



Georgia Department of Behavioral Health and Developmental Disabilities
Division of Strategy, Technology, and Performance
Office of Incident Management and Compliance
Intellectual and Developmental Disability (I/DD) Services Review Tool

This tool outlines criteria reviewed during compliance reviews conducted by the Department of Behavioral Health and Developmental Disabilities for I/DD services as outlined in policy [Accreditation and Compliance Review Requirements for Providers of Developmental Disability Services, 02-703](#)

AREAS REVIEWED
Leadership and Organizational Practices
Healthcare Management
Individual Care and Prevention
Environment of Care
Human Resources
Service Specific

LEADERSHIP AND ORGANIZATIONAL PRACTICES

There are written policies and procedures put into practice that include a well-defined plan to assess and improve organizational quality. Practices ensure a safe and humane environment for individuals that is free of abuse, neglect, and exploitation.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201](#),
[Reporting Deaths and Other Incidents in Community Services, 04-106](#)

1.01 Quality Improvement

1.01	1	The quality improvement plan includes processes for how issues are identified
1.01	3	Any new or additional issues are identified and managed on an ongoing basis
1.01	6	Incidents and accidents are monitored as an area of risk.
1.01	7	Health and safety are monitored as an area of risk.
1.01	9	The Rights Sub-Committee review restrictive interventions as an area of risk.
1.01	10	Practices that limit freedom of choice or movement are monitored as an area of risk.
1.01	11	Medication management is monitored as an area of risk.
1.01	12	Infection control is monitored as an area of risk.
1.01	13	Positive Behavior Support Plans (PBSP) are monitored as an area of risk, including PBSP tracking and monitoring, including restrictive interventions, review for efficacy of the plan and needed adjustments, recommendations and modifications made in a timely manner.

1.02 and 1.04 Performance Measurement

1.02	1	Indicators of performance are in place for each issue, to include: (1) method of routine data collecting and reporting; (2) method of routine measurement; (3) method of routine evaluation; and, (4) targets goals/expectations for each indicator.
1.02	2	Outcome measurements are determined and reviewed for each indicator on a quarterly basis.
1.02	4	At least four individual records or the records of 5% of the total number of individuals served (whichever number is greater) are reviewed each quarter. The form used for record reviews includes: (1) the record is organized, complete, accurate and timely; (2) services are based on assessment and need; (3) individuals have choices; (4) documentation of service delivery including individuals' responses to services and progress toward ISP/IRP goals; (5) documentation of health service delivery; (6) medication management and delivery, including the use of PRN and over the counter PRN medications, and their effectiveness; (7) approaches implemented for individuals with challenging behaviors.
1.02	5	Appropriate utilization of human resources is assessed, including, but not limited to: competency, qualifications, numbers and type of staff, and staff to individual ratios to include enhanced staffing.

1.02	6	For ASD CSH , the provider's performance data system shall, at minimum, include the following performance indicators and outcomes: a. Names of youth supported in each ASD CSH; b. Total number of youth at each ASD CSH on the last day of each month ("occupancy rate"); c. Total number of new admissions and discharges each month ("admission and discharge data"); d. Average length of stay in each ASD CSH; e. Total number of hours of training provided to youth, families, and/or caregivers monthly; f. Total number of hours of training provided to ASD CSH direct support staff monthly; g. Total number of reportable critical incidents to DBHDD; h. Staff vacancies and new hires each month; i. Total number of hospitalizations (separated by medical vs. behavioral necessity); and j. Total number of calls for law enforcement assistance monthly.
1.04	1	The ASD CSH provider's policy is substantially practiced and describes how ASD crisis services are provided, types of assessments, use of evaluation tools, management of crisis situations, development of behavioral/safety/crisis plans utilizing evidence-based practices.
1.04	2	The ASD CSH provider's policy is substantially practiced and describes management of crisis situations and for ensuring the health and safety of its staff and the youth served.
1.04	3	The ASD CSH provider's policy is substantially practiced and describes the utilization/development/revision of a youth's behavioral support plan and/or safety plan to include how behavioral needs are monitored daily to include data collection and efficacy of behavioral interventions and replacement behavioral training.
1.04	4	The ASD CSH provider's policy describes the admission and discharge process.

1.06 Incident Management

1.06	2	Incidents and Safety Plans are entered into the incident database within the time frames outlined in DBHDD policy.
1.06	3	There is evidence that the organization fully implemented Safety Plans established as part of Incident Reports.
1.06	4	The organization has an internal process for the identification and monitoring of all incidents and accidents, both reportable and non-reportable.

