



**DELAWARE HEALTH AND SOCIAL SERVICES**

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Division of Developmental Disabilities Services

# **DDDS PROVIDER STANDARDS FOR HOME AND COMMUNITY BASED SERVICES:**

- *Neighborhood Homes*
- *Community Living Arrangements (CLA)*
- *Shared Living*
- *Supported Living*
- *Day Habilitation*
- *Prevocational Services*
- *Supported Employment*
- *Community Participation*
- *Nurse Consultation*
- *Behavioral Consultation*

## **DDDS 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.*

Effective: January 1, 2017

Amended: August 29, 2017, July 1, 2018

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*DELAWARE HEALTH AND SOCIAL SERVICES*

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Division of Developmental Disabilities Services

## To report incidents of:

- Abuse
- Financial Exploitation
- Medication Diversion
- Mistreatment
- Neglect
- Unanticipated Death
- Significant Injury

## On the web:

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

or

## Phone:

1-866-552-5758, select option 1

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## TABLE OF REVISIONS

Revision Date	Sections Revised	Description of Revision
01/01/2017	All	Origination date
08/01/2017	<b>NOTE</b>	<b>Due to the addition and separation of standards all standard numbers have been reassigned.</b>
	1.2; 1.11 (1.9); 1.12 (1.10); 1.13 (1.11); 1.15 (1.13); 1.19 (1.15); 1.23 (1.17)	Additional language added: Does not apply to Shared Living
	1.6	*New Additional standard requiring reporting incidents
	1.7 and 1.8 (1.6)	Old 1.6 standard was separated into two standards: 1.7 and 1.8. These standards outline the requirements for reporting on the progress of individuals served.
	1.9 (1.7)	Clarification on who to report Rights Complaints to
	1.10 (1.8)	Additional requirement for bed bugs
	1.16	*New Quality Improvement Plan reporting requirement
	1.17	*New Requirement to correct deficiencies on the Quality Improvement Plan
	1.20 and 1.21 (1.16)	Old 1.16 standard was separated into two standards: 1.20 background check requirements and 1.21 Adult Abuse Registry and Child Abuse Registry requirements.
	1.25 (1.19 )	Change of PPD requirements for staff
	(1.25)	Eliminated
	1.26	*New Addition of New Employee Training requirements
	1.27 (1.20)	Clarification on requiring an agency policy for transporting individuals served.
	1.30 (1.22)	Added language regarding out of state vehicle insurance
	1.31 (1.24)	Changed travel first aid kit requirements
	1.32 (1.25)	Changed facility/ home first aid kit requirement
	1.33 (1.26)	Removed Earthquake
	1.41	*New Additional standard requiring providers to inform all staff of changes to policies, procedures, and standards.
	1.42	*New Additional standard outlining requirements for temporary settings
	2.2.2	Added additional language regarding audits. Added Shared Living requirement.
	2.2.3	Clarification on the individual having access to his/her money.
	2.2.5	Clarification on making available Rights Complaints forms.
	2.2.6	Clarification on assisting the individual with submitting a Rights Complaint.

Revision Date	Sections Revised	Description of Revision
	2.2.7	*New Requirement for informing individuals living in restricted environments.
	2.2.8	*New Requirement for documenting legal decision makers
	2.3.1; 2.3.2	Clarification on where to document
	2.4.1	*New Clarification on Fire Marshal inspections
	(2.4.3)	Eliminated
	2.4.5	Updated to require a smoke detector in every bedroom.
	2.4.8	Clarification on lockable doors
	2.6.13	*New Requirement and clarification on missed appointments
	3.1.12	*New Requirements for having cameras and/or audio monitoring equipment in a bedroom
	3.1.21	*New Minimum water temperature
	3.1.42	*New Extermination requirement
	4.2.1	Clarification on where to document
	5.3	Clarification on where to document
	7.3	Clarification on where to document
	7.13	Clarification on where to document
	7.14 and 7.15	*New Shared Living requirement
	8.2	Changed prior to service to prior to the development of the Behavior Support Plan.
	Definitions	*New Temporary Setting
	Appendix	Added Appendix Section
	Appendix	*New Disqualifying crimes
	Appendix	*New Bed Bug Guide
	All	Reformatted to separate all standards into sections
		*New Requirement to have an Incident Management Committee
		*New Adopted requirement from 3310 regulations for employees to have annual performance review
		*New Adopted Language to comply with the Medicaid Fraud Unit
		*New Requirement to make the Quality Service Review available to families, residence and the general public.

Revision Date	Sections Revised	Description of Revision
07/01/2018		*New Requirement to write a billable note
		*New Back Ground Check Center Revised New Hire Orientation language
	HCBS Neighborhood Home	Removed requirement to have OSHA or Red Cross approved first aid kits
	HCBS Community Living Arrangement	
	HCBS Shared Living	
	HCBS Day Habilitation	Removed limited liability insurance and replaced with State of Delaware Contract requirements.
	HCBS Pre-Vocational	*New Requirement to have one staff on duty to be first aid and CPR certified
		*New Added requirements to open a home
		*New Added requirement for Lease Agreements
		*New: No bedroom may solely be used as an office
07/01/2018	HCBS Neighborhood Homes	*New Adopted from 3310 regulations: Food Service
	HCBS Community Living Arrangements	*New: Requirements for plexi
		Clarification on fire drills
		Clarification on how to document on financial audits
		*New Added Demographically Appropriate Health Care
		Under Review: standard about individual/guardian installed cameras.
	HCBS Neighborhood Homes	*New: Adopted 3310 Regulations: Environmental
		Under Review: standard about individual/guardian installed cameras.
	HCBS Community Participation	*New All
	HCBS Day Habilitation	*New Adopted 4402 Regulations: Food Service Environmental

Revision Date	Sections Revised	Description of Revision
		*New Full access to community Develops person selected schedule
	HCBS Pre-Vocational	*New Requirement for DVR referral Requirement for assessments
	HCBS Supported Employment	Removed: Requirement for TB tests
	Definitions	Reworded requirement for emergency plan Changed DDDS Case Manager to DDDS Support Coordinator



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## **PURPOSE:**

To ensure that providers understand the expectations of the Division regarding the operation of each HCBS service, including the desired experience of the individuals they support. These are the standards against which they will be monitored and held accountable.

In addition to compliance with these standards, specified provider types must also be licensed and monitored by the Division of Health Care Quality as meeting acceptable standards for living conditions. These provider types include: Neighborhood Homes as defined in [16 Del.C 3310](#) and Shared Living Homes providing supports to more than one (1) individual as defined by [16 Del.C 3315](#) (Family Care Homes).

These Regulations can be found at the following link:

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

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

<https://medicaidpublications.dhss.delaware.gov/dotnetnuke/search?EntryId=20>

DDDS Policies and Procedures can be found at the following link:

[http://dhss.delaware.gov/dhss/ddds/ddds\\_policy\\_main.html](http://dhss.delaware.gov/dhss/ddds/ddds_policy_main.html)

Informal Dispute Resolution can be found at the following link:

[http://dhss.delaware.gov/dhss/ddds/files/InformalDisputeResolution\(IDR\).pdf](http://dhss.delaware.gov/dhss/ddds/files/InformalDisputeResolution(IDR).pdf)

## **EXEMPTIONS TO STANDARDS:**

Modification to the HCB settings requirements and/or standards 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:

- (1) Identify a specific and individualized assessed need;
- (2) Positive interventions and supports that were used prior to the recommended modification;
- (3) Less intrusive methods that were tried and used;
- (4) A description of the condition that is directly proportionate to the specific need.

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



## **1.0 HCBS WAIVER STANDARDS FOR RESIDENTIAL HABILITATION: NEIGHBORHOOD HOMES**

### **1.1 OPENING A HOME**

- 1.1.1 No person or entities shall establish, conduct or maintain in this State any Neighborhood Home without first obtaining authorization from the Division and the Department.
- 1.1.2 All persons or entities who wish to open a Neighborhood Home shall submit a completed application including an unsigned lease or purchasing price to the Division.
- 1.1.3 All persons or entities who wish to open a Neighborhood Home shall also submit an application for licensure to the Division of Health Care Quality.
- 1.1.4 The submission of a completed application form is in no way a guarantee that the application will be accepted.
- 1.1.5 Neighborhood Homes shall be inspected by the Division of Health Care Quality. Providers shall submit evidence of a satisfactory inspection to DDDS prior to opening.
- 1.1.6 Providers shall not open until all standards are met and receive a notification of approval from the Division.
- 1.1.7 All homes shall comply with [Policy Memorandum Number 62](#).
- 1.1.8 Individuals owning, renting, or occupying the premises shall be under a legally enforceable agreement and have the same protections from eviction that other tenants have under the Delaware Landlord Tenant Code 25 Del.C. Ch.53. **Effective October 1, 2018**
- 1.1.9 Individuals owning, renting, or occupying the premises are protected under Delaware Administrative Code 3102 Long Term Care Transfer, Discharge and Readmission Procedures.

### **1.2 PROVIDER GENERAL**

- 1.2.1 Any duly designated officer or employee of the Division of Developmental Disabilities Services (DDDS) has the right to enter and inspect at any time and without prior notice the entire premises of any provider-managed setting.
  - 1.2.1.1 Only the resident may deny access to their home.
- 1.2.2 The provider shall have a mechanism to ensure compliance with all DDDS contract and provider qualifications.
- 1.2.3 The provider shall submit the Quality Improvement Plan before the assigned due date, if applicable.
- 1.2.4 The provider shall correct all deficiencies that have been identified on the DDDS Quality Improvement Plan before the identified due date. Failure to do so may result in probation.

- 1.2.5 The provider shall maintain the confidentiality of each individual's record in accordance with [Federal Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [Delaware statute on patient rights](#).
- 1.2.6 Individuals who require temporary settings shall be on the reservation/ lease agreement of the temporary setting.
  - 1.2.6.1 The residential provider shall notify all other providers who support the individual within 24 hours of the relocation.
- 1.2.7 Upon request, all state surveys, reviews, and results from Service Integrity Quality Service Reviews are to be made available to residence, family members, and the general public. These surveys shall not include employee or residence names and comply with HIPAA.
- 1.2.8 Each provider shall cooperate fully with the Medicaid Fraud Control Unit and the state protection and advocacy agency, as defined in 16 Del.C. §1112(7), in fulfilling functions authorized by 16 Del.C.Ch. 11.
- 1.2.9 The provider shall report and document all reportable incidents, injuries, and any other incident as required by DDDS.

### 1.3 **PROVIDER ORGANIZATIONAL**

- 1.3.1 Providers shall have an Incident Management Review Committee that should meet at minimum quarterly to:
  - 1.3.1.1 Identify facts around incidents, including contributing factors;
  - 1.3.1.2 Review investigations of reported incidents;
  - 1.3.1.3 Identify needed corrective actions to prevent or reduce the likelihood of future similar incidents;
  - 1.3.1.4 Review and accept or reject the recommended corrective actions from investigations and mortality reviews;
  - 1.3.1.5 Document in its official minutes all accepted recommendations and rationales for any rejected recommendations;
  - 1.3.1.6 Ensure that recommended corrective actions or remedies are implemented in a timely and appropriate manner;
  - 1.3.1.7 Evaluate the outcomes of corrective actions; and
  - 1.3.1.8 Identify trends and patterns of reported incidents and recommendations and provide an annual report (prior to July 1) to the State of identified trends and patterns in their incidents, incident reviews findings, and recommendations, as well as incident investigations conducted by the State and recommendations from the State. **Effective January 1, 2019**
- 1.3.2 The provider shall have an organizational chart showing:
  - 1.3.2.1 Its governing body (if applicable, board member's names and contact information for the board president);

- 1.3.2.2 The administrator of each program; and
    - 1.3.2.3 The lines of authority for the delegation of responsibility.
  - 1.3.3 The provider shall have a description of services that includes:
    - 1.3.3.1 Any characteristics of the DDDS population for which they have specialized programming, program features or expertise; and
    - 1.3.3.2 An organizational strategic plan, including mission and values that addresses how they apply organizational resources to enable individuals to achieve their personal goals and outcomes.
  - 1.3.4 The provider shall have an internal quality improvement process and plan which, includes the following elements:
    - 1.3.4.1 The name of the person(s) responsible for implementing each facet of the plan;
    - 1.3.4.2 How they will ensure involvement of individuals and/or family in the development and implementation of the plan;
    - 1.3.4.3 Timelines with regard to plan implementation and the report of findings; and
    - 1.3.4.4 Description of how the quality improvement plan is used to remediate problems and to improve services.

#### **1.4 PROVIDER POLICIES**

- 1.4.1 The provider shall maintain and comply with a written set of policy and procedures for staff related to all aspects of the operation of the program. A mechanism shall be in place to ensure that these documents are easily accessible to staff and updated as needed to comply with changes in state and/or federal laws and regulations.
- 1.4.2 The provider shall have written policies and procedures for behavioral support that are consistent with DDDS policies regarding [Behavior Support Plans](#) and the [Use of Restraints and Restrictive Procedures for Behavior Support](#). The policies and procedures include but are not limited to: person-centered positive behavior support techniques, prohibition of aversive practices and seclusion, prohibition of the use of bedrails and enclosed cribs for behavioral support, and safeguards.
- 1.4.3 The provider shall have written 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 on incident reporting.
- 1.4.4 The provider shall have written policies and procedures that describe the system for reporting and processing of all incidents.
- 1.4.5 The provider shall have written policies and procedures that provide instructions for the implementation of the person-centered plan.
- 1.4.6 The provider shall have written policies and procedures to address how to educate the individual on their rights.

- 1.4.7 The provider shall have written policies and procedures in place for infection control for site-based programs that address, at minimum: standard precautions, proper storage and usage of personal hygiene items, and all infestations. Bed Bug policies shall follow [National Pest Management Association Best Practices guidelines](#). See Appendix B.
- 1.4.7.1 All Bed Bugs shall be reported to the Regional Community Services DDDS office within twenty four (24) hours of the discovery.
- 1.4.8 The provider ensures written policies and procedures are in place to promote open communication and interaction for the individual in the community (residents of the neighborhood in which individual's home is located) and other community integration activities.
- 1.4.9 Providers transporting DDDS Individuals shall have and implement a policy about transporting DDDS individuals in agency and staff owned vehicles which includes:
- 1.4.9.1 The vehicle being equipped with a proper seatbelt specific to each individual's needs;
- 1.4.9.2 The driver must have a means of communication available during transport of individuals;
- 1.4.9.3 The driver must have a current license; and
- 1.4.9.4 The driver and vehicle must comply with applicable safety and licensing standards established by their states Division of Motor Vehicles.
- 1.4.10 The provider shall have a policy or procedure for informing staff of all changes to DDDS policies, procedures, and standards. This shall include a method to verify that all employees read and understands all changes.

## **1.5 PROVIDER STAFF**

- 1.5.1 The provider shall have a written job description for each position that provides direct or indirect services to DDDS consumers that includes:
- 1.5.1.1 Job qualifications;
- 1.5.1.2 Duties and responsibilities;
- 1.5.1.3 Competencies required;
- 1.5.1.4 Documentation that staff has reviewed and understands their duties and responsibilities; and
- 1.5.1.5 Annual performance review.
- 1.5.2 The provider shall ensure that prior to hire all staff are screened through the [Back Ground Check Center \(BCC\)](#) to include:
- 1.5.2.1 Adult Abuse Registry
- 1.5.2.2 Sex Offender Registry
- 1.5.2.3 Office of Inspector General
- 1.5.2.4 Child Protection Registry

- 1.5.2.5 Division of Professional Regulation Registry
- 1.5.2.6 State and Federal criminal Back Ground Checks (see appendix A for disqualifying crimes)
- 1.5.2.7 10 panel drug screening
- 1.5.2.8 Service Letters from prior employers
- 1.5.3 DDDS prohibits providers from employing individuals with adverse findings in either the Adult Abuse Registry or the Child Protection Registry.
- 1.5.4 The provider shall comply with the following PPD screening requirements:
  - 1.5.4.1 All providers shall have on file the results of a two-step tuberculin testing performed on all new employees and following the discovery of a new case;
  - 1.5.4.2 The provider must ensure that all employees upon hire have the results from a baseline one-step tuberculin skin test (TST) or single Interferon Gamma Release Assay (IGRA) or TB blood test such as QuantiFERON. The Provider shall provide employee documentation of their baseline test results;
  - 1.5.4.3 For employees with negative TST or IGRA, no annual evaluation is required unless the category or 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.](#);
  - 1.5.4.4 If any of the baseline test results 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;
  - 1.5.4.5 Providers shall establish policies for TB risk assessment for any employee having a positive skin test but negative x-ray. The provider must have an annual statement from a licensed health care professional that indicates the employee has exhibited no signs or symptoms of active TB.
- 1.5.5 Provider program administrators shall have a degree in the field of human service and/or 6 months experience working with persons with intellectual and developmental disabilities.
- 1.5.6 The provider ensures that all staff completes the required [DDDS trainings](#).
- 1.5.7 The provider shall ensure that prior to supporting individuals receiving services, their family members, or working in a program/ location all new hires shall complete new hire orientation trainings that includes:
  - 1.5.7.1 DDDS Proclamation of Beliefs and Guiding Principals
  - 1.5.7.2 Confidentiality/ HIPPA (PM#5)
  - 1.5.7.3 Abuse Reporting (PM#46)
  - 1.5.7.4 Individuals Rights and Rights Complaint Reporting Procedure



1.5.7.5 Orientation to the individuals being supported

1.5.7.6 Valid Government/ State issued ID or Valid driver's licenses for staff whom transports individuals

## 1.6 **PROVIDER TRANSPORTATION**

- 1.6.1 All drivers that drive individuals shall have a current, valid driver's license.
- 1.6.2 The provider or transporter shall maintain liability insurance as required by the state of Delaware Contract requirements.
- 1.6.3 The provider shall maintain a travel first aid kit in each vehicle. Refer to Appendix C.
- 1.6.4 Vehicle is equipped with a proper working seatbelt specific to each individual's needs.
- 1.6.5 All vehicles equipped with either a mechanical lift or that can hold over ten (10) individuals must have one (1) secured fire extinguisher that is serviced annually.
- 1.6.6 The driver shall have a telephone or CB radio to communicate emergencies available during transport of individuals.

## 1.7 **DOCUMENTATION**

- 1.7.1 The providers must document within the following minimum requirements:
  - 1.7.1.1 Providers must submit a report that provides an update on the progress toward identified outcomes and any barriers the individual is experiencing in meeting those outcomes;
  - 1.7.1.2 The provider reports on what actions steps they have taken to support the individual's attainment of identified outcomes; and
  - 1.7.1.3 Residential providers must submit an overall report prior to the 10th of the following month. These reports shall be submitted via the electronic record.
- 1.7.2 At least one billable note must be maintained for each service delivered, each service day. See appendix D for guidance.
- 1.7.3 The provider ensures and documents that the individual exercises their rights and responsibilities as they choose.
- 1.7.4 The provider ensures and documents that the individual is supported to accomplish the outcomes for which the provider has been chosen to support and assist the individual, as identified on a frequency in their person-centered plan.
- 1.7.5 The provider ensures and documents in the electronic record that the individual is supported to spend time with people and in places that are important to the individual.
- 1.7.6 The provider ensures and documents in the electronic record that the individual is supported to maintain a relationship with his/her family/ legal guardians.

## **1.8 PERSON CENTERED**

- 1.8.1 The provider ensures that the individual's cultural and ethical values and traditions are respected and accommodated.
- 1.8.2 The provider ensures that the individual is treated by staff and/or caregivers in a respectful and friendly manner.
- 1.8.3 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 engage in resources and activities at the level of involvement the individual chooses. The provider must honor the decisions regarding these aspects of each individual's life.
  - 1.8.3.1 Providers shall not require the individual to adhere to a set schedule for waking, bathing, eating, exercising, etc.
- 1.8.4 Providers shall implement risk mitigation strategies for each individual for any identified risks within the timeframe specified within the strategy.
- 1.8.5 The provider ensures that the individual has a secure place to store their personal belongings, and the individual's bedroom has personalized décor of their choosing, if a preference is expressed.
- 1.8.6 The provider supports the individual to have visitors at any time. The provider may support the residents to develop "house rules" for visitation to which all the residents will agree.
- 1.8.7 The provider ensures that the individual is supported to have access to opportunities to explore competitive work or volunteer work experiences, if the individual chooses.
- 1.8.8 The provider ensures that the individual has autonomy in the selection of their residence.
- 1.8.9 In shared residences, the provider ensures that the individual is offered choice among available options that have not already been selected or occupied by another resident in selecting their bedroom, including the ability to request a private bedroom.

## **1.9 RIGHTS PROTECTION, DIGNITY AND RESPECT**

- 1.9.1 The provider ensures that the individual has privacy when they want or need it to access a private phone call, use assistive technology and computers, talk with visitors, etc.
- 1.9.2 The provider ensures that the individual's personal finances are protected from fraud and abuse.
- 1.9.3 The provider maintains accurate records and audits to include:
  - 1.9.3.1 Receipts or other documentation are maintained for all expenditures using the individual's funds;
  - 1.9.3.2 Receipts for purchases using a credit or debit card shall be attached to the corresponding statement;
  - 1.9.3.3 A daily audit of each individual's personal house funds (cash on hand) by direct support professionals, House Manager or identified staff members;

- 1.9.3.4 A monthly audit of personal house funds (cash on hand) by the house manager or equivalent staff members and is signed by the individual, if applicable on a monthly basis;
- 1.9.3.5 A quarterly audit of personal house funds (cash on hand) by the program coordinator or equivalent staff member.
- 1.9.4 The provider ensures that the individual has access to their money at all times. This may include a copy of a key to a safe if the individual chooses, having access to the bank when the individual chooses, and accessing personal house funds at any time.
- 1.9.5 The individual's funds are not co-mingled with funds from other individuals or the provider.
- 1.9.6 An individual rights complaint form and policy is available in the home in a format accessible to the residents of the home.
- 1.9.7 The provider shall assist the individual with submitting a rights complaint form to DDDS.
- 1.9.8 The provider shall ensure that individuals directly affected by another resident(s) rights restriction be informed and understand the restriction(s) and complete and submit the rights restriction form.
- 1.9.9 The provider shall ensure that electronic copies of all legal documents establishing guardianship and/or any other legal decision making status is uploaded in the electronic record. Provider notations are not sufficient.

## **1.10 FOOD SERVICE**

- 1.10.1 A minimum of three (3) meals shall be available and/or served in each 24 hour period.
- 1.10.2 There shall not be more than a fourteen (14) hour span between the evening and breakfast meals unless suitable nourishment is provided in the interim.
- 1.10.3 Individuals shall have access to food at all times.
- 1.10.4 The provider ensures that the individual has autonomy in making decisions regarding meals unless approved restrictions are noted in the person-centered plan.
- 1.10.5 The food served shall be suitably prepared and of sufficient quantity and quality to meet the nutritional needs of the residents.
- 1.10.6 Special diets shall be served as stated on the prescription from the resident's physician
- 1.10.7 There shall be a three (3) day supply of non-expired food and water for each individual living in each home at all times appropriate to any dietary restrictions of the residents.
- 1.10.8 There shall be a written process to ensure that food is available in the home at all times for each individual living in the home. All food must meet the needs of the individuals living in the home, including any dietary restrictions.
- 1.10.9 The provider ensures that the individual eats at a time and place chosen by the individual.
- 1.10.10 The provider ensures that the individual chooses with whom they eat with including the opportunity to eat privately if they choose.

## **1.11 EMERGENCIES AND DISASTERS**

- 1.11.1 Providers shall have written site-specific emergency preparedness procedures to address the following emergencies and disasters: missing individuals, fire, and severe weather (blizzard, hurricane, and tornado).
  - 1.11.1.1 Providers shall identify how to support the individual during emergencies.
  - 1.11.1.2 Providers shall identify an alternative relocation site in the event of an emergency.
  - 1.11.1.3 Emergency preparedness procedures shall be communicated to all staff members, individuals receiving services and their families and guardians, as appropriate.
  - 1.11.1.4 This includes maintaining an adequate communication system to ensure off-duty personnel and local fire and safety authorities are notified promptly in the event of an emergency or disaster. These must be available in all sites.
- 1.11.2 Each residence shall conduct at least one (1) fire drill per calendar quarter (4 per year). Drills shall not to be held at night, during individual's sleep time, nor during inclement weather.
  - 1.11.2.1 The location of egress during these evacuations drills shall be varied, with window evacuation procedures discussed as an alternative.
  - 1.11.2.2 As evidenced by evacuation drill reports that are maintained by the neighborhood home, drills shall assure that all individuals and staff are familiar with the evacuation requirements and procedures.
  - 1.11.2.3 Any problems individuals have evacuating a building during a drill shall result in a written plan of specific corrective action(s) to be taken.
- 1.11.3 There shall be two (2) five (5) pound ABC fire extinguishers in a Neighborhood Home, readily available and easily accessible within the residence. For multi-level homes an extinguisher must be available on all levels.
  - 1.11.3.1 The provider will ensure that fire extinguishers are checked and tagged annually by a qualified Inspector/company.
- 1.11.4 Telephone numbers of the nearest poison control center and the nearest source of emergency medical services shall be posted where all staff and residence can assess it.
- 1.11.5 The home shall have an adequate number of UL approved smoke detectors in working order.
  - 1.11.5.1 In a single level home, a minimum of one smoke detector shall be placed between the bedroom area and the remainder of the home.
  - 1.11.5.2 In a multi-story home, a minimum of one smoke detector shall be on each level. On levels which have bedrooms, the detector shall be placed between the bedroom area and the remainder of the home.
- 1.11.6 All homes shall be equipped with a carbon monoxide detector.
- 1.11.7 All residences must have a minimum of two (2) means of egress. This may include a window.
- 1.11.8 Providers must have a first aid kit available in the setting at all times. Refer to Appendix C.

- 1.11.9 Each site must have at least one (1) staff person, on duty at all times, trained in first aid and CPR when providing supports to the individual.

## **1.12 ENVIRONMENTAL GENERAL**

- 1.12.1 All homes with three (3) or less individuals living in them are not subject to Fire Marshal Inspection.
- 1.12.2 The provider ensures a home-like environment for each residence to include ensuring the home is physically accessible to each resident.
- 1.12.3 All licensed sites shall have a non-expired license issued by the Division of Health Care Quality, or verification of the license to be issued, readily available in the site.
- 1.12.4 The use of security or observational devices (cameras and/or audio monitoring equipment in common areas or alarms on the doors and windows) shall constitute a restrictive procedure and require consent from the individual(s) and approval by the Human Rights Committee before they can be used. The need for and continuing review of such devices shall be documented in the person-centered plan. Home security and monitoring devices (such as ADT, etc.) designed to prevent intrusion by unauthorized individuals are not considered restrictive procedures and may be used if the individual is informed of the purpose.  
  
\*Note: Cameras and/or audio monitoring equipment are not allowed in bathrooms/restrooms.
- 1.12.5 This number left as a place holder as the placement of cameras and/or audio monitoring equipment in the individual's private room by guardians for the purpose of monitoring of services and/or communication with individuals served is under review and an update will be issued as soon as possible.
- 1.12.6 Exterminator services shall be required when there is evidence of any infestation. Records documenting the use of exterminator services shall be kept for a one (1) year period.
- 1.12.7 There shall be a means of communication (telephone landline or cellular) in each home that is accessible to staff and the individual(s) living in the residence.
- 1.12.8 All elevators must be annually inspected and meet [Delaware Code](#);
- 1.12.9 Electrical equipment shall meet all applicable municipal, county or state requirements and laws. Approved sticker must be on the electrical box/unit.
- 1.12.10 Non-public water systems must be approved by Department.
  - 1.12.10.1 A copy of all annual water testing results must be kept on site at the neighborhood home.
- 1.12.11 Portable electric heaters may be used if they are equipped with a temperature control shut off and a safety shutoff if it is overturned.
- 1.12.12 Kerosene heaters and other chemical heaters shall not be used.

