

**Delaware DDDS State Self-Assessment of Laws, Rules, Policies, etc. to Support the CMS HCBS Rule
Evidence of Compliance – Revised July 11, 2016**

	Source Demonstrating Compliance	Text Demonstrating Compliance and Proposed New Language
<p><i>1. Setting facilitates community access</i></p> <p><u>Applies to:</u> All Settings</p>	<p>DMAP Provider Specific Manual: DDDS HCBS Waiver, Section 2.0: Qualified Providers http://www.dmap.state.de.us/downloads/manuals/DD.Waiver.Provider.Specific.pdf</p>	<p>CMS Community Rule</p> <p>CMS published the new Community Rule for HCBS that became effective on March 17, 2014. The Rule applies to home and community based services under the authorities of sections 1915(c), 1915(k) or 1915(i) of the Social Security Act (SSA).</p> <p>The DDDS waiver is established under section 1915(c) of the SSA, so the settings in which DDDS waiver members live and the settings in which they receive other HCB services must comply with the new Rule. The HCB settings requirements can be found at 42 CFR 441.710(a)-(b).</p> <p>HCB settings and services must meet the following criteria in order to be compliant with HCBS settings requirements:</p> <ul style="list-style-type: none"> • The setting is integrated in and facilitates access to the community. • The setting facilitates interaction with non-disabled, non-Medicaid individuals. • The provider meets all qualifications prior to service delivery including training that emphasizes participant rights, privacy, dignity, and respect. • Provider offices and worksites may be inspected as part of the provider certification process. • The setting optimizes but does not regiment individual initiative, autonomy and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. • The setting facilitates individual choice regarding services and supports, and who provides them.
	<p>DDDS Policy: Planned Residential Transition, Oct 2009; section V. C. Standards http://dhss.delaware.gov/dhss/dd</p>	<p>Attempts shall be made to assist individuals to visit and secure a residential option that is reflective of his/her preferences and choices and enable them to achieve their personal goals</p>

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	Source Demonstrating Compliance	Text Demonstrating Compliance and Proposed New Language
	ds/files/policy_comm_res_trans_oct_2009.pdf	
	DDDS Office of Quality Improvement Protocol for Review of New Neighborhood Home; Checklist –Environment http://dhss.delaware.gov/dhss/ddds/files/NewHomeProtocol.pdf	The home is located in a community setting.
	Delaware Administrative Code, Section 3310, Section 4 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u></p> <p>4.4 Relationships and Community Membership</p> <p>4.4.1 The individual has relationships he or she chooses, is supported to maintain existing relationships, and experiences opportunities to develop new relationships as desired.</p> <p>4.4.1.1 The individual indicates that he/she has valued relationships.</p> <p>4.4.1.2 The service provider supports the individual in learning about, developing new, and/or maintaining existing relationships.</p> <p>4.4.2 The individual has opportunities to participate in activities at home, at work, in the community and during leisure time that he/she chooses.</p> <p>4.4.2.1 The individual indicates that he/she participates in activities of his/her choice.</p> <p>4.4.2.2 Documentation indicates that the individual is participating in chosen activities.</p> <p>4.4.2.3 Activities are offered at a frequency that the individual chooses.</p> <p>4.4.2.4 The service provider addresses any of the individual’s concerns regarding activities, relationships and community membership.</p> <p>4.6.5 The Essential Lifestyle Plan addresses efforts to support the individual’s advancement towards meaningful participation and/or employment in their communities.</p>

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		<p><u>Proposed Language (new definition for the 3310 Regulation):</u> 2.0 Definitions: Neighborhood Home - A residence that is fully integrated in the community, not on the grounds of an institution, has shared common living areas, and where the individual chooses to live. These homes offer up to 24 hr. supports to individuals with Intellectual and/or Developmental Disabilities and have no more than four individuals living in the home. This residence is licensed by the Division of Long Term Care Residents Protection (DLTCRP) pursuant to 16 Del.C. §1101 and must meet minimum acceptable standards for living conditions and supports.</p>
	DDDS Standards (proposed standards still in draft -not yet available on line)	<p><u>Proposed Language in the DDDS Standards:</u> RCN1.1 The provider has policies and procedures that promote open communication and interaction with residents of the community in which the home is located in order to facilitate the individual’s integration into their community. CHN1.2 The provider ensures that individuals are supported to make choices in all areas of his/her life.</p>
	DHSS Policy Memo #31, section IV. 1. (Site Selection of Residential Facilities for People with Disabilities) http://www.dhss.delaware.gov/dhss/admin/pm31.html	The appropriate division develops general criteria for site selection in partnership with purchaser (ARC, NAMI, etc.). These criteria can only be specific to the support needs of the residents of the housing and must be consistent with the Fair Housing Law, Americans with Disabilities Act and other applicable federal and state laws.
	DDDS Policy: Right and Responsibilities, January 2010 Statement of Rights http://dhss.delaware.gov/dhss/ddds/files/policy_admin_rights_jan_2010.pdf	You have the right to: Participate in the life of your community, including belonging to clubs, organizations, and attending functions or events of your choice.

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	Delaware Code, Title 16, Ch 55, Subchapter I. § 5504 Declaration of General and Special Rights of Persons Diagnosed with Intellectual Disabilities and Other Specific Developmental Disabilities http://www.delcode.delaware.gov/title16/c055/sc01/index.shtml	§ 5504 Normal living arrangements. Persons diagnosed with intellectual disabilities or other specific developmental disabilities have a right to live with their families or with other care providers; to participate in all aspects of community life; and to have access to appropriate leisure time activities. If residence in an institution is the least restrictive environment and the most appropriate setting reasonably available, it should be in surroundings and under circumstances as close to normal living as possible.
<p><i>2.a There are opportunities to seek employment and work in competitive integrated setting.</i></p> <p><u>Applies to:</u> All Services</p>	Approved DDDS 1915(c) Waiver Application, Appendix C-1 http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf	<p>Individual Supported Employment Services are provided to participants, at a one to one staff to consumer ratio, who because of their disabilities, need ongoing support to obtain and maintain an individual job in competitive or customized employment, or self-employment position, in an integrated work setting in the general workforce for which an individual is 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.</p> <p>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. The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community based employment for which an individual is</p>

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		<p>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.</p>
	<p>DMAP Provider Specific Manual: DDDS HCBS Waiver, Section 4.9: Case Management http://www.dmap.state.de.us/downloads/manuals/DD.Waiver.Provider.Specific.pdf</p>	<p>The Employment First Act of 2012 declares that “People with disabilities have a right to the opportunity for competitive employment. In order to achieve meaningful and competitive employment for persons with disabilities, employment opportunities in fully integrated work settings shall be the first and priority option explored in the service planning for working age persons with disabilities.”</p> <p>The DDDS case manager must document:</p> <ul style="list-style-type: none"> • the right to the opportunity for competitive employment in the community was fully explained during the service planning process; • the various employment services were fully explained during the service planning process; • the individual was assisted in making an informed decision about whether or not to pursue employment during the service planning process; • all consumers expressing an interest in employment must be referred to the Division of Vocational Rehabilitation to be assessed for eligibility
	<p>Delaware General Assembly, House Bill 319 Employment</p>	<p>All persons with disabilities, including veterans with service-connected disabilities, have a right to the opportunity for competitive employment.</p>

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	First Law, signed July 12, 2012 http://legis.delaware.gov/LIS/LIS146.NSF/vwlegislation/AFF2FC8367D02D67852579C80076C8A5	
	DDDS Policy: Right and Responsibility, January 2010 Statement of Rights http://dhss.delaware.gov/dhss/ddds/files/policy_admin_rights_jan_2010.pdf	You have the right to Equal educational and work opportunities.
	Delaware Administrative Code, Section 3310, Section 4.6 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u></p> <p>4.6.5 The Essential Lifestyle Plan addresses efforts to support the individual’s advancement towards meaningful participation and/or employment in their communities.</p> <p>4.6.5.1 If the individual who has community employment indicates a desire to increase his hours of employment, the ELP should reflect goals for increasing the number of hours of employment.</p> <p>4.6.5.2 If the individual is not working in a community setting and expresses a desire to work in a community setting, the ELP should reflect that efforts are being made to achieve employment in a community setting.</p> <p>4.6.5.3 If an individual is not working in a community setting, a community based work assessment should be completed upon the individual’s request and/or at least every three years to determine if employment within the community would be a viable option for the individual.</p> <p>4.6.5.4 If an individual expresses a desire not to work, the ELP reflects that the individual is given opportunities for meaningful community participation.</p> <p>4.6.5.5 If an individual expresses a desire to retire, the ELP reflects that efforts are being made to achieve the individual's expressed desire to retire.</p>

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	DDDS Standards (proposed standards still in draft -not yet available on line)	<p><u>Proposed Language in the DDDS Standards:</u> CHSE5.1 The provider ensures that individuals have a choice of activities based on their abilities, desires and preferences, including opportunities to explore competitive work opportunities or volunteer work experiences. OPR4.2 Services shall be aimed at increased opportunities for meaningful adult career development with focus towards paid employment. CM1.5 The person-centered plan reflects that opportunities to seek employment and work in competitive integrated settings are offered.</p>
	Delaware Code, Title 16, Ch 55, Subchapter I. § 5503 Declaration of General and Special Rights of Persons Diagnosed with Intellectual Disabilities and Other Specific Developmental Disabilities http://www.delcode.delaware.gov/title16/c055/sc01/index.shtml	§ 5503 Economic security and meaningful occupations. Persons diagnosed with intellectual disabilities or other specific developmental disabilities have a right to strive for productive work in meaningful occupations, economic security and a decent standard of living.
<p><i>2.b Control of personal resources</i></p> <p><u>Applies to:</u></p> <ul style="list-style-type: none"> • Res Hab • Day Hab • Prevoc 	DHSS Policy Memo #24 Section VII. A and B (DHSS policy on Safeguarding and Management of Resident/Client Funds).	<p>A. To promote self-sufficiency, the division shall advocate and recognize the right of each individual to manage his/her own money and finances. Each individual’s Interdisciplinary Team will assess the individual’s capabilities to manage his/her own benefits, money and property.</p> <p>B. The division shall offer and provide organizational representative payee services under the following conditions:</p> <ol style="list-style-type: none"> 1. There is evidence that the DHSS resident/client who receives residential, supported-living or outpatient service is not capable of managing or directing the management of benefit payments in his or her own best interest.

