



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**

**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

**DDDS HCBS WAIVER CERTIFICATION STANDARDS for:**

**Residential Habilitation  
Day Habilitation  
Prevocational Services  
Supported Employment  
Clinical Consultation: Nursing  
Clinical Consultation: Behavioral  
DDDS Case Management**

Table of Contents

	Page Number
Purpose	1
Title 16, Section 3310 Neighborhood Homes for Persons with Developmental Disabilities	
4.0 Individual Process to Support Outcomes and Provider Performance Expectations for Providers	2
Part I - Individual process to Support Outcomes	2
4.1 Choice	
4.2 Rights, Respect and Freedom From Harm	
4.3 Health and Wellness	
4.4 Relationships and Community Inclusion	
4.5 Assistive Technology	
4.6 Individual Planning and Implementation	
Part II – DDDS Performance Expectations for Providers	11
4.7 Qualified Service Providers	
4.8 Staff Stability and Competency	
4.9 Client Records	
Definition of Terms	15

## **Purpose**

The purpose of this certification manual is to enumerate the operating standards to which DDDS waiver service providers will be held in the provision of service to DDDS clients. Because DDDS may also refer clients for service to these programs who are not enrolled in the DDDS waiver, these standards will be considered to apply to those clients as well, where applicable. These standards will be applied to providers after they have already been certified by the DDDS Authorized Provider Committee as meeting the initial qualifications for the type of waiver service they have indicated they wish to provide.

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>

In addition to the standards in this certification manual, Neighborhood Group Homes as defined in 16 Del.C. §3310 must also be licensed by the Division of Long Term Care Residents Protection as meeting a minimum acceptable standard for living conditions and supports.

## **Title 16, Section 3310 Neighborhood Homes for Persons with Developmental Disabilities**

### **4.0 Individual Process to Support Outcomes and Provider Performance Expectations for Providers**

#### **Part I- Individual Process to Support Outcomes**

##### **4.1 Choice**

###### **4.1.1 The Essential Lifestyle Plan contains documentation that the individual was supported to make informed choice about his/her service providers.**

- 4.1.1.1 The individual/family/guardian/advocate indicates that opportunities were given regarding choice of service providers.
- 4.1.1.2. Documentation is present to indicate that the individual was informed of his/her right to choose among service providers.
- 4.1.1.3 If the individual expresses a need for a change in services, documentation is present that efforts are being made to support the individual in making an informed choice of a new service provider.

###### **4.1.2 The individual's lifestyle, personal activities, routines and supports is based on personal choice.**

- 4.1.2.1 The individual is supported to make choices in all areas of his/her life.
- 4.1.2.2 Individual/family/guardian/advocate reports that the plan reflects what is important to the individual.

##### **4.2 Rights, Respect, and Freedom From Harm**

###### **4.2.1 The individual is treated as a valued and respected person.**

- 4.2.1.1. The individual is treated in a respectful and dignified manner.
- 4.2.1.2. If the individual/family/guardian/advocate has a complaint, the service provider addresses the concern.
- 4.2.1.3. The individual decides when and with whom to share personal information.
- 4.2.1.4. The individual is free from unnecessary restraints/restrictions.
  - 4.2.1.4.1 Surveillance cameras/monitors are prohibited in private areas such as bedrooms and bathrooms unless the individual has extraordinary circumstances that deem constant monitoring. The use of cameras needs approval by Probis and HRC with final approval by the DDDS director/designee.
- 4.2.1.5. The individual has access to all areas of his/her environment.

###### **4.2.2 The individual is free from physical and emotional harm.**

- 4.2.2.1 The individual's incidents and accidents are reported and followed up as appropriate.

- 4.2.2.2 The Policy Memorandum 46 (PM46) policy for reporting abuse, assault, attempted suicide, mistreatment, neglect, financial exploitation and significant injury is followed.

**4.2.3 The individual is supported to exercise his/her rights and responsibilities.**

- 4.2.3.1 The individual's rights and responsibilities are reviewed with the individual/guardian at least annually.
- 4.2.3.2 If the individual has a rights restriction, DDDS policy and procedures are followed.
- 4.2.3.3 The Individual Rights Complaint Policy is posted within the residence and the individual/family/guardian/advocate has access to the Individual Rights Complaint form.
- 4.2.3.4 The Patient's Bill of Rights (Title 16) is posted in a conspicuous location within the residence to ensure easy access by individuals served.
- 4.2.3.5 The service provider complies with the Patient's Bill of Rights (Title 16).