HEALTHCARE MANAGEMENT

There organization provides comprehensive oversight of the holistic healthcare needs of the individual.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;](#)

[Health Risk Screening Tool \(HRST\), 02-803;](#)

[Healthcare Plans for Individuals with Intellectual/Developmental Disabilities \(I/DD\) in Community Residential Alternative, and Community Living Support Services with Skilled Nursing Services, 02-266;](#)

[Prevention of Choking and Aspiration for Individuals with Intellectual/Developmental Disabilities Living in the Community, 02-801;](#)

[Bowel Management for Individuals Diagnosed with Developmental Disabilities Living in Community Settings, 02-802;](#)

[Risk Mitigation of Health Conditions or Vulnerabilities in Intellectual and/or Developmental Disability \(I/DD\) Services, 02-807;](#)

[DCH Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities;](#)

Comprehensive Supports Waiver Program Chapters 1300-3600 (Part III).

2.01 Health Oversight

2.01	2	The organization documents the implementation of healthcare recommendations (e.g., lab testing, specialist appointments, etc.). The organization documents the provision of or referral for needed specialized healthcare such as nutritional assessments (completed by a registered dietitian), physical, occupational and speech therapies, specialized medical equipment or supplies, dental care, smoking or tobacco cessation, behavioral health services (substance abuse, mental health), etc (N/A for crisis homes) .
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2.01	3	There is documentation in the individual's record of all medical care received, including office visits, procedures, laboratory testing, etc.
2.01	5	Nutritional treatments, such as special diets or supplements, have an active, current physician's order that is renewed at least annually. When a special diet is ordered, the menus correspond to the ordered diet and the diet is provided to the individual, including in instances of emergencies (N/A for crisis homes) .
2.01	7	Ongoing updates of the HRST are completed when: 1) a person experiences significant changes in health, functional or behavioral status; 2) the individual is determined to be at risk for developing constipation and/or bowel obstruction; and/or, 3) annually at least 90 days prior to ISP expiration date (N/A for crisis homes) .
2.01	8	Appropriate lab testing and assessment tools that accompany the use of medications prescribed are conducted and the results documented in the clinical record, with follow-up by the physician for any further actions needed.
2.01	12	The front of the record includes the individual's identification, precautions, and allergies (or no known allergies – NKA).

2.02, 2.03 and 2.05 Medication Management

2.02	2	Initial medication orders and refills are obtained within 24 hours of receipt of the order or 24 hours before the refill is exhausted.
2.02	3	All PRN medications are accessible onsite for each individual as ordered.
2.02	4	A daily inventory of all controlled medications is maintained. Each individual dose is signed out and recorded on the controlled count sheet by the staff administering the medication.
2.02	7	Notifications of medication errors, variances, problems, reactions, refusals and omissions are made to the prescriber. (The organization may have policies in place for additional internal notifications.)
2.02	5	At least two staff account for the accuracy of the controlled substances inventory when there is a change of the staff responsible for the controlled substances.
2.02	8	The provider has written policies, procedures and practices that are substantially followed and are specific to the types of services provided for all aspects of medication management include, but not limited to: (a) prescribing; (b) authenticating orders; (c) ordering, procuring medication and refills; (d) medication labeling; (e) storage; (f) security; (g) dispensing; (h) supervision of self-administration, if applicable; (i) administration; (j) recording; (k) disposal of medications; (l) education to the individual and family; (m) PRN medication availability; and, (n) timeliness of medication administration.
2.03	2	Each medication (PRN, controlled substance, OTC, etc.) being administered has an active, current order on file that is dated and signed within the past 12 months by an appropriately licensed professional (MD, PA, NP).
2.05	1	Medications are stored under lock at all times in a secure location, including when transporting to another service setting.
2.05	2	Refrigerated medications are locked and stored separately from food, including when transporting to another service setting. (A separate refrigerator for medications is not required.) The refrigerator temperature is recorded daily.
2.05	3	Controlled substances are double locked, including when transporting to another service setting. Refrigerated controlled substances are double locked. (A separate refrigerator for medications is not required.)

2.04 Medication Administration

2.04	2	The "Eight Rights" of medication administration are observed/documentated to verify: (1) Right person - use of 2 identifiers to identify individuals; (2) Right medication - comparison of the medication label to the MD order and the MAR; (3) Right time - administration at the correct time and in accordance with special instructions; (4) Right dose - comparison of the label, order and MAR; (5) Right route - administration via the ordered route; (6) Right position - placement of the individual in the correct anatomical position for the medication route; (7) Right to refuse - documentation of medication refusals; and (8) Right documentation - document the administration/supervision after the ordered medication is given on the MAR.
2.04	3	For medication administration, only licensed personnel administer medications.
2.04	4	Unlicensed staff assist with self-administration of medications as needed to include reminding the individual to take the medication, reading the container label to the individual, checking the dosage according to the label and order, providing water and assisting physically using the hand over hand technique. Unlicensed staff are not allowed to pour medications, remove the medication from the bubble pack, place the medication in the individual's mouth, etc. (does not apply to DD Crisis Homes)
2.04	5	A listing of all medication taken or received is documented on the MAR in full replication of the physician's order to include name of medication dose, route, time, and special instructions if needed.
2.04	7	PRN medications taken or received are documented in full replication of the physician's order to include name of medication, dose, route, time, and special instructions if needed. PRN medications are documented a separate portion of the MAR from routine, ongoing medications. The date and time the medication is taken or received is documented for each use. The effectiveness of the PRN medication is clearly documented on the MAR.
2.04	8	MAR Recording: Includes the guidelines for documentation of all aspects of medication management. This includes adding and discontinuing medication, charting scheduled and as needed medications, observations regarding the effects of medications, refused and missing doses, making corrections, and a legend for recording. The legend includes initials, signature and title of staff member and clarifies medications not given or otherwise not received by the individual.