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	DDDS Policy: Management, Accountability & Safeguarding of Personal Funds October 1, 2011; http://dhss.delaware.gov/dhss/ddds/files/management_accountability.pdf	Funds of individuals receiving services shall be safeguarded and individuals shall be supported in their efforts toward independence/self-management
	Delaware Administrative Code, Section 3310, Section 4.2 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u></p> 4.2.5.1 The individual has access to his/her funds 4.2.5.2 The individual is supported to manage his/her funds to the greatest extent possible.
	DDDS Standards (proposed standards still in draft -not yet available on line)	<p><u>Proposed Language in the DDDS Standards:</u></p> RRDH3.5 The individual’s personal finances must be protected from fraud and abuse. They must be accessible to the individual at any time. Funds for individuals may not be co-mingled with funds from other individuals or the provider. They must be maintained in separate accounts. Accurate records must be kept of the individual’s finances, including all transactions, which must be produced as requested by the individual or the Division. Receipts or other documentation must be maintained for all expenditures using the individual’s funds. An audit of individual funds must be conducted every four months funds. Providers must have policies and procedures in place that promote fiscal protection and safeguarding of client funds.
	DDDS Policy: Right and	You have the right to: Make decisions that directly affects your

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	Responsibility, January 2010, Statement of Rights http://dhss.delaware.gov/dhss/ddds/files/policy_admin_rights_jan_2010.pdf	life including managing your finances
<p>3. Individual receives services in the community to the same degree as individuals not receiving HCBS</p> <p><u>Applies to:</u> All Services</p>	DDDS Policy: Right and Responsibilities Policy January 2010 http://dhss.delaware.gov/dhss/ddds/files/policy_admin_rights_jan_2010.pdf	You have the right to: Participate in the life of your community, including belonging to clubs, organizations, and attending functions or events of your choice.
	DMAP Provider Specific Manual: DDDS HCBS Waiver, section 2.0 Qualified Providers http://www.dmap.state.de.us/downloads/manuals/DD.Waiver.Provider.Specific.pdf	<p>2.0 HCB settings and services must meet the following criteria in order to be compliant with HCBS settings requirements:</p> <ul style="list-style-type: none"> • The setting is integrated in and facilitates access to the community. • The setting facilitates interaction with non-disabled, non-Medicaid individuals. • The provider meets all qualifications prior to service delivery including training that emphasizes participant rights, privacy, dignity, and respect. • Provider offices and worksites may be inspected as part of the provider certification process. • The setting optimizes but does not regiment individual initiative, autonomy and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. • The setting facilitates individual choice regarding services and supports, and who provides them.
	Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.0 and 4.1 Neighborhood Homes for Persons with Developmental	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u></p> <p>4.0 Individual Process to Support Outcomes and Provider Performance 4.1.2 The individual’s lifestyle, personal activities, routines and supports is based on personal choice.</p>

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	Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	4.2.1.5 The individual has access to all areas of his/her environment. 4.4.2 The individual has opportunities to participate in activities at home, at work, in the community and during leisure time that he/she chooses. 4.4.2.1 The individual indicates that he/she participates in activities of his/her choice.
	DDDS Standards (proposed standards still in draft -not yet available on line)	<p><u>Proposed Language in the DDDS Standards:</u></p> RCCLA2.1 The provider has policies and procedures that promote open communication and interaction with residents of the community in which the home is located in order to facilitate the individual’s integration into the community. CM1.6 The person-centered plan reflects that the individual was given opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
	DDDS Guidance on Residential Site Location http://dhss.delaware.gov/dhss/ddds/files/DDDSPolicytoRequestaNewResidence121015.pdf	DDDS recognizes that the location of a residence must take into account the preferences and needs of the individuals who will make the location their home. Once DDDS receives a request for a new residence, it will consider the factors enumerated below when assessing whether to approve the requested location. No single factor shall be determinative as to whether a proposed location is approved. The factors which DDDS shall consider when assessing a proposed location are: <ul style="list-style-type: none"> • Resident Identified Preferences • Family Identified Preferences • Neighborhood and Community • Treatment and Care Needs • Accessibility • Safety and Security • DDDS’ Legal Obligations to Integrate and Choice

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		<ul style="list-style-type: none"> • Cost
<p>4. <i>The setting is selected by the individual from among residential and day options that include generic settings</i></p> <p><u>Applies to:</u> All Settings</p>	<p>DDDS Standards (proposed standards still in draft -not yet available on line)</p>	<p><u>Proposed Language in the DDDS Standards:</u> CM1.4 The person-centered plan documents that the case manager assisted the individual in selecting services, settings and providers from among the available options and the discussion of those options, including why the options selected were preferred over others that were not selected. The plan must document all of the relevant factors that the individual considered, including such elements as: location, proximity to friends or family members, the individual’s income, any special requirements the individual has, etc. The plan must reflect that all settings are chosen by the individual and that the setting is integrated in, and supports full access to the greater community.</p>
	<p>DDDS Guidance on Residential Site Location http://dhss.delaware.gov/dhss/ddds/files/DDDSPolicytoRequestaNewResidence121015.pdf</p>	<p>DDDS recognizes that the location of a residence must take into account the preferences and needs of the individuals who will make the location their home. Once DDDS receives a request for a new residence, it will consider the factors enumerated below when assessing whether to approve the requested location. No single factor shall be determinative as to whether a proposed location is approved. The factors which DDDS shall consider when assessing a proposed location are:</p> <ul style="list-style-type: none"> • Resident Identified Preferences • Family Identified Preferences • Neighborhood and Community • Treatment and Care Needs • Accessibility • Safety and Security • DDDS’ Legal Obligations to Integrate and Choice • Cost
<p>5. <i>The setting provides the participant an option to</i></p>	<p>DDDS Policy: Recruitment and renewal of shared living/respice providers June 2007 http://dhss.delaware.gov/dhss/dd</p>	<p>Bedrooms must allow for privacy.</p>

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<p><i>choose a private unit in a residential setting.</i></p> <p>Applies to:</p> <ul style="list-style-type: none"> • Res Hab 	<p>ds/files/policy_comm_slp_june_2007.pdf</p>	
	<p>Approved DDDS 1915(c) Waiver Application, Appendix C-2 c. ii. http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_07011_4.pdf</p>	<p>Each resident must have their own bedroom unless they express a preference to share a room. The room must be designed and decorated to their preferences. The homes have a one full size bathroom for every four residents, complete kitchen and a dining area. Family and friends can privately meet with a resident or individual in a room designated for social gatherings.</p>
	<p>DDDS Policy: Rights and Responsibility, January 2010, Statement of Rights http://dhss.delaware.gov/dhss/ddds/files/policy_admin_rights_jan_2010.pdf</p>	<p>You have the right to: Have time, space and opportunity for privacy.</p>
	<p>DDDS Standards (proposed standards still in draft -not yet available on line)</p>	<p><u>Proposed Language in the DDDS Standards:</u> RRN1.8 The individual must be able to choose his or her bedroom, including the ability to have his or her own private bedroom.</p>
<p>6. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings,</p>	<p>Approved DDDS 1915(c) Waiver Application Appendix D-1, c. http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_07011_4.pdf</p>	<p>The Hopes and Dreams or goals can include, but are not limited to: Where to live, with whom to live, what types of services and supports are needed in such living situations, career goals, what would the member's ideal job be, where to work, important routines, important people, favorite things to do, interest in participating in clubs, civic organizations, religious/spiritual organizations, past accomplishments to celebrate and possibly build upon. These items can be delineated in the "ELP Workbook" by the member or their family, prior to the pre-planning discussion, centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan</p>

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<p><i>resources available for room and board.</i></p> <p><u>Applies to:</u> All Settings</p>	<p>Delaware Administrative Code, Title 16 Health and Safety, 3310, Sections 4.1 and 4.6 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf</p>	<p>development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS</p> <p>Performance Measure: D-a-1: The percentage and numbers of plans of care (ELP) which address all of their assessed needs. D-a-2: The percentage and number of member plans of care (ELP) which address all of their identified personal goals, hopes and dreams.</p> <p><u>Current Language (to be moved from the regulation to the DDDS standards):</u></p> <p>4.1.2 The individual’s lifestyle, personal activities, routines and supports is based on personal choice. 4.1.2.1 The individual is supported to make choices in all areas of his/her life.</p> <p>4.6.4 The individual’s services and supports provided are aligned with his/her preferences as defined in the Essential Lifestyle Plan. 4.6.4.1 Services and/or supports to address the individual’s preferences are clearly defined within the ELP. 4.6.4.2 Preferences which may take long-term planning shall be included within the ELP and evidence present that the team is making efforts to support the individual in achieving his/her desires.</p>

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	DDDS Standards (proposed standards still in draft -not yet available on line)	<p><i>Proposed Language in the DDDS Standards:</i></p> <p>CM1.4 The person-centered plan documents that the case manager assisted the individual in selecting settings from among the available options and the discussion of those options, including why the options selected were preferred over others that were not selected. The plan must document all of the relevant factors that the individual considered, including such elements as: location, proximity to friends or family members, the individual’s income, any special requirements the individual has, etc. The plan must reflect that all settings are chosen by the individual and that the setting is integrated in, and supports full access to the greater community.</p> <p>PN1.1 The environment supports the individual’s interests, needs, and abilities.</p> <p>PN1.3 The individual is supported to accomplish outcomes as identified in his or her person centered plan.</p>
<p>7. <i>Right to privacy</i></p> <p><u>Applies to:</u> All Settings</p>	<p>DDDS Policy: Rights and Responsibility, January 2010, Statement of Rights http://dhss.delaware.gov/dhss/ddds/files/policy_admin_rights_jan_2010.pdf</p> <p>Delaware Administrative Code, Title 16, section 3320 Intensive Behavioral Support and Educational Residence, Sections 6.5 and 6.6 http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Long%20Term%20Care%2</p>	<p>The individual shall have the right to: Have time, space and opportunity for privacy.</p> <ul style="list-style-type: none"> • Meet privately with people of your choice. • Privacy during treatment and care of personal needs. <p>6.5.1 A facility must ensure that there are toilet and bathing accommodations that meet the following specifications: 6.5.1.5 Allow for privacy unless this privacy is in conflict with toilet training or needed supervision; and</p> <p>6.6.3 A facility must ensure that any bedroom used by residents includes: 6.6.3.2 A door that may be closed;</p>

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	0Residents%20Protection/3320.s.html	
	Delaware Administrative Code, Title 16, section 3320, Section 6.5 Intensive Behavioral Support and Educational Residence http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Long%20Term%20Care%20Residents%20Protection/3320.s.html	6.5.1.5 Allow for privacy unless this privacy is in conflict with toilet training or needed supervision
	DDDS Standards (proposed standards still in draft -not yet available on line)	<u>Proposed Language in the DDDS Standards:</u> RRN1.3 Providers ensure that the individual has privacy when he or she wants or needs it.
8. Right to Dignity and Respect	DDDS Policy: Rights and Responsibility Policy January 2010, Statement of Rights http://dhss.delaware.gov/dhss/ddds/files/policy_admin_rights_jan_2010.pdf	The individual has the right to: Receive considerate, respectful, and appropriate care, treatment, services and supports, regardless of race, creed, nationality, sexual orientation or level of disability
<u>Applies to All Settings</u>	Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.2 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	<u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.2.1 The individual is treated as a valued and respected individual 4.2.1.1 The individual is treated in a respectful and dignified manner.

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	DDDS Standards (proposed standards still in draft -not yet available on line)	<u>Proposed Language in the DDDS Standards:</u> RRN1.1 Authorized Providers ensure that the individual is treated by staff in a respectful and friendly manner.
	Approved DDDS 1915(c) Waiver Application, Appendix F http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf	Self-advocacy training that may include training to assist in expressing personal preferences, self-representation, and individual rights and to make increasingly responsible choices.
	Title 16 Health and Safety DHSS Division of LTC Resident Protection 3315, Section 8.1 Rest (Family) Care Homes http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Long%20Term%20Care%20Residents%20Protection/3315.shtml	8.1 Every resident shall have the right to receive considerate, respectful, and appropriate care, treatment and services, recognizing each person's basic personal and property rights which include dignity and individuality
	Title 16, section 3320, Intensive Behavioral Support and Educational Residence, Section 5.8 http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Long%20Term%20Care%20Residents%20Protection/3315.shtml	5.8 All residents must be afforded all protections and privileges contained in the Delaware Patient’s Bill of Rights.