**4.2.4 The service provider completes all required documentation per the DDDS Behavioral/Mental Health/Health Related Protection policies.**

- 4.2.4.1 Peer Review of Behavior Intervention Strategies (PROBIS), Human Rights Committee (HRC), and Health Related Protection (HRP) reviews are completed per policy.
- 4.2.4.2 Consents are obtained annually, as otherwise specified, or whenever a change occurs.
- 4.2.4.3 The Individual's Rights Restriction form is completed and reviewed at least annually by HRC or whenever additional rights are restricted.

**4.2.5 The service provider safeguards and maintains records regarding the funds of individuals receiving services, follows the DDDS Individual Funds policy, and supports the individual's efforts towards independence/self-management of those funds.**

- 4.2.5.1 The individual has access to his/her funds.
- 4.2.5.2 The individual is supported to manage his/her funds to the greatest extent possible.
- 4.2.5.3 The individual's Personal Spending Record (PSR) is reviewed as outlined by DDDS policy to ensure that the individual's money is safeguarded.
- 4.2.5.4 Authorizations for expenditures are present as required by policy.
- 4.2.5.5 Documentation is present for expenditures as required by policy.
- 4.2.5.6 Discrepancies in the individual's funds are addressed in a timely manner.
- 4.2.5.7 The individual's funds are not co-mingled.
- 4.2.5.8 The individual's funds are kept in a secure manner.
- 4.2.5.9 Resource and personal spending issues effecting eligibility for services are handled immediately.

**4.3 Health and Wellness**

**4.3.1 The individual receives routine medical/mental health care services, including preventative health screenings as indicated.**

- 4.3.1.1 Lab work is completed in a timely manner: as ordered or within 5 working days of receipt of order.
- 4.3.1.2 Necessary screenings/appointments are scheduled within 5 working days of receipt of order or per doctor's order.
- 4.3.1.3 The service provider advocates for any other screenings when indicated by the individual's needs.
- 4.3.1.4 The individual receives all required medical and mental health care.
- 4.3.1.5 If the individual is not receiving needed health care services, documentation is present that indicates what is being done by the service provider(s) to address the specific issue.

**4.3.2 Each individual's health and immunization history shall be updated continuously.**

- 4.3.2.1 Documentation is present to indicate that the individual's current health and immunization history is updated on a continuous basis.

**4.3.3 Individuals receive PPD screenings as mandated.**

- 4.3.3.1 Service Providers shall have on file the results of tuberculin testing performed on all individuals at the beginning of his/her receiving services by DDDS (referenced as newly placed individuals) and following the discovery by the service provider of a new case.
- 4.3.3.2 All newly placed individuals shall have a baseline two-step tuberculin skin test (TST) or single Interferon Gamma Release Assay (IGRA) or TB blood test such as Quanti FERON.
- 4.3.3.3 The service provider shall provide documentation of their baseline test. For newly placed individuals with a negative TST or IGRA no annual evaluation is required unless the category of risk changes as determined by the Division of Public Health. Any required subsequent testing according to risk category shall be in accordance with the recommendations of the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services.
- 4.3.3.4 If any of the baseline tests listed above are positive, the newly placed individual shall receive one chest x-ray to rule out active disease, be offered treatment for latent TB (LTBI) infection and shall be evaluated annually for signs and symptoms of active TB if they cannot provide documentation of completion of treatment for LTBI.
- 4.3.3.5 Service Providers shall establish policies for TB risk assessment for any individual having a positive skin test but negative x-ray. The service provider has available an annual statement from a licensed health care professional that indicates the individual has exhibited no signs or symptoms of active TB.

**4.3.4 The individual receives medication as ordered.**

- 4.3.4.1 Annual/current orders are present for all medications.
- 4.3.4.2 Non-routine medications are obtained immediately upon receipt of Physician's order.
- 4.3.4.3 Medication labels and Medication Administration Records match the Physician's Orders for the medication.
- 4.3.4.4 A three-day supply of medications is available at all times.
- 4.3.4.5 PRN medications have protocols for how/when the medication should be given.

