, medication oversight, community inclusion, and transportation.</li></ol>
“Significant Injury”	Shall include: <ol style="list-style-type: none"><li>Injury from an incident of unknown source in which the initial investigation or evaluation supports the conclusion that the injury is suspicious. Circumstances which may cause an injury to be suspicious are: the extent of the injury, the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma), the number of injuries observed at one particular point in time, or the incidence of injuries over time;</li><li>Injury which results in transfer to an acute care facility for treatment or evaluation or which requires periodic neurological reassessment of the resident's clinical status by professional staff for up to 24 hours;</li><li>Areas of contusions or bruises caused by staff to a dependent resident during ambulation, transport, transfer or bathing;</li><li>Significant error or omission in medication/treatment, including drug diversion, which causes the resident discomfort, jeopardizes the individual's health and safety or requires periodic monitoring for up to 48 hours;<ol style="list-style-type: none"><li>A burn greater than first degree;</li><li>Any serious unusual and/or life-threatening injury.</li></ol></li></ol>

 **References:**

16 Del.C 3310 Neighborhood Homes for Individuals with Intellectual and Developmental Disabilities

<http://dhss.delaware.gov/dhss/dlcrp/>

Administration on Intellectual and Developmental Disabilities

<http://www.acl.gov/>

Delaware Court of Chancery

<http://courts.delaware.gov/chancery/>

NASDDDS Research Committee

<http://www.nasddd.org/>

\* Does not apply to Shared Living

+ Shared living is not expected to have a written policy for each home. This is an expectation of service delivery.

^ Agencies that operate in the community do not need site specific plans (Supported Employment, Community Based Day Habilitation)

(Rev. 09/01/2016)