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	Source Demonstrating Compliance	Text Demonstrating Compliance and Proposed New Language
	0Residents%20Protection/3320.shtml	
	Delaware Code, Title 16, Section 1121 Patient Bill of Rights http://delcode.delaware.gov/title16/c011/sc02/index.shtml	6) Each patient and resident shall receive respect and privacy in the patient's or resident's own medical care program.
<p>9. Freedom from Coercion and Restraint</p> <p><u>Applies to:</u> All Settings</p>	<p>DDDS Policy: Rights Complaint March 2005 http://dhss.delaware.gov/dhss/ddds/files/policy_admin_rights_comp_mar_2005.pdf</p>	<p>Individual rights complaints shall be reported to the Rights Complaint Designee for the Division. At no time should anyone who has reasonable cause to believe that a right has been violated, be prevented from filing a Rights Complaint. It is important, however, to distinguish between day-to-day issues/concerns/complaints and actual violations of rights accessible locations in all programs and administrative areas.</p> <p>B. Rights complaints may be made by an individual receiving services from the Division or by any concerned person acting on behalf of an individual receiving services.</p>
	<p>DDDS Policy: Behavior Support Plans October 7, 2015 http://dhss.delaware.gov/dhss/ddds/files/BehaviorSupportPlanPolicy100715.pdf</p>	<p>To ensure that individuals with Intellectual Disabilities and those on the Autism Spectrum who are eligible for DDDS and would benefit from psychiatric and behavior support interventions are supported with the most proactive and least restrictive interventions. The use of Seclusion and Aversive Interventions are strictly prohibited.</p> <p>Aversive Interventions: Interventions intended to inflict pain, discomfort and/or social humiliation or any intervention as perceived by the person to inflict pain, discomfort or social humiliation in order to reduce behavior. Examples of aversive interventions include, but are not limited to, electric skin shock, liquid spray to one's face and strong, non-preferred taste applied to the mouth. (NASDDDS Research Committee-11/11/2014)</p>

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		<p>Seclusion: The involuntary confinement of an individual alone in a room, enclosure, or space that is either locked or, while unlocked, physically disallows egress (Adopted Statutory Authority: 14 Delaware Code, Section 122(d) (14 Del.C. §122(d))</p>
	<p>Approved DDDS 1915(c) Waiver Application, Appendix G-2, a.i. http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf</p>	<p>As outlined in the DDDS Policy on Behavior and/or Mental Health Support, positive supports are the essential foundation upon which all programs and individual plans are developed.</p> <p>Prohibited procedures: DDDS Policy on Behavior and/or Mental Health Support policy prohibits the use of mechanical restraints; corporal punishment or threat of corporal punishment; seclusion as defined as placing an individual in a locked room; chemical restraint; physical, verbal, sexual, or psychological abuse or punishment; denial of a nutritionally adequate diet (including the withholding of a meal); physical restraints which cause pressure or weight on the lungs, diaphragm or sternum causing chest compression; physical interventions which cause pain, hyper extend any part of the body beyond normal limits and any technique which puts or keeps a person off balance; individuals receiving services disciplining other individuals receiving services; techniques or procedures used for the convenience of staff, or as a substitute for a support program; intrusive techniques or procedures used in the absence of other relative proactive supports.</p> <p>Permitted Personal Restraints: Permitted planned personal restraints are limited to the one and two person side body hug and the one and two arm supporting technique as described in the Mandt Training protocol or equivalent procedures and protocols approved by DDDS.</p>

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	Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.2 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	<u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.2.1.4 The individual is free from unnecessary restraints/restrictions. Surveillance cameras/monitors are prohibited in private areas such as bedrooms and bathrooms unless the individual has extraordinary circumstances that deem constant monitoring. The use of cameras needs approval by PROBIS and HRC with final approval by the DDDS director/designee.
	DDDS Standards (proposed standards still in draft -not yet available on line)	<u>Proposed Language in the DDDS Standards:</u> BA1.3 A Behavioral Support Plan is created in accordance with the DDDS Behavior Support Plan Policy and must be included as part of the individual’s person centered plan.
	Delaware Administrative Code, Title 16, section 3320 Intensive Behavioral Support and Educational Residence, section 20 http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Long%20Term%20Care%20Residents%20Protection/3320.shtml	20.1 These regulations describe the procedures to be followed whenever the use of restraints is required. All residents have the right to be free from physical or mental abuse, discipline and corporal punishment. All residents have the right to be free from restraints of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Facility staff must review restraint protocols with each resident and his or her legal representative upon admission and document the review. 20.3 The SBS Plan must be developed by the resident, his or her family or legal representative, and his or her education, habilitation or treatment team. The team must include: (1) a properly credentialed professional with documented training and experience in behavioral treatment of severe behavior disorders, and (2) a nurse practitioner or other relevant medical professional. 20.4 The SBS Plan must include:

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		<p>20.4.1 Informed consent rendered voluntarily and in writing by the resident or legal representative after they have been provided with complete, accurate, and understandable information about all aspects of the intervention techniques that may be utilized with the resident; and</p> <p>20.4.2 Safeguards to minimize risks of harm and insure the resident’s safety at all times, including during restraint.</p> <p>20.4.3 The SBS Plan must conform to current best practices and ethical standards pertaining to the behavioral treatment of severe problem behavior.</p> <p>20.5 The SBS Plan must be reviewed by the HRC to ensure that it conforms to current best practices and to ethical standards.</p>
	<p>DDDS Policy: Abuse, assault, attempted suicide, neglect, mistreatment, financial exploitation and significant injury June 2011 http://dhss.delaware.gov/dhss/ddds/files/policy_admin_abuse_june_2011.pdf</p>	<p>It is the policy of the Division of Developmental Disabilities Services (DDDS) to implement standardized procedures to respond to allegations of abuse, assault, attempted suicide, neglect, mistreatment, financial exploitation and significant injury. DDDS policies shall be in compliance with the Delaware Health and Social Services Policy Memorandum #46 (DHSS PM#46 revised 08/2009).</p>
<p><i>10. Optimizes initiative, autonomy and independence</i></p> <p><u>Applies to:</u> All Settings</p>	<p>DDDS Essential Lifestyle Plan Manual, Section 5 http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManual04012014Joy2.pdf</p>	<p>Section 5 These are the most important things in a person’s life. The things or people that the person needs to have in order to be reasonably happy. Without these things, the person would be unhappy, and this may lead to the person withdrawing, or developing challenging support needs. These things may not seem important at first, but they are VERY important to the person in having the kind of life they want to have. This section should include ALL things that</p>

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		<p>the person believes are absolutely necessary for their happiness, even if they do not have them in their lives right now. If the person does not have some of these things in their life, but believes they are essential to happiness, then you would address how this is being handled in the “In Order to Support Section” Section 7 . Should have the Communication Table FIRST. (see “The Communication Section”)</p> <ul style="list-style-type: none"> • Should be labeled at the top of each page with “In Order to Support ... “ • Should have items grouped together that relate to each other • May include some optional headings, depending on the person’s supports (remember that optional headings can be developed depending on the needs of the focus person. You should help the focus person decide on the headings that make sense for them). Some of these heading might be: <ul style="list-style-type: none"> <input type="checkbox"/> Routines that are Important <input type="checkbox"/> Regarding Safety <input type="checkbox"/> Regarding Food <input type="checkbox"/> In Order for Other to be Safe <input type="checkbox"/> People Who Know and Care About Jane Think These Things are Important (Jane Does /Does Not Agree)
	<p>Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.1 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ds/3310regs.pdf</p>	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.1.2 The individual’s lifestyle, personal activities, routines and supports is based on personal choice. 4.1.2.1 The individual is supported to make choices in all areas of his/her life. 4.1.2.2 Individual/family/advocate reports that the plan reflects what is important to the individual.</p>
	<p>DDDS Standards (proposed standards still in draft -not yet available on line)</p>	<p><u>Proposed Language in the DDDS Standards:</u> CM1.15 The person-centered planning process shall encourage the individual to be as fully independent in all aspects of his or her life as possible. CM1.18 The person-centered planning process shall encourage the individual</p>

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	<p>DMAP Manual, 4.0 Covered Services, 4.2 Day Services http://www.dmap.state.de.us/downloads/manuals/DD.Waiver.Provider.Specific.pdf</p>	<p>to make informed choices in activities, routines and supports.</p> <p>Day Habilitation Services may include assistance with gaining and/or maintaining skills in the following areas:</p> <ul style="list-style-type: none"> ◆ Adaptive Skills that enhance social development; <ul style="list-style-type: none"> o Self-Care – dressing, grooming, and feeding one’s self; o Communication Skills – understanding and using verbal and nonverbal language, use of communication device; o Self-Direction – problem solving, exercising choice, initiating and planning activities; o Social Skills – maintaining interpersonal relationships, understanding emotions and social cues, understanding fairness and honesty, obeying rules and laws; o Leisure Skills – taking responsibility for one’s own activities, having the ability to participate in the community; o Transition to Independent Living– using public transportation, using community resources, housekeeping, cooking, doing laundry, maintaining living space, shopping; o Functional Academics – using reading, writing, and math skills in everyday life; o Health and Safety – ability to protect one’s self, responding to health problems. ◆ Socialization <ul style="list-style-type: none"> o Providing an individual with the skills and opportunities necessary for participating within his or her own society. ◆ Activities of Community Living <ul style="list-style-type: none"> o Taking medications as prescribed; o Managing money; o Shopping for groceries or clothing; o Use of telephone or other form of communication; o Using technology (as applicable); o Transportation within the community; o Communication management;

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		o Community orientation
<p><i>11. facilitates individual choice regarding services/ supports, and who provides them</i></p> <p><u>Applies to:</u> All Settings</p>	<p>Approved DDDS 1915(c) Waiver Application, Appendix D-1 Service Plan, c http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf</p> <p>DDDS Policy: Rights and Responsibility, January 2010 http://dhss.delaware.gov/dhss/ddds/files/policy_admin_rights_jan_2010.pdf</p>	<p>The DDDS assures each enrolled member is given freedom of choice among qualified providers of each service. The member's choice is documented in his or her written plan of care.</p> <p>The ELP includes information identifying how services and supports will enhance the member’s life. This information is obtained from a variety of assessment sources based on the needs of the individual and also includes a comprehensive health care assessment. This assessment data, including information about services the participant receives through other state and federal programs is coordinated by the case manager. The case manager’s coordination efforts help to assist the participant with plan development and to ensure the ELP accurately reflects such services or programs. The support team members who have been invited by the participant to attend the Annual ELP meeting are notified of the date, time and location for the meeting. Sensitive subjects that the member does not wish to discuss at the Annual ELP Meeting are discussed with appropriate team members and outlined in the final draft of the ELP.</p> <p>All members of the support team have input into and review the Essential Lifestyle Plan prior to implementation. During the meeting, the individual and the support team identify and assign responsibilities for implementing and monitoring the plan including other Medicaid services furnished through State Plan or other federal programs and coordination of any other natural supports. Each responsible member is identified in writing in the ELP as well as the frequency of monitoring and the reporting/accountability requirements.</p> <ul style="list-style-type: none"> • Choose your HCBS Residential Provider. • Choose your HCBS Day Service Provider. • Choose your HCBS Clinical Services • Choose your Provider (RNs and/or BAs).

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	<p>Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.1 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf</p>	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.1 Choice 4.1.1 Essential Lifestyle Plan contains documentation that the individual was supported to make informed choice about his/her service providers. 4.1.1.1 The individual/family/advocate indicates that opportunities were given regarding choice of providers. 4.1.1.2 Documentation is present to indicate that the individual was informed of his/her right to choose among service providers. 4.1.1.3 If the individual expresses a need for a change in services, documentation is present that efforts are being made to support the individual in making an informed choice of a new service provider 4.1.2 The individual’s lifestyle, personal activities, routines and supports is based on personal choice. 4.1.2.1 The individual is supported to make choices in all areas of his/her life. 4.1.2.2 Individual/family/advocate reports that the plan reflects what is important to the individual.</p>
	<p>DDDS Standards (proposed standards still in draft -not yet available on line)</p>	<p><u>Proposed Language in the DDDS Standards:</u> CM1.1 The person-centered planning process is driven by the individual. CM1.2 The planning process includes people chosen by the individual. CM1.4 The person-centered plan documents that the case manager assisted the individual in selecting services, settings and providers from among the available options and the discussion of those options, including why the options selected were preferred over others that were not selected. The plan must document all of the relevant factors that the individual considered, including such elements as: location, proximity to friends or family members, the individual’s income, any special requirements the individual has, etc. The plan must reflect that all settings are chosen by the individual and that the setting is integrated in, and supports full access to the greater community.</p>

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		<p>CM1.6 The person-centered plan reflects that the individual was given opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p> <p>CHDH3.2 Providers ensure that individuals are supported in making informed choices, including settings and services offered in the community.</p>
<p>12. legally enforceable resident agreement that includes protections</p> <p><u>Applies to:</u></p> <ul style="list-style-type: none"> Res Hab 	None	<p>Corrective Action:</p> <p>DDDS determined that the standard Delaware model Landlord/tenant agreement we obtained from the Delaware Board of Realtors would not be the best approach to satisfy this requirement. The Division decided to create a model residency agreement(s) for use by all DDDS HCBS providers. To that end, a committee consisting of providers, DDDS staff, the ARC of Delaware, and a licensed property manager was formed in May 2016 to develop the model residency agreement. At a minimum, the committee is developing both a two-part (consumer and landlord) and a three-part (consumer, provider and landlord) model agreement. The committee has been charged with finalizing the model agreement(s) by no later than December 2017.</p>
	DDDS Standards (proposed standards still in draft -not yet available on line)	<p><u>Proposed Language in the DDDS Standards:</u></p> <p>Each resident in a an HCBS setting funded with Medicaid dollars must have a legally enforceable agreement will include, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity in which the residence is physically located.</p>
<p>13. privacy in sleeping unit</p> <p><u>Applies to:</u></p> <ul style="list-style-type: none"> Res Hab 	<p>Rights and Responsibility Policy January 2010 http://dhss.delaware.gov/dhss/ddds/files/policy_admin_rights_jan_2010.pdf</p>	<p>You have the right to: Have time, space and opportunity for privacy.</p>
	Delaware Administrative Code, Title 16 Health and Safety, DHSS Division of LTC Resident	5.10.11 Each bedroom shall ensure adequate privacy.