- 4.3.4.6 A supply of over-the-counter medication (SMOs) shall be stocked at each home. However, the use of such medications must be authorized by the individual's physician in writing, and their use documented in the medication record and in the individual's active file.
- 4.3.4.7 The individual's family/guardian is notified promptly when any new medication is prescribed.

**4.3.5 The individual's medication regimen is managed according to the DDDS Assistance with Self-Administration of Medication (AWSAM) curriculum.**

- 4.3.5.1 Medication shall be taken exactly as indicated on the label.
- 4.3.5.2 A medication record shall be maintained for each individual. The record shall show the name and strength of each medication being taken by the individual.
- 4.3.5.3 Each dose administered shall be recorded by date, time and initials of person or persons assisting.
- 4.3.5.4 Medication errors are addressed immediately.
- 4.3.5.5 Accurately maintained count sheets are present for all controlled substances and other medications not secured in bubble packs. (Standard SMOs do not need to be counted.)
- 4.3.5.6 Side effects sheets are present for all medication the individual receives.

**4.3.6 Medication is stored and disposed of as required by State and Federal policies.**

- 4.3.6.1 Medication is in the original container and properly labeled.
- 4.3.6.2 Medications to be applied externally shall be distinguishable from medications to be taken internally by means of packaging, labeling and segregation within storage areas.
- 4.3.6.3 Medication shall be stored and locked under proper conditions of temperature, light, humidity and ventilation. Room temperature acceptable for medication storage is between 59 and 86 degrees Fahrenheit.
- 4.3.6.4 Medications requiring refrigeration shall be kept in a separate locked box within the refrigerator. A temperature monitoring device shall be used and the temperature shall be maintained between 36 and 42 degrees Fahrenheit.
- 4.3.6.5 Discontinued and outdated medications and containers with illegible or missing labels shall be promptly disposed of in a safe manner.
- 4.3.6.6 Controlled substances shall be double locked.

**4.3.7 Individuals are supported to participate in Assistance with Self- Administration or to self-medicate to the best of his/her ability and interest.**

- 4.3.7.1 Individuals receiving medication shall be instructed in self-administration to the limit of their understanding. The service provider shall also include instruction in the purpose, dosage and possible side effects of the prescribed medication to the limit of the individual's understanding.
- 4.3.7.2 Assessments for self-medication are completed at least annually or more often, if needed, for individuals who desire to self-medicate.

**4.3.8 The individual's nutritional needs are met.**

- 4.3.8.1 The individual has a nutrition assessment completed upon initiation of services.
- 4.3.8.2 The individual has a nutritional re-assessment when deemed necessary.
- 4.3.8.3 Medically prescribed diets are monitored by nurse/dietitian.

- 4.3.8.4 Food is served according to prescribed diets as applicable to the individual's needs.
- 4.3.8.5 Individuals are offered a balanced diet, healthy choices, and are supported to participate in food selection and preparation across settings.
- 4.3.8.6 Records of food *served* are maintained by the service provider for three months.

## **4.4 Relationships and Community Inclusion**

### **4.4.1 The individual has relationships he or she chooses, is supported to maintain existing relationships, and experiences opportunities to develop new relationships as desired.**

- 4.4.1.1 The individual indicates that he/she has valued relationships.
- 4.4.1.2 The service provider supports the individual in learning about, developing new, and/or maintaining existing relationships.

### **4.4.2 The individual has opportunities to participate in activities at home, at work, in the community and during leisure time that he/she chooses.**

- 4.4.2.1 The individual indicates that he/she participates in activities of his/her choice.
- 4.4.2.2 Documentation indicates that the individual is participating in chosen activities.
- 4.4.2.3 Activities are offered at a frequency that the individual chooses.
- 4.4.2.4 The service provider addresses any of the individual's concerns regarding activities, relationships and community membership.

## **4.5 Assistive Technology**

### **4.5.1 The individual has assistive technology to maximize independence.**

- 4.5.1.1 Individuals who use adaptive, corrective, mobility, orthotic, prosthetic, communication or other assistive devices or supports shall receive instruction in their proper use and shall receive professional assessments annually or as otherwise prescribed, to ascertain the continued applicability and fitness of those devices or supports.
- 4.5.1.2 The individual has access to his/her equipment.
- 4.5.1.3 The individual is supported to be as independent as possible in the use of his/her equipment.
- 4.5.1.4 If the individual is not using ordered assistive technology, a documented plan is developed to facilitate resolution of the issue. A re-assessment and/or discontinue order shall be obtained if it is determined that the current device is no longer feasible for the individual.
- 4.5.1.5 When needed, interpreters are used to support the individual in communication.