## **1.13 ENVIRONMENTAL EXTERIOR**

- 1.13.1 The exterior of the residence shall reflect its community and be free from hazards, the accumulation of waste materials, obsolete and unnecessary articles, food containers, rubbish and other litter.

- 1.13.1.1 There shall be no signage identifying the residence as a DDS group home.
- 1.13.2 The building shall be constructed and maintained to prevent entrance by rodents and insects.
- 1.13.3 The roof, exterior walls, doors, skylights, and windows shall be weatherproof and waterproof, and shall be kept in sound condition and good repair.
- 1.13.4 Screen doors shall open outward and shall be equipped with self-closing devices.
- 1.13.5 All homes accommodating individuals who regularly require wheelchairs must be equipped with ramps.
- 1.13.6 Ramps must be compliant with the standards outlined in the [Americans with Disabilities Act \(ADA\)](#).

#### **1.14 ENVIRONMENTAL WINDOWS**

- 1.14.1 All windows designed to open and close must be functional.
- 1.14.2 All operable windows must be screened.
- 1.14.3 All windows in rooms used by individuals are to be constructed to eliminate drafts and provide adequate light and ventilation.
- 1.14.4 Windows are not cracked or damaged.
- 1.14.5 Plexi or safety glass shall only be used if all of the following are met:
  - 1.14.5.1 It does not interfere with the operation of the window;
  - 1.14.5.2 It does not restrict light; and
  - 1.14.5.3 Must be approved in writing by the Division.

#### **1.15 ENVIRONMENTAL INTERIOR**

- 1.15.1 The interior of the residence is clean, free of odors, and in good repair.
- 1.15.2 No bedroom or living room in the house may solely be used as a staff office.
- 1.15.3 The home must be a safe and sanitary environment that is properly constructed, equipped, and maintained to protect the health and safety of the individuals residing in the home.
- 1.15.4 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 without tears or bumps and maintained in a clean condition.
- 1.15.5 Basement space may be used for activities for residents in the home if there are a minimum of two (2) fire exits from the basement. Fire exits may include: stairs leading to the main level, egress window(s), bilco doors, or a door leading to the outside.
- 1.15.6 Heating apparatus shall not constitute a burn, smoke, or carbon monoxide hazard to individuals residing in the home.

- 1.15.7 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.
- 1.15.8 All furniture shall be of such condition as not to pose a safety hazard to individuals. Furniture should be arranged and located as to provide convenient access to the individual.
- 1.15.9 The physical dimensions of the home will provide, as a minimum, 150 square feet of common living space for the first occupant and 100 square feet of living space for each additional occupant.
- 1.15.10 If an outlet is available, all hallways shall be equipped with working nightlights.
- 1.15.11 Stairways shall have non-slip surfaces and sturdy handrails to prevent the risk of slipping.
  - 1.15.11.1 Stairways over six (6) feet in width shall have handrails on both sides.
- 1.15.12 All hand/body washing sinks, tubs and/or showers shall have both hot and cold water.
  - 1.15.12.1 Water temperature shall not be below 105° F.
  - 1.15.12.2 Hot water temperature may not exceed 115° F.

## **1.16 ENVIRONMENTAL BEDROOM(S)**

- 1.16.1 The provider shall ensure that every individual served (or other legal decision maker(s)) have the option of having or not having a lockable door on his/her bedroom for privacy. That choice must be documented in the person-centered plan. The provider may have a key in a keyed lock box for emergency purposes. Exemptions to Standards: Modification to the HCB settings requirements and/or standards needed by the individual must be supported by a specific assessed need and justified in the person-centered plan.
- 1.16.2 Individual bedrooms shall open directly into shared areas in the interior of the home.
- 1.16.3 Each bedroom shall be well-ventilated.
- 1.16.4 Each bedroom shall have at least one (1) window opening directly to the outside.
- 1.16.5 Each bedroom shall have at least one (1) light fixture and there shall be a switch that controls the light at the entrance of the bedroom.
- 1.16.6 Bedroom walls must extend from the floor to the ceiling.
- 1.16.7 Bedrooms shall provide at least one hundred (100) square feet of floor space below a ceiling of a minimum of 6.5 feet.
- 1.16.8 Each bedroom shall provide storage for clothing and personal items.
- 1.16.9 Each bedroom shall ensure adequate privacy.
- 1.16.10 All individuals shall have a bed that is suitable for the individual and satisfies all support needs.
- 1.16.11 Mattresses shall be covered or protected with non-porous material.

## **1.17 ENVIRONMENTAL BATHROOMS/RESTROOMS**

- 1.17.1 Each bathroom must promote privacy for the individual including the ability to lock the bathroom door.
- 1.17.2 Each bathtub or shower shall be in an individual room or enclosed which provides private space for bathing, drying and dressing.
- 1.17.3 There shall be at least one (1) bathtub or shower for every four (4) individuals.
- 1.17.4 Each bathtub or shower shall be equipped with substantial grab bars with and slip resistant surfaces.
- 1.17.5 There shall be at least one (1) toilet of appropriate size for each four (4) individuals which shall be located on the same level as the individuals' bedrooms.
  - 1.17.5.1 Each toilet shall be equipped with a toilet seat and toilet tissue.
  - 1.17.5.2 Each toilet shall be equipped with a substantial grab bar.
- 1.17.6 There shall be at least one (1) hand washing sink for every four (4) individuals which shall be located on the same level as the individual's bedrooms.
- 1.17.7 Mirrors shall be furnished in bathrooms, including mirrors that are accessible by individuals who use wheelchairs.

## **1.18 ENVIRONMENTAL KITCHEN**

- 1.18.1 There shall be at least one (1) refrigerator and one (1) freezing unit, in proper functioning order and capable of maintaining frozen foods in the frozen state and refrigerated foods at 41° F or below.
  - 1.18.1.1 Each refrigerator shall be equipped with a refrigerator thermometer.
- 1.18.2 There shall be at least at least one (1) four-burner range and one (1) oven (or combination thereof) which is in proper functioning order.
- 1.18.3 There shall be a dishwasher that has a sanitizing cycle or the home must use a detergent with bleach.
- 1.18.4 Food storage areas shall be free of debris, dust, and dirt.
- 1.18.5 Dry or staple food items shall be stored in a ventilated room that is not subject to wastewater backflow, or contamination by condensation and/or leakage.
- 1.18.6 Opened foods are to be stored as appropriate and shall immediately be dated with the date that the foods were opened.
- 1.18.7 All cleaning supplies must be stored separately from food items.
  - 1.18.7.1 Poisons, pesticides or other toxic chemicals shall be stored in locked cabinets/storage areas.
  - 1.18.7.2 Material Safety Data Sheets (MSDS) shall be available for any poisons, pesticides or toxic chemicals stored on-site.



1.18.8 All homes shall have a minimum of one (1) covered trash receptacle.

## **1.19 ENVIRONMENTAL LAUNDRY**

1.19.1 Providers shall assist individuals with completing laundry or will launder the individual's clothes as indicated in the person-centered plan.

1.19.1.1 Bed linens and towels must be changed at least weekly or more often as necessary.

1.19.1.2 If linen chutes are used, they will be maintained in a sanitary condition.

1.19.1.3 If the clothes washing machine is in the kitchen, soiled laundry shall not be taken in to the kitchen unit it is ready to be washed.

## **1.20 HEALTH, WELLNESS, AND SAFETY**

1.20.1 Medication should be accessed only by those employees, providers or individuals that have the appropriate authorization. This includes medications that must be refrigerated.

1.20.2 All controlled substances and syringes must be double locked (i.e. stored in a locked box inside a larger drawer or locked cabinet). A lock on the outside of the door behind which controlled substances are stored (closet) can be considered the first lock.

1.20.3 Medications are never left unattended when outside of their locked container.

1.20.4 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.

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

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

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

1.20.8 The provider shall ensure that accurate and up to date count sheets are completed for all controlled substances and other medications not secured in controlled dose packaging.

1.20.9 The provider shall ensure that lab work is completed within five (5) business days of the receipt of order or as ordered by the prescriber.

1.20.10 The provider shall ensure that all necessary screenings/appointments are scheduled within five (5) working days of receipt of order or as ordered by the prescriber.

1.20.11 Providers shall provide or assist in arranging transportation for an individual's medical appointments.

1.20.12 Providers shall ensure the individual attends all scheduled medical appointments. In the event that an appointment needs to be cancelled and rescheduled, the provider must reschedule the appointment according to the doctor's cancellation policy and document it in the electronic record. In the case of any missed appointment not due to a documented individual's refusal to attend that appointment the late fee shall be the responsibility of the provider.

- 1.20.13 All medication errors must be documented and reported. A corrective action plan must be implemented to rectify the error and to show how future errors will be prevented.
- 1.20.14 The provider ensures that assistive technology and equipment are in good condition and used as designed.
- 1.20.15 Providers shall obtain copies of lab and diagnostic reports and record/scan them into the individual's electronic case record within three (3) days of the provider receiving them.
- 1.20.16 Providers shall audit and document on state form NS FRM 205A the medication of the Unlicensed Assistive Personnel (UAP) on the following intervals:
  - 1.20.16.1 Daily review of the Medication Administration Record (MAR); and
  - 1.20.16.2 Weekly review of all medications, medical orders, and the MAR.
- 1.20.17 The provider ensures that a minimum of a three (3) day supply of all medications is available at all times.
- 1.20.18 The provider ensures that a supply of over-the-counter medication shall be stocked at each home. These medications must be authorized by the individual's prescriber in writing, and for each instance when the medication is administered it must be documented as per the most recent Board of Nursing approved medication training program.
- 1.20.19 The provider ensures that the individual receives demographically appropriate health care as documented on state form NS FRM 206. See appendix E for a list of demographically appropriate health care.

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## **2.0 HCBS WAIVER STANDARDS FOR RESIDENTIAL HABILITATION: COMMUNITY LIVING ARRANGEMENTS (CLA)**

### **2.1 OPENING A HOME/ SIGNING A LEASE**

- 2.1.1 No person or entities shall establish, conduct or maintain in this State any Community Living Arrangement without first obtaining authorization from the Division.
- 2.1.2 All persons or entities who wish to open a Community Living Arrangement shall submit a completed application including an unsigned lease to the Division.
- 2.1.3 The submission of a completed application form is in no way a guarantee that the application will be accepted.
- 2.1.4 Providers shall not open until all standards are met and receive a notification of approval from the Division.
- 2.1.5 All homes shall comply with [Policy Memorandum Number 62](#).
- 2.1.6 Individuals owning, renting, or occupying the premises shall be under a legally enforceable agreement and have the same protections from eviction that other tenants have under the Delaware Landlord Tenant Code 25 Del.C. Ch.53. **Effective October 1, 2018**

### **2.2 PROVIDER GENERAL**

- 2.2.1 Any duly designated officer or employee of the Division of Developmental Disabilities Services (DDDS) has the right to enter and inspect at any time and without prior notice the entire premises of any provider-managed setting.
  - 2.2.1.1 Only the resident may deny access to their home.
- 2.2.2 The provider shall have a mechanism to ensure compliance with all DDDS contract and provider qualifications.
- 2.2.3 The provider shall submit the Quality Improvement Plan prior to the assigned due date, if applicable.
- 2.2.4 The provider shall correct all deficiencies that have been identified on the DDDS Quality Improvement Plan before the identified due date. Failure to do so may result in probation.
- 2.2.5 The provider shall maintain the confidentiality of each individual's record in accordance with [Federal Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [Delaware statute on patient rights](#).
- 2.2.6 Individuals who require temporary settings must be on the reservation/ lease agreement of the temporary setting.

- 2.2.6.1 The residential provider shall notify all other providers who support the individual within 24 hours of the relocation.
- 2.2.7 Upon request, all state surveys, reviews, and results from Service Integrity Quality Service Reviews are to be made available to residence, family members, and the general public. These surveys shall not include employee or residence names and comply with HIPAA.
- 2.2.8 Each provider shall cooperate fully with the Medicaid Fraud Control Unit and the state protection and advocacy agency, as defined in 16 Del.C. §1112(7), in fulfilling functions authorized by 16 Del.C.Ch. 11.
- 2.2.9 The provider shall report and document all reportable incidents, injuries, and any other incident as required by DDDS.

## 2.3 **PROVIDER ORGANIZATIONAL**

- 2.3.1 Providers shall have an Incident Management Review Committee that should meet at minimum quarterly to:
  - 2.3.1.1 Identify facts around incidents, including contributing factors.
  - 2.3.1.2 Review investigations of reported incidents.
  - 2.3.1.3 Identify needed corrective actions to prevent or reduce the likelihood of future similar incidents.
  - 2.3.1.4 Review and accept or reject the recommended corrective actions from investigations and mortality reviews.
  - 2.3.1.5 Document in its official minutes all accepted recommendations and rationales for any rejected recommendations.
  - 2.3.1.6 Ensure that recommended corrective actions or remedies are implemented in a timely and appropriate manner.
  - 2.3.1.7 Evaluate the outcomes of corrective actions; and
  - 2.3.1.8 Identify trends and patterns of reported incidents and recommendations and provide an annual report (prior to July 1) to the State of identified trends and patterns in their incidents, incident reviews findings, and recommendations, as well as incident investigations conducted by the State and recommendations from the State. **Effective January 1, 2019**
- 2.3.3 The provider shall have an organizational chart showing:
  - 2.3.3.1 Its governing body (if applicable, board member's names and contact information for the board president);
  - 2.3.3.2 The administrator of each program and;
  - 2.3.3.3 The lines of authority for the delegation of responsibility.

- 2.3.4 The provider shall have a description of services that includes:
- 2.3.4.1 Any characteristics of the DDDS population for which they have specialized programming, program features or expertise; and
  - 2.3.4.2 An organizational strategic plan, including mission and values that addresses how they apply organizational resources to enable individuals to achieve their personal goals and outcomes.
- 2.3.5 The provider shall have an internal quality improvement process and plan which, includes the following elements:
- 2.3.5.1 The name of the person(s) responsible for implementing each facet of the plan;
  - 2.3.5.2 How they will ensure involvement of individuals and/or family in the development and implementation of the plan;
  - 2.3.5.3 Timelines with regard to plan implementation and the report of findings; and
  - 2.3.5.4 Description of how the quality improvement plan is used to remediate problems and to improve services.

## 2.4 **PROVIDER POLICIES**

- 2.4.1 The provider shall maintain and comply with a written set of policy and procedures for staff related to all aspects of the operation of the program. A mechanism shall be in place to ensure that these documents are easily accessible to staff and updated as needed to comply with changes in state and/or federal laws and regulations.
- 2.4.2 The provider shall have written policies and procedures for behavioral support that are consistent with DDDS policies regarding [Behavior Support Plans](#) and the [Use of Restraints and Restrictive Procedures for Behavioral Support](#). The policies and procedures include but are not limited to: person-centered positive behavior support techniques, prohibition of aversive practices and seclusion, prohibition of the use of bedrails and enclosed cribs for behavioral support, and safeguards.
- 2.4.3 The provider shall have written 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 on incident reporting.
- 2.4.4 The provider shall have written policies and procedures that describe the system for reporting and processing of all incidents.
- 2.4.5 The provider shall have written policies and procedures that provide instructions for the implementation of the person-centered plan.
- 2.4.6 The provider shall have written policies and procedures to address how to educate individual on their rights.
- 2.4.7 The provider shall have written policies and procedures in place for infection control for site-based programs that address, at minimum: standard precautions, proper storage and usage of personal hygiene items, and all infestations. Bed Bug policies shall follow [National Pest Management Association Best Practices guidelines](#). See Appendix B.

- 2.4.7.1 All Bed Bugs shall be reported to the Regional Community Services DDDS office within twenty four (24) hours of the discovery.
- 2.4.8 The provider ensures written policies and procedures are in place to promote open communication and interaction for the individual in the community (residents of the neighborhood in which individual's home is located) and other community integration activities.
- 2.4.9 Providers transporting DDDS Individuals shall have and implement a policy about transporting DDDS individuals in agency and staff owned vehicles which includes:
  - 2.4.9.1 The vehicle being equipped with a proper seatbelt specific to each individual's needs;
  - 2.4.9.2 The driver must have a means of communication available during transport of individuals;
  - 2.4.9.3 The driver must have a current license; and
  - 2.4.9.4 The driver and vehicle must comply with applicable safety and licensing standards established by their states Division of Motor Vehicles.
- 2.4.10 The provider shall have a policy on informing staff of all changes to DDDS policies, procedures, and standards. This must include a method to verify that all employees read and understands all changes.

## **2.5 PROVIDER STAFF**

- 2.5.1 The provider shall have a written job description for each position that provides direct or indirect services to DDDS consumers that includes:
  - 2.5.1.1 Job qualifications;
  - 2.5.1.2 Duties and responsibilities;
  - 2.5.1.3 Competencies required;
  - 2.5.1.4 Documentation that staff has reviewed and understands their duties and responsibilities; and
  - 2.5.1.5 Annual performance review.
- 2.5.2 The provider shall ensure that prior to hire all staff are screened through the [Back Ground Check Center \(BCC\)](#) to include:
  - 2.5.2.1 Adult Abuse Registry
  - 2.5.2.2 Sex Offender Registry
  - 2.5.2.3 Office of Inspector General
  - 2.5.2.4 Child Protection Registry
  - 2.5.2.5 Division of Professional Regulation Registry
  - 2.5.2.6 State and Federal criminal Back Ground Checks (see appendix A for disqualifying crimes)
  - 2.5.2.7 10 panel drug screening
  - 2.5.2.8 Service Letters from prior employers

- 2.5.3 DDDS prohibits providers from employing individuals with adverse findings in either the Adult Abuse Registry or the Child Protection Registry.
- 2.5.4 The provider shall comply with the following PPD screening requirements:
  - 2.5.4.1 All providers shall have on file the results of a one-step tuberculin testing performed on all new employees and following the discovery of a new case;
  - 2.5.4.2 The provider must ensure that all employees upon hire have the results from a baseline one-step tuberculin skin test (TST) or single Interferon Gamma Release Assay (IGRA) or TB blood test such as QuantiFERON. The Provider shall provide employee documentation of their baseline test results;
  - 2.5.4.3 For employees with negative TST or IGRA, no annual evaluation is required unless the category or 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.](#);
  - 2.5.4.4 If any of the baseline test results 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;
  - 2.5.4.5 Providers shall establish policies for TB risk assessment for any employee having a positive skin test but negative x-ray. The provider must have an annual statement from a licensed health care professional that indicates the employee has exhibited no signs or symptoms of active TB;
- 2.5.5 Provider program administrators shall have a degree in the field of human service and/or 6 months experience working with persons with intellectual and developmental disabilities;
- 2.5.6 The provider ensures that all staff completes the required [DDDS trainings](#);
- 2.5.7 The provider shall ensure that prior to supporting individuals receiving services, their family members, or working in a program/ location all new hires shall complete new hire orientation trainings that includes:
  - 2.5.7.1 DDDS Proclamation of Beliefs and Guiding Principals
  - 2.5.7.2 Confidentiality/ HIPPA (PM#5)
  - 2.5.7.3 Abuse Reporting (PM#46)
  - 2.5.7.4 Individuals Rights and Rights Complaint Reporting Procedure
  - 2.5.7.5 Orientation to the individuals being supported
  - 2.5.7.6 Valid Government/ State issued ID or Valid driver's licenses for staff whom transports individuals



## **2.6 PROVIDER TRANSPORTATION**

- 2.6.1 All drivers that drive individuals shall have a current, valid driver's license.
- 2.6.2 The provider or transporter shall maintain liability insurance as required by the state of Delaware Contract requirements.
- 2.6.3 The provider shall maintain a travel first aid kit in each vehicle. Refer to Appendix C.
- 2.6.4 Vehicle is equipped with a proper working seatbelt specific to each individual's needs.
- 2.6.5 All vehicles equipped with either a mechanical lift or that can hold over ten (10) individuals shall have one (1) secured fire extinguisher that is serviced annually.
- 2.6.6 The driver shall have a telephone or CB radio to communicate emergencies available during transport of individuals.

## **2.7 DOCUMENTATION**

- 2.7.1 The providers must document within the following minimum requirements:
  - 2.7.1.1 Providers must submit a report that provides an update on the progress toward identified outcomes and any barriers the individual is experiencing in meeting those outcomes;
  - 2.7.1.2 The provider reports on what actions steps they have taken to support the individual's attainment of identified outcomes; and
  - 2.7.1.3 Residential providers must submit an overall report prior to the 10th of the following month. These reports shall be submitted via the electronic record.
- 2.7.2 At least one billable note must be maintained for each service delivered, each service day. See appendix D for guidance.
- 2.7.3 The provider ensures and documents that the individual exercises his/her rights and responsibilities as he/she chooses.
- 2.7.4 The provider ensures and documents that the individual is supported to accomplish the outcomes for which the provider has been chosen to support and assist the individual, as identified on a frequency in his/her person-centered plan.
- 2.7.5 The provider ensures and documents in the electronic record that the individual is supported to spend time with people and in places that are important to the individual.
- 2.7.6 The provider ensures and documents in the electronic record that the individual is supported to maintain a relationship with his/her family/ legal guardians.

## **2.8 PERSON- CENTERED**

- 2.8.1 The provider ensures that the individual's cultural and ethical values and traditions are respected and accommodated.
- 2.8.2 The provider ensures that the individual is treated by staff and/or caregivers in a respectful and friendly manner.

- 2.8.3 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 engage in resources and activities at the level of involvement the individual chooses. The provider must honor the decisions regarding these aspects of each individual's life.
  - 2.8.3.1 Providers shall not require the individual to adhere to a set schedule for waking, bathing, eating, exercising, etc.
- 2.8.4 Providers shall implement risk mitigation strategies for each individual for any identified risks within the timeframe specified within the strategy.
- 2.8.5 The provider ensures that the individual has a secure place to store his/her personal belongings, and the individual's bedroom has personalized décor of his/her choosing, if a preference is expressed.
- 2.8.6 The provider supports the individual to have visitors at any time. The provider may support the residents to develop "house rules" for visitation to which all the residents will agree.
- 2.8.7 The provider ensures that the individual is supported to have access to opportunities to explore competitive work or volunteer work experiences, if the individual chooses.
- 2.8.8 The provider ensures that the individual has autonomy in the selection of their residence.
- 2.8.9 In shared residences, the provider ensures that the individual is offered choice among available options that have not already been selected or occupied by another resident in selecting his/her bedroom, including the ability to request a private bedroom.

## **2.9 RIGHTS PROTECTION, DIGNITY AND RESPECT**

- 2.9.1 The provider ensures that the individual has privacy when they want or need it to access a private phone call, use assistive technology and computers, talk with visitors, etc.
- 2.9.2 The provider ensures that the individual's personal finances are protected from fraud and abuse.
- 2.9.3 The provider maintains accurate records and audits to include:
  - 2.9.3.1 Receipts or other documentation are maintained for all expenditures using the individual's funds;
  - 2.9.3.2 Receipts for purchases using a credit or debit card shall be attached to the corresponding statement;
  - 2.9.3.3 A daily audit of each individual's personal house funds (cash on hand) by direct support professionals, House Manager or identified staff members;
  - 2.9.3.4 A monthly audit of personal house funds (cash on hand) by the house manager or equivalent staff members and is signed by the individual, if applicable on a monthly basis; and
  - 2.9.3.5 A quarterly audit of personal house funds (cash on hand) by the program coordinator or equivalent staff member.

- 2.9.4 The provider ensures that the individual has access to his/her money at all times. This may include a copy of a key if the individual chooses, having access to the bank when the individual chooses, and/or accessing personal house funds at any time.
- 2.9.5 The individual's funds are not co-mingled with funds from other individuals or the provider.
- 2.9.6 An individual rights complaint form and policy is available in the home in a format accessible to the residents of the home.
- 2.9.7 The provider shall assist the individual with submitting a rights complaint form to DDDS.
- 2.9.8 The provider shall ensure that individuals directly affected by another resident(s) rights restriction be informed and understand the restriction(s) and complete and submit the rights restriction form.
- 2.9.9 The provider shall ensure that electronic copies of all legal documents establishing guardianship and/or any other legal decision making status is uploaded in the electronic record. Provider notations are not sufficient.

## **2.10 FOOD SERVICE**

- 2.10.1 A minimum of three (3) meals shall be available and/or served in each 24 hour period.
- 2.10.2 There shall not be more than a 14 hour span between the evening and breakfast meals unless suitable nourishment is provided in the interim.
- 2.10.3 Individuals shall have access to food at all times.
- 2.10.4 The provider ensures that the individual has autonomy in making decisions regarding meals unless approved restrictions are noted in the person-centered plan.
- 2.10.5 The food served shall be suitably prepared and of sufficient quantity and quality to meet the nutritional needs of the residents.
- 2.10.6 Special diets shall be served as stated on the prescription from the resident's physician
- 2.10.7 There shall be a three (3) day supply of non-expired food and water for each individual living in each home at all times appropriate to any dietary restrictions of the residents.
- 2.10.8 There shall be a written process to ensure that food is available in the home at all times for each individual living in the home. All food must meet the needs of the individuals living in the home, including any dietary restrictions.
- 2.10.9 The provider ensures that the individual eats at a time and place chosen by the individual.
- 2.10.10 The provider ensures that the individual chooses with whom they eat with including the opportunity to eat privately if they choose.

## **2.11 EMERGENCIES AND DISASTERS**

- 2.11.1 Providers shall have written site-specific emergency preparedness procedures to address the following emergencies and disasters: missing individuals, fire, and severe weather (blizzard, hurricane, and tornado).

**2.11.1.1** Providers shall identify how to support the individual during emergencies;

- 2.11.1.2 Providers must identify an alternative relocation site in the event of an emergency;
  - 2.11.1.3 Emergency preparedness procedures shall be communicated to all staff members, individuals receiving services and their families and guardians, as appropriate.
  - 2.11.1.4 This includes maintaining an adequate communication system to ensure off-duty personnel and local fire and safety authorities are notified promptly in the event of an emergency or disaster. These must be available in all sites.
- 2.11.2 Each residence must conduct at least one (1) 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.
- 2.11.2.1 The location of egress during these evacuations drills shall be varied, with window evacuation procedures discussed as an alternative;
  - 2.11.2.2 As evidenced by evacuation drill reports that are maintained by the CLA, drills shall assure that all individuals and staff are familiar with the evacuation requirements and procedures;
  - 2.11.2.3 Any problems individuals have evacuating a building during a drill shall result in a written plan of specific corrective action(s) to be taken.
- 2.11.3 There shall be a minimum of one (1) 2.5 pound ABC fire extinguisher in a CLA, readily available and easily accessible within the residence. For multi-level homes an extinguisher must be available on all levels.
- 2.11.3.1 The provider will ensure that fire extinguishers are checked and tagged annually by a qualified inspector/company.
- 2.11.4 Telephone numbers of the nearest poison control center and the nearest source of emergency medical services shall be posted where all staff and residence can assess it.
- 2.11.5 The home shall have an adequate number of UL approved smoke detectors in working order.
- 2.11.5.1 In a single level home, a minimum of one smoke detector shall be placed between the bedroom area and the remainder of the home.
  - 2.11.5.2 In a multi-story home, a minimum of one smoke detector shall be on each level. On levels which have bedrooms, the detector shall be placed between the bedroom area and the remainder of the home.
- 2.11.6 All homes shall be equipped with a carbon monoxide detector if heating sources other than electric or heat-pump is used.
- 2.11.7 All residences shall have a minimum of two (2) means of egress. This may include a window.
- 2.11.8 Providers shall have a first aid kit available in the setting at all times. Refer to Appendix C.
- 2.11.9 Each site shall have at least one (1) staff person, on duty at all times, trained in first aid and CPR when providing supports to the individual.