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	Protection, 3315, Section 5 Rest (Family) Care Homes http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Long%20Term%20Care%20Residents%20Protection/3315.shtml	
	DDDS Standards (proposed standards still in draft -not yet available on line)	<p><i>Proposed Language in the DDDS Standards:</i></p> <p>RRCLA2.3 Authorized Providers ensure that the individual has privacy when he or she wants or needs it.</p> <p>PECLA2.8 There shall be lockable doors on each bedroom, so that the individual may lock them for privacy as they see fit. Staff may only have keys based on special individualized circumstances, such as health and safety risks of the resident. These special circumstances that require staff to have a key to a resident’s bedroom door shall be documented in the person centered plan.</p>
	Delaware Administrative Code, Title 16, section 3320, Section 6.6 Intensive Behavioral Support and Educational Residence http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Long%20Term%20Care%20Residents%20Protection/3320.shtml	<p>6.6.3 A facility must ensure that any bedroom used by residents includes:</p> <p>6.6.3.1 A designated area for sleeping;</p> <p>6.6.3.2 A door that may be closed;</p> <p>6.6.3.3 A direct source of natural light;</p> <p>6.6.3.4 A window covering to ensure privacy; and</p> <p>6.6.3.5 Lights with safety covers or shields.</p>

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	Approved DDDS 1915(c) Waiver Application, Appendix C-2. c., ii http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf	Each resident must have their own bedroom unless they express a preference to share a room. The room must be designed and decorated to their preferences. The homes have a one full size bathroom for every four residents, complete kitchen and a dining area. Family and friends can privately meet with a resident or individual in a room designated for social gatherings.
14. choice of housemates <u>Applies to:</u> • Res Hab	Delaware Administrative Code, Title 16 Health and Safety DHSS Division of LTC Resident Protection 3315, Section 8.20 Rest (Family) Care Homes http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Long%20Term%20Care%20Residents%20Protection/3315.shtml	8.20 Every resident shall be free to make choices regarding activities, <u>roommates</u> , schedules, health care and other aspects of the resident's life that are significant to the resident, as long as such choices do not compromise the health or safety of the resident or other residents within the FCH.
	DDDS Standards (proposed standards still in draft -not yet available on line)	<u>Proposed Language in the DDDS Standards:</u> CM1.17 The individual chose his or her roommate.
15. Freedom to furnish and decorate their unit <u>Applies to:</u> • Res Hab	Delaware Code, Title 16, Chapter 11 Nursing Facilities and Similar Facilities, section 1121 http://delcode.delaware.gov/title16/c011/sc02/index.shtml	(17) Each patient and resident shall have the right to retain and use the patient's or resident's own personal clothing and possessions where reasonable, and shall have the right to security in the storage and use of such clothing and possessions
	Delaware Administrative Code, Title 16 Health and Safety	8.14 Every resident shall have the right to retain and use the resident's own personal clothing and possessions where reasonable, and shall have the right





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	DHSS Division of LTC Resident Protection 3315, Section 8.14 Rest (Family) Care Homes http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Long%20Term%20Care%20Residents%20Protection/3315.shtml	to security in the storage and use of such clothing and possessions.
	Delaware Administrative Code, Title 16 Health and Safety, 3310 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	<u>Current Language (to be moved from the regulation to the DDDS standards):</u> 5.2 Furniture and furnishings shall be safe, comfortable, and in good repair and shall resemble those in homes in the local community, to the extent compatible with persons’ choice and the physical needs of the people living in the home. To the extent possible, personal furniture shall be chosen by individuals.
	DDDS Standards (proposed standards still in draft -not yet available on line)	<u>Proposed Language in the DDDS Standards:</u> PCLA2.1 The environment supports the individual’s interests, needs, and abilities. PCLA2.2 The individual has personal belongings and his or her environment has personalized décor. PECLA2.1 Providers ensures that a home-like environment for each home.
16. Control their schedule and activities <u>Applies to:</u> All Services	Delaware Code, Title 16, Chapter 11 Nursing Facilities and Similar Facilities, section 1121 http://delcode.delaware.gov/title16/c011/sc02/index.shtml	(25) Every patient and resident shall be free to make choices regarding activities, schedules, health care and other aspects of the patient's or resident's life that are significant to the patient or resident, as long as such choices are consistent with the patient's or resident's interests, assessments and plan of care and do not compromise the health or safety of the individual or other patients or residents within the facility
	Delaware Administrative Code,	<u>Current Language (to be moved from the regulation to the DDDS</u>

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	<p>Title 16 Health and Safety, 3310, Section 4.1 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf</p>	<p><u>standards</u>): 4.1.2 The individual’s lifestyle, personal activities, routines and supports is based on personal choice. 4.1.2.1 The individual is supported to make choices in all areas of his/her life.</p>
	<p>DDDS Standards (proposed standards still in draft -not yet available on line)</p>	<p><u>Proposed Language in the DDDS Standards:</u> CHCLA2.2 Providers ensure that individuals are 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 that they are supported to choose among this set of resources and activities and assisted to access resources and participate in community activities at the level of involvement that they choose. The provider must honor the individual’s decision regarding these aspects of each individual’s life. The provider can provide information to attempt to influence the individual to make choices that will be in his or her best interest but cannot mandate these choices.</p>
	<p>Delaware Administrative Code, Title 16, section 3320, Section 4.4 Intensive Behavioral Support and Educational Residence http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Long%20Term%20Care%20Residents%20Protection/3320.shtml</p>	<p>4.4.2.1 The individual indicated that he/she participates in activities of his/her choice</p>
	<p>Delaware Administrative Code, Title 16 Health and Safety, DHSS Division of LTC Resident</p>	<p>8.20 Every resident shall be free to make choices regarding activities, roommates, schedules, health care and other aspects of the resident's life that are significant to the resident, as long as such choices do not</p>

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	Protection, 3315, Section 8 Rest (Family) Care Homes http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Long%20Term%20Care%20Residents%20Protection/3315.shtml	compromise the health or safety of the resident or other residents within the FCH. 8.21 Every resident has the right to participate in an ongoing program of activities designed to meet the resident's interests and physical, mental and psychosocial well-being. 8.22 Every resident shall have the right to participate in social, religious and community activities that do not interfere with the rights of other residents
	 DDDS Essential Lifestyle Planning Manual, Section 10 2014	 Core Responsibilities (for everyone involved with focus people) There are certain responsibilities that must be assumed regardless of position or relationship to an individual focus person. These responsibilities should be central to everyone involved with supporting the person, from direct support staff to Agency Directors and everyone in between. There are some responsibilities that must be shared in supporting a person to get the life they want. <ul style="list-style-type: none"> • Help people have as much positive control of their lives as they want
	 DDDS Lifestyle Plan Booklet, (booklet is in draft - not yet available on line) pages 3, 4, 7-8	 Building YOUR team YOU are the most important person on your team! Creating YOUR team starts with YOU. This is YOUR life, so you will be making the decisions about what you want to do with your life. How Your Team Members Will Work Together Although everyone's role on your team is to support you, different people on your team will have different jobs depending on what kind of help you need and what you are planning for your life. It is YOUR job to tell your team how you want to live, what you want to do, and what your plans are for the future, if you know them. What are "Outcomes"?

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		<p>One of the most important jobs that DDDS and others who are paid to support you have is to help you achieve the “outcomes” you want in your life.</p> <p>Outcomes can be ANYTHING. Here are some of the things they might be. This may help you start thinking what YOUR outcomes might be:</p> <p>Decide what your daily routine will be: when to work, when to eat, when to sleep</p>
<p>17. Access to food at any time</p> <p><u>Applies to:</u></p> <ul style="list-style-type: none"> • Res Hab • Day Hab • Prevoc 	<p>None</p>	<p><u>Proposed Language in the DDDS Standards:</u> CHCLA2.1 Providers ensure that individuals make decisions regarding meals and have access to food at any time unless approved restrictions are noted in the person-centered plan.</p>
<p>18. visitors of their choosing at any time</p> <p><u>Applies to:</u></p> <ul style="list-style-type: none"> • Res Hab • Day Hab • Prevoc 	<p>DDDS Policy: Rights and Responsibility, January 2010 http://dhss.delaware.gov/dhss/ddds/files/policy_admin_rights_jan_2010.pdf</p> <p>Delaware Code, Title 16, Chapter 11 Nursing Facilities and Similar Facilities, section 1121 http://delcode.delaware.gov/title16/c011/sc02/index.shtml</p>	<p>You have the right to: Meet privately with people of your choice.</p> <p>(11) Every patient and resident may associate and communicate, including visits and visitation, privately and without restriction with persons and groups of the patient's or resident's own choice (on the patient's or resident's own or their initiative) at any reasonable hour; may send and shall receive mail promptly and unopened; shall have access at any reasonable hour to a telephone where the patient may speak privately; and shall have access to writing instruments, stationery and postage. Nothing in 77 Del. Laws, c. 49 shall preclude a nursing facility or similar facility, as defined in § 1102(4) of this title, from restricting visitations due to attempts to interfere with patient care, the presentation of a threat to staff, patients and residents, or personnel, or other actions disruptive to the facility's operations</p>
		<p>**Proposed Language in the DDDS Standards:</p>

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		Providers ensure that individuals are supported to exercise their right to have visitors at times of their choosing.
<p><i>19. setting is physically accessible to the individual</i></p> <p><u>Applies to:</u> All Settings</p>	<p>DDDS Policy: Accessibility, January 2009 http://dhss.delaware.gov/dhss/ddds/files/policy_admin_access_jan_2009.pdf</p> <p>DMAP Provider Specific Manual, DDDS HCBS Waiver, section 4.4 Covered Services, Residential Habilitation http://www.dmap.state.de.us/downloads/manuals/DD.Waiver.Provider.Specific.pdf</p> <p>Delaware Administrative Code, Title 16 Health and Safety, 3310, sections 4 and 5 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf</p>	<p>The Division of Developmental Disabilities Services will ensure that all people with disabilities have the same opportunities and reasonable accommodations with regard to access to buildings, committees, employment, social activities, transportation carriers and communication systems with the Division.</p> <p>In order to promote independence, self-reliance and integration into the community for people with disabilities, DDDS will actively advocate the removal or all types of barriers, including architectural, attitudinal and transportation.</p> <p>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 those 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 case manager.</p> <p><u>Current Language (to be moved from the regulation to the DDDS standards):</u></p> <p>4.2.1.5 The individual has access to all areas of his/her environment.</p> <p>5.0 Environment</p> <p>5.1 Neighborhood Home providers shall ensure a home-like environment for each licensed home. Functional arrangement of rooms, furnishings, and decor shall be compatible with the need for accessibility.</p> <p>5.2 Furniture and furnishings shall be safe, comfortable, and in good repair</p>