2.06 Proxy Caregiver Health Maintenance Activities

2.06	1	The organization has a policy in place and substantially practiced that address in detail, at a minimum, the following: (1) assistance with prescribed medications, OTC medications and controlled substances using the eight rights of medication administration by a proxy caregiver; (2) written informed consent; (3) written orders for health maintenance activities; (4) written plan of care; and (5) proxy caregiver competency.
2.06	2	There is a written informed consent in the individual's record that designates the selected proxy caregiver(s) or the named licensed healthcare facility authorized to provide the healthcare activities outlined in the physician's written order (N/A for crisis homes) .
2.06	4	A licensed healthcare professional documents a competency-based skills checklist for the proxy caregiver that reflects the proxy caregiver has demonstrated the necessary knowledge and skill to satisfactorily perform the necessary health maintenance activities. Skill competency checklists for proxy caregivers must be updated by a licensed healthcare professional annually and whenever new medications are added that staff have not been previously trained (N/A for crisis homes) .
2.06	5	A licensed healthcare professional develops a written plan of care in accordance with the written orders that specifies the health maintenance activities to be performed, the frequency of training and evaluation requirements for the proxy caregiver and when additional training will be required. The plan of care is signed by the licensed healthcare professional providing oversight. The plan of care is renewed at least annually. The proxy caregiver is not trained or permitted to provide services outside their scope of practice (N/A for crisis homes) .

2.07 Adaptive Supportive and Medical Protection Devices

2.07	1	The organization has a policy in place and substantially practiced that defines the adaptive supportive, and medical protection devices and the restrictive interventions that are implemented or prohibited by the organization and licensure requirements.
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2.07	4	A current physician's order is documented for all devices utilized by an individual. The physician's order is renewed at least every 12 months (6 months for CLA). (N/A for crisis homes)
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2.08 Protocols for Specialized Healthcare Needs

2.08	2	The healthcare plan includes: (1) diagnosis; (2) nursing diagnosis; (3) goals and objectives; (4) nursing interventions; (5) documentation requirements; and, (6) evaluation of progress (N/A for crisis homes) .
2.08	4	The healthcare plan must be formulated, signed and dated by the provider RN.
2.08	5	The healthcare plan must be reviewed and revised as often as the severity of the individual's condition requires (i.e., change in medication, treatment, or condition), or at a minimum annually (in conjunction with the ISP review).
2.08	7	All individuals who are at risk for choking, based on an individualized assessment by an appropriate licensed health care practitioner, has individualized protocols. The protocols include: type of diet, food size and portion, who should be called if a choking incident occurs, what emergency techniques should be implemented, and emergency contact numbers.
2.08	10	The DDP trained in assessing the effectiveness of intervention(s) or a licensed healthcare professional monitors the bowel tracking records to assess the effectiveness of the intervention(s) and health status of the individual (N/A for crisis homes) .
2.08	14	The organization has an internal policy with safeguards for identifying, monitoring, and addressing potential risk or actual incidents of choking and aspiration for individuals supported.
2.08	15	Each individual has a bowel tracking record that includes, at a minimum: (1) number of bowel movements per day; (2) list of the individual's medications that increase the risk of constipation, impaction, and/or bowel obstruction; (3) abdominal pain reported by the individual; (4) consistency of bowel movement; (5) treatment intervention(s) if needed; and (6) Elements of the Bristol Stool Form Scale. An accurate recording of each individual's bowel status is maintained each shift.
2.08	16	The organization follows the protocols, risk mitigation and healthcare plans in place for each individual.
2.08	17	Organizations not required to contract with licensed skilled nurses, have a responsibility to mitigate risk and implement safeguards to promote the health and safety of individuals receiving services. A risk mitigation document must be developed by the provider to include: (1)Date of creation; (2) Date of any applicable updates to the document; (3) Individual demographic information; (4) Allergies or No Known Allergies (NKA); (5) Statement and description of known condition, risks and diagnoses; (6) Any applicable individualized action steps to be taken when needed; (7) Communication plan (e.g., who to contact when there is an identified risk or change in condition); and (8) Contact details for primary caregiver(s) and responsible parties.
2.08	18	The risk mitigation document must be reviewed and updated at least annually or when there is change in intervention needed to mitigate risk.

