

**Delaware Health & Social Services  
Division of Developmental Disabilities Services  
Community Services**

**\*\*\* This policy replaces the Guidelines for Unsupervised time Policy and Review of Unsupervised time for People at Risk Policy.**

**Title:** Level of Supports (Identification of)

**Approved By:**   
Division Director

**Written/Revised By:** Ad Hoc Policy Group,  
Director's Leadership Team

**Date of Origin:** August 1, 2013

**Implementation Plan/Date:** 08/01/2014:  
Conversion to IPOP Version DE2013.7 to be completed by 02/01/2014 for individuals who currently have an "unsupervised time/plan".  
Conversion to IPOP Version DE2013.7 as new ELPs are developed or current IPOPs are revised.

**I. Purpose**

To establish a procedure for the identification and documentation of supports for individuals served. It is important to the success of an individual that the various types and levels (degree of) of support are identified within the context of daily activities throughout the day. For instance, an individual may need "arms length" support while in the kitchen but only "immediate area" throughout the remainder of the day's activities.

**II. Policy**

It shall be the policy of the Division of Developmental Disabilities Services (DDDS) Community Services programs to provide individuals with a level of support that will promote health and well-being, foster independence and protect safety.

**III. Application**

Individuals participating in DDDS funded residential and day services, employees of DDDS Community Services and DDDS residential and day contractors

**IV. Definitions**

- A. Arms Length: Must be within 1 to 2 feet of the person to offer or provide supports
- B. Check-in Monitoring: A check-in system established by the team that minimally includes how often the individual is monitored and how they are monitored (visual, electronic message, phone call, ect.).
- C. Does Not Apply (DNA): Skill/activity is not engaged in by the individual (ex: DNA would be appropriate for a person who has no criminal status, hence, no support is needed for the criminal mandate element).
- D. Immediate Area: Within 35 feet of the individual **and** at all times able to hear or see the individual.
- E. Level of Support: The amount and frequency of assistance, monitoring and/or supervision that

is identified for an individual receiving services. Levels of support are described in the individual's Individual Plan of Protection (IPOP).

- F. On Premises: Within the same building, visual or verbal contact not necessary
- G. Physical Assistance: The use of methods that physically touch, hold, guide a person. (Examples may include the use hand-over-hand assistance, the use of a gait belt)
- H. People at Risk of Sexually Offending Behavior: shall include
  1. **Sexually Aggressive Behavior (or history thereof)** - Determination that an individual has a risk of engaging in sexually aggressive behavior based either on a history of similar behavior or a risk assessment that indicates a risk of the behavior.
  2. **Sexual Misconduct (or history thereof)** - A variety of sexual behaviors that are inappropriate related to the typology of the behavior, type, place or other circumstances. Determination of risk is made by previous history and/or assessment information of behavior risk.
- I. Risk of sexual exploitation (or history thereof): a determination that an individual has risks of being sexually exploited by others based on either a previous history or exploitation of based on assessment information that indicates such a risks exists.
- J. Safety Zone: Must be within 3 to 5 feet of the individual and available to provide supports as needed.
- K. Team: Consists of the Individual, DDDS Social Worker/Case Manager, Agency Residential/Day/Employment Program Coordinator , Family, Friends, Advocates, Paid Staff, Clinical Supports and anyone that the individual chooses
- L. Transfer Planning Conference- (TPC) A meeting with an individual receiving services and his/her transferring and receiving interdisciplinary teams in preparation for a change in services including clinical consultation, residential service provider, residential location, day services provider, day service location, employment services.

## V. Standards

- A. The Level of Support(s) identified by the team shall be clearly documented in the Individual Plan of Protection (IPOP).
- B. The contracted residential agency Program Coordinator or the DDDS Case Manager (for Shared Living homes) shall be the responsible person for completing the IPOP, as developed by the Team. He/she shall also be responsible for ensuring that the IPOP reflects collaboration and coordination with all other agencies providing support (i.e., employment services, day services, clinical services).
- C. The development and revision of the IPOP shall include input from the individual's team (residential and day) and available assessments and court orders, as appropriate

- D. The Level of Support(s) in the IPOP shall be reviewed and/or revised for the following reasons:
  - a) the individual's needs or circumstances require a change;
  - b) within 15-30 days of a change in services and in conjunction with the Transfer Planning Conference; (i.e. residential, work, day);
  - c) 15-30 days prior to an Essential Lifestyle Plan Meeting (ELP)
- E. The ASETS or similar assessment shall be completed by the assigned Psychological Assistant, in conjunction with the development of the Level of Support(s) in the IPOP, for individuals at risk of sexually offending behavior or sexual exploitation.
  - a) The outcome of the Assets assessment shall be considered by the team when determining Level of Support(s) for an individual.
- F. The Levels of Support(s), as identified in the IPOP, shall be reviewed at each TPC and ELP meeting.
- G. Any special circumstance that warrant a level of support shall be described in the comments section of the IPOP.

**VI. Procedures**

<u>Responsibility</u>	<u>Action</u>
Contracted Program Coordinator/ DDDS Social Worker/ Case Manager	1. Coordinates the review and/or revision of the Level of Supports (s) in the IPOP, with the frequency as required below. 2. Documents the individual's Level of Support(s) in the IPOP, and enters it into the electronic record: <ul style="list-style-type: none"> <li>a) Within 5 calendar days of the annual ELP meeting;</li> <li>b) Within 5 calendar days of a TPC meeting;</li> <li>c) Within 5 calendar days of changes that warrant revised Level of Support(s)</li> </ul> 3. Completes documentation of new or revised Level of Support(s) sooner than the 5 calendar days if the individual's health and safety is at risk.
Team Members	4. Electronically review and approve the completed IPOP, in the individual's electronic record.

**VII. References**

- A. Individual Plan of Protection Version DE2013.7 (IPOP)
- B. Transfer Planning Conference Policy

**VIII. Exhibits**

None