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		<p>and shall resemble those in homes in the local community, to the extent compatible with persons’ choice and the physical needs of the people living in the home. To the extent possible, personal furniture shall be chosen by individuals.</p> <p>5.5 Homes serving persons with physical challenges shall be accessible to those persons with physical challenges according to the appropriate American National Standards Institute (ANSI) Standards and all other federal and state standards.</p>
	DDDS Standards (proposed standards still in draft -not yet available on line)	<p><u>Proposed Language in the DDDS Standards:</u> PCLA2.1 The environment supports the individual’s interests, needs, and abilities. Observe if the environment supports the individual. Ex: Has the environment been adjusted for an individual with limited mobility? Is there enough room to navigate if the individual uses a walker or wheelchair?</p>
	<p>Delaware Administrative Code, Title 16, section 3320, Sections 4 and 5 Intensive Behavioral Support and Educational Residence http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Long%20Term%20Care%20Residents%20Protection/3320.shtml</p>	<p>4.7.4.1 Accessible-accommodations are present to assure the individual access to support and service environments.</p> <p>5.5 Homes serving persons with physical challenges shall be accessible to those persons with physical challenges according to the appropriate American National Standards Institute (ANSI) Standards and all other federal and state standards.</p>
<p>20. <i>Documentation exists to indicate that positive interventions and</i></p>	<p>DDDS Policy: Level of Supports, Section V http://dhss.delaware.gov/dhss/ddds/files/level_of_support.pdf</p>	<p>V. Standards It shall be the policy of Community Services that positive behavior supports shall be the essential foundation upon which all programs and individual plans are developed. A. Support Plans shall respect the person’s wants and needs and shall be</p>

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<p><i>supports were used prior to any plan modifications. Documentation exists to indicate that less intrusive methods were tried</i></p> <p><u>Applies to:</u> All Settings</p>		<p>incorporated into or attached to the Essential Lifestyle Plan (ELP)</p> <p>B. Positive behavior supports, naturally occurring and non –intrusive interventions shall be the preferred method of support.</p> <p>C. Functional assessment/summary shall be a requirement of all Behavior and/or Mental Health Support Plans.</p> <p>D. Support Plans shall show an understanding of and address the individual’s behavioral/psychiatric symptoms in terms of:</p> <ul style="list-style-type: none"> • The impact of environmental factors • The impact of social and impersonal factors • The individuals coping skills • The impact of psychological/psychiatric factors • The individual’s ability to communicate, both expressively and receptively <p>Any medical condition or physical disability Exhibit A Functional Assessment Guidelines The Division embraces the philosophy of Positive Behavior Support as a means of supporting and interacting with those it serves. Positive Behavior Support involves helping persons learn new ways of interacting with their environment. It begins with an assessment/analysis of the environmental factors governing the individual’s problem behavior and includes efforts to change the environment and to actively teach more adaptive behavior.</p> <p>Functional assessment of behavior is value-based in that:</p> <ol style="list-style-type: none"> 1) Behavior support must be conducted with the dignity of the person as a primary regard, with the notion that unless there is a physiological reason, people do not engage in problem behaviors just because of a developmental disability 2) The objective of functional assessment is not to define and eradicate problem behavior, but to understand the function of the behavior in order to teach and develop effective alternatives

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		<p>3) Functional assessment is really a process for discovering and understanding the relationships between behavior and environment</p> <p>4) Intervention should be a hypothesis as to why the behavior exists</p>
	<p>DDDS Policy: Behavior Support Plans October 7, 2015 http://dhss.delaware.gov/dhss/ddds/files/BehaviorSupportPlanPolicy100715.pdf</p>	<p>Purpose: To identify the process for obtaining behavioral services and to ensure that the philosophies of person centered, positive behavioral supports form the foundation of service delivery to individuals funded by the Division in the community</p>
<p><i>21. The plan includes a clear description of the condition that is directly proportionate to the specific assessed need and the effectiveness of the intervention</i></p> <p><u>Applies to:</u> All Settings</p>	<p>DDDS Policy: Level of Supports http://dhss.delaware.gov/dhss/ddds/files/level_of_support.pdf</p> <p>DDDS Policy: Behavior Support Plans October 7, 2015 http://dhss.delaware.gov/dhss/ddds/files/BehaviorSupportPlanPolicy100715.pdf</p>	<p>(see # 21 above)</p> <p>(see # 21 above)</p>
<p><i>22. PCP process includes people chosen by the individual</i></p> <p><u>Applies to:</u></p>	<p>Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.6 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf</p>	<p><u><i>Current Language (to be moved from the regulation to the DDDS standards):</i></u> 4.6.2.1 The individual/family/advocate and personally selected stakeholders have the opportunity to participate in the development of the plan to the extent that the individual wishes.</p>

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All Settings	DDDS Standards (proposed standards still in draft -not yet available on line)	<u>Proposed Language in the DDDS Standards:</u> CM1.2 The planning process includes people chosen by the individual.
	DDDS Essential Lifestyle Plan Manual http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManual04012014Joy2.pdf	<p>After you go over the process with the person (giving them a copy of “Looking at Essential Lifestyle Planning” might help), decide with the person:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Who do they want to be involved <input type="checkbox"/> Do they want someone to advocate for them through the process <input type="checkbox"/> How the focus person wants to be involved or informed about these conversations <input type="checkbox"/> What topics or issues are “off limits” for particular people, and what topics need to be dealt with in a particular way. <p>Who Should We Talk To?</p> <p>Besides the focus person, remember that the most important people to talk with are the people the person chooses, people who spend time with the focus person, people who care about the focus person and like being with them, and people who provide services to the person, such as the Nurse or BA/PA. Keep in mind that the more people you talk to, the richer the ELP is likely to be. To Section 2 Getting Started Explain the ELP Process to the person. Spend time with the person. Review the planning process and the reasons for doing the plan with them. Do this regardless of your perception of whether or not the person will understand. If there is a question about how well the person understands the process, have someone sit in who knows them well and cares for them. They can help you determine how best to proceed.</p> <p>After you go over the process with the person (giving them a copy of “Looking at Essential Lifestyle Planning” might help), decide with the person:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Who do they want to be involved

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		<input type="checkbox"/> Do they want someone to advocate for them through the process <input type="checkbox"/> How the focus person wants to be involved or informed about these conversations <input type="checkbox"/> What topics or issues are “off limits” for particular people, and what topics need to be dealt with in a particular way.help you determine which people you should talk with, complete a “People Map” or a “Relationship Map”(see the “Useful Tools” section of this manual).
	DDDS Essential Lifestyle Plan Policy, section V. Standards http://dhss.delaware.gov/dhss/ddds/files/policy_admin_elp_marc_h_2009.pdf	V. Standards H. The person receiving services, with the ELP Facilitator, shall determine who attends the ELP meetings, when and where it shall be held. All support team members or their designee shall be requested to attend the Annual ELP meeting unless otherwise requested by the individual receiving services.
<p><i>23. individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions</i></p> <p><u>Applies to:</u> All Settings</p>	DDDS Essential Lifestyle Plan Manual http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManual04012014Joy2.pdf	<p>Who and What is Important to the Person –</p> <ul style="list-style-type: none"> - In relationships with others - When interacting with others - Things to do - Things to have - Rhythm or pace of activities - Routines or positive rituals <p>What Others Need to Know and Do - <u>Section 2</u> Getting Started Explain the ELP Process to the person. Spend time with the person. Review the planning process and the reasons for doing the plan with them. Do this regardless of your perception of whether or not the person will understand. If there is a question about how well the person understands the process, have someone sit in who knows them well and cares for them. They can help you determine how best to proceed. After you go over the process with the person (giving them a copy of “Looking at Essential Lifestyle Planning” might help), decide with the person:</p>

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		<input type="checkbox"/> Who do they want to be involved <input type="checkbox"/> Do they want someone to advocate for them through the process <input type="checkbox"/> How the focus person wants to be involved or informed about these conversations <input type="checkbox"/> What topics or issues are “off limits” for particular people, and what topics need to be dealt with in a particular way. - In helping the person get what is important to them - When addressing issues of health and safety within the context of how the person wants to live.
	Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.1 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.1 Choice 4.1.1 Essential Lifestyle Plan contains documentation that the individual was supported to make informed choice about his/her service providers. 4.1.1.1 The individual/family/advocate indicates that opportunities were given regarding choice of providers. 4.1.1.2 Documentation is present to indicate that the individual was informed of his/her right to choose among service providers.</p>
	DDDS Standards (proposed standards still in draft -not yet available on line)	<p><u>Proposed Language in the DDDS Standards:</u> CM1.1 The person-centered planning process is driven by the individual CM1.3 The annual meeting occurred at the time and location of convenience to the individual CM1.2 The planning process includes people chosen by the individual</p>
<p>24. PCP process is timely and occurs at times</p>	DDDS Essential Lifestyle Plan Manual http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManu	Ask the person you will be talking with <i>where</i> and <i>when</i> they would like to talk. Do not show up at someone’s home and begin having a conversation with them. Be respectful - make an appointment to sit down and talk. When you arrive, ask if there is a specific location (the bedroom, the living room,

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<i>and locations of convenience to the individual.</i>	al04012014Joy2.pdf	the porch) where the person would like to talk with you. Try not to schedule time to talk immediately after someone arrives home. Most of us need some time to relax when we get home.
	DDDS Essential Lifestyle Plan Policy, section V. Standards http://dhss.delaware.gov/dhss/ddds/files/policy_admin_elp_marc_h_2009.pdf	V. Standards H. The person receiving services, with the ELP Facilitator, shall determine who attends the ELP meetings, when and where it shall be held. All support team members or their designee shall be requested to attend the Annual ELP meeting unless otherwise requested by the individual receiving services.
	Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.6 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	<u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.6.2.2 Meetings to develop or update the ELP are held at times and locations selected by the individual.
<u>Applies to:</u> All Settings	DDDS Standards (proposed standards still in draft -not yet available on line)	<u>Proposed Language in the DDDS Standards:</u> CM1.3 All meetings occurred at the time and location of convenience to the individual
<i>25. PCP process uses cultural considerations, appropriate form of communication</i> <u>Applies to:</u> All Settings	DDDS Essential Lifestyle Plan Manual http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManual04012014Joy2.pdf	WHAT IF THE PERSON DOESN'T USE WORDS TO TALK? If the person is not able to talk with words, the team should be able to make a best guess at what the person's dream might be. If the person is not able to communicate to us their dreams, it is a fair assumption to make that one of their hopes might be to find a way to be able to communicate with us, so we will know what their dreams are. If the team is not able to determine what the person's dreams are, and the team is not able to make a "best guess" based on what they know about the person, then the team should be working to find a reliable, understandable way for the person to communicate so that their hopes and dreams can become known and then supported. These efforts to find a reliable way of communicating should be addressed in the "Hopes and

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		<p>Dreams” section of the ELP.</p> <p>When talking to people who don’t use words to talk:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use the ELP Communication Table if you have one (see section 6 of the ELP Users Manual) <input type="checkbox"/> What important information do we need to know about how you communicate with us? <input type="checkbox"/> What can we do to help with communication? <input type="checkbox"/> Do you have a picture system or adaptive device? <p>No jargon, no disempowering language Help each other remember to use every day language. Help people to rephrase things using empowering language (for example, we don’t “allow” someone to go for a walk, we “support” them by learning what to do and what to expect when they want to go for a walk). Try to use words like help, assist or support rather than supervise, allow or monitor. Remember not to use “jargon” words that only people working in our system would understand. Anyone should be able to read and understand an ELP.</p>
	<p>Delaware Administrative Code, Title 16 Health and Safety, 3310 Section 4.5 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf</p>	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.5.1.5 When needed, interpreters are used to support the individual in communication.</p>
	<p>DDDS Standards (proposed standards still in draft -not yet available on line)</p>	<p><u>Proposed Language in the DDDS Standards:</u> CM1.11 The person-centered plan is written in language understood by the individual.</p>