INDIVIDUAL CARE AND PREVENTION

There are written policies and procedures put into practice that safeguard the rights and responsibilities of individuals served. Accurate records of services provided are kept. Behavioral challenges are managed on an on-going basis. Special care is provided to ensure that individual's funds are not mismanaged or exploited.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;](#)
[Supervision and Protection of Personal Funds and Belongings in Intellectual and Developmental Disability Residential Services, 02-702](#)

3.01 Rights and Responsibilities

3.01	1	The organization has a policy in place and substantially practiced that addresses, at a minimum, the following: (1) practices that do not discriminate; (2) equitable supports, care and treatment in the least restrictive environment possible; (3) the use of teaching functional communication, functional adaptive skills to increase independence, and the least restrictive interventions that are likely to be effective; (4) Clients Rights and the Human Rights Council policy, and the rights and responsibilities of persons served; (5) under no circumstances will threats of harm or mistreatment, corporal punishment, fear eliciting procedures, abuse or neglect of any kind, withholding nutrition or basic necessities, or withholding services occur; (6) humane treatment or habilitation that affords protection from harm, exploitation, or coercion; (7) unless adjudicated incompetent, the individual is considered legally competent to maintain civil, political, personal and property rights
3.01	2	Individuals/guardians are informed of their rights and responsibilities and sign an acknowledgement upon admission, at least annually thereafter and whenever there are changes. Rights and responsibility information is prepared in the language/format understandable by the individual.
3.01	3	The ASD CSH provider's policy is substantially practiced and describes monitoring and evaluation of services that demonstrate respect for the youth's rights, choices, and person-centered planning. The policy strictly prohibits the use of aversive techniques, such as denial of meals and sleep.
3.01	5	For ASD CSHs , the youth meets the following admission criteria: (a) HARM – Does not meet admission criteria for the CSU, and presents with a behavioral risk of harm to self or others (without clear intent to cause harm) and/or has had at least one episode of a seriously problematic behavioral issue that, if continued and/or intensified, may compromise the youth's ability to remain in their home/community; (b) COPING / CRISIS MANAGEMENT – Youth demonstrates insufficient resources or skills necessary to cope with current stress or crisis; and/or demonstrates lack of judgement and/or impulse control or cognitive/perceptual abilities to manage current stress or crisis; (c) DISTRESS / DISRUPTION – Youth presents with an emotional/behavioral change or distress that is causing a major disruption to essential baseline functioning such that the youth is at risk of longer-term out-of-home placement at a higher level of care; and, (d) CLINICAL / LEVEL OF NEED – Youth needs short-term, voluntary, out-of-home care that includes crisis intervention and for whom another level of care is not appropriate.
3.01	6	For ASD CSHs , the youth meets the requirements for admission throughout their stay, including meeting the admission criteria, having an implemented behavior support plan related to the crisis episode but the crisis behavior has not stabilized, and a higher level of care is not indicated.
3.01	7	For ASD CSHs , the youth is discharged when he/she no longer meets admission criteria, the legal guardian requests discharge, a higher level of care is indicated; or the youth meets any of the exclusion criteria. The service is time-limited and should not exceed 30 days. Requests for extensions in increments of 7 days are submitted to the Autism Project Coordinator or designee. Extensions are only approved when discharge criteria have not been met as evidenced by observations, with assessment of outcomes related to clinical interventions documented daily.

3.03 Developmental Disabilities Professional Services

3.03	1	DDP documentation of necessary face-to-face visits includes date, location of service delivery, signature (title) and the beginning and ending time when the service was provided. Documentation will also contain the purpose of the visit or contact, assessment or evaluation, training, plan for intervention, and any changes in service delivery such as change in staff recommendations (N/A for crisis homes).
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3.04 Individual's Funds