### **4.5.2 The individual's adaptive or assistive devices or supports shall be clean and in good repair at all times.**



- 4.5.2.1 The individual's equipment is in good repair.
- 4.5.2.2 The individual's equipment is clean.
- 4.5.2.3 Alternative arrangements are in place in order to prevent the individual from going without needed supports during periods of repair, replacement, cleaning or foreseeable loss.
- 4.5.2.4 The individual's Essential Lifestyle Plan reflects what provider of service is responsible for the continued upkeep of the adaptive or assistive device.

## **4.6 Individual Planning and Implementation**

### **4.6.1 Upon initiation of services, an Essential Lifestyle Plan that documents an individual's needs, preferences, and his/ her selected supports and services is developed for and with the individual.**

- 4.6.1.1 The individual's profile plan with needed information to serve the individual is present at initiation of services.
- 4.6.1.2 Prior to the development of the Essential Lifestyle Plan (ELP), documentation is present that needs and preferences indicated in the individual's profile are being addressed by the service provider.
- 4.6.1.3 All necessary assessments, including an assessment of the individual's desired outcomes, are completed within 30 days of initiation of services and are accessible for purposes of program planning.
- 4.6.1.4 A community based work assessment is completed upon initiation of services by the day service provider and is accessible for the purposes of program planning.
- 4.6.1.5 The ELP meeting is held within 60 days of initiation of services.
- 4.6.1.6 The ELP is implemented within 90 days of the initiation of services.

### **4.6.2 The Essential Lifestyle Plan is developed in accordance with DDDS policies and procedures.**

- 4.6.2.1 The individual/family/guardian/advocate and personally selected stakeholders have the opportunity to participate in the development of the plan to the extent that the individual wishes.
- 4.6.2.2 Meetings to develop or update the ELP are held at times and locations selected by the individual/family/guardian/advocate.
- 4.6.2.3 The ELP includes all services and supports that the individual chooses and/or needs.
- 4.6.2.4 The ELP has administrative/designee oversight and approval.
- 4.6.2.5 Responsibilities for the provision of services and supports are defined.
- 4.6.2.6 Upon development of the plan, documentation reflects that the plan was shared with all service providers and that they have reviewed the current plan.
- 4.6.2.7 The ELP is shared with the individual/family/guardian/advocate.

### **4.6.3 The individual's services and supports provided are aligned with his/her needs as defined in the Essential Lifestyle Plan.**

- 4.6.3.1 Services and/or supports to address the needs of the individual are clearly defined within the ELP.
- 4.6.3.2 For individuals who use adaptive, corrective, mobility, orthotic, prosthetic, communication or other assistive devices or supports, the individual's ELP

shall specify the reason for each support, the situations in which each is to be applied, and a schedule for the use of each support.

**4.6.4 The individual's services and supports provided are aligned with his/her preferences as defined in the Essential Lifestyle Plan.**

- 4.6.4.1 Services and/or supports to address the individual's preferences are clearly defined within the Essential Lifestyle Plan.
- 4.6.4.2 Preferences which may take long-term planning shall be included within the ELP and evidence present that the team is making efforts to support the individual in achieving his/her desires.

**4.6.5 The Essential Lifestyle Plan addresses efforts to support the individual's advancement towards meaningful participation and/or employment in their communities.**

- 4.6.5.1 If the individual who has community employment indicates a desire to increase his hours of employment, the ELP should reflect goals for increasing the number of hours of employment.
- 4.6.5.2 If the individual is not working in a community setting and expresses a desire to work in a community setting, the ELP should reflect that efforts are being made to achieve employment in a community setting.
- 4.6.5.3 If an individual is not working in a community setting, a community based work assessment should be completed upon the individual's request and/or at least every three years to determine if employment within the community would be a viable option for the individual.
- 4.6.5.4 If an individual expresses a desire not to work, the ELP reflects that the individual is given opportunities for meaningful community participation.
- 4.6.5.5 If an individual expresses a desire to retire, the ELP reflects that efforts are being made to achieve the individual's expressed desire to retire.