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<p>26. strategies for solving conflict or disagreement within the process</p> <p><u>Applies to:</u> All Settings</p>	<p>DDDS Essential Lifestyle Plan Manual http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManual04012014Joy2.pdf</p>	<p>ELP Facilitator</p> <ul style="list-style-type: none"> • Let team members know which part of the ELP they will be responsible for • Have conversations with the focus person and people who know and care • Help decide who will make decisions when the person is not able to directly select things • Help the person to negotiate where compromise is necessary • Make sure the plan reflects the person and how they want to live • Explain expectations to key people (support staff & others)
<p>27. PCP process offers choices to the individual regarding the service and supports the individual receives and from whom</p> <p><u>Applies to:</u> All Settings</p>	<p>DDDS Essential Lifestyle Plan Manual http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManual04012014Joy2.pdf</p>	<p>What Must be Addressed in the Action Plan:</p> <ul style="list-style-type: none"> • Things in the Must/Must Not Have section. (if it is something the person does not currently have, then the way we support the person should be listed instead. For example, if Joe wants to live with his parents, but that’s not possible due to their health, in the MUST HAVE section of Joe’s ELP, we would include “Live with his parents”, but the way we support Joe might be to get him counseling to understand why this isn’t possible right now. In this case, “counseling to understand why he can’t live with his parents” might be listed on the Action Plan, rather than “Live with his parents”.) • Things currently happening in the person’s life that we need to ensure continue (Doctors the person sees, medical treatments, behavioral supports, health and safety precautions, etc.). • Relationships to maintain and what support, if any, the person needs to maintain them. • Things that need to be acquired or maintained (Medical Equipment, Assistive Technology, Services, Referrals). • New opportunities the person wants to try, or new things they would like to learn. • Supports needed to manage finances. (if any) • Where the person lives or supports needed for making other living arrangements. • What the person does during the day (work or day service) or supports

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		<p>needed for changing what the person does during the day.</p> <ul style="list-style-type: none"> • Things in “In Order to Support” that are vital or problematic. (You don’t need to include standard routine activities, like brushing one’s teeth three times a day, unless an issue arises, such as, the person begins to have problems with bleeding gums and must pay special attention to tooth brushing.
	<p>Approved DDDS 1915(c) Waiver Application, Appendix D-1c., d. and f. http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf</p>	<p>c. The case manager ensures that the member is provided with the opportunity to receive comprehensive information about home and community based services available under the waiver and the member has the right and opportunity to choose a service from among any qualified provider. The waiver member also has the right to change providers at any time for any reason. The case manager is also responsible for ensuring that the member is apprised of his or her individual rights.</p> <p>d. The ELP includes information identifying how services and supports will enhance the member’s life. This information is obtained from a variety of assessment sources based on the needs of the individual and also includes a comprehensive health care assessment.</p> <p>All members of the support team have input into and review the Essential Lifestyle Plan prior to implementation. During the meeting, the individual and the support team identify and assign responsibilities for implementing and monitoring the plan including other Medicaid services furnished through State Plan or other federal programs and coordination of any other natural supports. Each responsible member is identified in writing in the ELP as well as the frequency of monitoring and the reporting/accountability requirements.</p> <p>f. The DDDS system provides waiver members with information they can use to make an informed choice among a set of qualified providers. In addition to personal contacts and discussions with the waiver member regarding the selection of a provider from a set of qualified providers, DDDS maintains a</p>

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		<p>list of qualified providers for each service by county on the DDDS website.</p> <p>Waiver members are assigned to a case manager who is responsible for assisting them in the process of learning about waiver services and providers. This includes using the DDDS website to become more familiar with the network of qualified service providers, assisting the individual in setting up meetings with service providers in which they have expressed an interest, and attending those meetings with the waiver member. The case manager is as active in the process as the individual wants them to be and can assist the member in learning about the different providers so that the individual can make an informed choice.</p> <p>The service recipient, including his/her circle of support, may choose to access the current list of qualified service providers through the DDDS website. The website is maintained and the information is kept current. The website is organized by service and lists the providers that are qualified to provide that service and in which county(ies).</p> <p>If a service recipient and his/her circle of support cannot access the internet or are not proficient in the use of the internet, they can request a copy of the DDDS qualified provider list. As a part of the Essential Lifestyle planning process the individual and his/her family receives additional information from DDDS on how to proceed with seeking services and how to obtain more information from providers.</p> <p>DDDS provides the opportunity for waiver members to interact with service providers and acquire information through semi-annual “Provider Fairs”. The fairs are announced publicly and operate as “meet and greet” events. Waiver members and their families may speak with service providers to get a feel for the services they provide & how they provide them. DDDS representatives are in attendance to assist families in obtaining more information on how to</p>

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		<p>proceed with seeking services & how to obtain more information related to the providers. This venue provides an opportunity to meet a variety of providers and obtain useful information to guide them through the selection process. DDDS also provides opportunities for waiver members to meet with each other in order to facilitate natural connections between members and their families that result in information sharing.</p> <p>DDDS has also developed a set of interview questions that waiver members or families may want to ask a service provider in order to help determine if that provider is right for the client. This questionnaire is provided to all waiver members prior to the selection of any waiver services.</p>
	<p>Delaware Administrative Code, Title 16 Health and Safety, 3310, Sections 4.1 and 4.6 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf</p>	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u></p> <p>4.1 Choice</p> <p>4.1.1 Essential Lifestyle Plan contains documentation that the individual was supported to make informed choice about his/her service providers.</p> <p>4.1.1.1 The individual/family/advocate indicates that opportunities were given regarding choice of providers.</p> <p>4.1.1.2 Documentation is present to indicate that the individual was informed of his/her right to choose among service providers.</p> <p>4.6.3 The individual’s services and supports provided are aligned with his/her needs as defined in the Essential Lifestyle Plan.</p> <p>4.6.3.1 Services and/or supports to address the needs of the individual are clearly defined within the ELP.</p> <p>4.6.3.2 For individuals who use adaptive, corrective, mobility, orthotic, prosthetic, communication or other assistive devices or supports, the individual’s ELP shall specify the reason for each support, the situations in which each is to be applied, and a schedule for the use of each support.</p> <p>4.6.4 The individual’s services and supports provided are aligned with his/her preferences as defined in the Essential Lifestyle Plan.</p>

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	Source Demonstrating Compliance	Text Demonstrating Compliance and Proposed New Language
		<p>4.6.4.1 Services and/or supports to address the individual’s preferences are clearly defined within the ELP.</p> <p>4.6.4.2 Preferences which may take long-term planning shall be included within the ELP and evidence present that the team is making efforts to support the individual in achieving his/her desires.</p>
	DDDS Standards (proposed standards still in draft -not yet available on line)	<p><u>Proposed Language in the DDDS Standards:</u> CM1.21 The person-centered planning process supports and encourages individuals to make informed choices of supports and services.</p>
<p>28. method for individuals to request updates to the plan</p> <p><u>Applies to:</u> All Settings</p>	<p>Approved DDDS 1915(c) Waiver Application, Appendix D-1 a. http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf</p>	<p>The case manager monitors the implementation of the participant’s plan of care (the ELP) on a monthly basis. At least once each calendar quarter, the case manager will conduct a face to face interview with the participant. The case manager must conduct at least two of the face to face interviews in the participant’s home, during which the plan is reviewed with the participant, his/her or guardian, if applicable, and/or appropriate team members to assess their satisfaction with the services provided and to review how the participant is progressing with the attainment of his/her stated priority outcomes.</p> <p>When a participant wants to change a service provider, the case manager assists with assuring the current provider is made aware of the change and a transition plan is developed.</p> <p>During this monthly monitoring, the case manager will: Assess the extent to which the participant is receiving services according to his/her ELP. This includes monitoring that providers delivered the services at the frequency and duration identified in the ELP and that participants are accessing all supports and health-related services as indicated on the ELP.</p> <ul style="list-style-type: none"> • Evaluate whether the services furnished meet the participant's needs and help the participant become more independent.

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		<ul style="list-style-type: none"> • Assess the effectiveness of plans and determine if changes are necessary. • Review the participant's progress toward goals stated in the ELP. • During the face to face monitoring of the plan that occurs four times each year, the case manager will: <ul style="list-style-type: none"> ○ Remind participants that they have free choice among qualified providers. ○ Remind participants, providers, and informal caregivers that they should contact DDDS if they believe services are not being delivered as agreed upon at the most recent ELP meeting.
	Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.6 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.6.7 The Essential Lifestyle Plan indicates that services and supports are revised when an individual’s needs and/or preferences change.</p>
	DDDS Standards (proposed standards still in draft -not yet available on line)	<p><u>Proposed Language in the DDDS Standards:</u> CM1.8 The person-centered plan establishes a time line for periodic review. CM1.9 The person-centered plan includes a method to request changes to the plan.</p>
<i>29. Records the alternative home and community-based settings that were considered by the</i>	DDDS Standards (proposed standards still in draft -not yet available on line)	<p><u>Proposed Language in the DDDS Standards:</u> CM1.17 Documentation in the person-centered plan includes what choices were offered to the individual. CM1.24 The person-centered plan includes the process of how the individual was assisted to make choices among community settings.</p>

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	Source Demonstrating Compliance	Text Demonstrating Compliance and Proposed New Language
<p><i>individual</i></p> <p><u>Applies to:</u> All Settings</p>		
<p><i>30. The plan indicates that the setting is chosen by the individual, is integrated in and supports full access to the greater community</i></p> <p><u>Applies to:</u> All Settings</p>	<p>Approved DDDS 1915(c) Waiver Application, Appendix D-1 c. http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf</p>	<p>The first step in ELP development is for the case manager to explain the ELP process to the waiver member, spending time with the member, reviewing the planning process and explaining the reasons for doing the plan with them. This discussion includes an emphasis on the member’s right to choose providers from among a set of qualified service providers to provide services that are specified in the plan. Following the introductory discussion(s), the case manager attempts to learn who the member wants to have involved in their ELP development, whether the member wishes to have the assistance of an advocate, how the member wishes to be involved in the various conversations about the ELP development, and to identify any “off limits” topics that should not be discussed in the presence of specified others. The case manager ensures that the member is provided with the opportunity to receive comprehensive information about home and community based services available under the waiver and the member has the right and opportunity to choose a service from among any qualified provider. The waiver member also has the right to change providers at any time for any reason. The case manager is also responsible for ensuring that the member is apprised of his or her individual rights.</p>
	<p>Delaware Administrative Code, Title 16 Health and Safety, 3310 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf</p>	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.6.5 The Essential Lifestyle Plan addresses efforts to support the individual’s advancement towards meaningful participation and/or employment in their communities.</p>
	<p>DDDS Standards (proposed standards still in draft -not yet</p>	<p><u>Proposed Language in the DDDS Standards:</u> CM1.4 The person-centered plan documents that the case manager assisted</p>

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	available on line)	the individual in selecting services, settings and providers from among the available options and the discussion of those options, including why the options selected were preferred over others that were not selected. The plan must document all of the relevant factors that the individual considered, including such elements as: location, proximity to friends or family members, the individual’s income, any special requirements the individual has, etc. The plan must reflect that all settings are chosen by the individual and that the setting is integrated in, and supports full access to the greater community. CM1.5 The person-centered plan reflects that opportunities to seek employment and work in competitive integrated settings are offered.
<p><i>31. The plan indicates there are opportunities to seek employment and work in competitive integrated settings.</i></p> <p><u>Applies to:</u> All settings</p>	<p>Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.6 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ds/3310regs.pdf</p>	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u></p> <p>4.6.5 The Essential Lifestyle Plan addresses efforts to support the individual’s advancement towards meaningful participation and/or employment in their communities.</p> <p>4.6.5.1 If the individual who has community employment indicates a desire to increase his hours of employment, the ELP should reflect goals for increasing the number of hours of employment.</p> <p>4.6.5.2 If the individual is not working in a community setting and expresses a desire to work in a community setting, the ELP should reflect that efforts are being made to achieve employment in a community setting.</p> <p>4.6.5.3 If an individual is not working in a community setting, a community based work assessment should be completed upon the individual’s request and/or at least every three years to determine if employment within the community would be a viable option for the individual.</p> <p>4.6.5.4 If an individual expresses a desire not to work, the ELP reflects that the individual is given opportunities for meaningful community participation.</p> <p>4.6.5.5 If an individual expresses a desire to retire, the ELP reflects that efforts are being made to achieve the individual’s expressed desire to retire</p>

