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

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

III. **Application**
Individuals participating in DDDS funded residential and day services, employees of DDDS Community Services and DDDS residential and day contractors

IV. **Definitions**

A. **Arms Length:** Must be within 1 to 2 feet of the person to offer or provide supports

B. **Check-in Monitoring:** A check-in system established by the team that minimally includes how often the individual is monitored and how they are monitored (visual, electronic message, phone call, etc.).

C. **Does Not Apply (DNA):** Skill/activity is not engaged in by the individual (ex: DNA would be appropriate for a person who has no criminal status, hence, no support is needed for the criminal mandate element).

D. **Immediate Area:** Within 35 feet of the individual and at all times able to hear or see the individual.

E. **Level of Support:** The amount and frequency of assistance, monitoring and/or supervision that
is identified for an individual receiving services. Levels of support are described in the
individual’s Individual Plan of Protection (IPOP).

F. **On Premises:** Within the same building, visual or verbal contact not necessary

G. **Physical Assistance:** The use of methods that physically touch, hold, guide a person.
(Examples may include the use hand-over-hand assistance, the use of a gait belt)

H. **People at Risk of Sexually Offending Behavior:** shall include
   1. **Sexually Aggressive Behavior (or history thereof):** - Determination that an individual has a
      risk of engaging in sexually aggressive behavior based either on a history of similar behavior
      or a risk assessment that indicates a risk of the behavior.
   2. **Sexual Misconduct (or history thereof):** - A variety of sexual behaviors that are
      inappropriate related to the typology of the behavior, type, place or other circumstances.
      Determination of risk is made by previous history and/or assessment information of behavior
      risk.

I. **Risk of sexual exploitation (or history thereof):** a determination that an individual has risks of
   being sexually exploited by others based on either a previous history or exploitation of based
   on assessment information that indicates such a risks exits.

J. **Safety Zone:** Must be within 3 to 5 feet of the individual and available to provide supports as
   needed.

K. **Team:** Consists of the Individual, DDDS Social Worker/Case Manager, Agency
   Residential/Day/Employment Program Coordinator, Family, Friends, Advocates, Paid Staff,
   Clinical Supports and anyone that the individual chooses

L. **Transfer Planning Conference- (TPC)** A meeting with an individual receiving services and
   his/her transferring and receiving interdisciplinary teams in preparation for a change in
   services including clinical consultation, residential service provider, residential location, day
   services provider, day service location, employment services.

V. **Standards**
   A. The Level of Support(s) identified by the team shall be clearly documented in the Individual
      Plan of Protection (IPOP).

   B. The contracted residential agency Program Coordinator or the DDDS Case Manager (for Shared
      Living homes) shall be the responsible person for completing the IPOP, as developed by the
      Team. He/she shall also be responsible for ensuring that the IPOP reflects collaboration and
      coordination with all other agencies providing support (i.e., employment services, day services,
      clinical services).

   C. The development and revision of the IPOP shall include input from the individual’s team
      (residential and day) and available assessments and court orders, as appropriate
D. The Level of Support(s) in the IPOP shall be reviewed and/or revised for the following reasons:
   a) the individual's needs or circumstances require a change;
   b) within 15-30 days of a change in services and in conjunction with the Transfer Planning Conference; (i.e. residential, work, day);
   c) 15-30 days prior to an Essential Lifestyle Plan Meeting (ELP)

E. The ASETS or similar assessment shall be completed by the assigned Psychological Assistant, in conjunction with the development of the Level of Support(s) in the IPOP, for individuals at risk of sexually offending behavior or sexual exploitation.
   a) The outcome of the Asets assessment shall be considered by the team when determining Level of Support(s) for an individual.

F. The Levels of Support(s), as identified in the IPOP, shall be reviewed at each TPC and ELP meeting.

G. Any special circumstance that warrant a level of support shall be described in the comments section of the IPOP.

VI. Procedures

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<tr>
<th>Responsibility</th>
<th>Action</th>
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<tbody>
<tr>
<td>Contracted Program Coordinator/</td>
<td>1. Coordinates the review and/or revision of the Level of Supports (s) in the IPOP, with the frequency as required below.</td>
</tr>
<tr>
<td>DDDS Social Worker/ Case Manager</td>
<td>2. Documents the individual’s Level of Support(s) in the IPOP, and enters it into the electronic record:</td>
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<td></td>
<td>a) Within 5 calendar days of the annual ELP meeting;</td>
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<td>b) Within 5 calendar days of a TPC meeting;</td>
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<td>c) Within 5 calendar days of changes that warrant revised Level of Support(s)</td>
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<tr>
<td>Team Members</td>
<td>3. Completes documentation of new or revised Level of Support(s) sooner than the 5 calendar days if the individual’s health and safety is at risk.</td>
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<td>4. Electronically review and approve the completed IPOP, in the individual’s electronic record.</td>
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VII. References
A. Individual Plan of Protection Version DE2013.7 (IPOP)
B. Transfer Planning Conference Policy

VIII. Exhibits
None