**4.6.6 The individual's Essential Lifestyle Plan is reviewed and revised before the annual review date.**

- 4.6.6.1 All necessary assessments, including an assessment of the individual's desired outcomes, are completed prior to the annual ELP meeting and assessable for purposes of program planning.
- 4.6.6.2 The individual's ELP meeting is held within at least 365 days of the previous meeting.

**4.6.7 The Essential Lifestyle Plan indicates that services and supports are revised when an individual's needs and/or preferences change.**

- 4.6.7.1 All components of the ELP are present for implementation within 30 days of the meeting.
- 4.6.7.2 Documentation reflects ongoing revision as necessary.

**4.6.8 Services are delivered in accordance with the Essential Lifestyle Plan with regard to scope, amount and duration/frequency.**

- 4.6.8.1 Scope- All components of service delivery are specified in the plan.
  - 4.6.8.2 Amount- Number of units of services is specified in the plan (i.e. daily, hourly, 15-minute, etc.).
  - 4.6.8.3 Duration- How long services are to be delivered is specified in the plan (i.e. 1 month, 6 months, 1 year, etc.).
  - 4.6.8.4 Frequency- Services are being delivered as often as indicated in the plan (i.e. 3 times a day, 3 times a week, etc.).
- 4.6.9 The individual's Case Manager visits the individual for the purpose of reviewing the ELP on at least a monthly basis.**
- 4.6.9.1 Documentation is present that the Case Manager has visited the individual at least monthly, and has reviewed all components of the ELP to ensure services are adequate and there are no changes in the individual's needs or status.
- 4.6.10 The individual's Residential Service Provider Program Coordinator completes at least monthly reviews of the implementation of the individual's ELP.**
- 4.6.10.1 Documentation is present that the Residential Service Provider Program Coordinator has visited the individual at least monthly, has face to face communication, and completed at least a monthly review of the implementation of all components of the individual's ELP.
- 4.6.11 Each service provider shall monitor, review, analyze, and observe all components of the individual's Essential Lifestyle Plan where they provide service and document information on the person's plan on a frequency indicated in the ELP.**
- 4.6.11.1 The service provider's ongoing documentation reflects areas where the service provider has responsibility.
  - 4.6.11.2 There is documented evidence that the applicable service provider has observed and monitored the implementation of the individual's plan on an ongoing basis.
- 4.6.12 Based on the ongoing monitoring of the plan, the service provider has taken any needed action, or is in the process of taking action on components of the plan where they have responsibility.**
- 4.6.12.1 The individual's concerns/issues with the plan have been addressed with the individual/family/guardian/advocate in a timely manner.
  - 4.6.12.2 The applicable service provider has shared concerns with the individual's other service providers as necessary to ensure ongoing service provision.
  - 4.6.12.3 Any needed action, based on ongoing monitoring of the plan, is taken by the service provider.

## **Part II- DDDS Performance Expectations for Providers**

### **4.7 Qualified Service Providers**

#### **4.7.1 The service provider is delivering services in accordance with the DDDS Contract and the individual's Essential Lifestyle Plan.**

- 4.7.1.1 The services that are provided by the service provider meet the operational definitions as outlined by DDDS.
- 4.7.1.2 Any billing of services should accurately reflect the type, scope, duration and amount of service delivered by the service provider.

#### **4.7.2 The service provider shall comply with all applicable DHSS and DDDS policies.**

- 4.7.2.1 Policies are available to service provider staff.
- 4.7.2.2 The service provider follows DDDS and DHSS policies and procedures.
- 4.7.2.3 Staff members demonstrate knowledge of applicable policies and procedures.

#### **4.7.3 The service provider supports growth and change to continually improve services to individuals.**

- 4.7.3.1 The service provider has policies that support self-determination principles and DDDS philosophy.
- 4.7.3.2 The service provider actively solicits and uses input from individuals.
- 4.7.3.3 The service provider has an internal quality management system and submits semi-annual agency performance reports to DDDS.