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	Source Demonstrating Compliance	Text Demonstrating Compliance and Proposed New Language
	DDDS Standards (proposed standards still in draft -not yet available on line)	<u>Proposed Language in the DDDS Standards:</u> CM1.5 The person-centered plan reflects that opportunities to seek employment and work in competitive integrated settings are offered.
32. The plan indicates there are opportunities to control personal resources <u>Applies to:</u> <ul style="list-style-type: none"> • Res Hab • Day Hab • Prevoc 	DDDS Essential Lifestyle Manual http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManual04012014Joy2.pdf	What Must be Addressed in the Action Plan: Supports needed to manage finances. (if any) Outcome: In this column, list the things that we, as support staff, need to do or to accomplish in order to help the person, or things that the person does on his/her own that we need to make sure are able to continue. Also include the things that need to be done or maintained in order to help the person to have the kind of life they want (all these issues should be addressed elsewhere in the ELP in addition to being included in the Action Plan). Some examples might be: <ul style="list-style-type: none"> • \$5.00 every day to take to work • Open and manage a bank account with a MAC card
	DDDS Standards (proposed standards still in draft -not yet available on line)	<u>Proposed Language in the DDDS Standards:</u> CM1.6 The person-centered plan reflects that the individual was given opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
33. The plan indicates the person receives services in the community to the same degree of access as	Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.6 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	<u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.6.3 The individual’s services and supports provided are aligned with his/her needs as defined in the Essential Lifestyle Plan. 4.6.3.1 Services and/or supports to address the needs of the individual are clearly defined within the ELP. 4.6.3.2 For individuals who use adaptive, corrective, mobility, orthotic,

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<p><i>individuals not receiving Medicaid HCBS</i></p> <p><u>Applies to:</u> All Settings</p>		<p>prosthetic, communication or other assistive devices or supports, the individual’s ELP shall specify the reason for each support, the situations in which each is to be applied, and a schedule for the use of each support.</p> <p>4.6.4 The individual’s services and supports provided are aligned with his/her preferences as defined in the Essential Lifestyle Plan.</p> <p>4.6.4.1 Services and/or supports to address the individual’s preferences are clearly defined within the ELP.</p> <p>4.6.4.2 Preferences which may take long-term planning shall be included within the ELP and evidence present that the team is making efforts to support the individual in achieving his/her desires.</p> <p>4.6.5 The Essential Lifestyle Plan addresses efforts to support the individual’s advancement towards meaningful participation and/or employment in their communities.</p>
	<p>DDDS Standards (proposed standards still in draft -not yet available on line)</p>	<p><u>Proposed Language in the DDDS Standards:</u></p> <p>CM1.6 The person-centered plan reflects that the individual was given opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p>
<p>34. plan reflects the individual’s strengths and preferences</p> <p><u>Applies to:</u> All Settings</p>	<p>DDDS Essential Lifestyle Plan Manual http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManual04012014Joy2.pdf</p>	<p>ELP Preliminary Planning Questions:</p> <p>When talking about home:</p> <ul style="list-style-type: none"> <input type="checkbox"/> How did you choose to live here? <input type="checkbox"/> Where else have you lived? <input type="checkbox"/> If you could live anywhere, where would you live? <input type="checkbox"/> Would you like to show me your room? <input type="checkbox"/> Would you like to show me some of your favorite things? <input type="checkbox"/> How do you like to spend your free time at home? <p>When you are gathering information from someone other than the person, remember 5 very important words: HOW DO YOU KNOW THAT?</p> <p>When someone gives you information about the person, and the person is not able to confirm this for you, ask those 5 words to verify that the information is correct. If you ask someone “how do you know that” and they are able to tell</p>

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		<p>you, the information might be correct. If you ask someone “how do you know that” and their answer is “because someone else told me”, you should check to make sure that information is accurate.</p> <p>When talking about work or day service:</p> <ul style="list-style-type: none"> <input type="checkbox"/> How did you choose this as your job/day service? <input type="checkbox"/> What other jobs/day services have you tried? <input type="checkbox"/> If you could have any job/day service, describe what it would be like <input type="checkbox"/> What kind of things do you do at work/day service? <input type="checkbox"/> When do you get breaks and lunch? <input type="checkbox"/> What do you like to have to eat or drink during breaks and lunch? <input type="checkbox"/> How would you arrange your schedule if you could have it any way you want? <p>When talking about important routines:</p> <ul style="list-style-type: none"> <input type="checkbox"/> What time do you wake up in the morning? <input type="checkbox"/> How do you wake up? (alarm clock, wake up by myself, etc.) <input type="checkbox"/> What time do you eat breakfast? <input type="checkbox"/> What do you like to eat for breakfast? <input type="checkbox"/> Do you eat before or after you get dressed? <input type="checkbox"/> What time do you leave the house on a “typical” day? <input type="checkbox"/> What time do you come home? <input type="checkbox"/> What do you like to do when you get home? <input type="checkbox"/> What time do you go to sleep? <input type="checkbox"/> When do you shower or bathe? <p>When talking about important people:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Who are the people you like to spend time with? <input type="checkbox"/> What kinds of things do you like to do when spending time with those people? <input type="checkbox"/> Where do you like to spend time with them? <input type="checkbox"/> How do you keep in touch with the important people in your life? <input type="checkbox"/> What kind of help do you need to keep in touch with them? <input type="checkbox"/> Are there important people in your life you don’t get to see or talk to?

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		<p>When talking about favorite things to do:</p> <ul style="list-style-type: none"> <input type="checkbox"/> What are your favorite things to do? <input type="checkbox"/> Where do you do them? <input type="checkbox"/> Are there special times or days you like to do them? <input type="checkbox"/> Are there special people you prefer to do these things with? <input type="checkbox"/> How do you make arrangements to do these things? <input type="checkbox"/> What kind of help do you need to do these things?
	<p>Approved DDDS 1915(c) HCBS Waiver Appendix D-1 d. Service Plan Development http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf</p>	<p>The robust pre-planning process begins at least 2 months before the Annual Meeting by engaging the member in conversation about his/her life, goals and aspirations and also includes any needed formal assessments such as risk assessments and health assessments. The conversation is an informal assessment process that takes a walk through time, discussing personal routines and preferences throughout the day, learning what makes a good day in the mind of the member. The conversation continues along, leading to the discussion about and identification of long range goals which the ELP language refers to as “Hopes and Dreams”. The conversation also attempts to discern “Things that the member Wants to Try or Things to Learn”.</p> <p>The Hopes and Dreams or goals can include, but are not limited to: Where to live, with whom to live, what types of services and supports are needed in such living situations, career goals, what would the member’s ideal job be, where to work, important routines, important people, favorite things to do, interest in participating in clubs, civic organizations, religious/spiritual organizations, past accomplishments to celebrate and possibly build upon. These items can be delineated in the “ELP Workbook” by the member or their family, prior to the pre-planning discussion.</p>
<p><i>35. plan reflects clinical and support needs as identified through an</i></p>	<p>Approved DDDS 1915(c) HCBS Waiver Appendix D-1 d. Service Plan Development http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf</p>	<p>The ELP includes information identifying how services and supports will enhance the member’s life. This information is obtained from a variety of assessment sources based on the needs of the individual and also includes a comprehensive health care assessment. This assessment data, including information about services the participant receives through other state and</p>

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<p><i>assessment of functional need</i></p> <p><u>Applies to:</u> All Settings</p>	<p>4.pdf</p>	<p>federal programs is coordinated by the case manager. The case manager’s coordination efforts help to assist the participant with plan development and to ensure the ELP accurately reflects such services or programs.</p> <p>Individualized risk mitigation strategies are incorporated into the Essential Lifestyle Plan (ELP) through the development of Individual Plans of Protection (IPOP) and are developed in a manner sensitive to the individual’s preferences. In addition, all qualified providers must have a system for providing emergency back-up services and supports approved by DDDS. The IPOP was developed to be a resource for individuals with developmental disabilities to use for planning purposes to ensure their health and safety, as well as encouraging individual choice and actions to minimize or prevent of serious types of incidents.</p>
	<p>Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.6 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf</p>	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.6.1.3 All necessary assessments, including an assessment of the individual’s desired outcomes, are completed within 30 days of initiation of services and are accessible for purposes of program planning.</p>
	<p>DDDS Standards (proposed standards still in draft -not yet available on line)</p>	<p><u>Proposed Language in the DDDS Standards:</u> NC1.1 An Individual/Health Support Summary is completed annually NC1.6 Documentation is present to indicate that the individual’s current immunization history is updated on a continuous basis and follows best practice. NC1.19 All routine health screenings are completed according to best practices. BA1.5 Individual receives all mental health evaluations as required by the primary care physician. CM1.22 All assessments of supports are completed as needed.</p>

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	DDDS Policy: Behavior Support Plans October 7, 2015 http://dhss.delaware.gov/dhss/ddds/files/BehaviorSupportPlanPolicy100715.pdf	A. Components of a Behavior Health Support Plan will include: <ol style="list-style-type: none"> 1. DMS Diagnosis, if applicable. 2. Behaviors exhibited by the individual that are identified as target behaviors to decrease. 3. The individual’s communication abilities Functional Assessment Summary. 4. Background information relative to pertinent behavioral and/or psychiatric history. 5. Measurable support goal(s) 6. Proactive supports 7. Adaptive Learning 8. Individual Rights Restrictions (see Use of Restraints and Restrictive Procedures for Behavioral Support Policy), if applicable 9. Proactive Supports 10. Statement of Support monitoring of effectiveness 11. Fade out plan
<p><i>36. plan includes individually identified goals and desired outcomes</i></p> <p><u>Applies to:</u> All Settings</p>	DDDS Essential Lifestyle Plan Manual http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManual04012014Joy2.pdf	<p>The Action Plan Section:</p> <p>Outcome:</p> <p>In this column, list the things that we, as support staff, need to do or to accomplish in order to help the person, or things that the person does on his/her own that we need to make sure are able to continue. Also include the things that need to be done or maintained in order to help the person to have the kind of life they want (all these issues should be addressed elsewhere in the ELP in addition to being included in the Action Plan).</p> <p>Some examples might be:</p> <ul style="list-style-type: none"> • A newspaper to read at breakfast every morning • A specific medical treatment every day • Telephone calls, visiting with family and/or friends

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	Source Demonstrating Compliance	Text Demonstrating Compliance and Proposed New Language
		<ul style="list-style-type: none"> • Wheelchair in good repair • See the following Doctors as recommended (LIST all the Doctors the person sees) • Referral for an Adaptive Technology Assessment • Join a club, group, or organization • Learn to cook gourmet meals • Work on safety skills (so he can spend time in the community without paid staff) • \$5.00 every day to take to work • Open and manage a bank account with a MAC card • Live where s/he currently lives (s/he likes it here and wants to stay) • Find a new place to live (s/he wants to live with a best friend in an apartment) • Go to Hudson Center every day (s/he really likes going) • Go to Edgemoor until s/he can find a “good-paying” job (s/he wants to work in the community) • Make a referral for Supported Employment • Help with Personal Care <p>These are just some examples that might appear on an Action Plan. They are the Outcomes someone might like to have in their life. Items will be specific for each person and unique to each individual.</p>
	DDDS Standards (proposed standards still in draft -not yet available on line)	<u>Proposed Language in the DDDS Standards:</u> CM1.13 The person-centered plan defines desired outcomes chosen by the individual.
<i>37. plan reflects services and supports (paid and unpaid) that</i>	DDDS Essential Lifestyle Plan Manual http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManu	The ELP includes information identifying how services and supports will enhance the member’s life. This information is obtained from a variety of assessment sources based on the needs of the individual and also includes a comprehensive health care assessment.