3.04	3	The individual has the right to manage his/her own funds. Personal funds are readily accessible for use by the individual. At least on a quarterly basis, the individual and/or representative is made aware of monies that are in his/her personal account. A statement of funds received and spent is provided to the individual and/or representative when requested (N/A for crisis homes) .
3.04	5	The organization is responsible for the management/supervision of individuals' valuables and funds and takes special care to assure that the funds of individuals are not mismanaged or exploited. This responsibility is applicable regardless of the payee status, unless the representative payee is family, guardian, friend or anyone not involved in direct provision of residential services. When this occurs, the organization continues to be responsible for designating an area for the safeguarding of an individual's valuables and all personal spending money, unless the individual served has requested to manage and safeguard their own valuables and funds independent of the organization (N/A for crisis homes) .
3.04	6	Individuals' funds are not co-mingled into a collective account without permission from the Social Security Administration. Collective accounts show that the funds belong to the beneficiaries and not the payee; the account is separate from the organization's operating account; and any interest earned is credited to the beneficiaries (N/A for crisis homes) .
3.04	7	When the organization is the representative payee, at least two people, other than those having authorization to receive and disburse funds on behalf of any individual, independently reconcile the bank and/or account records on a monthly basis (N/A for crisis homes) .
3.04	8	When the organization is the representative payee, the organization complies with the following requirements: (1) Documentation of personal spending is accounted for on the DBHDD Personal Spending Account Record, or a payee created document that contains all of the same elements; (2) Keeping written records of at least 2 years of all payments from the Social Security Administration, bank statements and cancelled checks, receipts or cancelled checks for rent, utilities and major purchases; and (3) Determining the individual's needs for day-to-day living (food, clothing, housing, medical/dental expenses, and personal items and clothing) and using his/her payments to meet those needs (N/A for crisis homes) .
3.04	9	At a minimum (regardless of day-to-day expenses) each individual in DD residential services receives \$65 monthly for personal needs and spending. After the day-to-day living needs are met, the payee may also use the benefits for personal comfort items, recreation, and miscellaneous expenses. If the individual has income greater than the determined day-to-day living expenses, all remaining funds will be available to the individual. These funds may be saved by the payee in a bank account, U.S. savings bonds, or other appropriate investments (N/A for crisis homes) .
3.04	10	The day-to-day living expense agreement is reviewed at the annual ISP. Copies of each day to day living expense agreement are maintained in the individual's record. Day-to-day living expense agreements are signed by the provider at admission and thereafter annually and submitted to the Division of DD (by June 30th) or when there is a change of provider serving the individual (N/A for crisis homes) .

3.07 and 4.01 Individual's Records and Documentation

3.07	2	The record includes emergency contact information and legal documentation regarding guardianship.
3.07	4	Documentation is completed each shift or service contact by staff providing the service.
4.01	2	The organization implements the applicable goals at the frequency identified by the ISP (N/A for crisis homes) .
4.01	3	Progress notes or learning logs describe progress toward goals. Notes document issues, situations, or events occurring in the life of the individual as well as the individual's response to the issues, situations or events (N/A for crisis homes) .
4.01	4	The individual's data from progress notes or tracking sheets and learning logs have been reviewed, analyzed and summarized to determine progress at least quarterly (N/A for crisis homes) .
4.01	6	There is documentation of individualized preferences, person-centered integration, informed choice, autonomy and inclusion in the community (N/A for crisis homes) .

4.01	8	The routine of the ASD CSH is such that the youth spends the majority of their time outside of sleeping hours in areas other than their bedrooms. Activities/positive coaching or modeling training are provided to increase positive replacement behaviors according to each youth's plan or care and behavioral support program.
4.01	9	The ASD CSH has a daily activity schedule (per shift) posted that includes structured activities as a significant portion. The structured activities are related to skills training and education and are consistent with each youth's needs as identified in the behavior support/crisis plan.
4.01	10	For ASD CSHs , there is evidence of an agreement with a local school system located in the area for change of placement for educational supports to include: How the ASD CSH and school system plans to provide for the continuity of educational training as outlined in the youth's current IEP. All trainings/supports provided must meet documentation requirements and be maintained in the youth's file.
4.01	11	The ADS CSH collaborates with other service providers, as applicable, including support coordination, outpatient, community services, and the youth's school system.
4.01	12	For the ASD CSH , the IEP developed by the youth's school system should be an integral part of the behavioral treatment and programming at the ASD CSH when the youth is anticipated to be absent from school for a minimum of ten (10) consecutive school days.
4.01	13	For the ASD CSH , there is evidence of collaboration with the school personnel to implement educational supports that are outlined in the youth's current IEP, to include service goals training, within 48 hours of admission.
4.01	14	For the ASD CSH , all activities and trainings are individualized and reflect the youth's participation and choice. The IEP is revised as needed to meet the evolving needs of the youth.
4.01	15	For crisis homes , the provider begins implementation of a discharge plan upon admission. The case manager assists with identifying and accessing needed services/supports post-discharge and coordinates with any existing providers.
4.01	16	The ASD CSH provider's policy describes educational requirements including the incorporation of the IEP into the youth's behavioral treatment and programming, collaboration with school personnel, and agreement with a local school system for change in placement.