## **2.12 ENVIRONMENTAL GENERAL**

- 2.12.1 All homes with three (3) or less individuals living in them are not subject to Fire Marshal Inspection.
- 2.12.2 The provider ensures a home-like environment for each residence to include ensuring the home is physically accessible to each resident.
- 2.12.3 All licensed sites shall have a non-expired license issued by the Division of Health Care Quality, or verification of the license to be issued readily available in the site.
- 2.12.4 The use of security or observational devices (cameras and/or audio monitoring equipment in common areas or alarms on the doors and windows) shall constitute a restrictive procedure and require consent from the individual(s) and approval by the Human Rights Committee before they can be used. The need for and continuing monitoring of such devices shall be documented in the person-centered plan. Home security and monitoring devices (such as ADT, etc.) designed to prevent intrusion by unauthorized individuals are not considered restrictive procedures and may be used if the individual is informed of the purpose.  
  
\*Note: Cameras and/or audio monitoring equipment are not allowed in bathrooms/restrooms.
- 2.12.5 This number left as a place holder as the placement of cameras and/or audio monitoring equipment in the individual's private room by guardians for the purpose of monitoring of services and/or communication with individuals served is under review and an update will be issued as soon as possible.
- 2.12.6 Exterminator services shall be required when there is evidence of any infestation. Records documenting the use of exterminator services shall be kept for a one (1) year period.
- 2.12.7 There shall be a means of communication (telephone landline or cellular) in each home that is accessible to staff and the individual(s) living in the residence.
- 2.12.8 All elevators must be annually inspected and meet Delaware Code.
- 2.12.9 Electrical equipment shall meet all applicable municipal, county or state requirements and laws. Approved sticker must be on the electrical box/unit.
- 2.12.10 Non-public water systems must be approved by Division.
  - 2.12.10.1 A copy of all annual water testing results must be kept on site at the CLA.
- 2.12.11 Portable electric heaters may be used if they are equipped with a temperature control shut off and a safety shutoff if it is overturned.
- 2.12.12 Kerosene heaters and other chemical heaters shall not be used.

## **2.13 ENVIRONMENTAL EXTERIOR**

- 2.13.1 The exterior of the residence shall reflect its community and be free from hazards, the accumulation of waste materials, obsolete and unnecessary articles, food containers, rubbish and other litter.
  - 2.13.1.1 There shall be no signage identifying the residence as a DDDS home.
- 2.13.2 The building shall be constructed and maintained to prevent entrance by rodents and insects.

- 2.13.3 The roof, exterior walls, doors, skylights, and windows shall be weatherproof and waterproof, and shall be kept in sound condition and good repair.
- 2.13.4 Screen doors shall open outward and shall be equipped with self-closing devices.
- 2.13.5 All homes accommodating individuals who regularly require wheelchairs must be equipped with ramps.
- 2.13.6 Ramps must be compliant with the standards outlined in the [Americans with Disabilities Act \(ADA\)](#).

## **2.14 ENVIRONMENTAL WINDOWS**

- 2.14.1 All windows designed to open and close must be functional.
- 2.14.2 All operable windows must be screened.
- 2.14.3 All windows in rooms used by individuals are to be constructed to eliminate drafts and provide adequate light and ventilation.
- 2.14.4 Windows are not cracked or damaged.
- 2.14.5 Plexi or safety glass shall only be used if:
  - 2.14.5.1 It does not interfere with the operation of the window;
  - 2.14.5.2 It does not restrict light; and
  - 2.14.5.3 Must be approved in writing by the Division.

## **2.15 ENVIRONMENTAL INTERIOR**

- 2.15.1 The interior of the residence is clean, free of odors, and in good repair.
- 2.15.2 No bedroom or living room in the house may solely be used as a staff office.
- 2.15.3 The home must be a safe and sanitary environment that is properly constructed, equipped, and maintained to protect the health and safety of the individuals residing in the home.
- 2.15.4 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 without tears or bumps and maintained in a clean condition.
- 2.15.5 Basement space may be used for activities for residents in the home if there are a minimum of two (2) fire exits from the basement. Fire exits may include: stairs leading to the main level, egress window(s), bilco doors, or a door leading to the outside.
- 2.15.6 Heating apparatus shall not constitute a burn, smoke, or carbon monoxide hazard to individuals residing in the home.
- 2.15.7 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.

- 2.15.8 All furniture shall be of such condition as not to pose a safety hazard to individuals. Furniture should be arranged and located as to provide convenient access to the individual.
- 2.15.9 Each room and access way shall be suitably lighted at all times for maximum safety, comfort, sanitation and efficiency of operation particularly in areas that present safety hazards.
- 2.15.10 If an outlet is available, all hallways shall be equipped with working nightlights.
- 2.15.11 Stairways shall have non-slip surfaces and sturdy handrails to prevent the risk of slipping.
  - 2.15.11.1 Stairways over six (6) feet in width shall have handrails on both sides.
- 2.15.12 All hand/body washing sinks, tubs and/or showers shall have both hot and cold water.
  - 2.15.12.1 Water temperature shall not be below 105° F.
  - 2.15.12.2 Hot water temperature shall not exceed 115° F.

## **2.16 ENVIRONMENTAL INTERIOR-BEDROOM(S)**

- 2.16.1 The provider shall ensure that every individual served (or other legal decision maker(s)) have the option of having or not having a lockable door on his/her bedroom for privacy. That choice must be documented in the person-centered plan. The provider may have a key in a keyed lock box for emergency purposes. Exemptions to Standards: Modification to the HCB settings requirements and/or standards needed by the individual must be supported by a specific assessed need and justified in the person-centered plan.
- 2.16.2 Individual bedrooms shall open directly into shared areas in the interior of the home.
- 2.16.3 Each bedroom shall be well-ventilated.
- 2.16.4 Each bedroom shall have at least one (1) window opening directly to the outside.
- 2.16.5 Each bedroom shall have at least one (1) light fixture and there shall be a switch that controls the light at the entrance of the bedroom.
- 2.16.6 Bedroom walls must extend from the floor to the ceiling.
- 2.16.7 Bedrooms shall provide at least eighty (80) square feet of floor space below a ceiling of a minimum of 6.5 feet.
- 2.16.8 Each bedroom shall provide storage for clothing and personal items.
- 2.16.9 Each bedroom shall ensure adequate privacy.
- 2.16.10 All individuals shall have a bed that is suitable for the individual and satisfies all support needs.
- 2.16.11 Mattresses shall be covered or protected with non-porous material.

## **2.17 ENVIRONMENTAL BATHROOMS/RESTROOMS**

- 2.17.1 Each bathroom must promote privacy for the individual including the ability to lock the bathroom door.



- 2.17.2 Each bathtub or shower shall be in an individual room or enclosed which provides private space for bathing, drying and dressing.
- 2.17.3 There shall be at least one (1) bathtub or shower for every four (4) individuals.
- 2.17.4 Each bathtub or shower shall be equipped with and slip resistant surfaces.
- 2.17.5 There shall be at least one (1) toilet of appropriate size for each four (4) individuals which shall be located on the same level as the individuals' bedrooms.
  - 2.17.5.1 Each toilet shall be equipped with a toilet seat and toilet tissue.
- 2.17.6 There shall be at least one (1) hand washing sink for every four (4) individuals which shall be located on the same level as the individual's bedrooms.
- 2.17.7 Mirrors shall be furnished in bathrooms, including mirrors that are accessible by individuals who use wheelchairs.

## **2.18 ENVIRONMENTAL KITCHEN**

- 2.18.1 There shall be at least one (1) refrigerator and one (1) freezing unit, in proper functioning order and capable of maintaining frozen foods in the frozen state and refrigerated foods at 41° F or below.
  - 2.18.1.1 Each refrigerator shall be equipped with a refrigerator thermometer.
- 2.18.2 There shall be at least at least one (1) four-burner range and one (1) oven (or combination thereof) which is in proper functioning order.
- 2.18.3 There shall be a dishwasher that has a sanitizing cycle or the home must use a detergent with bleach.
- 2.18.4 Food storage areas shall be free of debris, dust, and dirt.
- 2.18.5 Dry or staple food items shall be stored in a ventilated room that is not subject to wastewater backflow, or contamination by condensation and/or leakage.
- 2.18.6 Opened foods are to be stored as appropriate and shall immediately be dated with the date that the foods were opened.
- 2.18.7 All cleaning supplies must be stored separately from food items.
  - 2.18.7.1 Poisons, pesticides or other toxic chemicals shall be stored in locked cabinets/storage areas.
- 2.18.8 All homes shall have a minimum of one (1) covered trash receptacle.

## **2.19 ENVIRONMENTAL LAUNDRY**

- 2.19.1 Providers shall assist individuals with completing laundry or will launder the individual's clothes as indicated in the person-centered plan.
  - 2.19.1.1 Bed linens and towels must be changed at least weekly or more often as necessary.
  - 2.19.1.2 If the clothes washing machine is in the kitchen, soiled laundry shall not be taken in to the kitchen unit it is ready to be washed.



## **2.20 HEALTH, WELLNESS, AND SAFETY**

- 2.20.1 Medication should be accessed only by those employees, providers or individuals that have the appropriate authorization. This includes medications that must be refrigerated.
- 2.20.2 All controlled substances and syringes must be double locked (i.e. stored in a locked box inside a larger drawer or locked cabinet). A lock on the outside of the door behind which controlled substances are stored (closet) can be considered the first lock.
- 2.20.3 Medications are never left unattended when outside of their locked container.
- 2.20.4 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.
- 2.20.5 Medications that require refrigeration shall be stored in a locked box within the refrigerator.
- 2.20.6 The individual's medication regimen is managed according to the most recent Board of Nursing approved medication training program.
- 2.20.7 Each dose administered shall be recorded by date, time, and initials of the individual or the individual assisting.
- 2.20.8 The provider shall ensure that accurate and up to date count sheets are completed for all controlled substances and other medications not secured in controlled dose packaging.
- 2.20.9 The provider shall ensure that lab work is completed within five (5) business days of the receipt of order or as ordered by the prescriber.
- 2.20.10 The provider shall ensure that all necessary screenings/appointments are scheduled within five (5) working days of receipt of order or as ordered by the prescriber.
- 2.20.11 Providers shall provide or assist in arranging transportation for an individual's medical appointments.
- 2.20.12 Providers shall ensure the individual attends all scheduled medical appointments. In the event that an appointment needs to be cancelled and rescheduled, the provider must reschedule the appointment according to the doctor's cancellation policy and document it in the electronic record. In the case of any missed appointment not due to a documented individual's refusal to attend that appointment the late fee shall be the responsibility of the provider.
- 2.20.13 All medication errors must be documented and reported. A corrective action plan must be implemented to rectify the error and to show how future errors will be prevented.
- 2.20.14 The provider ensures that assistive technology and equipment are in good condition and used as designed.
- 2.20.15 Providers shall obtain copies of lab and diagnostic reports and record/scan them into the individual's electronic case record within three (3) days of the provider receiving them.
- 2.20.16 Providers shall audit and document on state form NS FRM 205A the medication of the Unlicensed Assistive Personnel (UAP) on the following intervals:
  - 2.20.16.1 Daily review of the Medication Administration Record (MAR); and

**2.20.16.2** Weekly review of all medications, medical orders, and the MAR.

- 2.20.17** The provider ensures that a minimum of a three (3) day supply of all medications is available at all times.
- 2.20.18** The provider ensures that a supply of over-the-counter medication shall be stocked at each home. These medications must be authorized by the individual's prescriber in writing, and for each instance when the medication is administered it must be documented as per the most recent Board of Nursing approved medication training program.
- 2.20.19** The provider ensures that the individual receives demographically appropriate health care as documented on the state form NS FRM 206. See appendix E for a list of demographically appropriate health care.

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### **3.0 HCBS WAIVER STANDARDS FOR RESIDENTIAL HABILITATION: SHARED LIVING**

#### **3.1 GENERAL PROVIDER REQUIREMENTS**

- 3.1.1 The provider and all persons living in the home over the age of 18 shall be screened through the [Back Ground Check Center \(BCC\)](#) to include:
- 3.1.1.1 Adult Abuse Registry
  - 3.1.1.2 Sex Offender Registry
  - 3.1.1.3 Office of Inspector General
  - 3.1.1.4 Child Protection Registry
  - 3.1.1.5 Division of Professional Regulation Registry
  - 3.1.1.6 State and Federal criminal Back Ground Checks (see appendix A for disqualifying crimes)
  - 3.1.1.7 10 panel drug screening
- 3.1.2 The provider shall comply with the following PPD screening requirements:
- 3.1.2.1 All providers shall have on file the results of a two-step tuberculin testing performed on anyone over the age of 18 that is living in the home prior to initiating services. Any new resident over the age of 18 (other than the individual being served) should be tested prior to moving in if possible, but no more than 2 weeks after moving in. All residents shall be screened following the discovery of a new case in the home;
  - 3.1.2.2 The provider and anyone over 18 living in the home must have the results from a baseline two-step tuberculin skin test (TST) or single Interferon Gamma Release Assay (IGRA) or TB blood test such as QuantiFERON;
  - 3.1.2.3 For providers and non-DDDS served residents over 18 with 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.](#);
  - 3.1.2.4 If any of the baseline test results listed above are positive, the resident shall receive one chest x-ray to rule out active disease, must comply with public health treatment recommendations and shall be evaluated annually for signs and symptoms of active TB if they cannot provide documentation of completion of treatment for LTBI;
  - 3.1.2.5 For any resident of the home having a positive skin test but negative x-ray, an annual statement from a licensed health care professional that states that the resident has exhibited no signs or symptoms of active TB.

- 3.1.3 The Shared Living Provider (SLP) shall be a resident of the State of Delaware and be of legal age (18 or older).
- 3.1.4 The SLP shall maintain continuous applicable insurances as required by DDDS contract.
- 3.1.5 Providers must conduct at least one (1) 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. A record of each fire drill shall be documented and (available for review) submitted to the appropriate DDDS Staff.
- 3.1.6 The SLP shall not provide services to more than one (1) individual so as to allow full integration in the family and community. In rare cases, an exception may be made at the discretion of the Division Director or Designee to allow a second individual to be placed, in accord with 3.1.9.2.
- 3.1.7 Individuals shall have their own bedroom unless they choose to share a room.
- 3.1.8 The SLP shall be appropriately licensed by the Division of Health Care Quality if they provide residential support to more than one individual at the same time.
- 3.1.9 The SLP who is licensed to provide services to more than one (1) individual may provide Emergency Temporary Living Arrangement (ETLA) or respite in the home under the following conditions:
  - 3.1.9.1 The individual must be eligible for DDDS services;
  - 3.1.9.2 The provider engages with the individual already residing in the home regarding the ETLA or respite to ensure that the individual agrees with the temporary roommate;
  - 3.1.9.3 If the SLP currently does not have anyone in the home permanently, they may provide ETLA or respite to a maximum of two (2) individuals at a time with each having their own bedroom; and
  - 3.1.9.4 If the SLP is asked to provide a private respite (arranged outside of DDDS) that SLP shall contact the DDDS Respite Coordinator to provide a beginning and end date of the respite.
- 3.1.10 A copy of the current Rest Family Care license shall be forwarded to the respective Regional Shared Living Coordinator annually.
- 3.1.11 A Shared Living Provider who is licensed as a Rest Family Care home shall not provide services to an individual unless first approved by DDDS and the Division of Health Care Quality.
- 3.1.12 The SLP shall not have boarders living in the home. A boarder is any individual, other than your immediate family, who is living in the home in exchange for money, goods or services.
- 3.1.13 SLP's shall be considered contractors of the State of Delaware, not employees.
- 3.1.14 The SLP shall be able to proficiently read and write English and keep records to the degree necessary to satisfy the operational demands of his/her position.
- 3.1.15 The SLP shall proficiently complete the minimum required training (as per DDDS policy) per contract year.
- 3.1.16 The SLP shall provide transportation for all services needed by the individual (medical, dental, psychiatric, and leisure etc.)

- 3.1.17 The SLP shall schedule appointments that are required by the individual and ensure attendance at these appointments, as requested by an Inter Disciplinary team member or other clinician.
- 3.1.18 The SLP shall document and report all information as requested by DDDS.
- 3.1.19 The SLP shall only use methods for positive Behavior Supports consistent with all applicable DDDS policies.
- 3.1.20 The SLP shall not arrange for the individual to reside with someone else overnight or to reside out-of-state overnight without the advanced approval from the DDDS Support Coordinator or designee.
- 3.1.21 Use of security or observational devices (camera and/or audio monitoring equipment in common areas or alarms on doors/windows) shall constitute a restrictive procedure and require consent from the individual and approval by the Human Rights Committee before use. The need for continuing review of such devices shall be documented and in the person-centered plan. Home security and monitoring devices (ADT, etc.) designed to prevent intrusion by unauthorized individuals will be allowed as they are not considered restrictive procedures and may be used if the individual is informed of the purpose. (Please note: cameras and/or audio monitoring equipment will not be permitted in bathrooms or bedrooms.)
- 3.1.22 The provider must maintain the confidentiality of each individual's record in accordance with [Federal Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [Delaware statute on patient rights](#).
- 3.1.23 The SLP shall notify the DDDS Support Coordinator, by the next working day, of any changes in his/her living arrangement, household composition, mental or physical health, financial status or criminal involvement of any household member.
- 3.1.24 The SLP shall supervise and/or assist the individual in maintaining acceptable personal hygiene. SLP shall assist and/or supervise the individual with activities of daily living as needed based on review of the individual's assessment and skills.
- 3.1.25 The SLP shall have income, other than the reimbursement supplemented by DDDS, which would enable them to meet their basic financial obligations.
- 3.1.26 The SLP shall immediately notify the DDDS of involvement by any law enforcement agency, involving any member of their household or their community.
- 3.1.27 Individuals owning, renting, or occupying the premises shall be under a legally enforceable agreement and have the same protections from eviction that other tenants have under the Delaware Landlord Tenant Code 25 Del.C. Ch.53.

## **3.2 ENVIRONMENTAL**

- 3.2.1 Areas of the home that are not bedrooms as described in this document may not be used for sleeping purposes; every room must be inspected.
- 3.2.2 Bedrooms must be outside rooms and must allow for privacy.
- 3.2.3 Each bedroom must have four (4) walls that reach from the floor to the ceiling.

- 3.2.4 The bedroom door must be able to be opened or closed from either direction. The doors shall be capable of being locked for privacy. If the individual's bedroom door does not lock, it needs to be addressed in the life span plan.
- 3.2.5 Each bedroom must have at least one window which can be used as an emergency exit.
- 3.2.6 The size of the bedroom being used for DDDS individuals must be a minimum of 100 square feet in size.
- 3.2.7 The bedroom shall have a bed that is suitable to the individual in good repair with a comfortable, well-constructed mattress offering good support. The bed shall have a top sheet, a fitted sheet, blankets and/or a comforter and a pillow. These linens shall be laundered at least weekly, or more often if necessary. The bed shall have a non-porous waterproof mattress cover.
- 3.2.8 There shall be a light switch that turns on a light at the entrance of the bedroom being used for the DDDS individual.
- 3.2.9 There shall be adequate closet space, a well-constructed bureau and/or chest of drawers for secure storage of the individual's clothing/personal belongings. The bedroom shall be personalized with décor of the individuals choosing if a preference is expressed.
- 3.2.10 The physical structure of the home shall be arranged to promote family integration.
- 3.2.11 Dining and living areas of the home shall be large enough to ensure inclusion of the individual and family members.
- 3.2.12 The house shall have a minimum of two (2) means of egress. Basement space may be used for activities if there are 2 fire Exits.
- 3.2.13 In the bathroom, there shall be at least one (1) window or mechanical ventilation system to the outdoors.
- 3.2.14 The home shall have sewage disposal/septic systems which comply with the Division of National Resources and Environmental Control.
- 3.2.15 All rooms shall have at least one operable window that is screened and in good repair.
- 3.2.16 The temperature in all living areas shall be maintained within the range of 67-75 degrees and shall be made comfortable for the individual.

### **3.3 HEALTH AND SAFETY**

- 3.3.1 The SLP shall supervise and/or assist the individual to maintain acceptable personal hygiene.
- 3.3.2 The SLP shall be responsible for the health, safety and welfare of the individual in their home including during times of disaster.
- 3.3.3 The Shared Living Provider (SLP) shall maintain a disaster supply kit that minimally includes a 3 day supply of non-perishable food and water, a flash light with operable batteries, a first aid kit, and a battery operated radio, insurance information, family contact information and other items as required by DDDS. An overnight bag shall be packed and ready at all times in the event of the need for an immediate evacuation. The overnight bag shall include a change of seasonably appropriate clothing, nightwear, basic toiletries and medical/insurance information. Medications

shall remain ready to be gathered and quickly added to the overnight bags in the event of an emergency as well.

- 3.3.4 There shall be transportation available on a twenty-four (24) hour basis. The SLP shall maintain a current Delaware driver's license and provide staff a copy annually.
- 3.3.5 Vehicles used to provide transportation shall comply with all applicable laws established by the Division of Motor Vehicles and the Delaware Code and maintain valid auto insurance per DDDS contractual requirements.
- 3.3.6 There shall be a landline telephone in working order, with voicemail, in the home at all times. The SLP shall notify DDDS of any change in the phone number.
- 3.3.7 Emergency telephone numbers for ambulance, fire, police, poison control centers and DDDS emergency on-call contact numbers shall be posted and readily available.
- 3.3.8 All individuals receiving services shall be registered with the applicable 911 call board. The SLP is responsible for updating this information on an annual basis.
- 3.3.9 The furnishings/furniture shall be arranged to ensure accessibility by the individual.
- 3.3.10 Furnishing and housekeeping shall be maintained to present a clean, odor free and orderly appearance.
- 3.3.11 The home shall be equipped with a carbon monoxide detector if heating sources other than electric or heat-pump is used.
- 3.3.12 Smoke detectors are required in the home. Placement of smoke detectors shall follow NFCA and DE code and be located as follows:
  - 3.3.12.1 On each level of the home; including basements and attics;
  - 3.3.12.2 Outside of each sleeping area in the immediate vicinity of bedrooms and in stairwells to ensure that smoke rising will activate the detector (i.e., no obstruction);
  - 3.3.12.3 Smoke detectors shall be mounted on the ceiling at least four (4) inches from a wall or on a wall with the top of the detector not less than 4 inches or more than 12 inches from the ceiling.
- 3.3.13 A battery powered smoke detection device shall be installed, as back-up, if the home is equipped with hard-wired, interconnected smoke detection devices in the vicinity of the bedroom(s).
- 3.3.14 The home shall have a written evacuation plan with the outdoor meeting area identified.
- 3.3.15 There shall be an operable 2.5-5 pound ABC fire extinguisher in the home.
- 3.3.16 The water system shall provide healthy, drinkable water.
- 3.3.17 The water system shall also provide adequate hot and cold water under pressure. The hot water temperature shall not exceed 115 degrees.
- 3.3.18 The toilet and bathtub/shower shall have a substantial handgrip, if required by the individual.



- 3.3.19 There shall be at least one (1) refrigerator and one (1) freezer, in proper working order, capable of maintaining frozen foods in the frozen state and refrigerated foods within the range of 33-41 degrees Fahrenheit.
- 3.3.20 There shall be at least one (1) four-burner range and one (1) oven (or combination) in proper working order.
- 3.3.21 There shall be adequate lighting in the home.
- 3.3.22 Kerosene space heaters are prohibited.
- 3.3.23 Outdoor yard space shall be free of hazards and debris. Grass and landscaping shall be neatly trimmed and well maintained.
- 3.3.24 Stairways shall have handrails for safety.
- 3.3.25 Stairways shall provide adequate lighting with light switches at the top and bottom.
- 3.3.26 Floors, stairways, walls, ceilings and other surfaces shall be kept clean, obstruction free and in good repair.
- 3.3.27 Floor surfaces, including steps, shall not be slippery. Throw rugs shall be maintained in good condition (i.e., free of hazards such as curled edges & rips) so as not to cause falls.
- 3.3.28 All interior doors shall be capable of being opened from either side.
- 3.3.29 There shall be at least one (1) sanitary trash or garbage receptacle located in the home.
- 3.3.30 There shall be laundry facilities located within the home (or easily accessible to the home). Provider shall assist individual in completing laundry.
- 3.3.31 Each home shall have adequate and separate areas for storage of:
  - 3.3.31.1 Food items;
  - 3.3.31.2 Cleaning products, disinfectants, and polishes;
  - 3.3.31.3 Poisons, sprays or other chemicals;
  - 3.3.31.4 Eating and serving utensils, pots, pans and other cooking items.
- 3.3.32 The home shall be free from insect/rodent infestation.
- 3.3.33 Foods provided shall be in sufficient amounts for meals and snacks and be representative of a nutritional diet (i.e., 3 meals). Any deviations shall be addressed in the individual plan or per doctor orders.
- 3.3.34 Meals shall be served as close to family style as possible. Choice and participation in meal planning shall be offered as well as opportunity for snacks.

### **3.4 PERSON-CENTERED**

- 3.4.1 All members of the SLP's household shall agree to accept the individual into their home and treat him/her with respect and dignity at all times.

- 3.4.2 The SLP shall maintain a copy of the DDDS Statement of Rights and Responsibilities in the home and shall ensure and document the support and protection of the individual's rights and choices. Provider shall maintain a copy of the DDDS Individual Rights Complaint form at the home and assist the individual in completing the form as needed.
- 3.4.3 The SLP shall ensure and document their efforts to support and accommodate the individual's cultural, ethical values and traditions.
- 3.4.4 The SLP shall encourage, assist and document their role in ensuring the individuals abilities to make choices regarding all aspects of their life, including the level of engagements with others and activities in the home or community.
- 3.4.5 The SLP shall attend and participate in the development and implementation of the individual's Life Span Plan and corresponding support plans.
- 3.4.6 Life Span Plan and support plans shall be maintained in the individual's home. Providers shall document the efforts and outcomes achieved of the individuals progress and accomplishments.
- 3.4.7 The SLP shall ensure the provision of competent adult supervision at all times or in accordance with the individual's Life Span Plan.
- 3.4.8 The SLP along with the DDDS team shall identify potential risks (risk mitigation and implementation) in order to minimize the impact to the individual rather than a reactive approach to a potential crisis. Risk identifications shall be outlined in the individuals Life Span Plan.
- 3.4.9 The SLP shall ensure the individual has privacy when he/she wants or seeks it.
- 3.4.10 The SLP shall make all efforts to ensure and document that the individual is supported to spend time with people and in places that are important to the individual.
- 3.4.11 The SLP shall ensure and document efforts made for the individual of their efforts to support and maintain a relationship with his/her family/legal guardians.
- 3.4.12 The SLP shall support the efforts of the individual to maintain relationships and visitors at all time. The SLP with the assistance of the individual shall develop "house rules" for the facilitation of visits at the home.
- 3.4.13 The SLP shall ensure that the individual is supported in having access to all opportunities to participate in work, volunteer opportunities, or retirement as they may choose.

### **3.5 MONTHLY PROVIDER REQUIREMENTS**

- 3.5.1 The SLP shall submit a completed Monthly Medication form to the individual's assigned nurse by the 10th calendar day of the following month.
- 3.5.2 The SLP shall submit an itemized monthly payment invoice to the regional shared living coordinator by the 3rd of each month for the previous month's difficulty of care services in order to receive payment for contracted services.
- 3.5.3 The SLP shall be responsible for the safeguard, supervision and documentation of the individual's personal funds. Documented accounting and verification of funds expenditures and income shall be submitted to the applicable Support Coordinator by the 10th day of the subsequent reporting month.