#### **4.7.4 The service provider is in compliance with major environmental/safety standards.**

- 4.7.4.1 Accessible- accommodations are present to assure the individual's access to support and service environments.
- 4.7.4.2 Safe- service and support environments are free of safety hazards.
- 4.7.4.3 Sanitary- service and support areas are maintained in sanitary condition.
- 4.7.4.4 Home like- service and support areas are personalized to display the choices and interests of the individual and create a comfortable home like environment.
- 4.7.4.5 Food supplies are provided in adequate quantities- at least a three day supply of food, in addition to a 3 day supply of non-perishable food, is available in residential sites at all times.
- 4.7.4.6 Food is stored in a safe and sanitary environment.

#### **4.7.5 Service providers have adequate procedures and plans for emergencies, disaster-fire drills and evacuation needs.**

- 4.7.5.1 Emergency/Disaster Plans present/updated.
- 4.7.5.2 Fire drills completed per site requirement (Residential- once per shift per quarter, Facility Based Day Services- once per quarter).
- 4.7.5.3 Fire Suppression Equipment if present.
- 4.7.5.4 Emergency numbers available.
- 4.7.5.5 Staff members demonstrate knowledge of emergency procedures.

- 4.7.5.6 Evacuation/Relocation Plans are present. The Emergency/Relocation Plan reflects knowledge of the resources that will identify accessible emergency shelters.
- 4.7.5.7 A supply of oxygen and battery packs are available as deemed necessary.
- 4.7.5.8 Non-perishable food and capacity to store 1 gallon of potable water per person per day for at least a 72-hour period is present.
- 4.7.5.9 An emergency supply of medications is available.

**4.7.6 The individual has accessible, well-maintained transportation available.**

- 4.7.6.1 The transportation system operated by, or under contract to, the home shall meet local and state licensing, inspection, insurance, and capacity requirements.
- 4.7.6.2 Vehicles used to transport service persons shall be equipped with a seat belt for each person and a means of communication. Vehicles used to transport individuals with physical impairments shall be adapted to their needs.
- 4.7.6.3 Emergency transportation shall be available on a 24-hour basis
- 4.7.6.4 The service provider shall provide or arrange transportation for a person's routine medical and dental care.
- 4.7.6.5 Fire Suppression Equipment is present.
- 4.7.6.6 First Aid Supplies are present.
- 4.7.6.7 The vehicle is in good repair.
- 4.7.6.8 Emergency information is present.
- 4.7.6.9 Wheelchair lifts, ramps, etc. are safe and operate properly.

**4.8 Staff Stability and Competency**

**4.8.1 The service provider abides by all DHSS/DDDS background screening policies and applicable State of Delaware Laws.**

- 4.8.1.1 Federal and State Criminal background checks are completed per contract requirements on staff.
- 4.8.1.2 Adult registry check is completed on staff, per contract requirements.
- 4.8.1.3 Child registry check is completed on staff, per contract requirements.

**4.8.2 Ten -step Drug testing is completed on staff (per service provider contract) that includes the following:**

- 4.8.2.1 Marijuana/cannabis
- 4.8.2.2 Cocaine
- 4.8.2.3 Opiates including heroin
- 4.8.2.4 Phencyclidine (PCP)
- 4.8.2.5 Amphetamines
- 4.8.2.6 Barbiturates
- 4.8.2.7 Benzodiazepine
- 4.8.2.8 Methadone
- 4.8.2.9 Methaqualone
- 4.8.2.10 Propoxyphene