4.02, 4.04 and 4.05 Behavior Supports

4.02	1	The organization has the capacity to address each individual's behavioral needs. If the cause of the challenging behavior cannot be determined or satisfactorily addressed by the provider, there is evidence of consultation with an outside professional who is licensed or qualified through education, supervised training and experience to address the behavior needs of the Individual.
4.04	1	The organization has a policy in place and substantially practiced that addresses, at a minimum, the following: (1) the use of adaptive support devices or medical protective devices; (2) manual hold/restraint (also known as personal restraints); (3) mechanical restraint (also known as physical restraints); (4) seclusion; (5) chemical restraint; and (6) PRN anti-psychotic medications for behavior control are not permitted. In addition, the organization has policies and procedures that address all aspects of managing behaviors that is in accordance with the Guidelines for Supporting Adults with Challenging Behaviors in Community Settings.
4.04	3	If permitted, Manual/Personal Restraint (ten seconds or more), shall not exceed fifteen (15) minutes beyond which time the person is no longer a danger to self or to others, and use of personal restraint is documented. The length of time permitted to use manual/personal restraints for any one episode shall not exceed one (1) hour. Consecutive periods of manual restraints, which have the effect of restraining the resident in excess of one hour are prohibited.
4.04	5	A copy of the individual's PBSP is available at the provider's service sites where services to the individual are delivered.
4.04	8	The ASD CSH provider's policy is substantially practiced and describes how ASD crisis services are provided, types of assessments, use of evaluation tools, management of crisis situations, development of behavioral/safety/crisis plans utilizing evidence-based practices.
4.05	7	Providers have processes in place and substantially practiced to implement crisis intervention as needed. The staff must be trained to respond to a crisis situation that occurs at the service site and have an agency's crisis plan, that at a minimum addresses: a. Approved interventions to be utilized by staff; b. Availability of additional resources to assist in diffusing the crisis; c. If the acute crisis presents a substantial risk of imminent harm to self and others, that community-based crisis services to include the Georgia Crisis Response System (GCRS) serves as an alternative to emergency

		room care, calling 911, institutional placement, and/or law enforcement involvement (including incarceration) is implemented; d. Protocols to access community-based crisis services to include the Georgia Crisis Response System must be included in agency's policy and procedures with staff trained to implement this protocol; and e. Notification process by Direct Support Staff that includes informing the designated on-call management staff and/or Director.
4.05	9	For the ASD CSH , within 5-7 days of admission, the results of a behavioral assessment are available to inform the development of a behavior support plan primarily focused on the crisis-related behavior. Within 7-9 days of admission, the draft of the behavior support plan is developed or updated (with BCBA oversight) and finalized/implemented within 10-12 days of admission.
4.05	10	The ASD CSH provider works with the youth's support system (family, caregiver, etc.) to begin to evaluate and address needed training in behavioral and/or crisis de-escalation techniques/supports. The provider works with the youth's provider(s) to facilitate any needed continuation of this training post-discharge.
4.05	11	For the ASD CSH , the BCBA begins a behavioral assessment of each youth within 36 hours of admission to help inform the development of a crisis plan and behavior support plan.
4.05	7	For the ASD CSH , within 2 days of admission, a crisis plan is developed (or updated if one already exists) and implemented for each youth served.

ENVIRONMENT OF CARE

There are written policies and procedures put into practice that ensure a clean, safe, and emergency prepared environment for the individuals served.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201;](#)
[Disaster Preparedness, Response, and Disaster Recovery Requirements for Community Providers, 04-102](#)

5.01 Food Service

5.01	1	Food guidelines are in place and are being implemented for safe food consumption and storage of food in refrigerator, freezer and cupboards to maintain temperature between 34 and 40 degrees Fahrenheit, expiration dates on food items to include open items and the prevention of food-borne illnesses.
5.01	2	For PCH and CLA , a minimum of three regularly scheduled, well-balanced meals are available seven days a week. Meals meet the general requirements for nutrition and are of sufficient and proper quantity, form, consistency and temperature. Food for at least one nutritious snack is available and offered mid-afternoon and evening.
5.01	3	For PCH and CLA , the residence has a properly equipped and clean kitchen that is maintained to ensure cleanliness and sanitation.
5.01	4	For ASD CSHs , a minimum of three (3) regularly scheduled, well-balanced meals must be available seven (7) days per week. Meals must be served in the early morning (breakfast), at midday (lunch), and in the evening (dinner), with the last meal served no earlier than 5:00 PM and no later than 7:00 PM. The ASD CSH provides each youth with meals and snacks of serving sizes dependent upon the nutritional guidelines established by the United States Department of Agriculture Childcare Program; recommended daily diet allowances, Food and Nutrition Board, National Academy of Sciences; or a diet established by a registered dietician. Meals are of sufficient and proper quantity, form, consistency, and temperature. Food for at least two nutritious snacks is available and offered mid-afternoon and evening. All food groups are available within the residence and represented on the daily menu.
5.01	5	For ASD CSHs , food received or used is clean, wholesome, free from spillage, adulteration, and mislabeling, and safe for human consumption.