### **3.6 MEDICAL CARE AND SUPPORT**

- 3.6.1 The SLP will ensure that lab work is complete within five (5) business days of the receipt of the order or as ordered by the prescriber.
- 3.6.2 The SLP will ensure that all necessary screenings/appointments are scheduled with five (5) working days of receipt of the order or as ordered by the prescriber.
- 3.6.3 The SLP shall obtain copies of all lab and diagnostic reports and record/scan them to their assigned nurse for review within three (3) days of the provider receiving them.
- 3.6.4 The SLP shall obtain a written order, from the physician or licensed prescribing medical professional, prior to assisting the individual with a prescription or non-prescription medication. The physician's order shall be maintained in the Provider's notebook.
- 3.6.5 Medications are never left unattended when outside of their locked container.
- 3.6.6 The provider ensures that assistive technology and equipment are in good condition and used as designed.
- 3.6.7 Permanent Ramps must be compliant with the standards outlined in the Americans with Disabilities Act (ADA).
- 3.6.8 Prescription and non-prescription medications shall be handles in accordance with the medical protocols taught in the Shared Living Medical Assistance curriculum (SLMA).
- 3.6.9 The SLP shall immediately report any adverse medication side effects to the prescribing physician and then to the assigned nurse or emergency on-call worker. Written documentation of adverse side effects shall be maintained in the provider's notebook and made available to the assigned nurse. The SLP shall immediately contact the assigned nurse or Support Coordinator of any unplanned hospitalization or worsening of a medical condition of the individual or the SLP.
- 3.6.10 The SLP shall report medication errors immediately using the emergency on-call system if necessary.
- 3.6.11 The SLP shall maintain a minimum of a three (3) day supply of the individuals prescribed medication at all times in accordance with the medical protocols taught in SLMA.
- 3.6.12 The provider ensures that the individual receives demographically appropriate health care as documented on the stat form NS FRM 206. See appendix E for a list of demographically appropriate health care.



## **4.0 HCBS WAIVER STANDARDS FOR RESIDENTIAL HABILITATION: SUPPORTED LIVING**

### **4.1 PROVIDER GENERAL**

- 4.1.1 Any duly designated officer or employee of the Division of Developmental Disabilities Services (DDDS) has the right to enter and inspect at any time and without prior notice the entire premises of any provider-managed setting.
- 4.1.1.1 Only the resident may deny access to his or her home.
- 4.1.2 The provider shall submit the Quality Improvement Plan prior to the assigned due date, if applicable.
- 4.1.3 The provider shall have a mechanism to ensure compliance with all DDDS contract and provider qualifications.
- 4.1.4 The provider shall correct all deficiencies that have been identified on the DDDS Quality Improvement Plan before the identified due date. Failure to do so may result in probation.
- 4.1.5 The provider must maintain the confidentiality of each individual's record in accordance with [Federal Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [Delaware statute on patient rights](#).
- 4.1.6 Individuals who require temporary settings must be on the reservation/ lease agreement of the temporary setting.
- 4.1.6.1 The residential provider shall notify all other providers who support the individual within 24 hours of the relocation.
- 4.1.7 Upon request, all state surveys, reviews, and results from Service Integrity Quality Service Reviews are to be made available to residence, family members, and the general public. These surveys shall not include employee or residence names and comply with HIPAA.
- 4.1.8 Each provider shall cooperate fully with the Medicaid Fraud Control Unit and the state protection and advocacy agency, as defined in 16 Del.C. §1112(7), in fulfilling functions authorized by 16 Del.C.Ch. 11.
- 4.1.9 Individuals owning, renting, or occupying the premises shall be under a legally enforceable agreement and have the same protections from eviction that other tenants have under the Delaware Landlord Tenant Code 25 Del.C. Ch.53.
- 4.1.10 The provider shall report and document all reportable incidents, injuries, and any other incident as required by DDDS.

## 4.2 PROVIDER ORGANIZATIONAL

- 4.2.1 Providers shall have an Incident Management Review Committee that should meet at minimum quarterly to:
- 4.2.1.1 Identify facts around incidents, including contributing factors;
  - 4.2.1.2 Review investigations of reported incidents;
  - 4.2.1.3 Identify needed corrective actions to prevent or reduce the likelihood of future similar incidents;
  - 4.2.1.4 Review and accept or reject the recommended corrective actions from investigations and mortality reviews;
  - 4.2.1.5 Document in its official minutes all accepted recommendations and rationales for any rejected recommendations;
  - 4.2.1.6 Ensure that recommended corrective actions or remedies are implemented in a timely and appropriate manner;
  - 4.2.1.7 Evaluate the outcomes of corrective actions; and
  - 4.2.1.8 Identify trends and patterns of reported incidents and recommendations and provide an annual report (prior to July 1) to the State of identified trends and patterns in their incidents, incident reviews findings, and recommendations, as well as incident investigations conducted by the State and recommendations from the State. **Effective January 1, 2019**
- 4.2.2 The provider shall have an organizational chart showing:
- 4.2.2.1 Its governing body (if applicable, board member's names and contact information for the board president);
  - 4.2.2.2 The administrator of each program; and
  - 4.2.2.3 The lines of authority for the delegation of responsibility.
- 4.2.3 The provider shall have a description of services that includes:
- 4.2.3.1 Any characteristics of the DDDS population for which they have specialized programming, program features or expertise; and
  - 4.2.3.2 An organizational strategic plan, including mission and values that addresses how they apply organizational resources to enable individuals to achieve their personal goals and outcomes.
- 4.2.4 The provider shall have an internal quality improvement process and plan which, includes the following elements:
- 4.2.4.1 The name of the person(s) responsible for implementing each facet of the plan;
  - 4.2.4.2 How they will ensure involvement of individuals and/or family in the development and implementation of the plan;

4.2.4.3 Timelines with regard to plan implementation and the report of findings; and

4.2.4.4 Description of how the quality improvement plan is used to remediate problems and to improve services.

### 4.3 **PROVIDER POLICIES**

4.3.1 The provider shall maintain and comply with a written set of policy and procedures for staff related to all aspects of the operation of the program. A mechanism shall be in place to ensure that these documents are easily accessible to staff and updated as needed to comply with changes in state and/or federal laws and regulations.

4.3.2 The provider shall have written policies and procedures for behavioral support that are consistent with DDDS policies regarding [Behavior Support Plans](#) and the [Use of Restraints and Restrictive Procedures for Behavior Support](#). The policies and procedures include but are not limited to: person-centered positive behavior support techniques, prohibition of aversive practices and seclusion, prohibition of the use of bedrails and enclosed cribs for behavioral support, and safeguards.

4.3.3 The provider shall have written 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 on incident reporting.

4.3.4 The provider shall have written policies and procedures that describe the system for reporting and processing of all incidents.

4.3.5 The provider shall have written policies and procedures that provide instructions for the implementation of the person-centered plan.

4.3.6 The provider shall have written policies and procedures to address how to educate individual on their rights.

4.3.7 The provider shall have written policies and procedures in place for infection control for site-based programs that address, at minimum: standard precautions, proper storage and usage of personal hygiene items, and all infestations. Bed Bug policies shall follow [National Pest Management Association Best Practices guidelines](#). See Appendix B.

4.3.7.1 All Bed Bugs shall be reported to the Regional Community Services DDDS office within twenty four (24) hours of the discovery.

4.3.8 The provider ensures written policies and procedures are in place to promote open communication and interaction for the individual in the community (residents of the neighborhood in which individual's home is located) and other community integration activities.

4.3.9 Providers transporting DDDS Individuals shall have and implement a policy about transporting DDDS individuals in agency and staff owned vehicles which includes:

4.3.9.1 The vehicle being equipped with a proper seatbelt specific to each individual's needs;

4.3.9.2 The driver must have a means of communication available during transport of individuals;

4.3.9.3 The driver must have a current license; and

4.3.9.4 The driver and vehicle must comply with applicable safety and licensing standards established by their states Division of Motor Vehicles.

4.3.10 The provider shall have a policy on informing staff of all changes to DDDS policies, procedures, and standards. This must include a method to verify that all employees read and understands all changes.

#### 4.4 **PROVIDER STAFF**

4.4.1 The provider shall have a written job description for each position that provides direct or indirect services to DDDS consumers that includes:

4.4.1.1 Job qualifications;

4.4.1.2 Duties and responsibilities;

4.4.1.3 Competencies required;

4.4.1.4 Documentation that staff has reviewed and understands their duties and responsibilities; and

4.4.1.5 Annual performance review and competency testing.

4.4.2 The provider shall ensure that prior to hire all staff are screened through the [Back Ground Check Center \(BCC\)](#) to include:

4.4.2.1 Adult Abuse Registry

4.4.2.2 Sex Offender Registry

4.4.2.3 Office of Inspector General

4.4.2.4 Child Protection Registry

4.4.2.5 Division of Professional Regulation Registry

4.4.2.6 State and Federal criminal Back Ground Checks (see appendix A for disqualifying crimes)

4.4.2.7 10 panel drug screening

4.4.2.8 Service Letters from prior employers

4.4.3 DDDS prohibits providers from employing individuals with adverse findings in either the Adult Abuse Registry or the Child Protection Registry.

4.4.4 The provider shall comply with the following PPD screening requirements:

4.4.4.1 All providers shall have on file the results of a one-step tuberculin testing performed on all new employees and following the discovery of a new case.

4.4.4.2 The provider must ensure that all employees upon hire have the results from a baseline one-step tuberculin skin test (TST) or single Interferon Gamma Release Assay (IGRA) or TB blood test such as QuantiFERON. The Provider shall provide employee documentation of their baseline test results.

- 4.4.4.3 For employees with negative TST or IGRA, no annual evaluation is required unless the category or 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](#).
- 4.4.4.4 If any of the baseline test results 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.
- 4.4.4.5 Providers shall establish policies for TB risk assessment for any employee having a positive skin test but negative x-ray. The provider must have an annual statement from a licensed health care professional that indicates the employee has exhibited no signs or symptoms of active TB.
- 4.4.5 Provider program administrators shall have a degree in the field of human service and/or 6 months experience working with persons with intellectual and developmental disabilities.
- 4.4.6 The provider ensures that all staff completes the required [DDDS trainings](#).
- 4.4.7 The provider shall ensure that prior to supporting individuals receiving services, their family members, or working in a program/ location all new hires shall complete new hire orientation trainings that includes:
  - 4.4.7.1 DDDS Proclamation of Beliefs and Guiding Principals
  - 4.4.7.2 Confidentiality/ HIPPA (PM#5)
  - 4.4.7.3 Abuse Reporting (PM#46)
  - 4.4.7.4 Individuals Rights and Rights Complaint Reporting Procedure
  - 4.4.7.5 Orientation to the individuals being supported
  - 4.4.7.6 Valid Government/ State issued ID or Valid driver's licenses for staff whom transports individuals
- 4.4.8 At minimum one (1) staff supporting the individual shall be trained in first aid and CPR.

#### **4.5 PROVIDER TRANSPORTATION**

- 4.5.1 All drivers that drive individuals must have a current, valid driver's license.
- 4.5.2 The provider or transporter shall maintain liability insurance as required by the state of Delaware Contract requirements.
- 4.5.3 The provider shall maintain a travel first aid kit in each vehicle to. Refer to Appendix C.
- 4.5.4 Vehicle is equipped with a proper working seatbelt specific to each individual's needs.
- 4.5.5 All vehicles equipped with either a mechanical lift or that can hold over ten (10) individuals must have one (1) secured fire extinguisher that is serviced annually.



4.5.6 The driver must have a telephone or CB radio to communicate emergencies available during transport of individuals.

#### **4.6 RIGHTS PROTECTION, DIGNITY AND RESPECT**

4.6.1 The provider ensures that the individual has privacy when they want or need it.

4.6.2 The provider ensures that the individual's personal finances are protected from fraud and abuse.

4.6.3 The provider shall assist the individual with submitting a rights complaint form to DDDS.

#### **4.7 PERSON- CENTERED**

4.7.1 The provider ensures that the individual's cultural and ethical values and traditions are respected and accommodated.

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

4.7.3 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 engage in resources and activities at the level of involvement the individual chooses. The provider must honor the decisions regarding these aspects of each individual's life.

4.7.4 Providers shall implement risk mitigation strategies for each individual for any identified risks within the timeframe specified within the strategy.

4.7.5 The provider ensures that the individual has a secure place to store his/her personal belongings, and the individual's bedroom has personalized décor of his/her choosing, if a preference is expressed.

4.7.6 The provider supports the individual to have visitors at any time. The provider may support the residents to develop "house rules" for visitation to which all the residents will agree.

4.7.7 The provider ensures that the individual is supported to have access to opportunities to explore competitive work or volunteer work experiences, if the individual chooses.

4.7.8 The provider ensures that the individual has autonomy in the selection of their residence.

#### **4.8 DOCUMENTATION**

4.8.1 The providers must document within the following minimum requirements:

4.8.1.1 Providers must submit a report that provides an update on the progress toward identified outcomes and any barriers the individual is experiencing in meeting those outcomes;

4.8.1.2 The provider reports on what actions steps they have taken to support the individual's attainment of identified outcomes; and

4.8.1.3 Residential providers must submit an overall report prior to the 10th of the following month. These reports shall be submitted via the electronic record.

4.8.2 At least one billable note must be maintained for each service delivered, each service day. See appendix D for guidance.

- 4.8.3 The provider ensures and documents that the individual exercises his/her rights and responsibilities as he/she chooses.
- 4.8.4 The provider ensures and documents that the individual is supported to accomplish the outcomes for which the provider has been chosen to support and assist the individual, as identified on a frequency in his/her person-centered plan.

#### **4.9 EMERGENCIES AND DISASTERS**

- 4.9.1 Providers shall have written site-specific emergency preparedness procedures to address the following emergencies and disasters: missing individuals, fire, and severe weather (blizzard, hurricane, and tornado).
  - 4.9.1.1 Providers shall identify how to support the individual during emergencies;
  - 4.9.1.2 Providers must identify an alternative relocation site in the event of an emergency;
  - 4.9.1.3 Emergency preparedness procedures shall be communicated to all staff members, individuals receiving services and their families and guardians, as appropriate.
  - 4.9.1.4 This includes maintaining an adequate communication system to ensure off-duty personnel and local fire and safety authorities are notified promptly in the event of an emergency or disaster. These must be available in all sites.

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## **5.0 HCBS WAIVER STANDARDS FOR: DAY HABILITATION**

### **5.1 PROVIDER GENERAL**

- 5.1.1 Any duly designated officer or employee of the Division of Developmental Disabilities Services (DDDS) has the right to enter and inspect at any time and without prior notice the entire premises of any provider-managed setting.
- 5.1.2 The provider shall have a mechanism to ensure compliance with all DDDS contract and provider qualifications.
- 5.1.3 The provider shall submit the Quality Improvement Plan prior to the assigned due date, if applicable.
- 5.1.4 The provider shall correct all deficiencies that have been identified on the DDDS Quality Improvement Plan before the identified due date. Failure to do so may result in probation.
- 5.1.5 The provider must maintain the confidentiality of each individual's record in accordance with [Federal Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [Delaware statute on patient rights](#).
- 5.1.6 Upon request, all state surveys, reviews, and results from Service Integrity Quality Service Reviews are to be made available to residence, family members, and the general public. These surveys shall not include employee or residence names and comply with HIPAA.
- 5.1.7 Each provider shall cooperate fully with the Medicaid Fraud Control Unit and the state protection and advocacy agency, as defined in 16 Del.C. §1112(7), in fulfilling functions authorized by 16 Del.C.Ch. 11.
- 5.1.8 The provider shall report and document all reportable incidents, injuries, and any other incident as required by DDDS.

### **5.2 PROVIDER ORGANIZATIONAL**

- 5.2.1 Providers shall have an Incident Management Review Committee that should meet at minimum quarterly to:
  - 5.2.1.1 Identify facts around incidents, including contributing factors;
  - 5.2.1.2 Review investigations of reported incidents;
  - 5.2.1.3 Identify needed corrective actions to prevent or reduce the likelihood of future similar incidents;
  - 5.2.1.4 Review and accept or reject the recommended corrective actions from investigations and mortality reviews;
  - 5.2.1.5 Document in its official minutes all accepted recommendations and rationales for any rejected recommendations;

- 5.2.1.6 Ensure that recommended corrective actions or remedies are implemented in a timely and appropriate manner;
  - 5.2.1.7 Evaluate the outcomes of corrective actions;
  - 5.2.1.8 Identify trends and patterns of reported incidents and recommendations and provide an annual report (prior to July 1) to the State of identified trends and patterns in their incidents, incident reviews findings, and recommendations, as well as incident investigations conducted by the State and recommendations from the State. **Effective January 1, 2019**
- 5.2.2 The provider shall have an organizational chart showing:
- 5.2.2.1 Its governing body (if applicable, board member's names and contact information for the board president);
  - 5.2.2.2 The administrator of each program; and
  - 5.2.2.3 The lines of authority for the delegation of responsibility.
- 5.2.3 The provider shall have a description of services that includes:
- 5.2.3.1 Any characteristics of the DDDS population for which they have specialized programming, program features or expertise;
  - 5.2.3.2 An organizational strategic plan, including mission and values that addresses how they apply organizational resources to enable individuals to achieve their personal goals and outcomes.
- 5.2.4 The provider shall have an internal quality improvement process and plan which, includes the following elements:
- 5.2.4.1 The name of the person(s) responsible for implementing each facet of the plan;
  - 5.2.4.2 How they will ensure involvement of individuals and/or family in the development and implementation of the plan;
  - 5.2.4.3 Timelines with regard to plan implementation and the report of findings and;
  - 5.2.4.4 Description of how the quality improvement plan is used to remediate problems and to improve services.

### 5.3 **PROVIDER POLICIES**

- 5.3.1 The provider shall maintain and comply with a written set of policy and procedures for staff related to all aspects of the operation of the program. A mechanism shall be in place to ensure that these documents are easily accessible to staff and updated as needed to comply with changes in state and/or federal laws and regulations.
- 5.3.2 The provider shall have written policies and procedures for behavioral support that are consistent with DDDS policies regarding [Behavior Support Plans](#) and the [Use of Restraints and Restrictive Procedures for Behavior Support](#). The policies and procedures include but are not limited to: person-centered positive behavior support techniques, prohibition of aversive

practices and seclusion, prohibition of the use of bedrails and enclosed cribs for behavioral support, and safeguards.

- 5.3.3 The provider shall have written 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 on incident reporting.
- 5.3.4 The provider shall have written policies and procedures that describe the system for reporting and processing of all incidents.
- 5.3.5 The provider shall have written policies and procedures that provide instructions for the implementation of the person-centered plan.
- 5.3.6 The provider shall have written policies and procedures to address how to educate individual on their rights.
- 5.3.7 The provider shall have written policies and procedures in place for infection control for site-based programs that address, at minimum: standard precautions, proper storage and usage of personal hygiene items, and all infestations. Bed Bug policies shall follow [National Pest Management Association Best Practices guidelines](#). See Appendix B.
  - 5.3.7.1 All Bed Bugs must be reported to the Regional Community Services DDDS office within twenty four (24) hours of the discovery.
- 5.3.8 The provider ensures written policies and procedures are in place to promote open communication and interaction for individuals in the community and other community integration activities.
- 5.3.9 Providers transporting DDDS Individuals shall have and implement a policy about transporting DDDS individuals in agency and staff owned vehicles which includes:
  - 5.3.9.1 The vehicle being equipped with a proper seatbelt specific to each individual's needs;
  - 5.3.9.2 The driver must have a means of communication available during transport of individuals;
  - 5.3.9.3 The driver must have a current license and;
  - 5.3.9.4 The driver and vehicle must comply with applicable safety and licensing standards established by their states Division of Motor Vehicles.
- 5.3.10 The provider shall have a policy on informing staff of all changes to DDDS policies, procedures, and standards. This must include a method to verify that all employees read and understands all changes.

## 5.4 **PROVIDER STAFF**

- 5.4.1 The provider shall have a written job description for each position that provides direct or indirect services to DDDS consumers that includes:
  - 5.4.1.1 Job qualifications;
  - 5.4.1.2 Duties and responsibilities;
  - 5.4.1.3 Competencies required;

- 5.4.1.4 Documentation that staff has reviewed and understands their duties and responsibilities; and
- 5.4.1.5 Annual performance review.
- 5.4.2 The provider shall ensure that prior to hire all staff are screened through the [Back Ground Check Center \(BCC\)](#) to include:
  - 5.4.2.1 Adult Abuse Registry
  - 5.4.2.2 Sex Offender Registry
  - 5.4.2.3 Office of Inspector General
  - 5.4.2.4 Child Protection Registry
  - 5.4.2.5 Division of Professional Regulation Registry
  - 5.4.2.6 State and Federal criminal Back Ground Checks (see appendix A for disqualifying crimes)
  - 5.4.2.7 10 panel drug screening
  - 5.4.2.8 Service Letters from prior employers
- 5.4.3 DDDS prohibits providers from employing individuals with adverse findings in either the Adult Abuse Registry or the Child Protection Registry.
- 5.4.4 The provider shall ensure all new hires complete a 10 panel drug screening prior to the first day of employment.
- 5.4.5 The provider shall comply with the following PPD screening requirements:
  - 5.4.5.1 All providers shall have on file the results of a one-step tuberculin testing performed on all new employees and following the discovery of a new case;
  - 5.4.5.2 The provider must ensure that all employees upon hire have the results from a baseline one-step tuberculin skin test (TST) or single Interferon Gamma Release Assay (IGRA) or TB blood test such as QuantiFERON. The Provider shall provide employee documentation of their baseline test results;
  - 5.4.5.3 For employees with negative TST or IGRA, no annual evaluation is required unless the category or 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.](#);
  - 5.4.5.4 If any of the baseline test results 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;
  - 5.4.5.5 Providers shall establish policies for TB risk assessment for any employee having a positive skin test but negative x-ray. The provider must have an annual statement from a

licensed health care professional that indicates the employee has exhibited no signs or symptoms of active TB;

- 5.4.6 Provider program administrators shall have a degree in the field of human service and/or 6 months experience working with persons with intellectual and developmental disabilities.
- 5.4.7 The provider ensures that all staff completes the required [DDDS trainings](#).
- 5.4.8 The provider shall ensure that prior to supporting individuals receiving services, their family members, or working in a program/ location all new hires shall complete new hire orientation trainings that includes:
  - 5.4.8.1 DDDS Proclamation of Beliefs and Guiding Principals
  - 5.4.8.2 Confidentiality/ HIPPA (PM#5)
  - 5.4.8.3 Abuse Reporting (PM#46)
  - 5.4.8.4 Individuals Rights and Rights Complaint Reporting Procedure
  - 5.4.8.5 Orientation to the individuals being supported
  - 5.4.8.6 Valid Government/ State issued ID or Valid driver's licenses for staff whom transports individuals
- 5.4.9 At minimum one (1) staff supporting the individual shall be trained in first aid and CPR.

## 5.5 **PROVIDER TRANSPORTATION**

- 5.5.1 All drivers that drive individuals must have a current, valid driver's license.
- 5.5.2 The provider or transporter shall maintain liability insurance as required by the state of Delaware Contract requirements.
- 5.5.3 The provider shall maintain a travel first aid kit in each vehicle. Refer to Appendix C.
- 5.5.4 Vehicle is equipped with a proper working seatbelt specific to each individual's needs
- 5.5.5 All vehicles equipped with either a mechanical lift or that can hold over ten (10) individuals must have one (1) secured fire extinguisher that is serviced annually.
- 5.5.6 The driver must have a telephone or CB radio to communicate emergencies available during transport of individuals.

## 5.6 **DOCUMENTATION**

- 5.6.1 The providers must document within the following minimum requirements:
  - 5.6.1.1 Providers must submit a report that provides an update on the progress toward identified outcomes and any barriers the individual is experiencing in meeting those outcomes;
  - 5.6.1.2 The provider reports on what actions steps they have taken to support the individual's attainment of identified outcomes; and



**5.6.1.3** Providers must submit an overall report prior to the 10th day of the following quarter. Quarters are based on the individuals plan date. These reports shall be submitted via the electronic record.

**5.6.2** At least one billable note shall be maintained for each service delivered, each service day. See appendix D for guidance.

**5.6.3** The provider ensures and documents that the individual exercises his/her rights and responsibilities as he/she chooses.

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## **5.8 RELATIONSHIPS AND NATURAL SUPPORT IN THE COMMUNITY**

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  - 5.9.1.1 Providers shall identify how to support the individual during these emergencies.
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  - 5.9.2.1 The location of egress during these evacuations drills shall be varied, if applicable;
  - 5.9.2.2 As evidenced by evacuation drill reports that are maintained by the Day Habilitation site, drills shall assure that all individuals and staff are familiar with the evacuation requirements and procedures.
- 5.9.3 Emergency telephone numbers, including telephone numbers for fire, police, poison control, and ambulance services shall be posted by publicly used telephones.
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## 5.10 **FOOD SERVICE**

- 5.10.1 Food shall be stored, prepared, served, or any combination of these on site in accordance with the State of [Delaware Food Code](#).
- 5.10.2 There shall be at least one (1) refrigerator in proper functioning order and capable of maintaining refrigerated foods at 41° F or below.
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## 5.11 **ENVIRONMENTAL GENERAL**

- 5.11.1 Cameras and/or audio monitoring equipment may only be used in common areas if:
  - 5.11.1.1 A sign indicating that video/audio monitoring equipment is posted in common areas;
  - 5.11.1.2 Cameras and/or audio monitoring equipment are not permitted in bathrooms.
- 5.11.2 All elevators or escalators must be annually inspected and meet Delaware Code.
- 5.11.3 For settings that include ramps, they must be compliant with the standards outlined in the Americans with Disabilities Act (ADA).
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  - 5.11.4.1 Hot water temperature may not exceed 115° F.
- 5.11.5 Stairs shall have stair treads and handrails.
- 5.11.6 All operable windows (i.e. they can open and close) must have screens.
- 5.11.7 The exterior of the site is clean and free of trash and rubbish.
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**5.11.10.1** Poisons, pesticides or other toxic chemicals must be stored in locked cabinets/ storage areas.

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**5.12.1** Bathroom walls and floors shall be impervious to water. Bathrooms shall have at least one (1) window or mechanical ventilation exhausted to the outside.

**5.12.2** There shall be at least one toilet of appropriate size for every twelve program participants.

**5.12.2.1** Each toilet shall be equipped with a toilet seat.

**5.12.2.2** Toilet tissue shall be readily accessible at each toilet.

**5.12.3** All bathrooms shall have individually lockable doors or stalls that promote privacy.

**5.12.4** Soap, paper towels and a trash receptacle(s) shall be provided at all times and shall be within reach of the participants

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

## **5.13 ENVIRONMENTAL PROGRAM AREA**

**5.13.1** When a multipurpose room is used, it shall have sufficient space to accommodate all activities.

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

**5.13.3** Floor surfaces, especially in high traffic areas shall be durable, yet non-abrasive and slip resistant.

**5.13.3.1** Area rugs on hard floors shall have a non-skidding backing.

**5.13.3.2** Carpeting shall be maintained in a clean and slip resistant condition.

**5.13.4** Each room shall be suitably lighted at all times for maximum safety, comfort, sanitation and efficiency of operation particularly in areas that present safety hazards. Careful attention shall be given to avoid glare.

**5.13.4.1** All rooms shall have operable emergency lighting.

**5.13.5** A telephone shall be available to program participants to use to make and receive calls.

**5.13.6** Furniture shall be sturdy, clean and not pose safety risks.

5.13.7 Outdoor recreation and/or relaxing area for individuals shall be safe, free of accident hazards and assessable to individuals participating in the program.

**5.14 HEALTH, WELLNESS, AND SAFETY**

- 5.14.1 Medication should be accessed only by those employees or individuals that have the appropriate authorization. This includes medications that must be refrigerated.
- 5.14.2 All controlled substances and syringes must be double locked (i.e. stored in a locked box inside a larger drawer or locked cabinet). A lock on the outside of the door in which controlled substances are stored can be considered the first lock.
- 5.14.3 Medications shall never be left unattended.
- 5.14.4 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.
- 5.14.5 Medications that require refrigeration shall be stored in a locked box within the refrigerator.
- 5.14.6 The individual's medication regimen is managed according to the most recent Board of Nursing approved medication training program.
- 5.14.7 Each dose administered shall be recorded by date, time, and initials of the individual or the individual assisting.
- 5.14.8 The provider shall ensure that accurate and up to date count sheets are completed for all controlled substances and other medications not secured in controlled dose packaging.
- 5.14.9 All medication errors are documented, reported, and a corrective action plan is implemented to rectify the error.