**4.8.3 Drivers of vehicles shall have valid and appropriate driver's licenses.**

- 4.8.4 All personnel required by Delaware State law to practice with a professional license have provided legal documentation of current, authorized licenses.**
- 4.8.5 The service provider shall have policies and procedures for infection control as it pertains to individuals, staff, and visitors. Upon confirmation of reportable disease the Division of Public Health shall be notified.**
- 4.8.6 Service providers shall comply with the following PPD screening requirements:**
- 4.8.6.1 All service providers shall have on file the results of tuberculin testing performed on all new employees and following the discovery of a new case.
  - 4.8.6.2 All employees on hire shall have a baseline two-step tuberculin skin test (TST) or single Interferon Gamma Release Assay (IGRA) or TB blood test such as Quanti FERON. The Service Provider shall provide employee documentation of their baseline test.
  - 4.8.6.3 For employees with a negative TST or IGRA no annual evaluation is required unless the category of risk changes as determined by the Division of Public Health. Any required subsequent testing according to risk category shall be in accordance with the recommendations of the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services.
  - 4.8.6.4 If any of the baseline tests listed above are positive, the employee shall receive one chest x-ray to rule out active disease, be offered treatment for latent TB (LTBI) infection and shall be evaluated annually for signs and symptoms of active TB if they cannot provide documentation of completion of treatment for LTBI.
  - 4.8.6.5 Service providers shall establish policies for TB risk assessment for any employee having a positive skin test but negative x-ray. The service provider has available an annual statement from a licensed health care professional that indicates the employee has exhibited no signs or symptoms of active TB.
- 4.8.7 Orientation and training shall be provided by providers to staff in accordance to the training policy of DDDS and shall be documented, continuously updated and made available upon request.**
- 4.8.7.1 There is documentation that all staff members have been trained according to the DDDS training policy.
  - 4.8.7.2 Service providers who have successfully completed a Board of Nursing approved Assistance with Self-Administration of Medication (AWSAM) training program may assist persons in the taking of medication.
    - 4.8.7.2.1 Documentation is present to substantiate that each staff person assisting with medications has completed the required supervised medication assistance sessions prior to independently assisting individuals.
    - 4.8.7.2.2 Staff members are observed to assist the individual with medications according to the AWSAM curriculum.
    - 4.8.7.2.3 Staff whose medication certification is expired shall not assist with medications.

**4.8.8 There is documentation present that staff have other needed training to support the individual's health and wellness including specialized behavioral and health support plans.**

- 4.8.8.1 Staff members are provided specialized training according to the individual's needs.
- 4.8.8.2 Training is updated as needed.

**4.8.9 Staff demonstrate competency and knowledge of the individual's programming.**

- 4.8.9.1 Staff members reflect knowledge of DDDS and DHSS policies and procedures as indicated by staff response to questions and observation.
- 4.8.9.2 Staff members reflect knowledge of the individual's programming, needs and preferences as indicated by staff response to questions and observations related to the implementation of the individual's Essential Lifestyle Plan.
- 4.8.9.3 Staff members treat the individual with dignity and respect.
- 4.8.9.4 Staff members demonstrate an understanding of when the individual should use adaptive equipment or assistive technology.

## **4.9 Client Records**

- 4.9.1 **A cumulative record containing all information and documents related to supporting and providing services to the individual shall be maintained chronologically for each individual.**
- 4.9.2 **The record shall be readily accessible to those who require such access in order to provide services as described in the individual's support plan.**
- 4.9.3 **All information concerning an individual served, including information contained in an automated data bank, is confidential; and access shall be limited to staff who need to see the record, or to persons specifically authorized by the individual or legally qualified representatives.**
- 4.9.4 **Entries in an client's record referring to actions with another client shall be coded in such a way as to protect the confidentiality of the individuals served.**
- 4.9.5 **The service provider shall be responsible for the safekeeping of each client's record and for securing it against loss, destruction, or use by unauthorized persons as evidenced by policies and practices.**
- 4.9.6 **General Event reports (GER), with adequate documentation, shall be completed for each general event. Adequate documentation shall consist of the name of the individuals) involved; the date, time and place of the general event; a description of the general event; a list of other parties involved, including witnesses; the nature of any injuries; individual outcome; and follow-up action, including notification of the individual's family or guardian, attending physician and DDDS or law enforcement authorities when appropriate. GERs shall be kept on file by the service provider. Reportable incidents shall be communicated immediately to the Division of Developmental Disabilities Services.**

## **Definition of Terms:**

**Advocate-** An advocate can be a guardian, legal representative, or knowledgeable person who seeks to promote the person's best interest.

**Assessment-** The process of gathering information as part of the Essential Lifestyle Planning process, including securing information about the individual's strengths, capacities, needs, preferences, and desired outcomes, health status and risk factors.

**Choice-** The process by which an individual makes selections from an array of options.

**Co-mingling of funds-** Co-mingling of individual funds are funds that are blended into a "pool" of other program participants and/or contractual provider funds.

**Essential Lifestyle Plan (ELP):** A comprehensive document that specifies the individual's desired outcomes, needs, and preferences, and identifies the strategies to address each. The ELP indicates who developed and participated in the process, the timing of the plan and how and when it is updated, including updates in response to changing circumstances and needs. The ELP includes information from assessments conducted prior to the planning meeting. The ELP identifies how the individual/family/advocate is informed of services under the waiver and how the process ensures that the plan addresses the individual's desired outcomes, needs, preferences and identified health/safety needs. The plan addresses the coordination of services and supports and assigns responsibility for the monitoring and oversight of all components of the individual's plan.