5.02 Emergency Preparedness

5.02	1	The organization has an Emergency Response Plan coordinated with the local Emergency Management Agency that includes detailed information regarding evacuating, transporting and relocating individuals that addresses: (1) medical emergencies; (2) missing persons that references Georgia's Mattie's Call Act (notification of law enforcement within 30 minutes of discovering a missing individual); (3) natural and man-made disasters; (4) power failures; (5) continuity of
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		medical care as required; and (6) notifications to families or designee. The Emergency Response Plan is reviewed annually.
5.02	2	The organization has a Continuity of Operation Planning (COOP) to identify locations and provide a signed agreement where individuals will be relocated temporarily in case of damage to the site where services are provided. COOP must also include plans for sheltering in place. The agreement is reviewed annually, to include a signed and dated document of the renewal. (For DD Crisis homes, the organization's plan may include the use of another crisis home, even if it is not in the same area. The plan includes the method of transportation to the nearest and safest DD Crisis Home, along with the name of the Crisis Home.)
5.02	3	The emergency preparedness plans are tested at least quarterly for emergencies that occur locally on a less frequent basis such as, but not limited to flood, tornado or hurricane. Plans are drilled more frequently if there is a greater potential for the emergency.
5.02	4	Supplies needed for emergency evacuation are accessible and include individual (s) information, family contact information and current copies of physician's orders for all individuals' medications.
5.02	5	A three-day supply of non-perishable emergency food and water is available for all individuals supported in residences (and staff if ASD CSH) . A residence shall provide for at least one gallon of water per person a day. A residence shall arrange for and serve special diets as prescribed.
5.02	6	The organization conducts fire drills on a monthly basis at alternate times during the day. For residential services, two fire drills per year are conducted during sleeping hours.
5.02	7	Each home must have at least one charged 5 lb. multipurpose ABC fire extinguisher on each occupied floor and in the basement. These extinguishers must be checked annually to assure they remain in operable condition.
5.02	8	The provider has one staff member designed to take DBHDD's Providers' Disaster Preparedness, Response and Disaster Recovery Training within 45 days after assuming the responsibility.

5.03 Housekeeping/Maintenance

5.03	1	The organization has a policy in place and substantially practiced that addresses, at a minimum, the following: (1) guidelines for environmental cleaning and sanitizing; (2) guidelines for the proper disposal of biohazardous materials and sharps; and, (3) procedures for the prevention and infestation by insects, bed bugs, rodents or pests.
5.03	3	The environment is clean and safe.
5.03	4	The residence provides laundering facilities on the premises for individuals' personal laundry. Clothing and linens are collected, sorted, transported, washed and stored in a manner that prevents the spread of infections and contamination of the environment.
5.05	1	The ASD CSH provider's policy is substantially practiced and describes controlling and preventing infections in the service setting, as required by the Community Service Standards, through evidence of: 1) Guidelines for environmental cleaning and sanitizing; 2) Guidelines for safe food handling and storage; 3) Guidelines for the proper disposal of biohazardous materials and sharps; 4) Guidelines for laundry that include the collection, sorting, transporting, washing, and storage in a manner that prevents the spread of infection and contamination of the environment

5.06 Transportation Services

5.06	1	The organization has a policy in place and substantially practiced that addresses the transportation of persons supported or served in residential services and in programs that require movement of persons served from place to place. The policy applies to all vehicles owned or leased by the organization, owned or lease by employees/contractors and used to transport individuals. The policy includes, at a minimum: (1) authenticating licenses of drivers; (2) proof of insurance; (3) routine maintenance; (4) requirements for evidence of driver training; (5) safe transport of persons served; (6) requirements for maintaining an attendance log of persons while in vehicles that includes documentation of boarding and exit time of individuals with to and from location of planned trip and not leaving individuals unattended in the vehicle; (7) safe use of lift, seat belts, tie downs and any other safety equipment; (8) availability of first aid kits and seat belt cutters; (9) fire suppression equipment; and, (10) emergency preparedness plan to include the process for handling and reporting an incident and accident.
5.06	2	The organization has documentation of an attendance log for transporting individuals that includes documentation of boarding and exit time of individuals and the beginning location and destination.

5.06	3	The organization has evidence of a functioning lift to assist with accessibility to enter and exit vehicle (if applicable).
5.06	4	Each vehicle used to transport individuals has a first aid kit(s). First aid kits have the contents required by the service setting.
5.06	5	Each vehicle used to transport individuals has a seat belt cutter.
5.06	6	Each vehicle used to transport individuals has a fire suppression devices available.
5.06	7	Each vehicle used to transport individuals has a copy of the organization's transportation emergency preparedness plan.
5.06	8	Vehicles utilized for transport are safe.