## **6.0 HCBS WAIVER STANDARDS FOR: PREVOCAATIONAL**

### **6.1. PROVIDER GENERAL**

- 6.1.1 Any duly designated officer or employee of the Division of Developmental Disabilities Services (DDDS) has the right to enter and inspect at any time and without prior notice the entire premises of any provider-managed setting.
- 6.1.2 The provider shall have a mechanism to ensure compliance with all DDDS contract and provider qualifications.
- 6.1.3 The provider shall submit the Quality Improvement Plan prior to the assigned due date, if applicable.
- 6.1.4 The provider shall correct all deficiencies that have been identified on the DDDS Quality Improvement Plan before the identified due date. Failure to do so may result in probation.
- 6.1.5 The provider must maintain the confidentiality of each individual's record in accordance with [Federal Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [Delaware statute on patient rights](#).
- 6.1.6 Upon request, all state surveys, reviews, and results from Service Integrity Quality Service Reviews are to be made available to residence, family members, and the general public. These surveys shall not include employee or residence names and comply with HIPAA.
- 6.1.7 Each provider shall cooperate fully with the Medicaid Fraud Control Unit and the state protection and advocacy agency, as defined in 16 Del.C. §1112(7), in fulfilling functions authorized by 16 Del.C.Ch. 11.
- 6.1.8 The provider shall report and document all reportable incidents, injuries, and any other incident as required by DDDS.

### **6.2 PROVIDER ORGANIZATIONAL**

- 6.2.1 Providers shall have an Incident Management Review Committee that should meet at minimum quarterly to:
  - 6.2.1.1 Identify facts around incidents, including contributing factors;
  - 6.2.1.2 Review investigations of reported incidents;
  - 6.2.1.3 Identify needed corrective actions to prevent or reduce the likelihood of future similar incidents;
  - 6.2.1.4 Review and accept or reject the recommended corrective actions from investigations and mortality reviews;
  - 6.2.1.5 Document in its official minutes all accepted recommendations and rationales for any rejected recommendations;

- 6.2.1.6 Ensure that recommended corrective actions or remedies are implemented in a timely and appropriate manner;
  - 6.2.1.7 Evaluate the outcomes of corrective actions;
  - 6.2.1.8 Identify trends and patterns of reported incidents and recommendations and provide an annual report (prior to July 1) to the State of identified trends and patterns in their incidents, incident reviews findings, and recommendations, as well as incident investigations conducted by the State and recommendations from the State. **Effective January 1, 2019**
- 6.2.2 The provider shall have an organizational chart showing:
- 6.2.2.1 Its governing body (if applicable, board member's names and contact information for the board president);
  - 6.2.2.2 The administrator of each program; and
  - 6.2.2.3 The lines of authority for the delegation of responsibility.
- 6.2.3 The provider shall have a description of services that includes:
- 6.2.3.1 Any characteristics of the DDDS population for which they have specialized programming, program features or expertise;
  - 6.2.3.2 An organizational strategic plan, including mission and values that addresses how they apply organizational resources to enable individuals to achieve their personal goals and outcomes.
- 6.2.4 The provider shall have an internal quality improvement process and plan which, includes the following elements:
- 6.2.4.1 The name of the person(s) responsible for implementing each facet of the plan;
  - 6.2.4.2 How they will ensure involvement of individuals and/or family in the development and implementation of the plan;
  - 6.2.4.3 Timelines with regard to plan implementation and the report of findings and;
  - 6.2.4.4 Description of how the quality improvement plan is used to remediate problems and to improve services.

### 6.3 **PROVIDER POLICIES**

- 6.3.1 The provider shall maintain and comply with a written set of policy and procedures for staff related to all aspects of the operation of the program. A mechanism shall be in place to ensure that these documents are easily accessible to staff and updated as needed to comply with changes in state and/or federal laws and regulations.
- 6.3.2 The provider shall have written policies and procedures for behavioral support that are consistent with DDDS policies regarding [Behavior Support Plans](#) and the [Use of Restraints and Restrictive Procedures for Behavior Support](#). The policies and procedures include but are not limited to: person-centered positive behavior support techniques, prohibition of aversive

practices and seclusion, prohibition of the use of bedrails and enclosed cribs for behavioral support, and safeguards.

- 6.3.3 The provider shall have written 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 on incident reporting.
- 6.3.4 The provider shall have written policies and procedures that describe the system for reporting and processing of all incidents.
- 6.3.5 The provider shall have written policies and procedures that provide instructions for the implementation of the person-centered plan.
- 6.3.6 The provider shall have written policies and procedures to address how to educate individual on their rights.
- 6.3.7 The provider shall have written policies and procedures in place for infection control for site-based programs that address, at minimum: standard precautions, proper storage and usage of personal hygiene items, and all infestations. Bed Bug policies shall follow [National Pest Management Association Best Practices guidelines](#). See Appendix B.
  - 6.3.7.1 All Bed Bugs must be reported to the Regional Community Services DDDS office within twenty four (24) hours of the discovery.
- 6.3.8 The provider ensures written policies and procedures are in place to promote open communication and interaction for individuals in the community and other community integration activities.
- 6.3.9 Providers transporting DDDS Individuals shall have and implement a policy about transporting DDDS individuals in agency and staff owned vehicles which includes:
  - 6.3.9.1 The vehicle being equipped with a proper seatbelt specific to each individual's needs;
  - 6.3.9.2 The driver must have a means of communication available during transport of individuals;
  - 6.3.9.3 The driver must have a current license and;
  - 6.3.9.4 The driver and vehicle must comply with applicable safety and licensing standards established by their states Division of Motor Vehicles.
- 6.3.10 The provider shall have a policy on informing staff of all changes to DDDS policies, procedures, and standards. This must include a method to verify that all employees read and understands all changes.

## 6.4 PROVIDER STAFF

- 6.4.1 The provider shall have a written job description for each position that provides direct or indirect services to DDDS consumers that includes:
  - 6.4.1.1 Job qualifications;
  - 6.4.1.2 Duties and responsibilities;
  - 6.4.1.3 Competencies required;



- 6.4.1.4 Documentation that staff has reviewed and understands their duties and responsibilities; and
      - 6.4.1.5 Annual performance review.
- 6.4.2 The provider shall ensure that prior to hire all staff are screened through the [Back Ground Check Center \(BCC\)](#) to include:
  - 6.4.2.1 Adult Abuse Registry
  - 6.4.2.2 Sex Offender Registry
  - 6.4.2.3 Office of Inspector General
  - 6.4.2.4 Child Protection Registry
  - 6.4.2.5 Division of Professional Regulation Registry
  - 6.4.2.6 State and Federal criminal Back Ground Checks (see appendix A for disqualifying crimes)
  - 6.4.2.7 10 panel drug screening
  - 6.4.2.8 Service Letters from prior employers
- 6.4.3 DDDS prohibits providers from employing individuals with adverse findings in either the Adult Abuse Registry or the Child Protection Registry.
- 6.4.4 The provider shall comply with the following PPD screening requirements:
  - 6.4.4.1 All providers shall have on file the results of a one-step tuberculin testing performed on all new employees and following the discovery of a new case;
  - 6.4.4.2 The provider must ensure that all employees upon hire have the results from a baseline one-step tuberculin skin test (TST) or single Interferon Gamma Release Assay (IGRA) or TB blood test such as QuantiFERON. The Provider shall provide employee documentation of their baseline test results;
  - 6.4.4.3 For employees with negative TST or IGRA, no annual evaluation is required unless the category or 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.](#);
  - 6.4.4.4 If any of the baseline test results 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;
  - 6.4.4.5 Providers shall establish policies for TB risk assessment for any employee having a positive skin test but negative x-ray. The provider must have an annual statement from a licensed health care professional that indicates the employee has exhibited no signs or symptoms of active TB;

- 6.4.5 Provider program administrators shall have a degree in the field of human service and/or 6 months experience working with persons with intellectual and developmental disabilities.
- 6.4.6 The provider ensures that all staff completes the required [DDDS trainings](#).
- 6.4.7 The provider shall ensure that prior to supporting individuals receiving services, their family members, or working in a program/ location all new hires shall complete new hire orientation trainings that includes:
  - 6.4.7.1 DDDS Proclamation of Beliefs and Guiding Principals
  - 6.4.7.2 Confidentiality/ HIPPA (PM#5)
  - 6.4.7.3 Abuse Reporting (PM#46)
  - 6.4.7.4 Individuals Rights and Rights Complaint Reporting Procedure
  - 6.4.7.5 Orientation to the individuals being supported
  - 6.4.7.6 Valid Government/ State issued ID or Valid driver's licenses for staff whom transports individuals
- 6.4.8 At minimum one (1) staff supporting the individual shall be trained in first aid and CPR.

## 6.5 **PROVIDER TRANSPORTATION**

- 6.5.1 All drivers that drive individuals must have a current, valid driver's license.
- 6.5.2 The provider or transporter shall maintain liability insurance as required by the state of Delaware Contract requirements.
- 6.5.3 The provider shall maintain a travel first aid kit in each vehicle. Refer to Appendix C.
- 6.5.4 Vehicle is equipped with a proper working seatbelt specific to each individual's needs
- 6.5.5 All vehicles equipped with either a mechanical lift or that can hold over ten (10) individuals must have one (1) secured fire extinguisher that is serviced annually.
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**6.12.2** There shall be at least one toilet of appropriate size for every twelve program participants.

**6.12.2.1** Each toilet shall be equipped with a toilet seat.

**6.12.2.2** Toilet tissue shall be readily accessible at each toilet.

**6.12.3** All bathrooms shall have individually lockable doors or stalls that promote privacy.

**6.12.4** Soap, paper towels and a trash receptacle(s) shall be provided at all times and shall be within reach of the participants

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

## **6.13 ENVIRONMENTAL PROGRAM AREA**

**6.13.1** When a multipurpose room is used, it shall have sufficient space to accommodate all activities.

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

**6.13.3** Floor surfaces, especially in high traffic areas shall be durable, yet non-abrasive and slip resistant.

**6.13.3.1** Area rugs on hard floors shall have a non-skidding backing.

**6.13.3.2** Carpeting shall be maintained in a clean and slip resistant condition.

**6.13.4** Each room shall be suitably lighted at all times for maximum safety, comfort, sanitation and efficiency of operation particularly in areas that present safety hazards. Careful attention shall be given to avoid glare.

**6.10.4.1** All rooms shall have operable emergency lighting.

**6.13.5** A telephone shall be available to program participants to use to make and receive calls.

**6.13.6** Furniture shall be sturdy, clean and not pose safety risks.

**6.13.7** Outdoor recreation and/or relaxing area for individuals shall be safe, free of accident hazards and assessable to individuals participating in the program.

## **6.14 HEALTH, WELLNESS, AND SAFETY**

- 6.14.1 Medication should be accessed only by those employees or individuals that have the appropriate authorization. This includes medications that must be refrigerated.
- 6.14.2 All controlled substances and syringes must be double locked (i.e. stored in a locked box inside a larger drawer or locked cabinet). A lock on the outside of the door in which controlled substances are stored can be considered the first lock.
- 6.14.3 Medications shall never be left unattended.
- 6.14.4 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.
- 6.14.5 Medications that require refrigeration shall be stored in a locked box within the refrigerator.
- 6.14.6 The individual's medication regimen is managed according to the most recent Board of Nursing approved medication training program.
- 6.14.7 Each dose administered shall be recorded by date, time, and initials of the individual or the individual assisting.
- 6.14.8 The provider shall ensure that accurate and up to date count sheets are completed for all controlled substances and other medications not secured in controlled dose packaging.
- 6.14.9 All medication errors are documented, reported, and a corrective action plan is implemented to rectify the error.

## **6.15 PROGRAM**

- 6.15.1 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 and WIOA section 511.
- 6.15.2 Services shall be aimed at increasing opportunities for gainful employment and career development with an emphasis on obtaining paid integrated community employment based on the individual's preferences, skills and abilities.
- 6.15.3 Services shall ensure that any individual who is referred for Pre-Vocational Services has also been referred to the Division of Vocational Services to assess for eligibility and will not pay an Individual a commensurate/ Subminimum wage as part of a Pre-Vocational Service unless the individual has met the requirement for such pursuant to section 511 of the Workforce Innovation and Opportunity Act (WIOA).
- 6.15.4 In order to receive pre-vocational service, the individual must have a work goal Employment Outcome identified in the outcome section of the person-centered plan and progress in achieving this goal documented in a daily billable service note.
- 6.15.5 Individuals are assessed, at minimum, annually for the continued need for Prevocational Service. Elements of this assessment must include all of the following:

- 6.15.5.1** Progress towards achieving the desired Employment Outcome: has the individual been successful or shown progress as a result of the implemented strategies? Does the individual continue to have barriers that need to be addressed for which new strategies or revised strategies need to be implemented?
- 6.15.5.2** The individual's desire to continue with prevocational services;
- 6.15.5.3** The individual continues to have a desired outcome of employment.
- 6.15.6** The setting provides opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual.
- 6.15.7** The program offers options to include non-disability specific settings, such as volunteering in the community or engaging in general non-disability specific community activities.



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## **7.0 HCBS WAIVER STANDARDS FOR: INDIVIDUAL AND GROUP SUPPORTED EMPLOYMENT**

### **7.1 PROVIDER GENERAL**

- 7.1.1 Any duly designated officer or employee of the Division of Developmental Disabilities Services (DDDS) has the right to enter and inspect at any time and without prior notice the entire premises of any provider-managed setting.
- 7.1.2 The provider shall have a mechanism to ensure compliance with all DDDS contract and provider qualifications.
- 7.1.3 The provider shall submit the Quality Improvement Plan prior to the assigned due date, if applicable.
- 7.1.4 The provider shall correct all deficiencies that have been identified on the DDDS Quality Improvement Plan before the identified due date. Failure to do so may result in probation.
- 7.1.5 The provider must maintain the confidentiality of each individual's record in accordance with [Federal Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [Delaware statute on patient rights](#).
- 7.1.6 Upon request, all state surveys, reviews, and results from Service Integrity Quality Service Reviews are to be made available to residence, family members, and the general public. These surveys shall not include employee or residence names and comply with HIPAA.
- 7.1.7 Each provider shall cooperate fully with the Medicaid Fraud Control Unit and the state protection and advocacy agency, as defined in 16 Del.C. §1112(7), in fulfilling functions authorized by 16 Del.C.Ch. 11.
- 7.1.8 The provider shall report and document all reportable incidents, injuries, and any other incident as required by DDDS.

### **7.2 PROVIDER ORGANIZATIONAL**

- 7.2.1 Providers shall have an Incident Management Review Committee that should meet at minimum quarterly to:
  - 7.2.1.1 Identify facts around incidents, including contributing factors;
  - 7.2.1.2 Review investigations of reported incidents;
  - 7.2.1.3 Identify needed corrective actions to prevent or reduce the likelihood of future similar incidents;
  - 7.2.1.4 Review and accept or reject the recommended corrective actions from investigations and mortality reviews;

- 7.2.1.5 Document in its official minutes all accepted recommendations and rationales for any rejected recommendations;
  - 7.2.1.6 Ensure that recommended corrective actions or remedies are implemented in a timely and appropriate manner;
  - 7.2.1.7 Evaluate the outcomes of corrective actions;
  - 7.2.1.8 Identify trends and patterns of reported incidents and recommendations and provide an annual report (prior to July 1) to the State of identified trends and patterns in their incidents, incident reviews findings, and recommendations, as well as incident investigations conducted by the State and recommendations from the State. **Effective January 1, 2019**
- 7.2.2 The provider shall have an organizational chart showing:
- 7.2.2.1 Its governing body (if applicable, board member's names and contact information for the board president);
  - 7.2.2.2 The administrator of each program and;
  - 7.2.2.3 The lines of authority for the delegation of responsibility.
- 7.2.3 The provider shall have a description of services that includes:
- 7.2.3.1 Any characteristics of the DDDS population for which they have specialized programming, program features or expertise;
  - 7.2.3.2 An organizational strategic plan, including mission and values that addresses how they apply organizational resources to enable individuals to achieve their personal goals and outcomes.
- 7.2.4 The provider shall have an internal quality improvement process and plan which, includes the following elements:
- 7.2.4.1 The name of the person(s) responsible for implementing each facet of the plan;
  - 7.2.4.2 How they will ensure involvement of individuals and/or family in the development and implementation of the plan;
  - 7.2.4.3 Timelines with regard to plan implementation and the report of findings and
  - 7.2.4.4 Description of how the quality improvement plan is used to remediate problems and to improve services.

### 7.3 **PROVIDER POLICIES**

- 7.3.1 The provider shall maintain and comply with a written set of policy and procedures for staff related to all aspects of the operation of the program. A mechanism shall be in place to ensure that these documents are easily accessible to staff and updated as needed to comply with changes in state and/or federal laws and regulations.
- 7.3.2 The provider shall have written policies and procedures for behavioral support that are consistent with DDDS policies regarding [Behavior Support Plans](#) and the [Use of Restraints and](#)

Restrictive Procedures for Behavior Support. The policies and procedures include but are not limited to: person-centered positive behavior support techniques, prohibition of aversive practices and seclusion, prohibition of the use of bedrails and enclosed cribs for behavioral support, and safeguards.

- 7.3.3 The provider shall have written 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 on incident reporting.
- 7.3.4 The provider shall have written policies and procedures that describe the system for reporting and processing of all incidents.
- 7.3.5 The provider shall have written policies and procedures that provide instructions for the implementation of the person-centered plan.
- 7.3.6 The provider shall have written policies and procedures to address how to educate individual on their rights.
- 7.3.7 Providers transporting DDDS Individuals shall have and implement a policy about transporting DDDS individuals in agency and staff owned vehicles which includes:
  - 7.3.7.1 The vehicle being equipped with a proper seatbelt specific to each individual's needs;
  - 7.3.7.2 The driver must have a means of communication available during transport of individuals;
  - 7.3.7.3 The driver must have a current license and;
  - 7.3.7.4 The driver and vehicle must comply with applicable safety and licensing standards established by their states Division of Motor Vehicles.
- 7.3.8 The provider shall have a policy on informing staff of all changes to DDDS policies, procedures, and standards. This must include a method to verify that all employees read and understands all changes.

#### 7.4 **PROVIDER STAFF**

- 7.4.1 An Employment Specialist must meet the following minimum standards:
  - 7.4.1.1 Successful completion of a DDDS approved employment specialist curriculum. Completion must occur within six (6) months of the date of hire.
  - 7.4.1.2 Receive mentoring during the first six (6) months of employment by an employee with over 1 year(s) experience in job development;
  - 7.4.1.3 Graduation from high school or acquired a GED and;
  - 7.4.1.4 Meet the continuous training requirements as outlined in the DDDS day services training.
- 7.4.2 The provider shall have a written job description for each position that provides direct or indirect services to DDDS consumers that includes:
  - 7.4.2.1 Job qualifications;
  - 7.4.2.2 Duties and responsibilities;

- 7.4.2.3 Competencies required;
- 7.4.2.4 Documentation that staff has reviewed and understands their duties and responsibilities and;
- 7.4.2.5 Annual performance review.
- 7.4.3 The provider shall ensure that prior to hire all staff are screened through the [Back Ground Check Center \(BCC\)](#) to include:
  - 7.4.3.1 Adult Abuse Registry
  - 7.4.3.2 Sex Offender Registry
  - 7.4.3.3 Office of Inspector General
  - 7.4.3.4 Child Protection Registry
  - 7.4.3.5 Division of Professional Regulation Registry
  - 7.4.3.6 State and Federal criminal Back Ground Checks (see appendix A for disqualifying crimes)
  - 7.4.3.7 10 panel drug screening
  - 7.4.3.8 Service Letters from prior employers
- 7.4.4 DDS prohibits providers from employing individuals with adverse findings in either the Adult Abuse Registry or the Child Protection Registry.
- 7.4.5 Provider program administrators shall have a degree in the field of human service and/or 6 months experience working with persons with intellectual and developmental disabilities.
- 7.4.6 The provider ensures that all staff completes the required [DDS trainings](#).
- 7.4.7 The provider shall ensure that prior to supporting individuals receiving services, their family members, or working in a program/ location all new hires shall complete new hire orientation trainings that includes:
  - 7.4.7.1 DDS Proclamation of Beliefs and Guiding Principals
  - 7.4.7.2 Confidentiality/ HIPPA (PM#5)
  - 7.4.7.3 Abuse Reporting (PM#46)
  - 7.4.7.4 Individuals Rights and Rights Complaint Reporting Procedure
  - 7.4.7.5 Orientation to the individuals being supported
  - 7.4.7.6 Valid Government/ State issued ID or Valid driver's licenses for staff whom transports individuals

## **7.5 PROVIDER TRANSPORTATION**

- 7.5.1 All drivers that drive individuals must have a current, valid driver's license.
- 7.5.2 The provider or transporter shall maintain liability insurance as required by the state of Delaware Contract requirements.
- 7.5.3 The provider shall maintain a travel first aid kit in each vehicle. Refer to Appendix C.
- 7.5.4 Vehicle is equipped with a proper working seatbelt specific to each individual's needs.
- 7.5.5 All vehicles equipped with either a mechanical lift or that can hold over ten (10) individuals must have one (1) secured fire extinguisher that is serviced annually.
- 7.5.6 The driver must have a telephone or CB radio to communicate emergencies available during transport of individuals.

## **7.6 DOCUMENTATION**

- 7.6.1 The providers must document within the following minimum requirements:
  - 7.6.1.1 Providers must submit a report that provides an update on the progress toward identified outcomes and any barriers the individual is experiencing in meeting those outcomes;
  - 7.6.1.2 The provider reports on what actions steps they have taken to support the individual's attainment of identified outcomes; and
  - 7.6.1.3 Providers must submit an overall report prior to the 10th day of the following quarter. These reports shall be submitted via the electronic record.
- 7.6.2 At least one billable note must be maintained for each service delivered, each service day. See appendix D for guidance.
- 7.6.3 The provider ensures and documents that the individual exercises his/her rights and responsibilities within the work place.
- 7.6.4 The provider ensures and documents that the individual is supported to accomplish the outcomes for which the provider has been chosen to support and assist the individual, as identified on a frequency in his/her person-centered plan.

## **7.7 EMERGENCIES AND DISASTERS**

- 7.7.1 Providers shall have written emergency preparedness procedures to address the following emergencies and disasters: missing individuals, fire, and severe weather (blizzard, hurricane, and tornado).
  - 7.7.1.1 Providers may adopt workplace emergency procedures but must include identify how to support the individual during these emergencies.
  - 7.7.1.2 Providers must identify an alternative relocation site in the event of an emergency.
  - 7.7.1.3 Emergency preparedness procedures shall be communicated to all staff members, individuals receiving services and their families and guardians, as appropriate.
- 7.7.2 Each Employment Specialist must be trained in first aid and CPR.

## **7.8 RIGHTS PROTECTION AND DIGNITY**

- 7.8.1 The provider ensures that the individual's finances are protected from fraud and abuse.
- 7.8.2 The provider ensures staff treat the individual with dignity and respect.
- 7.8.3 The provider ensures that activities are comparable to activities for people of similar ages who do not receive HCB services.
- 7.8.4 The provider ensures that individuals are supported to make informed decisions and exercise autonomy to the greatest extent possible.
- 7.8.5 The provider ensures that the individual's cultural and ethical values and traditions are respected and accommodated.

## **7.9 PROGRAM**

- 7.9.1 Group supported employment services shall consist of one (1) job coach for up to eight (8) individuals in the work setting.
- 7.9.2 Individual supported employment shall consist of one (1) job coach supporting each individual in the work setting.
- 7.9.3 The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals in order to promote community inclusion.
  - 7.9.3.1 Upon request providers shall submit verification that the individual is paid at or above minimum wage.
- 7.9.4 Employment settings provide individuals with the opportunity to participate in negotiating their work schedule, break/ lunch times, leave and medical benefits to the same extent as individuals not receiving HCBS.



## **8.0 HCBS WAIVER STANDARDS FOR DAY HABILITATION: COMMUNITY PARTICIPATION**

### **8.1. PROVIDER GENERAL**

- 8.1.1 Any duly designated officer or employee of the Division of Developmental Disabilities Services (DDDS) has the right to enter and inspect at any time and without prior notice the entire premises of any provider-managed setting.
- 8.1.2 The provider shall have a mechanism to ensure compliance with all DDDS contract and provider qualifications.
- 8.1.3 The provider shall submit the Quality Improvement Plan prior to the assigned due date, if applicable.
- 8.1.4 The provider shall correct all deficiencies that have been identified on the DDDS Quality Improvement Plan before the identified due date. Failure to do so may result in probation.
- 8.1.5 The provider must maintain the confidentiality of each individual's record in accordance with [Federal Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [Delaware statute on patient rights](#).
- 8.1.6 Upon request, all state surveys, reviews, and results from Service Integrity Quality Service Reviews are to be made available to residence, family members, and the general public. These surveys shall not include employee or residence names and comply with HIPAA.
- 8.1.7 Each provider shall cooperate fully with the Medicaid Fraud Control Unit and the state protection and advocacy agency, as defined in 16 Del.C. §1112(7), in fulfilling functions authorized by 16 Del.C.Ch. 11.

### **8.2 PROVIDER ORGANIZATIONAL**

- 8.2.1 The provider shall report and document all reportable incidents, injuries, and any other incident as required by DDDS.
- 8.2.2 Providers shall have an Incident Management Review Committee that should meet at minimum quarterly to:
  - 8.2.2.1 Identify facts around incidents, including contributing factors;
  - 8.2.2.2 Review investigations of reported incidents;
  - 8.2.2.3 Identify needed corrective actions to prevent or reduce the likelihood of future similar incidents;
  - 8.2.2.4 Review and accept or reject the recommended corrective actions from investigations and mortality reviews;



- 8.2.2.5 Document in its official minutes all accepted recommendations and rationales for any rejected recommendations;
  - 8.2.2.6 Ensure that recommended corrective actions or remedies are implemented in a timely and appropriate manner;
  - 8.2.2.7 Evaluate the outcomes of corrective actions;
  - 8.2.2.8 Identify trends and patterns of reported incidents and recommendations and provide an annual report (prior to July 1) to the State of identified trends and patterns in their incidents, incident reviews findings, and recommendations, as well as incident investigations conducted by the State and recommendations from the State. **Effective January 1, 2019**
- 8.2.3 The provider shall have an organizational chart showing:
- 8.2.3.1 Its governing body (if applicable, board member's names and contact information for the board president);
  - 8.2.3.2 The administrator of each program and;
  - 8.2.3.3 The lines of authority for the delegation of responsibility.
- 8.2.4 The provider shall have a description of services that includes:
- 8.2.4.1 Any characteristics of the DDDS population for which they have specialized programming, program features or expertise;
  - 8.2.4.2 An organizational strategic plan, including mission and values that addresses how they apply organizational resources to enable individuals to achieve their personal goals and outcomes.
- 8.2.5 The provider shall have an internal quality improvement process and plan which, includes the following elements:
- 8.2.5.1 The name of the person(s) responsible for implementing each facet of the plan;
  - 8.2.5.2 How they will ensure involvement of individuals and/or family in the development and implementation of the plan;
  - 8.2.5.3 Timelines with regard to plan implementation and the report of findings and;
  - 8.2.5.4 Description of how the quality improvement plan is used to remediate problems and to improve services.