**Evaluation-** An assessment process performed by professionals, according to standardized procedures that incorporates the use, when possible, of standardized tests and measures in addition to informal and observational measures.

**Guardian –** A legal relationship in which the person has been authorized to make decision for another person who has been determined by a court to be incompetent to manage his/her affairs and/or property.

**"General Event" –** Any event involving an individual receiving services which causes or could cause injury which has serious impact on the individual or others. A reportable General Event could include, but is not limited to: potential violations of an individual's rights; an explained or unexplained injury; accidents requiring non-routine first aid or outside medical attention; an individual's unauthorized absence, the involvement or potential involvement of the legal system/law enforcement; actions of an individual which is generally viewed as unacceptable social behavior in a community setting; significant destruction of property, any situation which necessitates an emergency restrictive procedure; events which could have an adverse impact on the individual or services; any situation which necessitates the use of a medical restraint; any deviation from a physician's plan of treatment; Errors related to the documentation of a physician's treatment plan; life-threatening or allergic reactions by an individual to medical treatment; the death of an individual regardless of cause.

**General Event Report (GER) –** The online incident reporting module which also includes the EMBIS (Emergency Medical and Behavioral Intervention Strategies) report, as required by the DDDS Behavior Support Policy.



Health Related Protection (HRP) – Any material or mechanical device or equipment used to restrict the normal movement of an individual so as to prevent a fall or injury. Examples of mechanical restraints, which may be used as a health related protection may include (but not be limited to): bed rails, seat belt, be enclosure system, etc.

Human Rights Committee (HRC) - A body of individuals composed of impartial members with no direct affiliation with the Division of Developmental Disabilities Services (DDDS), and whose role is to serve as a monitoring agent to safeguard the rights and personal dignity of individuals served by DDDS.

Individual- Term used throughout these regulations that identifies someone receiving services and supports.

“Individual Outcome and Support Assessment (IOSA)”- The DDDS assessment tool utilized to identify an individual’s preferences, needs for and satisfaction with services regarding: Living Options, Community Membership, Relationships/Social Network, Work, Health, Safety, and Organizational Support.

Outcomes - The results and/or goals of the services and supports that people receive. A major emphasis of outcome based service provision is the facilitation of individual choice in defining success and satisfaction.

“Peer Review of Behavioral Intervention Strategies (PROBIS)”- The DDDS approved peer review committee charged with the review of Behavior and/or Mental Health Support Strategies, excluding positive behavior supports.

Physical Environment- Those locations in which the individual lives, works, recreates, or receives services.

Reportable Incident - An occurrence or event which must be reported at once to the Division of Developmental Disabilities Services (DDDS) and for which there is reasonable cause to believe that an individual has been abused, neglected, mistreated, or subjected to financial exploitation. Reportable incident also includes an incident of unknown source which might be attributable to abuse, neglect or mistreatment; all deaths; falls with serious injuries requiring medical intervention; significant errors or omissions in medication/treatment which cause the individual discomfort or jeopardize the individual’s health and safety; and incidents of physical altercations between 2 or more individuals in a residential or day program setting. DDDS will forward the report to the Division of Long Term Care Residents Protection (DLTCRP) (Refer to PM46 Policy).

Rights Restriction- The limitation, disruption, or constraint of an individual's freedom to engage in activities generally allowed to others in society. Such is permissible only on a case-by-case basis and when there has been due process, official approval received and the need for such documented.

Safety - The absence of recognizable hazards in the design, construction, and maintenance of any component of the physical environment including equipment and the establishment of procedures to evaluate and to reduce risks of physical harm.

Sanitation - The promotion of hygiene and prevention of disease by the maintenance of uncontaminated conditions.

Screening- The initial part of the assessment process which is of limited scope and intensity and is designed to determine whether further evaluation or other intervention is indicated.

Service provider - A person or organization under contract with the DDDS, which is responsible for the provision of specific selected services and supports for the individual.

Support- A broad term used to refer to those methods designed to help an individual achieve a meaningful life and to function to his/her fullest capacity.