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<p><i>will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports</i></p> <p><u>Applies to:</u> All Settings</p>	<p>al04012014Joy2.pdf</p>	<p>This assessment data, including information about services the participant receives through other state and federal programs is coordinated by the case manager. The case manager’s coordination efforts help to assist the participant with plan development and to ensure the ELP accurately reflects such services or programs.</p> <p>The support team members who have been invited by the participant to attend the Annual ELP meeting are notified of the date, time and location for the meeting. Sensitive subjects that the member does not wish to discuss at the Annual ELP Meeting are discussed with appropriate team members and outlined in the final draft of the ELP.</p> <p>All members of the support team have input into and review the Essential Lifestyle Plan prior to implementation. During the meeting, the individual and the support team identify and assign responsibilities for implementing and monitoring the plan including other Medicaid services furnished through State Plan or other federal programs and coordination of any other natural supports. Each responsible member is identified in writing in the ELP as well as the frequency of monitoring and the reporting/accountability requirements.</p> <p>The Plan is final when approved by the individual or their guardian or any other legally appointed authority.</p>
	<p>DDDS Policy: Essential Lifespan Plan, Section IV Definitions and V Standards http://dhss.delaware.gov/dhss/ddds/files/policy_admin_elp_marc_h_2009.pdf</p>	<p>Essential Lifestyle Plan (ELP) – A person centered plan, developed with the person receiving services, his/her family or guardian and other individuals providing support, that outlines in detail the individual’s preferences, individual support needs, and lifestyle choices.</p> <p>F. Essential Lifestyle Plans shall minimally reflect what people like and admire about the person (the individuals strengths or assets), what the person</p>

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		says he/she must have in his/her life (preferences) and specific support details needed to support the person in their life activities (needs, current learning plans and individual lifestyle choices), as well as a plan of action for ensuring that the implementation of the ELP is monitored.
	Approved DDDS 1915(c) Waiver Application, Appendix D-1 d. Service Plan Development http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf	The ELP includes information identifying how services and supports will enhance the member’s life. This information is obtained from a variety of assessment sources based on the needs of the individual and also includes a comprehensive health care assessment. This assessment data, including information about services the participant receives through other state and federal programs is coordinated by the case manager. The case manager’s coordination efforts help to assist the participant with plan development and to ensure the ELP accurately reflects such services or programs.
	Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.6 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	<u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.6.2.3 The ELP includes all services and supports that the individual chooses and/or needs. 4.6.2.4 The ELP has administrative/designee oversight and approval. 4.6.2.5 Responsibilities for the provision of services and supports are defined. 4.6.2.6 Upon development of the plan, documentation reflects that the plan was shared with all service providers and that they have reviewed the current plan.
	DDDS Standards (proposed standards still in draft -not yet available on line)	<u>Proposed Language in the DDDS Standards:</u> CM1.13 The person-centered plan defines desired outcomes chosen by the individual. CM1.14 The person-centered plan defines outcomes that are chosen by the individual. These outcomes must include timelines, who is responsible for

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		assisting the individual with achieving the outcome, and the satisfaction of the outcome.
<p><i>38. plan reflects risks factors and measures in place to minimize them, including individual backup plans and strategies when needed.</i></p>	<p>DDDS Policy: Behavior Support Plans October 7, 2015 http://dhss.delaware.gov/dhss/ddds/files/BehaviorSupportPlanPolicy100715.pdf</p>	<p>E. All Behavior and/or Mental Health Support Plans shall include procedures designed to increase existing adaptive skills or behaviors and teach alternative/ functionally equivalent skills or behaviors to replace self-limiting behaviors.</p> <p>F. Interventions shall comply with all State, Federal, and other applicable laws, rules and regulations.</p> <p>G. Behavior Support Interventions shall be reviewed and approved nyu PROBIS prior to implementation. The initial PROBIS review shall require submission of the following: A Risk Benefit Analysis for each proposed intervention; Documentation of current written or verbal consents; A current Medical Appointment Information Record OR; Psychiatric Appointment Information Record; Current Medication/Behavior History; A signed physician’s statement/medical clearance (for planned physical and mechanical restraint); A completed Behavior Support Plan Review; A Functional Assessment Summary</p>
<p><u>Applies to:</u> All Settings</p>		
	<p>Delaware Administrative Code, Title 16 Health and Safety, 3310, Section 4.2 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf</p>	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u> 4.2.4 The service provider completes all required documentation per the DDDS Behavioral/Mental Health/Heath Related Protection policies. 4.2.4.1 Peer Review of Behavior Intervention Strategies (PROBIS), Human Rights Committee (HRC), and Health Related Protection (HRP) reviews are completed per policy. 4.2.4.2 Consents are obtained annually, as otherwise specified, or whenever a change occurs. 4.2.4.3 The Individual’s Rights Restriction form is completed and reviewed at</p>

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		least annually by HRC or whenever additional rights are restricted.
<p>39. plan must be understandable to the individual</p> <p><u>Applies to:</u> All Settings</p>	<p>Approved DDDS 1915 (c) HCBS Waiver Appendix D-1 d. Service Plan Development http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf</p>	<p><u>Proposed Language in the DDDS Standards:</u> CM1.30 The person-centered plan addresses any health, safety, or risk factors and how to minimize the identified factors.</p> <p>One of the responsibilities of the case manager is to provide information to the member in such a way as to maximize the member’s participation and involvement in the planning process plan.</p> <p>DDDS attempts to provide information to the member in a way that is easy to understand so each member is able to make informed choices. DDDS strives to assure during the assessment, plan development, and review/approval processes, the member is assisted by individuals who know the member well, have demonstrated care and concern for the member and are trusted by the member.</p>
	<p>DDDS Essential Lifestyle Plan Manual http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManual04012014Joy2.pdf</p>	<p><input type="checkbox"/> ELP Communication Section (* required for anyone who does not speak to us with words or has difficulty communicating what they mean and should always go first in the “In Order to Support” section)</p> <p><input type="checkbox"/> Regarding ____’s Health</p> <p><input type="checkbox"/> In Order to Support ____, We Must ...</p> <p><input type="checkbox"/> At Home</p> <p><input type="checkbox"/> At Work (or list Day Service Information)</p> <p><input type="checkbox"/> Regarding ____’s Money</p> <p><input type="checkbox"/> Contact Numbers</p> <p><input type="checkbox"/> Regarding ____’s Adaptive Equipment (* required if someone has, or needs, adaptive equipment)</p>
	DDDS Standards (proposed	<u>Proposed Language in the DDDS Standards:</u>

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	standards still in draft -not yet available on line)	CM1.11 The person-centered plan is written in language understood by the individual.
<p><i>40. plan must identify the individuals responsible for monitoring the plan</i></p> <p><u>Applies to:</u> All Settings</p>	<p>Approved DDDS 1915(c) HCBS Waiver Appendix D-2 a. Service Plan Implementation and Monitoring http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf</p> <p>DDDS Policy: Essential Lifestyle Planning March 2009 http://dhss.delaware.gov/dhss/ddds/files/policy_admin_elp_marc_h_2009.pdf</p> <p>DDDS Standards (proposed standards still in draft -not yet</p>	<p>The Division of Developmental Disabilities Services (DDDS) provides for ongoing monitoring of the implementation of each waiver participant’s service plan, which in Delaware is termed the Essential Lifestyle Plan (ELP). The case manager is the primary person responsible for monitoring the ELP at a minimum of once a month.</p> <p>Responsibilities of the case manager include ensuring that: services meet the participant’s needs, are provided in accordance with their ELP, including reviewing the amount, duration and frequency of services recommended in the ELP, the ELP identifies the individual’s exercise of free choice of providers, non-waiver health care services are identified and accessible, and concerns which require action are identified and remedied promptly.</p> <p>The case manager monitors the implementation of the participant’s plan of care (the ELP) on a monthly basis. At least once each calendar quarter, the case manager will conduct a face to face interview with the participant. The case manager must conduct at least two of the face to face interviews in the participant’s home, during which the plan is reviewed with the participant, his/her or guardian, if applicable, and/or appropriate team members to assess their satisfaction with the services provided and to review how the participant is progressing with the attainment of his/her stated priority outcomes.</p> <p>Case Manager/Support Coordinator – An individual assigned to a person receiving services who is responsible for monitoring the overall implementation of the ELP.</p> <p><u>Proposed Language in the DDDS Standards:</u> CM1.14 The person-centered plan defines outcomes that are chosen by the</p>

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	available on line)	individual. These outcomes must include timelines, who is responsible for assisting the individual with achieving the outcome, and the satisfaction of the outcome. CM1.16 The DDDS Case Manager has reviewed monthly the progress of the individual’s outcomes. The person-centered plan defines outcomes that are chosen by the individual. These outcomes must include timelines, who is responsible for assisting the individual with achieving the outcome, and the satisfaction of the outcome.
<p><i>41. plan must be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation</i></p> <p><i>Applies to:</i> All Settings</p>	<p>Approved DDDS 1915(c) Waiver Application, Approved DDDS 1915 (c) HCBS Waiver Appendix D-1, d. Service Plan Development http://dhss.delaware.gov/dhss/ddds/files/de_0009_r07_00_070114.pdf</p> <p>DDDS Essential Lifestyle Plan Manual, Section 2 http://www.dhss.delaware.gov/dhss/ddds/files/RevisedELPManual04012014Joy2.pdf</p> <p>DDDS Standards (proposed standards still in draft -not yet available on line)</p>	<p>All members of the support team have input into and review the Essential Lifestyle Plan prior to implementation. During the meeting, the individual and the support team identify and assign responsibilities for implementing and monitoring the plan including other Medicaid services furnished through State Plan or other federal programs and coordination of any other natural supports. Each responsible member is identified in writing in the ELP as well as the frequency of monitoring and the reporting/accountability requirements.</p> <p>The Plan is final when approved by the individual or their guardian or any other legally appointed authority.</p> <p>ELP Signature Page - Signed by everyone who supports the person, stating that they have read, and agree to contribute to, the ELP.</p> <p><u>Proposed Language in the DDDS Standards:</u> CM1.9 The person-centered plan has documentation of informed consent of the individual. CM1.10 The person-centered plan is approved by the individual within 364 days of the annual review needs to ref other people who must signCM1.11 The person –centered plan is signed by all individuals supporting the individual.</p>
<p><i>42. plan is to be distributed to the</i></p>	<p>Delaware Administrative Code, Title 16 Health and Safety, 3310,</p>	<p><u>Current Language (to be moved from the regulation to the DDDS standards):</u></p>

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<i>individual and other people involved in the plan</i>	Section 4.6 Neighborhood Homes for Persons with Developmental Disabilities http://dhss.delaware.gov/dhss/ddds/3310regs.pdf	4.6.2.7 The ELP is shared with the individual/family/guardian/advocate.
<u>Applies to:</u> All Settings	DDDS Standards (proposed standards still in draft -not yet available on line)	<u>Proposed Language in the DDDS Standards:</u> CM1.11 The person-centered plan is distributed to the individual and all other people involved in the plan.
43. The plan includes those services, the purchase and control of which the individual elects to self-direct	N/A The Delaware DDDS HCBS waiver DE0009 does not offer the option for self-direction at this time.	
<u>Applies to:</u> All Settings		
44. The plan prevents the provision of unnecessary or inappropriate services and supports.	DDDS Policy: Behavior Support Plans October 7, 2015 http://dhss.delaware.gov/dhss/ddds/files/BehaviorSupportPlanPolicy100715.pdf	To ensure that individuals with Intellectual Disabilities and those on the Autism Spectrum who would benefit from psychiatric and behavioral support interventions are supported with the most proactive and least restrictive interventions. The use of Seclusion and Aversive Interventions are strictly prohibited.
<u>Applies to:</u> All Settings		