### 8.3 **PROVIDER POLICIES**

- 8.3.1 The provider shall maintain and comply with a written set of policy and procedures for staff related to all aspects of the operation of the program. A mechanism shall be in place to ensure that these documents are easily accessible to staff and updated as needed to comply with changes in state and/or federal laws and regulations.
- 8.3.2 The provider shall have written policies and procedures for behavioral support that are consistent with DDDS policies regarding [Behavior Support Plans](#) and the [Use of Restraints and](#)

[Restrictive Procedures for Behavior Support](#). The policies and procedures include but are not limited to: person-centered positive behavior support techniques, prohibition of aversive practices and seclusion, prohibition of the use of bedrails and enclosed cribs for behavioral support, and safeguards.

- 8.3.3 The provider shall have written 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 on incident reporting.
- 8.3.4 The provider shall have written policies and procedures that describe the system for reporting and processing of all incidents.
- 8.3.5 The provider shall have written policies and procedures that provide instructions for the implementation of the person-centered plan.
- 8.3.6 The provider shall have written policies and procedures to address how to educate individual on their rights.
- 8.3.7 Providers transporting DDDS Individuals shall have and implement a policy about transporting DDDS individuals in agency and staff owned vehicles which includes:
  - 8.3.7.1 The vehicle being equipped with a proper seatbelt specific to each individual's needs;
  - 8.3.7.2 The driver must have a means of communication available during transport of individuals;
  - 8.3.7.3 The driver must have a current license and;
  - 8.3.7.4 The driver and vehicle must comply with applicable safety and licensing standards established by their states Division of Motor Vehicles;
  - 8.3.7.5 The provider shall have a policy on informing staff of all changes to DDDS policies, procedures, and standards. This must include a method to verify that all employees read and understands all changes.

#### **8.4 PROVIDER STAFF**

- 8.4.1 The provider shall have a written job description for each position that provides direct or indirect services to DDDS consumers that includes:
  - 8.4.1.1 Job qualifications;
  - 8.4.1.2 Duties and responsibilities;
  - 8.4.1.3 Competencies required;
  - 8.4.1.4 Documentation that staff has reviewed and understands their duties and responsibilities and;
  - 8.4.1.5 Annual performance review and competency testing;
- 8.4.2 The provider shall ensure that prior to hire all staff are screened through the [Back Ground Check Center \(BCC\)](#) to include:
  - 8.4.2.1 Adult Abuse Registry

- 8.4.2.2 Sex Offender Registry
- 8.4.2.3 Office of Inspector General
- 8.4.2.4 Child Protection Registry
- 8.4.2.5 Division of Professional Regulation Registry
- 8.4.2.6 State and Federal criminal Back Ground Checks (see appendix A for disqualifying crimes)
- 8.4.2.7 10 panel drug screening
- 8.4.2.8 Service Letters from prior employers
- 8.4.3 DDDS prohibits providers from employing individuals with adverse findings in either the Adult Abuse Registry or the Child Protection Registry.
- 8.4.4 Provider program administrators shall have a degree in the field of human service and/or 6 months experience working with persons with intellectual and developmental disabilities;
- 8.4.5 The provider ensures that all staff completes the required [DDDS trainings](#);
- 8.4.6 The provider shall ensure that prior to supporting individuals receiving services, their family members, or working in a program/ location all new hires shall complete new hire orientation trainings that includes:
  - 8.4.6.1 DDDS Proclamation of Beliefs and Guiding Principals
  - 8.4.6.2 Confidentiality/ HIPPA (PM#5)
  - 8.4.6.3 Abuse Reporting (PM#46)
  - 8.4.6.4 Individuals Rights and Rights Complaint Reporting Procedure
  - 8.4.6.5 Orientation to the individuals being supported
  - 8.4.6.6 Valid Government/ State issued ID or Valid driver's licenses for staff whom transports individuals

## 8.5 **PROVIDER TRANSPORTATION**

- 8.5.1 All drivers that drive individuals must have a current, valid driver's license.
- 8.5.2 The provider or transporter shall maintain liability insurance as required by the state of Delaware Contract requirements.
- 8.5.3 The provider shall maintain a travel first aid kit in each vehicle. Refer to Appendix C.
- 8.5.4 Vehicle is equipped with a proper working seatbelt specific to each individual's needs
- 8.5.5 All vehicles equipped with either a mechanical lift or that can hold over ten (10) individuals must have one (1) secured fire extinguisher that is serviced annually.
- 8.5.6 The driver must have a telephone or CB radio to communicate emergencies available during transport of individuals.

## **8.6**     **DOCUMENTATION**

- 8.6.1**     The providers must document within the following minimum requirements:
  - 8.6.1.1**   Providers must submit a report that provides an update on the progress toward identified outcomes and any barriers the individual is experiencing in meeting those outcomes;
  - 8.6.1.2**   The provider reports on what actions steps they have taken to support the individual's attainment of identified outcomes; and
  - 8.6.1.3**   Providers must submit an overall report prior to the 10th day of the following quarter. These reports shall be submitted via the electronic record.
- 8.6.2**     At least one billable note must be maintained for each service delivered, each service day. See appendix D for guidance.
- 8.6.3**     The provider ensures and documents that the individual exercises his/her rights and responsibilities within the community.
- 8.6.4**     The provider ensures and documents that the individual is supported to accomplish the outcomes for which the provider has been chosen to support and assist the individual, as identified on a frequency in his/her person-centered plan.

## **8.7**     **EMERGENCIES AND DISASTERS**

- 8.7.1**     Providers shall have written emergency preparedness procedures to address the following emergencies and disasters: missing individuals, fire, and severe weather (blizzard, hurricane, and tornado).
  - 8.7.1.1**   Emergency procedures but must include identify how to support the individual during these emergencies.
  - 8.7.1.2**   Providers must identify an alternative relocation site in the event of an emergency.
  - 8.7.1.3**   Emergency preparedness procedures shall be communicated to all staff members, individuals receiving services and their families and guardians, as appropriate.
- 8.7.2**     Each support staff must be trained in first aid and CPR.

## **8.8**     **RIGHTS PROTECTION AND DIGNITY**

- 8.8.1**     The provider ensures that the individual's finances are protected from fraud and abuse.
- 8.8.2**     The provider ensures staff treat the individual with dignity and respect.
- 8.8.3**     The provider ensures that activities are comparable to activities for people of similar ages who do not receive HCB services.
- 8.8.4**     The provider ensures that individuals are supported to make informed decisions and exercise autonomy to the greatest extent possible.
- 8.8.5**     The provider ensures that the individual's cultural and ethical values and traditions are respected and accommodated.

## **8.9**     **PROGRAM**

**8.9.1**     Staffing ratios shall be:

**8.9.1.1**     One staff to one program participant, or

**8.9.1.2**     One staff to two program participants.

**8.9.2**     Services shall be aimed at the continuation of the skills already learned in order to build natural supports in community settings.

**8.9.3**     The provider shall demonstrate that they support individuals to exercise their option to achieve desired level of participation in the community.

**8.9.4**     Services cannot be delivered in a provider owned or managed setting except.

**8.9.4.1**     Individuals may gather at the beginning and end of the day in a “hub” before embarking on their activities of the day.

**8.9.4.2**     Individuals shall not spend more than one (1) hour in total at the hub per day.



## **9.0 HCBS WAIVER STANDARDS FOR NURSE CONSULTATION:**

### **9.1 PROVIDER GENERAL**

- 9.1.1 Any duly designated officer or employee of the Division of Developmental Disabilities Services (DDDS) has the right to enter and inspect at any time and without prior notice the entire premises of any provider-managed setting.
- 9.1.2 The provider shall have a mechanism to ensure compliance with all DDDS contract and provider qualifications.
- 9.1.3 The provider shall submit the Quality Improvement Plan prior to the assigned due date, if applicable.
- 9.1.4 The provider shall correct all deficiencies that have been identified on the DDDS Quality Improvement Plan before the identified due date. Failure to do so may result in probation.
- 9.1.5 The provider must maintain the confidentiality of each individual's record in accordance with [Federal Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [Delaware statute on patient rights](#).
- 9.1.6 Upon request, all state surveys, reviews, and results from Service Integrity Quality Service Reviews are to be made available to residence, family members, and the general public. These surveys shall not include employee or residence names and comply with HIPAA.
- 9.1.7 Each provider shall cooperate fully with the Medicaid Fraud Control Unit and the state protection and advocacy agency, as defined in 16 Del.C. §1112(7), in fulfilling functions authorized by 16 Del.C.Ch. 11.
- 9.1.8 The provider shall report and document all reportable incidents, injuries, and any other incident as required by DDDS.

### **9.2 PROVIDER ORGANIZATIONAL**

- 9.2.1 Providers shall have an Incident Management Review Committee that should meet at minimum quarterly to:
  - 9.2.1.1 Identify facts around incidents, including contributing factors;
  - 9.2.1.2 Review investigations of reported incidents;
  - 9.2.1.3 Identify needed corrective actions to prevent or reduce the likelihood of future similar incidents;
  - 9.2.1.4 Review and accept or reject the recommended corrective actions from investigations and mortality reviews;
  - 9.2.1.5 Document in its official minutes all accepted recommendations and rationales for any rejected recommendations;

- 9.2.1.6 Ensure that recommended corrective actions or remedies are implemented in a timely and appropriate manner;
  - 9.2.1.7 Evaluate the outcomes of corrective actions;
  - 9.2.1.8 Identify trends and patterns of reported incidents and recommendations and provide an annual report (prior to July 1) to the State of identified trends and patterns in their incidents, incident reviews findings, and recommendations, as well as incident investigations conducted by the State and recommendations from the State. **Effective January 1, 2019**
- 9.2.2 The provider shall have an organizational chart showing:
- 9.2.2.1 Its governing body (if applicable, board member's names and contact information for the board president);
  - 9.2.2.2 The administrator of each program and;
  - 9.2.2.3 The lines of authority for the delegation of responsibility.
- 9.2.3 The provider shall have a description of services that includes:
- 9.2.3.1 Any characteristics of the DDDS population for which they have specialized programming, program features or expertise;
  - 9.2.3.2 An organizational strategic plan, including mission and values that addresses how they apply organizational resources to enable individuals to achieve their personal goals and outcomes.
- 9.2.4 The provider shall have an internal quality improvement process and plan which, includes the following elements:
- 9.2.4.1 The name of the person(s) responsible for implementing each facet of the plan;
  - 9.2.4.2 How they will ensure involvement of individuals and/or family in the development and implementation of the plan;
  - 9.2.4.3 Timelines with regard to plan implementation and the report of findings and;
  - 9.2.4.4 Description of how the quality improvement plan is used to remediate problems and to improve services.

### 9.3 **PROVIDER POLICIES**

- 9.3.1 The provider shall maintain and comply with a written set of policy and procedures for staff related to all aspects of the operation of the program. A mechanism shall be in place to ensure that these documents are easily accessible to staff and updated as needed to comply with changes in state and/or federal laws and regulations.
- 9.3.2 The provider shall have written policies and procedures for behavioral support that are consistent with DDDS policies regarding [Behavior Support Plans](#) and the [Use of Restraints and Restrictive Procedures for Behavior Support](#). The policies and procedures include but are not limited to: person-centered positive behavior support techniques, prohibition of aversive

practices and seclusion, prohibition of the use of bedrails and enclosed cribs for behavioral support, and safeguards.

- 9.3.3 The provider shall have written 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 on incident reporting.
- 9.3.4 The provider shall have written policies and procedures that describe the system for reporting and processing of all incidents.
- 9.3.5 The provider shall have written policies and procedures that provide instructions for the implementation of the person-centered plan.
- 9.3.6 The provider shall have written policies and procedures to address how to educate individual on their rights.
- 9.3.7 Providers transporting DDDS Individuals shall have and implement a policy about transporting DDDS individuals in agency and staff owned vehicles which includes:
  - 9.3.7.1 The vehicle being equipped with a proper seatbelt specific to each individual's needs;
  - 9.3.7.2 The driver must have a means of communication available during transport of individuals;
  - 9.3.7.3 The driver must have a current license and;
  - 9.3.7.4 The driver and vehicle must comply with applicable safety and licensing standards established by their states Division of Motor Vehicles.
- 9.3.8 The provider shall have a policy on informing staff of all changes to DDDS policies, procedures, and standards. This must include a method to verify that all employees read and understands all changes.

#### **9.4 PROVIDER STAFF**

- 9.4.1 Nurse Consultants must be an active registered nurse (RN) licensed by the State of Delaware as prescribed in Delaware Code, Title 24, Chapter 19, Section 1910.
- 9.4.2 The provider shall have a written job description for each position that provides direct or indirect services to DDDS consumers that includes:
  - 9.4.2.1 Job qualifications;
  - 9.4.2.2 Duties and responsibilities;
  - 9.4.2.3 Competencies required;
  - 9.4.2.4 Documentation that staff has reviewed and understands their duties and responsibilities and;
  - 9.4.2.5 Annual performance review and competency testing.



- 9.4.3 The provider shall ensure that prior to hire all staff are screened through the [Back Ground Check Center \(BCC\)](#) to include:
  - 9.4.3.1 Adult Abuse Registry
  - 9.4.3.2 Sex Offender Registry
  - 9.4.3.3 Office of Inspector General
  - 9.4.3.4 Child Protection Registry
  - 9.4.3.5 Division of Professional Regulation Registry
  - 9.4.3.6 State and Federal criminal Back Ground Checks (see appendix A for disqualifying crimes)
  - 9.4.3.7 10 panel drug screening
  - 9.4.3.8 Service Letters from prior employers
- 9.4.4 DDDS prohibits providers from employing individuals with adverse findings in either the Adult Abuse Registry or the Child Protection Registry.
- 9.4.5 Provider program administrators shall have a degree in the field of human service and/or 6 months experience working with persons with intellectual and developmental disabilities.
- 9.4.6 The provider ensures that all staff completes the required [DDDS trainings](#).
- 9.4.7 The provider shall ensure that prior to supporting individuals receiving services, their family members, or working in a program/ location all new hires shall complete new hire orientation trainings that includes:
  - 9.4.7.1 DDDS Proclamation of Beliefs and Guiding Principals
  - 9.4.7.2 Confidentiality/ HIPPA (PM#5)
  - 9.4.7.3 Abuse Reporting (PM#46)
  - 9.4.7.4 Individuals Rights and Rights Complaint Reporting Procedure
  - 9.4.7.5 Orientation to the individuals being supported
  - 9.4.7.6 Valid Government/ State issued ID or Valid driver's licenses for staff whom transports individuals

## 9.5 **PROGRAM**

- 9.5.1 Must complete an individual/health support summary annually (within 364 days of the previous support summary) as a data input to the person-centered plan.
- 9.5.2 Completes a fall-risk assessment as per the [Fall Management Assessment Guidelines Health Care Service Protocol #3](#).
- 9.5.3 Completes a monthly on-site medication and medical record review to determine whether any needed medical appointments, follow-ups and labs are completed as ordered.

- 9.5.4 Completes a monthly contact (phone, in person or email) with Shared Living providers to discuss any medical changes. This must be documented in the electronic record.
- 9.5.5 Conducts an annual on-site visit for Shared Living providers to confirm an accurate medication list and view the storage of medications. This must be documented in the electronic record.
- 9.5.6 Ensures that annual/current orders are maintained in the electronic record for all medications, diet, and medical equipment.
- 9.5.7 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 or as recommended by his or her physician.
- 9.5.8 Ensures that all medication labels and Medication Administration Records (MAR) match the prescriber's orders for the medication.
- 9.5.9 Ensures that, when necessary (PRN) medications, have specific documented parameters for how/when the medication should be given.
- 9.5.10 Ensures that possible side effects are recorded in the electronic record or the Medication Administration Record (MAR) for all medications administered to the individual.
- 9.5.11 Completes an aspiration assessment per the [Aspiration/Choking Guidelines Health Care Service Protocol #6](#).
- 9.5.12 Ensures a quarterly report is completed for each individual living in a Shared Living setting. These reports must be entered into the electronic record prior to the 10th of the following month for each quarter.
- 9.5.13 Reconciles medication monthly via the Shared Living Monthly Medication Record. This must be documented in the electronic record.
- 9.5.14 Ensures that any medically prescribed diet is noted in the Health Support Summary.

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## **10.0 HCBS WAIVER STANDARDS FOR BEHAVIORAL CONSULTATION:**

### **10.1 PROVIDER GENERAL**

- 10.1.1 Any duly designated officer or employee of the Division of Developmental Disabilities Services (DDDS) has the right to enter and inspect at any time and without prior notice the entire premises of any provider-managed setting.
- 10.1.2 The provider shall have a mechanism to ensure compliance with all DDDS contract and provider qualifications.
- 10.1.3 The provider shall submit the Quality Improvement Plan prior to the assigned due date, if applicable.
- 10.1.4 The provider shall correct all deficiencies that have been identified on the DDDS Quality Improvement Plan before the identified due date. Failure to do so may result in probation.
- 10.1.5 The provider must maintain the confidentiality of each individual's record in accordance with [Federal Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [Delaware statute on patient rights](#).
- 10.1.6 Upon request, all state surveys, reviews, and results from Service Integrity Quality Service Reviews are to be made available to residence, family members, and the general public. These surveys shall not include employee or residence names and comply with HIPAA.
- 10.1.7 Each provider shall cooperate fully with the Medicaid Fraud Control Unit and the state protection and advocacy agency, as defined in 16 Del.C. §1112(7), in fulfilling functions authorized by 16 Del.C.Ch. 11.
- 10.1.8 The provider shall report and document all reportable incidents, injuries, and any other incident as required by DDDS.

### **10.2 PROVIDER ORGANIZATIONAL**

- 10.2.1 Providers shall have an Incident Management Review Committee that should meet at minimum quarterly to:
  - 10.2.1.1 Identify facts around incidents, including contributing factors;
  - 10.2.1.2 Review investigations of reported incidents;
  - 10.2.1.3 Identify needed corrective actions to prevent or reduce the likelihood of future similar incidents;
  - 10.2.1.4 Review and accept or reject the recommended corrective actions from investigations and mortality reviews;
  - 10.2.1.5 Document in its official minutes all accepted recommendations and rationales for any rejected recommendations;

- 10.2.1.6 Ensure that recommended corrective actions or remedies are implemented in a timely and appropriate manner;
- 10.2.1.7 Evaluate the outcomes of corrective actions;
- 10.2.1.8 Identify trends and patterns of reported incidents and recommendations and provide an annual report (prior to July 1) to the State of identified trends and patterns in their incidents, incident reviews findings, and recommendations, as well as incident investigations conducted by the State and recommendations from the State. **Effective January 1, 2019**

10.2.2 The provider shall have an organizational chart showing:

- 10.2.2.1 Its governing body (if applicable, board member's names and contact information for the board president);
- 10.2.2.2 The administrator of each program and;
- 10.2.2.3 The lines of authority for the delegation of responsibility.

10.2.3 The provider shall have a description of services that includes:

- 10.2.3.1 Any characteristics of the DDDS population for which they have specialized programming, program features or expertise;
- 10.2.3.2 An organizational strategic plan, including mission and values that addresses how they apply organizational resources to enable individuals to achieve their personal goals and outcomes.

10.2.4 The provider shall have an internal quality improvement process and plan which, includes the following elements:

- 10.2.4.1 The name of the person(s) responsible for implementing each facet of the plan;
- 10.2.4.2 How they will ensure involvement of individuals and/or family in the development and implementation of the plan;
- 10.2.4.3 Timelines with regard to plan implementation and the report of findings and;
- 10.2.4.4 Description of how the quality improvement plan is used to remediate problems and to improve services.

### 10.3 **PROVIDER POLICIES**

10.3.1 The provider shall maintain and comply with a written set of policy and procedures for staff related to all aspects of the operation of the program. A mechanism shall be in place to ensure that these documents are easily accessible to staff and updated as needed to comply with changes in state and/or federal laws and regulations.

10.3.2 The provider shall have written policies and procedures for behavioral support that are consistent with DDDS policies regarding [Behavior Support Plans](#) and the [Use of Restraints and Restrictive Procedures for Behavior Support](#). The policies and procedures include but are not limited to: person-centered positive behavior support techniques, prohibition of aversive

practices and seclusion, prohibition of the use of bedrails and enclosed cribs for behavioral support, and safeguards.

- 10.3.3 The provider shall have written 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 on incident reporting.
- 10.3.4 The provider shall have written policies and procedures that describe the system for reporting and processing of all incidents.
- 10.3.5 The provider shall have written policies and procedures that provide instructions for the implementation of the person-centered plan.
- 10.3.6 The provider shall have written policies and procedures to address how to educate individual on their rights.
- 10.3.7 Providers transporting DDDS Individuals shall have and implement a policy about transporting DDDS individuals in agency and staff owned vehicles which includes:
  - 10.3.7.1 The vehicle being equipped with a proper seatbelt specific to each individual's needs;
  - 10.3.7.2 The driver must have a means of communication available during transport of individuals;
  - 10.3.7.3 The driver must have a current license and;
  - 10.3.7.4 The driver and vehicle must comply with applicable safety and licensing standards established by their states Division of Motor Vehicles.
- 10.3.8 The provider shall have a policy on informing staff of all changes to DDDS policies, procedures, and standards. This must include a method to verify that all employees read and understands all changes.

#### 10.4 **PROVIDER STAFF**

- 10.4.1 The Behavioral Consultant must have education, training, and/or experience demonstrating competency in each of the following areas:
  - 10.4.1.1 Possession of a Bachelor's degree or higher in behavioral science, social science, or a related field;
  - 10.4.1.2 Six (6) months experience in developing functional assessment plans by assessing behavioral needs and determining behavioral objectives;
  - 10.4.1.3 Six (6) months experience in evaluating and assessing individual's functioning using a variety of formal test and survey tools and;
  - 10.4.1.4 Six (6) months experience in making recommendations as part of an individual's service plan such as clinical treatment, counseling, or determining eligibility for health or human service/benefits.
- 10.4.2 The provider shall have a written job description for each position that provides direct or indirect services to DDDS consumers that includes:

- 10.4.2.1 Job qualifications;
  - 10.4.2.2 Duties and responsibilities;
  - 10.4.2.3 Competencies required;
  - 10.4.2.4 Documentation that staff has reviewed and understands their duties and responsibilities and;
  - 10.4.2.5 Annual performance review and competency testing.
- 10.4.3 The provider shall ensure that prior to hire all staff are screened through the [Back Ground Check Center \(BCC\)](#) to include:
- 10.4.3.1 Adult Abuse Registry
  - 10.4.3.2 Sex Offender Registry
  - 10.4.3.3 Office of Inspector General
  - 10.4.3.4 Child Protection Registry
  - 10.4.3.5 Division of Professional Regulation Registry
  - 10.4.3.6 State and Federal criminal Back Ground Checks (see appendix A for disqualifying crimes)
  - 10.4.3.7 10 panel drug screening
  - 10.4.3.8 Service Letters from prior employers
- 10.4.4 DDDS prohibits providers from employing individuals with adverse findings in either the Adult Abuse Registry or the Child Protection Registry.
- 10.4.5 Provider program administrators shall have a degree in the field of human service and/or 6 months experience working with persons with intellectual and developmental disabilities.
- 10.4.6 The provider ensures that all staff completes the required [DDDS trainings](#).
- 10.4.7 The provider shall ensure that prior to supporting individuals receiving services, their family members, or working in a program/ location all new hires shall complete new hire orientation trainings that includes:
- 10.4.7.1 DDDS Proclamation of Beliefs and Guiding Principals
  - 10.4.7.2 Confidentiality/ HIPPA (PM#5)
  - 10.4.7.3 Abuse Reporting (PM#46)
  - 10.4.7.4 Individuals Rights and Rights Complaint Reporting Procedure
  - 10.4.7.5 Orientation to the individuals being supported
  - 10.4.7.6 Valid Government/ State issued ID or Valid driver's licenses for staff whom transports individuals

## **10.5**    **PROGRAM**

- 10.5.1**    Completes a Functional Behavioral Assessment prior to the development of the Behavioral Support Plan.
- 10.5.2**    Develops a Behavioral Support Plan consistent with the Functional Behavioral Assessment and in accordance with the DDDS Behavioral Support Plan policy; the Behavioral Support Plan must be included as part of the individual's person-centered plan.
- 10.5.3**    Completes a quarterly report (fiscal quarters) for the individual that identifies target behaviors for which data will be collected for specific types of incidents and also documents any psychiatric appointments, medication training, staff training, mental health appointments, medical issues and at-risk concerns that occurred during the quarter. These reports must be entered into the electronic record prior to the 10th of the following month for each quarter
- 10.5.4**    Refers cases to the division's specified peer review process for behavioral intervention strategies as specified in the DDDS policy on Behavioral Support Plans.
- 10.5.5**    Ensures that the individual and/or guardian approve the Behavioral Support Plan annually or, as otherwise specified, or whenever a change occurs as outlined in the Behavioral Support Plan policy.
- 10.5.6**    Shall complete and submit appropriate paperwork regarding restrictions and ensures it is reviewed at a minimum annually (Within 364 days of the prior approval).



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## **DEFINITIONS:**

### **“Abuse”**

- (a) Physical abuse 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;
- (b) Sexual abuse 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;
- (c) Emotional abuse, which includes, but is not limited to, ridiculing, demeaning, humiliating, bullying or cursing at an individual, loss of activities, or threatening an individual with physical harm. (DHSS Policy Memorandum #46)

### **“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. (NASDDDS Research Committee-11/11/2014)

### **“Behavioral Consultant”**

The person who has been determined by DDDS to be qualified to provide behavioral consultation that assists individuals with significant, intensive and challenging behaviors that interfere with activities of daily living, social interaction, work, or similar situations.

### **“Behavioral Support Plan”**

A person-centered, positive behavioral document of behavioral and/or mental health supports developed from a functional 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”**

A prohibited practice, even if these funds are accounted for by the individual, in which individual funds that are blended into a “pool” of funds from other program participants and/or provider funds.

### **“Community Living Arrangement (CLA)”**

A supervised or staffed apartment in which residential habilitation is provided that is integrated in the community and not located on the grounds of an institution. Also referred to as a non-licensed residential site.

### **“Continuous Quality Improvement”**

A process-based, data-driven approach to improving the quality of a service. It operates under the belief that there are always opportunities for improving operations, processes, and activities to increase quality.

### **“Day Habilitation”**

A service designed to support individuals who have identified a need or desire to increase their level of independence with adaptive skills, socialization, activities of community living, and/or activities of daily living.

### **“DDDS Support Coordinator”**

An employee of DDDS who provides case management to assist individuals with intellectual and developmental disabilities in the development of a person-centered plan, the facilitation of services, and monitoring the delivery of those services.

### **“Department”**

The Department of Health and Social Services (DHSS). A cabinet level agency established under Title, 29, Chapter 79 of the Delaware Code.

### **“Division”**

The Division of Developmental Disabilities Services (DDDS) – a division within the Department of Health and Social Services established under Title, 29, Chapter 79, section 7909A of the Delaware Code.

### **“Financial Exploitation”**

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:

- (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;
- (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
- (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)). (DHSS Policy Memorandum #46)

### **“Functional Behavioral Assessment”**

A functional behavior assessment is a comprehensive and individualized strategy to:

- Identify the purpose or function of an individual’s problem behavior(s);
- Develop and implement a plan to modify variables that maintain the problem behavior; and
- Teach appropriate replacement behaviors using positive interventions.
- The goal is to identify what the person is trying to communicate and/or identify medical and psychiatric issues. (NASDDDS Research Committee-11/11/2014)

### **“Group Supported Employment”**

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.

### **“Guardian”**

A guardian is a person appointed by the court to make medical and/or financial decisions for a person who does not have the capacity to make these decisions. There are three types of guardianships: guardianship of an adult person with disabilities, guardianship of an adult person's property, and guardianship of the property of a minor child who is under eighteen years of age. (Delaware Court of Chancery)

### **“Home and Community Based Services (HCBS)”**

An array of services and supports delivered in the home or other integrated community settings that promote the independence, health and well-being, self-determination, and community inclusion of a person of any age who has significant, long-term physical, cognitive, sensory, and/or behavioral health needs. (National Quality Forum)

### **“Health Care Surrogate”**

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:

- (a) The court-appointed guardian, only with the appropriate authority;
- (b) The patient's most recently appointed agent in an advance health care directive or health care power of attorney, only with the appropriate authority;
- (c) 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.

### **“Inclusion”**

Inclusion means that all people, regardless of their abilities, disabilities, or health care needs, have the right to:

- Be treated, respected and appreciated as valuable members of their communities;
- Participate in civic, cultural, volunteer, religious and recreational activities in neighborhood settings with their non-disabled peers;
- Work at jobs in the community that pay a competitive wage and have careers that use their capacities to the fullest; and
- Attend general education classes with peers from preschool through college as well as continuing education.

### **“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 located in an integrated work-setting in the general workforce for whom the individual is compensated at, or above minimum wage. This requires a one-to-one ratio.

### **“Informed choice”**

Informed choice describes a process that includes the following steps:

- (a) Provide information about the benefits of integrated settings;
- (b) Facilitate visits or other experiences in such settings; and
- (c) Offer opportunities to meet with other individuals with disabilities.

### **“Informed Consent”**

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.

- (a) "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.
- (b) 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))

### **“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 without disabilities. (Administration on Intellectual and Developmental Disabilities)

### **“Medication Diversion”**

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:

- (a) Prescribed or ordered by a licensed health care practitioner for the individual receiving services and

- (b) The interruption, obstruction, or alteration occurred without the prescription or order of a licensed health care practitioner. (DHSS Policy Memorandum #46)

### **“Medication Error”**

Any preventable event that may cause or lead to inappropriate medication use or individual harm while the medication is in the control of the healthcare professional, staff, or individual.

Types of Errors:

- Wrong Person given a medication
- Wrong Medication given
- Wrong Route of administration
- Wrong Time
- Wrong Dose
- Medication not given (omission)
- Medication given without a prescribers order
- Documentation Error

### **“Mistreatment”**

Shall mean include the inappropriate use of medications, isolation, or physical/chemical restraints of individual receiving services.

### **“Neglect”**

Shall mean:

- (a) Lack of attention to the physical needs of an individual receiving services to include but not limited to toileting, bathing, nutrition and safety;
- (b) Failure to report problems or changes in health problems or changes in health condition to an immediate supervisor or nurse;
- (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; and
- (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 in which residential habilitation is delivered 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 (DLTCRP) pursuant to 19 Del.C. §1101 and must meet minimum acceptable standards for living conditions and supports.

### **“Nurse Consultant”**

A licensed registered nurse (RN) who is has been qualified by DDDS to provide consultation to individuals with intellectual developmental disabilities. The nurse consultant provides:

- (a) The overall coordination and monitoring of the health care needs of waiver individuals; and
- (b) Assistance to caregivers in carrying out the individual treatment/support plans that is necessary to improve the individuals’ independence and inclusion in their community.

### **“Person-Centered Plan”**

The process by which the person-centered plan is developed. The process to develop the plan must: include people chosen by the individual, reflect cultural considerations, use basic language, and include strategies for solving disagreement. The plan must be signed by the individual and all parties that play a role in implementing the plan. A copy of the plan must be given to each of those individuals.

### **“Prevocational Service”**

Learning and work experiences, including volunteer work that assist the individual to develop general, non-job-task-specific and skills (soft skills) 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 (Peer Review of Behavioral Intervention Strategies)”**

The DDDS approved peer review committee, appointed by the division director or designee, charged with the review and approval of the behavioral health support plan. Individuals on the PROBIS committee should have knowledge and experience in the field of psychology, behavioral science, and/or practical experience with developing behavior health support plans. Behavior Support Plan Policy Behavior Support Plans.

### **“Provider”**

An entity that has been determined to meet the qualification standards for one or more DDDS services and authorized by DDDS to provide services to meet the specialized needs of individuals’ with intellectual and developmental disabilities.

### **“Reportable Incident/PM#46”**

Suspicion of any of the following: abuse, financial exploitation, medication diversion, mistreatment, neglect, unanticipated death, and/or significant injury. (DHSS Policy Memorandum #46)

### **“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.

### **“Seclusion”**

A prohibited practice that involves 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 credentialed private home owned by the principal care provider who lives in the home in which residential habilitation is delivered to a DDDS eligible individual. This includes personal care and supported services, companionship, medication oversight, community inclusion, and transportation.

### **“Significant Injury”**

Shall include:

- (a) 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;
- (b) 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;
- (c) Areas of contusions or bruises caused by staff to a dependent resident during ambulation, transport, transfer or bathing;
- (d) 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;
- (e) A burn greater than first degree; and
- (f) Any serious unusual and/or life-threatening injury.

### **“Supported Living”**

Supports that are very individualized and provided in a residence that is owned or leased by the waiver member. The amount and type of supports provided are dependent upon what the individual needs to live successfully in the community and is described in the person-centered plan.

### **“Temporary Setting”**

A setting that meets the individual’s current needs as delineated in the person-centered plan while exploring permanent residential options.



### **“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.

### **DISCLOSURE:**

The DDDS provider service standards were developed to be consistent with several guidance documents including, but not limited to: CMS Medicaid regulations and guidance, including the Home and Community-Based Services Settings Rule, Delaware’s Statewide Transition Plan under the HCBS Settings Rule, the CMS-approved DDDS HCBS Medicaid Waiver, Sections 3310 and 3315 Delaware Administrative Code, and the Employment First Law 2012.

# Appendix A

## Disqualifying Crimes

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## APPENDIX A –DISQUALIFYING CRIMES

### DEPARTMENT OF HEALTH & SOCIAL SERVICES CRIMINAL BACKGROUND CHECK UNIT DISQUALIFYING CRIMES CONVICTION/TIME PARAMETERS

**531. Attempt to Commit a crime: Attempt to commit a crime is an offense of the same grade and degree as the most serious offense, which the accused is found guilty of attempting. Use same disqualifying time limit as charge attempted.**

5 YEARS	10 YEARS	NO LIMIT
502. Solicitation	513. Conspiracy 1st	631. Criminally negligent homicide
503. Solicitation 1st	602b. Aggravated Menacing	632. Manslaughter
512. Conspiracy 2nd	604. Reckless Endangering 1st Degree	633. Murder/abuse/neglect 2nd Degree
601. Offensive Touching (If against Law Enforcement, Emergency. Medical or Corrections personnel) Class A Misdemeanor Only	605. Abuse of Pregnant Female in 2nd Degree 606. Abuse of a Pregnant Female in 1st Degree	634. Murder/abuse/neglect 1st Degree
603. Reckless Endangering 2nd	612. Assault 2nd	635. Murder 2nd Degree
611. Assault 3rd	613. Assault 1st	636. Murder 1st Degree
621. Terroristic Threatening (Felony or Misdemeanor)	614. Assault on a sports official 2nd Offense	645. Promoting Suicide
625. Unlawfully administer drugs – Misdemeanor	615. Assault by Abuse or Neglect (Felony)	768. Unlawful sexual contact in 2nd Degree
626. Unlawfully administer controlled substance, narcotic drugs.	629. Vehicle Assault 1st	769. Sexual contact in 1st
651. Commit Abortion (Other than Therapeutic, that causes miscarriage)	630. Vehicle Homicide 2nd	770. Sexual penetration 3rd or Rape 4th Degree
785. Interference w/custody	630A. Vehicle Homicide 1st	771. Sexual penetration 2nd or Rape 3rd Degree
801. Arson in 3rd	782. Imprisonment 1st	772 Sexual penetration 1st or Rape 2nd Degree
804b2. Reckless burning \$1,500 or more in damage	783. Kidnapping 2nd	773. Sexual intercourse 3rd or Rape 1st Degree
811. Criminal Mischief \$1,500.00 or more damage	783A. Kidnapping 1st	776. Sexual Extortion
824. Burglary in 3rd	802. Arson in 2nd	777. Bestiality
828. Possess Burglary Tools	803. Arson in 1st	778. Continuous sexual abuse of a child
840. Shoplifting \$1,000 or more	825. Burglary in 2nd	779. Dangerous crime against child
841. Theft (over \$1,000)	826. Burglary in 1st	780. Female genital mutilation
842. Theft; lost or mislaid property; mistaken delivery 1,000 or more	831. Robbery in 2nd	

<b>5 YEARS</b>	<b>10 YEARS</b>
843. Theft; False pretense \$1,000 or more	832. Robbery in 1st
844. Theft; false promise \$1,000 or more	835. Carjacking 2nds Degree
845. Theft of Services \$1,000 or more	836. Carjacking 1st Degree
848. Misapplication of property over \$1,000	846. Extortion
849. Theft or rented property \$1,000 or more	1108. Sexual exploitation of a child
850. Possess/deal in device for unlawfully taking telecommunication services.- Over 5 devices	1109. Dealing in material depicting a child in a prohibited sexual act
851. Receive Stolen Property – over \$1,000	1112A. Sexual solicitation of a child
854. Identity Theft	1250. Offenses against law-enforcement animals
859. Larceny of livestock	1253. Escape after conviction
860. Possession of Shoplifters Tools	1254. Assault in Detention Facility
861. Forgery 1st & 2nd Degree -Felonies	1256. Promoting prison contraband; deadly weapon
862. Possession of Forgery Devices	1302. Riot
876. Tamper with public records in 1st Degree	1304. Hate Crimes
878. Issuing false certificate	1312A. Stalking
900. Issuing Bad check –over \$1,000	1338. Bombs, incendiary devices, Molotov cocktails and explosive devices
903. Unlawful use of credit card (\$1,000 or more)	1339. Adulteration (Causing Injury or Death)
907A. Criminal impersonation, accident related	1353. Promoting prostitution in 1st Degree
907B. Criminal impersonation of a police officer	1442. Carrying a concealed deadly weapon
908. Concealing a will	1444. Possessing a destructive weapon
911. Fraudulent conveyance of public lands	1445. Unlawfully dealing with a dangerous weapon. (If (4) or (5) violated)
912. Fraudulent receipt of public lands	1447. Possession of a deadly weapon during commission of a felony
913. Insurance Fraud	1447A. Possession of a firearm during commission of a felony
913A. Health Care Fraud	1449. Wearing body armor during commission of a felony
916. Home Improvement fraud – 2nd offense	1455. Engaging in a firearms transaction on behalf of another
917. New home construction fraud – over \$1,000	1503. Racketeering
920. Transfer of recorded sounds.	3533. Aggravated Act of Intimidation
932. Unauthorized access of computer Over \$500.00	4751. Controlled Narcotic substance- Possess, deliver, manufacturer with intent to deliver

<b>5 YEARS</b>	<b>10 YEARS</b>
933. Theft of Computer Services Over \$500.00	4752. Controlled Non-Narcotic substance
934. Interruption of computer services Over \$500.00	4752A. Delivery of non-controlled substance
935. Misuse of computer system information Over \$500.00	4753A. Trafficking in marijuana, cocaine, illegal drugs, methamphetamines, LSD or designer drugs
936. Destruction of computer equipment) over \$500.00	4754A. Possession and delivery of non-controlled prescription drug
937. Unrequested or unauthorized electronic mail or use of network or software to cause same. Damage over \$500.00	4755. Distribute, dispense a controlled substance. Maintain dwelling, vehicle etc.
938. Failure to promptly cease electronic communications upon request. Damage over \$500.00	4756. Schedule I & II violations as registrant
1001. Bigamy	4757. Disposal – hypodermic syringe or needle
1100. Dealing in children	4761. Distribution narcotics to minors
1102. Endangering the welfare of a child. (Felony if death or serious injury occurs)	4761A. Purchase narcotics from minors
1111. Possession of Child Pornography	4767. Distribution, delivery or possession of controlled substance within 1,000 feet of a school property
1201. Bribery	4768. Distribution, delivery or possession of controlled substance within 300 feet of a park or recreation area
1203. Receiving a bribe	4771(b) Deliver, possess with intent to deliver, convert, manufacture, convey sell or offer sale of Drug Paraphernalia knowing will be used to plant, grow, manufacture, process, pack, inject, ingest, inhale or otherwise introduce into human body a controlled substance.
1222. Perjury 2nd Degree	4771 (c) Delivery to a minor of Drug Paraphernalia
1223. Perjury 1st Degree	Title16/1136. Abuse, Mistreatment, Neglect of a Patient
1239. Wearing a disguise during commission of a felony	Title 31/3913. Abuse, Neglect, exploit, mistreat an infirm adult
1240. Threats to a Public Official	
1244b. Hindering Prosecution (If acts of Felony original charge)	
1248b. Obstructing control and suppression of Rabies during state of emergency	
1249. Abetting the violation of driver's license restrictions 2nd Offense	
1252. Escape from Detention facility 2nd Degree	
1259. Sexual relations in detention facility	
1260. Misuse of prisoner mail – 2nd offense	
1261. Bribing a witness	
1262. Witness receiving bribe	

5 YEARS	10 YEARS
1263. Tampering with a witness	
1263A. Interfering with a child witness	
1264. Bribing a juror	
1265. Juror receiving bribe	
1269. Tampering with physical evidence	
1312. Aggravated Harassment	
1325. Cruelty to animals resulting in death or serious injury	
1326. Animals fighting and baiting	
1335(a) (6). Violation of Privacy	
1351. Promoting prostitution in 3rd Degree	
1352. Promoting prostitution in 2nd Degree	
1361. Obscenity	
1448. Possession and purchase of deadly weapons by a person prohibited	
1450. Receiving a stolen firearm	
1451. Theft of a firearm	
1454. Giving a firearm to a person prohibited	
1457. Possession of a weapon in a Safe School and Recreation Zone	
1458. Removing a firearm from the possession of a law enforcement officer	
1459. Possession of a weapon with a removed, obliterated or altered serial number	
3532. Act of intimidation; class E felony	
4753. Possess, use or consume controlled substance, which is a narcotic drug without valid prescription. – Misdemeanor	
4754. Possess, use or consume controlled or counterfeit substance not a narcotic drug without valid prescription - Misdemeanor	
4771. (a) Possession of Drug Paraphernalia Class A Misdemeanor	

DESIGNED 05/04/1999 - 02/01/2000  
 UPDATED: 03/24/2000, 01/05/00, 10/26/01, 01/18/02, 01/24/03, 07/31/03, 12/24/03, 10/22/04, 08/16/05, 10/15/06  
 KEN THOMPSON  
 Investigative Administrator

# Appendix B

## Best Management Practices for Bed Bugs



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## APPENDIX B- BEST MANAGEMENT PRACTICES FOR BED BUGS

The below standards have been adopted by DDDS from the National Pest Management Association to be used as a guide for the treatment of bed bugs.

**NOTE:** The numbering is not sequential and has been left 'as is' from the original document to make it easier for those that would like to examine the source document.

[...]

### 7. Disposal of Beds, Furniture, Possessions

**7.1** Disposal of beds, furniture, clothing, and other items because they are infested with bed bugs should generally be discouraged in residential situations and should be evaluated on a case-by-case basis.

**7.1.1** Disposal of infested items does not guarantee bed bug control.

**7.1.2** Disposal of these items can result in a serious financial burden for residents, particularly in lower income areas.

**7.1.3** Replacement items may become infested if brought into a room prior to control of the infestation.

**7.1.4** Improper disposal may result in spread of bed bugs to new locations.

[...]

### 9. Bed Bug Detection

**9.12** An initial bed bug inspection should include, at a minimum:

**9.12.1** Carefully inspecting sheets, pillowcases, and other bed linens, mattresses, box springs, bed frames and headboards by checking all seams, piping, straps, and other common hiding places for live bed bugs, cast skins, fecal staining, and eggs.

**9.12.2** Looking for evidence of bed bugs in cracks, crevices, and other typical bed bug hiding places near the beds, and areas where people have reported seeing bed bugs or being bitten.

**9.13** In addition to the tasks above, inspections may include, depending on the site, and if necessary, such things as:

**9.13.1** Inspecting inside and underneath furniture, including the removal of drawers from dressers and other items.

**9.13.2** Removal of headboards to inspect the support bar and screws for eggs and live bed bugs as well as on the back side of the headboard

**9.13.3** Inspecting behind pictures, wall hangings, and drapes.

**9.13.4** Lifting the edge of carpeting and inspecting behind baseboards in suspected areas.

**9.13.5** Inspecting for bed bugs on, under, and inside upholstered furniture.

**9.13.6** Further investigation of any site where bed bug fecal material is observed.

9.14 Bed bug inspection should include areas outside of bedrooms where people spend time resting.

9.14.1 In commercial settings (Day Services), depending on the extent of the infestation, inspections may be expanded to other areas which may include:

9.14.1.1 Laundry carts, laundry rooms, janitorial closets, and storage areas.

9.14.1.2 Common areas such as recreation rooms, break rooms, social centers, lounges, and waiting rooms where people congregate.

[...]

## 11. Integrated Pest Management and Methods of Control

### 11.4.2 Steam treatment

11.4.2.1 Steam can kill all stages of bed bugs when temperatures reach critical levels as outlined below

11.4.2.2 The use of a commercial-grade “dry steam” unit can be a useful tool for bed bug control.

11.4.2.3 When steaming, follow these procedures:

11.4.2.3.1 Place the steamer head in direct contact with the surface.

11.4.2.3.2 Move the head slowly across the surface (about 1 foot every 10-15 seconds).

11.4.2.3.3 Apply steam treatments to areas where live bed bugs or eggs have been observed and critical areas where bed bugs are suspected.

11.4.2.3.4 Pull out furniture drawers and steam inside, then turn over and steam underneath.

11.4.2.3.5 Steam potential harborage sites where you see bed bug fecal material.

### 11.4.3 Heat Treatments

11.4.3.1 Heat treatment can be used to treat and control bed bugs in:

11.4.3.1.1 A whole structure.

11.4.3.1.2 An apartment unit, a room, or a portion of a room.

11.4.3.1.3 A compartment containing furniture and possessions.

11.4.3.2 Heat treatments typically provide more flexibility for use in cluttered environments than traditional pesticide applications

11.4.3.3 Research and understand applicable fire codes, and local ordinances regarding the use of portable heaters, fire suppression systems and other heat treatment related concerns.

11.4.3.4 Only equipment designed and tested for use as an insect control device should be used for whole room bed bug heat treatments.

- 11.4.3.5 Heat equipment should be carefully inspected before use to ensure that it is in proper working order and no foreseeable fire hazards exist.
- 11.4.3.6 When conducting whole-room heat treatment ensure that the equipment has the capacity to raise and hold the temperature in the treated area to a level lethal to bed bugs.
  - 11.4.3.6.1 Ensure, through the use of heat sensors, that bed bug harborage areas are raised to a lethal temperature and held for a sufficient period of time to kill all bed bugs and eggs.
  - 11.4.3.6.2 Because some areas are insulated, or slower to heat, sensors should be placed in areas that ensure that the core temperature of the treated item reaches lethal levels for a sufficient period of time.
  - 11.4.3.6.3 Ambient air and/or surface temperature should be monitored to avoid damage to heat sensitive items.
  - 11.4.3.6.4 Recommended temperature and exposure periods are provided below:

**Temperature/ Exposure Time Required to Kill All Bed Bug Stages\***

<u>Temperature</u>	<u>Exposure Time</u>
113° F (45° C)	7 hours
118° F (48° C)	90 minutes
122° F (50° C)	< 1 minute

**12. Insecticides**

- 12.6 Apply insecticides to places where bed bugs hide, travel, and deposit eggs, carefully following all labeling instructions.
- 12.7 Typical treatment sites include, but are not limited to the following:
  - 12.7.1 Bed frames, particularly cracks, crevices, holes, and wherever two surfaces join together.
  - 12.7.2 Mattresses and box springs.
    - 12.7.2.1 Some pest management firms have policies that prohibit the treatment of mattresses and/or box springs
  - 12.7.3 Other furniture
    - 12.7.3.1 Treat cracks, crevices, voids, drawer slides, and the undersides of horizontal surfaces.
    - 12.7.3.2 Treat under cushions, behind skirting, in seams, underneath, and inside voids in upholstered furniture.
  - 12.7.4 Cracks and crevices near infested areas along baseboards, crown moldings, window and door frames, as well as nail holes, damaged walls, chipped paint, etc.
  - 12.7.5 Under carpet edges, tack strips of wall-to-wall carpeting, cracks and seams in hardwood floors, etc. near infested areas.
  - 12.7.6 Inside receptacles and switch plates, light fixtures, wire runs and pipe runs near infested areas.

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# Appendix C

## First Aid Kit Guidelines

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## APPENDIX C-FIRST AID KIT GUIDELINES

### First Aid Kits Guidelines:

#### Site:

If the Provider made their own first aid kit or needs to replenish a kit, below is a list of minimum items needed to meet standard.

- 16 Adhesive Bandages (assorted sizes)
- 1 Roll First Aid Tape
- 1 Breathing Barrier
- 1 Instant Cold Compress
- 2 Pair of Exam Gloves
- 1 Scissors
- 5 Sterile Gauze/Dressing Pads (4x4 inches)
- 1 Roller Bandage

#### Travel:

If the Provider made their own travel first aid kit or needs to replenish a kit, below is a list of minimum items needed to meet standard.

- 10 Adhesive Bandages (assorted sizes)
- 1 Roll First Aid Tape
- 2 Pair of Exam Gloves
- 4 Sterile Gauze/Dressing Pads

**Note:** According to the Board of Nursing, the following items cannot be in first aid kits regardless of single use or not:

- Hydrochloride cream
- Antiseptic cream
- Antibiotic cream

Antibiotic Cream and/or Anti-Itch Cream will need to be removed from all first aid kits. Individuals served need an SMO to use these products (compliance with 3310 & 3315).



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# Appendix D

## Documentation Guidance

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## APPENDIX D- DOCUMENTATION GUIDANCE

### **Billable Service Documentation Guidance Manual:**

- ❖ Residential Habilitation
- ❖ Individual Supported Employment
- ❖ Small Group Supported Employment
- ❖ Community Participation
- ❖ Day Habilitation
- ❖ Pre-Vocational

### **Delaware DDDS Guidance on Documentation:**

Documentation: Records must be maintained in one or more documents, to document the provision of service to an individual, consistent with the individual's Plan of Care. **At least one billable note must be maintained for each service delivered, each service day.** Documentation may be in the form of paper or electronic software programs and must be kept in a manner as to fully disclose the nature and extent of services delivered which include, at a minimum:

- Type of Service
- Date of Service
- Place of Service
- Name of Individual receiving service
- Progress the individual made toward goals expressed in the Plan of Care
- Medicaid ID number of the individual receiving service
- Name of Provider
- Signature (may be electronic) or initials of the person delivering the service (if signature and corresponding initials are on file with the provider)

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### **What this means in practice:**

#### **Service notes must fully describe both the service *provided* and *received* for each claim:**

Each waiver service must be documented as having been delivered, each time that it is delivered. Service documentation must be accurate, detailed, and complete. Clear and concise service documentation is critical to providing individuals with quality care and is required for providers to receive accurate and timely payment for furnished services. Federal and State regulations<sup>1</sup> require providers to maintain the records necessary to “fully disclose the nature and extent of services,” as well as to support claims billed.

Service documentation should not *ONLY* be a description of the supports provided to the individual. It should not *ONLY* include a recitation of the individual's schedule of activities for that day. Waiver services are provided to help the individual accomplish a desired goal or outcome, thus the service should enable the person to work towards achieving the desired goal or outcome. Service activities are used as a tool for skill acquisition or maintenance. Service documentation should therefore also focus on the skills enhanced through each activity or support provided.

Describing an individual's progress toward goal(s) expressed in the Plan of Care identifies the impact of the service as it was received. As such staff should consider and document the following:

- The participant's response to or engagement in service activities.
- The participant's progress toward gaining independence in service related activities.
- The participant's actions or behaviors that impede their progress toward gaining independence.
- Any unusual circumstances or events that impact the stability of the individual participant.
- Actions taken by staff to address behaviors or unusual circumstances.
- A description of the specific components of the waiver service being provided, consistent with the waiver service description.

And staff should always remember:

- If it is not documented, then it did not happen.

Progress toward goals can take time to develop and it is not expected that individuals will necessarily make measurable progress during every single service day. However, progress over time can only be effectively gauged when each service note is detailed and specific to the service provided, staff supports, assistance given, and the individual's response to those services and supports. Staff should be sure to document the type and scope of assistance given each day, as well as how much the individual was able to accomplish independently.

#### **Service notes must support authorized staffing ratios:**

Service documentation must support funded staffing ratios and levels of support. For example: if an individual needs to have a 2:1 staffing ratio, the provision of 2:1 staffing should be clearly evident in the documentation. Such as... "This writer and DSP John were JD's primary support staff today."

#### **Service notes must be individual specific and authentic:**

All service documentation must be specific to the individual and her/his situation at the time the service was delivered. Duplicate notes originally written for another individual, copied and pasted from previous notes, or other documentation that is not specific to the individual and specific to the day the service was rendered is considered by CMS (Centers for Medicare and Medicaid Services) to be "cloning" and is inauthentic and unacceptable. "Documentation is considered cloned when an entry in the medical record for a patient is worded exactly like another or similar to previous entries."<sup>ii</sup>

#### **Service notes must include billable services consistent with the definition of the authorized waiver service:**

Service documentation must always indicate the type of waiver service that was provided. Waiver services must be prior-authorized and consistent with the Person Centered Plan, and the service provision and documentation must be consistent with the waiver service type and description in order to be paid.<sup>iii</sup>

For example:

- ◆ The service authorized in the person's plan is **Pre Vocational Services** – service activities described as provided must be consistent with the following list of activities:
  - Ability to communicate effectively with supervisors, co-workers, and customers
  - Ability to display generally accepted community workplace conduct and dress

- Ability to follow directions
  - Ability to attend to tasks
  - Workplace problem solving, skills and strategies
  - General workplace safety
  - Mobility Training
- Describing how the person enjoyed going to the Delaware Agricultural Museum to learn about early farming in Delaware is **NOT** consistent with the service type/service definition.
  - Describing the person's experience in touring a local farming operation to explore and determine if farm work would be of interest to them **might** be consistent with the service type/service definition.
  - Describing how the person has consistently arrived to the volunteer work site (a local farm) on time and dressed for work and independently approaches Farmer Brown to advise when assigned task is completed **would** be consistent with the service type/service definition.

**Service notes should be completed on the day of the billable activity or shortly thereafter:**

To maintain accurate service documentation, services should be documented during the service or as soon as practical after the service has been provided. Service documentation should be written by the staff person who actually delivered the service as it helps to ensure accuracy. The name of the staff providing and documenting the service must be included in the service documentation. The date the service was provided must be included in the service documentation and must match claims submitted for billing.

**Service notes must include a clear description of the service location:**

The place of service must be clearly defined in every service documentation entry. For services provided in a home, the "site name" is sufficient. For services provided in a day program facility, the "facility name" is sufficient. However, when the service is provided in the community there must be enough information given about the location to determine where the service was provided. For example: "Wawa" would be insufficient, but "Wawa-Milford" would be sufficient as it gives a more definitive description of the service location.

**Service notes must include the name of the service recipient in the body of the note:**

The individual receiving the service should be identified in the body text of every service documentation entry. This provides a confidence level that the service documentation note was written for the correct individual. First name or initials suffice for this purpose.

**Service notes that include other people should appropriately identify those people:**

Other people who are mentioned in the documentation should be identified by name or title in every service documentation entry. For example: "House Manager Jane" or "JD's supervisor at Wawa." Other individuals' who receive services may be referred to by their relationship to the principal individual the service documentation is for. For example: "JD's roommate" or "another program participant."

**Service notes must include the type of transportation provided and by whom:**

Transportation services that are claimed for reimbursement must be documented.

For Day Habilitation, Community Participation, and Pre-Vocational Service, transportation is billed as an “add-on” rate. This means it is added onto the base service rate. Service documentation must support that transportation was provided by or funded by the waiver service provider on that date if the transportation add-on rate is billed<sup>iv</sup>.

Transportation for Group Supported Employment and Individual Supported Employment is an allowable service activity, thus can be billed according to the unit rate. Documentation must support that transportation was provided by the waiver service provider (transportation FUNDED BY the provider, i.e. Dart tickets, is not an allowable Supported Employment service activity.) The individual’s Person Centered Plan must indicate and reflect that all other means of transportation have been explored, but have been determined to be unsuccessful prior to providing this support. If transportation support is to be provided, it must be described in the individual’s person-centered plan and goals must be included to assist the individual to become more independent and access a more integrated form of transportation<sup>v</sup>.

For Residential Habilitation services provided through Supported Living transportation is an allowable service activity, thus can be billed according to the unit rate. Documentation must support that transportation was provided by the waiver service provider (transportation FUNDED BY the provider, i.e. Dart tickets, is not an allowable Supported Living service activity.) The individual’s Person Centered Plan must indicate and reflect that all other means of transportation have been explored, but have been determined to be unsuccessful prior to providing this support. If transportation support is to be provided, it must be described in the individual’s person-centered plan and goals must be included to assist the individual to become more independent and access a more integrated form of transportation.

For Residential Habilitation services provided in Neighborhood Homes, Community Living Arrangements, Share Living Providers transportation is incorporated into the daily unit rate and is not an optional “add-on” rate. Transportation services do not need to be specifically documented.

**Service notes must describe attempts to engage and choices provided:**

When an individual declines to participate in the service activity there must be service documentation describing the attempts by staff to re-engage the individual in the service (This can include attempts to (re)engage in the same activity or in different activities that still meet the waiver service definition). Service documentation should include attempts by staff to understand why the individual declined to engage and attempts to address the underlying problem. Staff should document what the individual did during the service time when they declined to engage in any service related activity. Sleeping is *NOT* a billable service activity. All supports provided by staff should be documented; including periodic reattempts to engage, monitoring what the person is doing, etc.

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i CMS key messages HCBS [February-2016].pdf, CMS billing validation.pdf, MEDICAID PROGRAM INTEGRITY MANUAL 1035 – OVERPAYMENT AND ERRORS VERSUS FRAUD, WASTE, AND ABUSE (Rev. 1, Issued: 09-23-11), CMS 2500.2 Preparation of the Statement of Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program - Forms HCFA-64.9 and HCFA-64.9p., DHSS DDDS Application for a 1915© Home and Community Based Services Waiver 7/1/17, DHSS DMMA DMAP General Policy revision 11/1/17, DDDS HCBS Waiver Provider Policy Manual revision 6/15/15, DDDS Day Services Service Guidelines and Billing Guidance 4/1/14, DDDS Provider Standards revision 7/1/18

ii <https://oig.hhs.gov/oei/reports/oei-01-11-00571.pdf>

iii DHSS DDDS Application for a 1915© Home and Community Based Services Waiver 7/1/17

iv DDDS HCBS Waiver Provider Policy Manual revision 6/15/15

v DDDS Day Services Service Guidelines and Billing Guidance 4/1/14

# Appendix E

## Demographically Appropriate Health Care



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## APPENDIX E-DEMOGRAPHICALLY APPROPRIATE HEALTHCARE

**Adopted from:**

### **Massachusetts Department of Developmental Services Adult Screening Recommendations 2017<sub>1</sub> updates to 2014 revision**

Massachusetts DDS Health Screening Recommendations Updated February 2017

The following are global screening recommendations for adults with intellectual/developmental disabilities. There may be other risk factors not identified here. Always consult with the Health Care Provider (HCP).					
Procedure	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years +
Health Maintenance Visit			<b>Annually for all ages.</b>		
Oral Health Visit			Promote dental health through regular oral hygiene practices, assessment by a dentist at least every 6 months.		
<b>Labs and Screenings</b>					
<b>Cancer Screening</b>					
Breast Cancer	Annual clinical breast exam and self-examination instruction as appropriate		Annual clinical breast exam and self-exam instruction as appropriate. Mammography for high risk patients.		Annual clinical breast exam. Conduct mammography every 2yrs for ages 50+ or more frequently at the clinician's discretion, based on risk factors.
Cervical Cancer (Pelvic Exam & Pap Smear/HPV)	Screen every 3yrs ages 21-29. When speculum testing is too traumatizing, consider annual HPV testing via vaginal swab.		Screen with Pap test ever three years, or combination of Pap and HPV tests every five years, for women who want to lengthen the screening interval.		Discontinue Pap test after age 65 if there is documented evidence of consistently negative results.
Colorectal Cancer	Not routine except for patients at high risk.			Age 50 (until age 75), select one of the following methods or screening intervals: annual FOBT (Fecal Occult Blood Testing) OR Sigmoidoscopy every 5 years + FOBT every 3 years OR Colonoscopy every 10years	
Testicular and Prostate Cancer	Annual testicular exam for all male patients.		Review screening and testing options for prostate and testicular cancer starting at age 40 for men of African-American descent, at age 45 for all other high-risk men (brother or father diagnosed with prostate cancer before age 65), and at age 50 for all other men.		PSA screening is not recommended for ages 70+
Skin cancer	<b>Annual screening for those at high risk</b> (family history of skin cancer, a lighter natural skin color, blue or green eyes, blond or red hair, history of sunbed tanning or sunburns, and people who have taken immunosuppressive medications).				

The following are global screening recommendations for adults with intellectual/developmental disabilities. There may be other risk factors not identified here. Always consult with the Health Care Provider (HCP).

Procedure	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years +
<b>Additional Recommended Screening</b>					
Obesity	Screen for overweight and eating disorders. Consult the CDC's growth and BMI charts. Counsel on benefits of physical activity and a healthy diet to maintain desirable weight for height. Offer more focused evaluation and intensive counseling for obese adults (BMI>30), or overweight adults (BMI>25), with co-morbidities to promote sustained weight loss.				
Hypertension	<b>At every medical encounter</b> and at least annually.				
Cholesterol	Screen with lipid panel men age 35 and older if not previously tested. Screen women age 45 and older if at increased risk for coronary heart disease. Screen every 5yrs or at clinician's discretion. Screen earlier for individuals at increased risk (family history of heart disease, diabetes, tobacco use, hypertension, obesity and use of psychotropic meds).				
Diabetes (Type 2)	<b>Screen at least every 3-5 years</b> with the HgbA1c or fasting plasma glucose screen until age 45 for individuals who are at high risk (obesity, family history of diabetes, low LDL cholesterol, high triglycerides, hypertension, sedentary; and for African-, Hispanic-, Native-Americans, Asian).			Screen every 3 years beginning at age 45.	
Liver Function	Annually for Hepatitis B carriers. At clinician's discretion, after consideration of risk factors including long term prescription medication.				
<b>Dysphagia &amp; Aspiration</b>	Screen annually for signs, symptoms, & clinical indicators of possible dysphagia, GERD, and/or recurrent aspiration. Consider swallow study and/or endoscopy as appropriate.				
Cardiovascular Disease	<b>Conduct annual cardiovascular disease risk assessment.</b> Specific syndromes and neuroleptic medications may increase risk for cardiac disease.			Screen once for abdominal aortic aneurysm (AAA) in men ages 65 to 75 who have ever smoked.	
<b>Osteoporosis</b>	<b>Consider BMD screening at any age if risk factors are present.</b> Risk factors include long term polypharmacy (particularly antiepileptic's), mobility impairments, hypothyroid, limited physical activity, Down syndrome, hypogonadism, vitamin D deficiency.			<b>Consider BMD testing for adults 50+</b> as most adults with IDD have risk factors by this age. Repeat BMD testing at HCP discretion.	
<b>Eye Examination</b>	<b>ALL, including those with legal or total blindness, should be under an active vision care plan and eye exam schedule from an eye specialist (ophthalmologist or optometrist.)</b> Refer to eye specialist if new ocular signs/symptoms develop, including changes in vision/behavior. <b>Annual comprehensive eye exam for diabetics.</b>				
<b>Glaucoma Assessment</b> ophthalmologist/optometrist	Glaucoma assessment at least once by <b>age 22.</b> Follow up exam every <b>2-3 years;</b> more often for high risk patients			Glaucoma assessment <b>every 1-2 years ages 40+,</b> with more frequent eye exams for higher risk patients.	
<b>Hearing Assessment</b>	<b>Assess annually for hearing changes.</b> If changes are present, refer to audiologist for a full screen as needed.				

# Appendix F

## Service Definitions

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## APPENDIX F-SERVICE DEFINITIONS

### **Day Services:**

Individuals receiving Day Habilitation, Community Participation or Prevocational services may also receive Supported Employment. A participant's person-centered plan may include two or more types of day and employment services; however, different types of day services may not be billed for the same part of the day.

### **General Performance Expectations for All Day Services:**

Day Services will have performance/outcome measures stipulated for each program (i.e. QA indices). Individuals shall participate in activities or work that match their interest and abilities. Day Services shall use least restrictive alternatives that are consistent with the needs of the individual and shall operate in accordance with the principal of person-centered service delivery. Day Service program staff shall record and report the progress of individuals per their individual service plans developed by the provider (according to established DDDS procedures).

### **Day Habilitation Services**

Day Habilitation Services are provided for participants 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. Activities provided in a Day Habilitation program should lead to the following outcomes; obtaining and/or maintaining skills that build positive social behavior and interpersonal competence and to increase independence and personal choice. Although Day Habilitation activities may be provided in a location that would be considered recreational in nature, the purpose of the environment is to provide the opportunity to acquire the identified skill.

Day Habilitation Services may include assistance with gaining and/or maintaining skills in the following areas:

- Adaptive Skills that enhance social development;
  - Self-Care – dressing, grooming, and feeding one's self;
  - Communication Skills – understanding and using verbal and nonverbal language, use of communication device;
  - Self-Direction – problem solving, exercising choice, initiating and planning activities;
  - Social Skills – maintaining interpersonal relationships, understanding emotions and social cues, understanding fairness and honesty, obeying rules and laws;
  - Leisure Skills – taking responsibility for one's own activities, having the ability to participate in the community;
  - Transition to Independent Living– using public transportation, using community resources, housekeeping, cooking, doing laundry, maintaining living space, shopping;
  - Functional Academics – using reading, writing, and math skills in everyday life;
  - Health and Safety – ability to protect one's self, responding to health problems.

- Socialization
  - Providing an individual with the skills and opportunities necessary for participating within his or her own society.
  
- Activities of Community Living
  - Taking medications as prescribed;
  - Managing money;
  - Shopping for groceries or clothing;
  - Use of telephone or other form of communication;
  - Using technology (as applicable);
  - Transportation within the community;
  - Communication management;
  - Community orientation;
  - Health management and maintenance;
  - Meal preparation and cleanup;
  - Safety procedures and emergency responses.
  
- Activities of Daily Living
  - Bowel and bladder management (recognizing the need to relieve oneself);
  - Dressing;
  - Eating (including chewing and swallowing);
  - Feeding (setting up food and bringing it to the mouth);
  - Functional mobility (moving from one place to another while performing activities);
  - Personal device care (maintenance of adaptive equipment);
  - Personal hygiene and grooming (including brushing/combing/styling hair);
  - Toilet hygiene.

Day Habilitation may not routinely provide for the payment of services that are vocational in nature (i.e., for the primary purpose of producing goods or performing services).

Personal care/assistance may be a component part of day habilitation services as necessary to meet the needs of a participant, but may not comprise the entirety of the service.

For individuals with degenerative conditions, day habilitation may include training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills.

Participation in day habilitation services is not a pre-requisite for individual or small group supported employment services; individuals may choose to go directly into supported employment in lieu of day habilitation.

Day Habilitation services may also be used to provide supported retirement activities. As some people get older, they may no longer desire to work and may need supports to assist them in meaningful retirement activities in their

communities. This might involve altering schedules to allow for more rest time throughout the day, support to participate in hobbies, clubs, and/or other senior related activities in their communities that provide a specific beneficial outcome to the recipient.

The individual's person centered services and support plan must include Day Habilitation as a desired service. Their goals, services, and supports must be consistent with the services defined as Day Habilitation Services. The Day Habilitation goals, person-centered services and supports plan must be reviewed; no less than annual, more frequently as necessary or as requested by the individual. These services and supports should be designed to support successful outcomes consistent with the individual's goals.

### **Day Habilitation – Community Transition (effective July 1, 2017)**

Community Participation services are the provision of scheduled activities outside of an individual's home that support acquisition, retention, or improvement in self-care, sensory-motor development, socialization, daily living skills, communication, community living, and social skills. Community Participation services include supervision, monitoring, training, education, demonstration, or support to assist with the acquisition and retention of skills and training and education in self-determination. Community Participation may include self-advocacy training to assist the participant in expressing personal preferences, self-representation, and individual rights and to make increasingly responsible choices. Each individual receiving Community Participation services works toward acquiring the skills to become an active member of the community. Services are furnished consistent with the participant's person-centered plan (PCP). Because Community Participation is very individualized and is heavily focused on community exploration, it can only be provided in staffing ratios of one staff to each participant or one staff to two participants.

Community Participation services focus on the continuation of the skills already learned in order to build natural supports in integrated settings. The individual is ready to interact and participate in community activities and needs the supports of staff to facilitate the relationship building between the individual and other non-disabled participants within the community activities. Ideally, the paid staff will fade or decrease their support as the natural supports become sufficient to support the individual in the integrated settings and activities.

Community Participation may be furnished in the general community, or any combination of service locations, provided that the activities take place in a non-residential setting that is separate from the participant's private residence or other residential living arrangement. Individuals may gather at the beginning and end of the day at a "hub" before embarking on their activities of the day but may not spend any more than 1 hour in total at the hub per day. Other than the brief period at the beginning or end of the day, Community Participation cannot be delivered in a provider owned or managed setting.

The provider must actively promote and be capable of providing opportunities for full access to participate in the greater community for those waiver participants that express a desire for such access and for whom it would not be contrary to their health and safety needs as articulated in their person centered plan. The provider must demonstrate that they support individuals to exercise their option to achieve their desired level of participation in the community. To the greatest extent possible, individuals should be exposed to a broad array of community experiences so that they can make informed choices about what they like and what they don't like.

Transportation to and from the planned service location for each day, including a "hub", is a component part of Community Participation and the cost of this transportation is included in the rate paid to providers of community participation services.



## **Pre-Vocational Service**

Pre Vocational Services are learning and work experiences, including volunteer work that assist the individual to develop general, non-job-task-specific strengths and skills (soft skills) that contribute to employability related to the participant's identified employment goal. The outcome of this service is competitive, as integrated employment in the community is matched to the individual's interests, strengths, priorities, abilities, and capabilities.

Pre-Vocational Services may include activities that assist the individual to improve their:

- Ability to communicate effectively with supervisors, co-workers, and customers;
- Ability to display generally accepted community workplace conduct and dress;
- Ability to follow directions;
- Ability to attend to tasks;
- Workplace problem solving, skills and strategies;
- General workplace safety;
- Mobility Training.

A clear distinction must be made between Pre-Vocational Services and Vocational Services. Pre-Vocational Services focus on teaching general skills (soft skills) that contribute to the individual's employability. Vocational Services are services that teach job task specific skills. The only vocational services covered under the DDDS Lifespan Waiver are Supported Employment - Individual and Supported Employment – Group.

Pre-Vocational Services are expected to occur over a defined period of time with specific employment outcomes to be achieved, as determined by the individuals and his/her service and supports planning team through an ongoing person-centered planning process.

Individuals receiving Pre-Vocational Services must have employment related goals in their person-centered services and supports plan, and the pre-vocational activities must be designed to support such employment goals.

A person receiving Pre-Vocational Services may pursue employment opportunities at any time to enter the general work force. Pre-Vocational Services are intended to assist individuals to enter the general workforce.

Participation in Pre-Vocational services is not a pre-requisite for individual or small group supported employment services; individuals may choose to go directly into supported employment in lieu of pre vocational services.

The individual's person-centered services and support plan must include Pre Vocational Services as a desired service and their goals, services and supports must be consistent with the services defined as Pre Vocational Services. The Pre Vocational goals, person-centered services, and supports plan must be reviewed no less than annually, more frequently as necessary or as requested by the individual. These services and supports should be designed to support successful employment outcomes consistent with the individual's goals.

Pre-Vocational Services may include volunteer work, such as learning and training activities that prepare a person for entry into the paid workforce.

Individuals receiving Pre-Vocational Services may also receive Supported Employment and/or Day Habilitation Services. A participant's person-centered services and supports plan may include two or more types of Day Services; however, different types of day services may not be billed for the same part of the day.

Personal care/assistance may be a component part of Pre-Vocational Services as necessary to meet the needs of a participant, but may not comprise the entirety of the service.

## **Supported Employment - Individual**

Individual Supported Employment Services are provided to participants who, because of their disabilities, need ongoing support to obtain and maintain an individual job, which is competitive or customized employment, or a self-employment position in an integrated work setting with the general workforce. The supported employment services are provided on a one-to-one staff-to-consumer ratio. Participants must be compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals in order to promote community inclusion.

Supported individual employment may also include support to establish or maintain self-employment, including home-based self-employment. Supported employment services are individualized and may include any combination of the following services:

- vocational/job-related discovery or assessment,
- person-centered employment planning,
- job placement,
- job development negotiation with prospective employers,
- job analysis,
- job carving,
- training and systematic instruction,
- job coaching,
- on the job employment supports,
- social skills training, benefits support,
- training and planning,
- transportation,
- asset development and career advancement services,
- implementation of assistive technology, and
- other workforce support services including services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.

### **Supported Employment - Small Group**

Supported Employment Small Group Employment Support are services and training activities provided in regular business, industry, and community settings for groups of two (2) to eight (8) workers with disabilities. Examples include mobile crews and other employment work groups. Small group employment support must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces. Participants must be compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Supported employment small group employment supports may be a combination of the following services:

- vocation/job related discovery or assessment,

- person center employment planning,
- job placement,
- job development,
- social skills training,
- negotiation with prospective employers,
- job analysis,
- training and systematic instruction,
- job coaching,
- benefits supports,
- training and planning,
- transportation and career advancements services.

Other workplace support services may include services not specifically related to job skill training that enable the waiver participant to be successful in integrating in to the job setting.

In order for a vocational service to be covered under an HCBS waiver, documentation must be maintained that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or IDEA (20 U.S.C. 1401 et seq.). Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or payments that are passed through to users of supported employment services.

## **Residential Habilitation:**

Residential services can include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming, cleanliness, bed making, household chores, eating, preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional community-based setting. These services are individually planned and coordinated through the individual's Essential Lifestyle Plan (ELP). The scope of these services is based on the individual's need and can be around-the-clock or in blocks of hours.

Residential Habilitation Services may be provided in a neighborhood group home setting, a supervised or staffed apartment (community living arrangement), or a shared living arrangement (formerly titled adult foster care).

Payments for residential habilitation are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep, and improvement. Transportation is a component part of Residential Habilitation Services for Neighborhood Group Homes and Community Living Arrangements.

Coverage by provider agency direct care staff during consumer hospitalizations cannot be paid for under the DDDS Lifespan Waiver.

The following activities may be performed under all types of Residential Habilitation:

- Self-advocacy training that may include training to assist in expressing personal preferences, self-representation, individual rights and to make increasingly responsible choices.

- Independent living training may include personal care, household services, child and infant care (for parents themselves who are developmentally disabled), and communication skills such as using the telephone.
- Cognitive services may include training involving money management and personal finances, planning and decision making.
- Implementation and follow-up counseling, behavioral or other therapeutic interventions by residential staff, under the direction of a professional, that are aimed at increasing the overall effective functioning of an individual.
- Emergency preparedness.
- Community access and inclusion services that explore community services available to all people, natural supports available to the individual, and develop methods to access additional services/supports/activities desired by the individual.
- Supervision services may include a person safeguarding an individual with developmental disabilities and/or utilizing technology for the same purpose.

Once a consumer has selected a provider agency to provide residential habilitation services, it is the provider's responsibility to ensure that the residential sites that are recommended to the consumer must be able to meet the consumer's physical needs. This includes ensuring that facilities are accessible where necessary and that accommodations are made to address the special needs of individuals who are deaf or have visual impairment consistent with ADA requirements. After an initial site has been chosen and the consumer has moved there, any recommendation for a move to a different site for any reason must be discussed at a meeting that includes all team members, including the DDDS Support Coordinator.

Any time a waiver member receiving residential services moves from one residential location to another, a transfer planning conference must be held prior to the move to ensure that adequate measures have been put in place to ensure the member's continued safety and well-being.

### **Shared Living Arrangement**

Services provided under a Shared Living arrangement include personal care and supportive services (e.g., homemaker, chore, attendant care, companion, medication oversight (to the extent permitted under State law) provided in a DDDS-certified private home by a principal care provider who lives in the home. A Shared Living arrangement is furnished to adults who receive these services in conjunction with residing in the home. The Division, although committed to one-person Shared Living homes, does allow for exceptions to the one-person rule. An individual (or their team on behalf of the individual) may request an exception to increase the maximum number up to 3. The exception request will be scrutinized to ensure it is consumer-driven and in the best interest of the individual already residing in the home. Exceptions to allow for up to 3 adult siblings who want to remain together or where 2 individuals are very close and want to live together are examples of exception requests that are very likely to be approved. Separate payment is not made for homemaker or chore services furnished to a participant receiving shared living arrangement services, since these services are integral to and inherent in the provision of shared living arrangement services.

Shared Living providers must provide or arrange for transportation to all activities and services as required by the individual unless transportation is provided as a part of another waiver service. Medicaid recipients in a Shared Living arrangement can access transportation to and from medical appointments via the Medicaid Transportation Broker.

## **Clinical Consultation:**

### **Clinical Consultation: Behavioral**

Behavioral Consultation is provided under the Positive Behavior Support model. Behavioral Consultation results in individually designed behavior plans and strategies for waiver participants who have significant behavioral difficulties that jeopardize their ability to remain in the community due to their inappropriate responses to events in their environment. The behavioral consultation is designed to:

- 1) decrease challenging behaviors while increasing positive alternative behaviors, and
- 2) assist participants in acquiring and maintaining the skills necessary to live independently in their communities and avoid institutional placement.

The Behavioral Consultation Service includes a functional assessment, development of a behavior support plan, and implementation of the Behavioral Support Plan to enable individuals, families, and service providers to effectively support the waiver member in their attainment of the goals they have set. The Behavioral Consultation providers use a standardized functional assessment to determine the needs of each individual. The service includes periodic monitoring of the effectiveness of the Behavioral Support Plan with requisite adjustments as indicated.

The Behavioral Consultation Service shall include the development of behavioral strategies, as allowed within the scope of practice of the Behavior Consultant, and when clinically indicated and if desired by the waiver member and their family.

Specifically, Behavioral Consultation includes:

- Completing the Functional Assessment of Behavior, as needed, to better understand the purpose, triggers, and what is causing the maladaptive behavior.
- Providing consultation, training and direction to waiver member's support team and other direct support professionals who work with the waiver member who displays challenging, maladaptive or self-limiting behaviors.
- Developing Behavior Support Plans incorporating the principles of Positive Behavior Supports in order to reduce maladaptive or self-limiting behavior and increase appropriate positive behaviors.
- Instructing support teams, direct support professionals and family members and others with whom the waiver member routinely interacts on the principles of Positive Behavior Support and implementation of the behavioral support plan.
- Monitoring the outcome of the behavioral support plan through data collection and observation associated with the implementation of the Behavior Support Plan.

Maintaining the waiver member's record which may include the following:

- Documentation of progress/treatment for people who have Behavior Support Plans or mental health support Plans on at least a monthly basis;
- The 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.

In cases where psychological or professional counselling or assessment services are indicated, upon request of the waiver member, the BA will:

- Identify potential mental health practitioners;
- Act as a liaison between the individual, his/her support team and the service provider to ensure that the mental health practitioner receives information necessary to appropriately treat the person.

In cases where psychiatric services are needed, upon request of the waiver member, the role of the BA is to:

- Identify potential mental health practitioners;
- Act as a liaison between the individual, his/her support team and the service provider to ensure that the mental health practitioner receives information necessary to appropriately treat the person;
- Instruct the team on how to carry out the prescribed treatment;
- Develops Mental Health Support plans to ensure that the individual is supported in accordance with the principles of best practice;
- Monitors progress/treatment for people who have Behavior Support Plans or mental health support Plans;
- Serves as a team member for people who have Behavior Support Plans or Mental Health Support Plans;
- Prepares necessary documentation for oversight committees such as PROBIS and HRC in accordance with DDDS policies.

### **Clinical Consultation: Nursing**

Nursing Consultation consists of the overall coordination and monitoring of the health care needs for waiver participants. These individuals live in community settings and have a prescribed medical treatment plan. This consultation assists caregivers in carrying out individual treatment/support plans and is necessary to improve the individual's independence and inclusion in their community. This service may be delivered in the individual's home or in the community as described in the service plan.

Nursing Consultation consists of the following activities:

- Provides the clinical and technical guidance necessary to support the individual in managing his/her healthcare needs.
- Completes the Nursing Assessment, develops an integrated Plan of Care and monitors the effectiveness of the interventions on no less frequent than an annual basis.
- Completes the DDDS Medical Alert forms, Fall Risk Assessment, Aspiration Assessment, and any other assessments as appropriate on no less frequent than an annual basis.
- Completes on-site medication/record reviews for Neighborhood Homes and Community Living Arrangements (e.g. the monthly Health and Medication Review as outlined in all applicable DDDS policies and procedures). Findings of all reviews shall be reported to DDDS and the appropriate agency staff for corrective action.
- Completes monthly contacts (phone/in person) and at least an annual on-site visit for Shared Living Providers. During the on-site visit, the nurse will verify that medication storage follows the DDDS guidelines.
- Completes Quarterly Nursing Reviews for individuals residing with Shared Living Providers.
- Monitors, reviews, and reconciles medication forms monthly and takes appropriate action as indicated for individuals residing with Shared Living Providers.

- In emergency situations, may perform a medical procedure within the registered nurse's scope of practice, experience and proficiency.
- Participates as an Interdisciplinary Team member.
- Attends the annual ELP meetings, Transfer Planning Conference meetings, and other meetings as appropriate.
- Provides ongoing health related training for individuals, staff, and families.
- Maintains on-going accurate, timely, and relevant documentation of all health care issues. Updates all required documents as changes in health conditions warrant.
- Communicates to individuals/families/guardians/other service providers about health care issues. Attends medical appointments with the individual if indicated/warranted.
- Assists in obtaining resources and acts as an advocate and coordinator of health care services ensuring appropriate treatment, follow-up, and resolution to healthcare issues occurrences.
- Assists waiver members to transition from one residential living arrangement to another.
- Adheres to DDDS healthcare protocols.
- Monitors medication administration activities performed by direct care staff or consumers.

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<sup>i</sup> CMS key messages HCBS [February-2016].pdf, CMS billing validation.pdf, MEDICAID PROGRAM INTEGRITY MANUAL 1035 – OVERPAYMENT AND ERRORS VERSUS FRAUD, WASTE, AND ABUSE (Rev. 1, Issued: 09-23-11), CMS 2500.2 Preparation of the Statement of Medical Assistance Expenditures By Type Of Service For The Medical Assistance Program - Forms HCFA-64.9 and HCFA-64.9p., DHSS DDDS Application for a 1915© Home and Community Based Services Waiver 7/1/17, DHSS DMMA DMAP General Policy revision 11/1/17, DDDS HCBS Waiver Provider Policy Manual revision 6/15/15, DDDS Day Services Service Guidelines and Billing Guidance 4/1/14, DDDS Provider Standards revision 7/1/18

<sup>ii</sup> <https://oig.hhs.gov/oei/reports/oei-01-11-00571.pdf>

<sup>iii</sup> DHSS DDDS Application for a 1915© Home and Community Based Services Waiver 7/1/17

<sup>iv</sup> DDDS HCBS Waiver Provider Policy Manual revision 6/15/15

<sup>v</sup> DDDS Day Services Service Guidelines and Billing Guidance 4/1/14