HUMAN RESOURCES

There are written policies and procedures put into practice that demonstrates a commitment to recruit, develop, and retain competent employees and contractors.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201](#)

6.01 Human Resources Administration and DDP

6.01	1	At least one agency employee or professional under contract with the agency is a DDP (N/A for crisis homes) .
6.01	2	DDP services are rendered by a qualified individual DDP employed by or under contract with the agency (N/A for crisis homes) .
6.01	3	There is a specified schedule for each site and sufficient contract hours (not a PRN staff) to meet the individual's needs of the assigned caseload.
6.01	4	The DDP personnel file(s) include the following: (1) a signed DDP job functions that meet the DDP requirements for oversight and professional consultation; (2) attestation by the DDP that the scheduled or contracted hours do not conflict with his/her work with another provider agency; (3) copy of diploma, license or certification to verify qualifications for performing DDP job functions is maintained (N/A for crisis homes).
6.01	5	The DDP is provided orientation prior to direct contact with individuals that includes: (1) the purpose, scope of services, supports, care and treatment offered including related policies and procedures; (2) HIPAA and confidentiality of individual information, both written and spoken; (3) Rights and responsibilities of individuals; (4) Requirements for recognizing and mandatory reporting of suspected abuse, neglect or exploitation of any individual (N/A for crisis homes).
6.01	6	Within the first 60 days from the date of hire, the DDP receives the following training: (1) medical, physical, behavioral and social needs and characteristics of the individuals served; (2) the utilization of nationally benchmarked techniques for safe utilization of emergency interventions of last resort (if such techniques are permitted in the purview of the organization); (3) accessing crisis services using the Georgia Crisis Response System to access crisis services; (4) fire safety, emergency and disaster plans and procedures; (5) techniques of standard precautions, including preventative measures to minimize risk of infectious disease transmission; (6) first aid and safety, and BCLS, including both written and hands on competency training; (7) suicide prevention skills training, such as AIM, QPRP; and (8) ethics and corporate compliance (N/A for crisis homes).
6.01	7	During the first year of employment, the DDP receives the following training: (1) Individual Service Planning (Person-Centered); (2) Health Risk Screening Tool online training overview; (3) Eight (8) hours of DBHDD sponsored or other training in the area of developmental disabilities on an annual basis (N/A for crisis homes).

6.02 Personnel Records

6.02	1	The personnel record includes a date of hire.
6.02	2	The personnel record includes current credentials, licenses, and certifications, as applicable. The provider verifies the validity of the license or certificate prior to employment and at least annually thereafter.
6.02	3	For CLAs, the personnel record includes documentation of verification of employment history for the five most recent years, including previous places of work, contact names, and contact telephone numbers.

6.02	4	For CRA/CLS services, direct care staff have evidence of: (1) being 18 years or older; (2) a high school diploma/equivalent (GED); (3) if transporting individuals, a legal license in the State of Georgia with the class of license appropriate to the vehicle operated, no more than two chargeable accidents, moving violations or any DUIs in a three year period within the last five years of the seven year Motor Vehicle Record. (The MVR is obtained before hire and then annually); and, (4) driver training.
6.02	5	All employees, volunteers and anyone contracted to perform direct care, treatment, custodial responsibilities, or any combination thereof has a fingerprint-based criminal history record check prior to employment. Criminal records checks are securely maintained separately from other personnel records, with access restricted to the person assigned the responsibility for human resources. The organization does not employ any applicant who has been convicted of a crime that excludes them from hire eligibility.
6.02	7	Documentation of staff training includes names of persons trained, trainer, the training source, content, dates, length of training, and copies of certificates must be maintained in personnel files and readily accessible.

6.04, 6.05, 6.06, and 6.07 Employee Training

6.04	5	Orientation requirements are specified for all staff and are provided prior to direct contact with individuals and are as follows: (1) The purpose, scope of services, supports, care and treatment offered including related policies and procedures; (2) HIPAA and Confidentiality of individual information, both written and spoken; (3) Rights and Responsibilities of individuals; and, (4) Requirements for recognizing and mandatory reporting suspected abuse, neglect or exploitation of any individual.
6.05	10	Within the first 60 days from date of hire, all staff having direct contact with individuals shall receive training in: (1) Medical, physical, behavioral and social needs and characteristics of the individuals served; (2) Nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; (3) Georgia Crisis Response System to access crisis services; (4) Fire safety, emergency and disaster plans and procedures; (5) Techniques of Standard Precautions to include preventative measures to minimize risk of infectious disease transmission; (6) First aid and safety, and BCLS, including both written and hands on competency training; (7) Proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely; and, (8) Suicide prevention skills training, such as AIM, QPRP.
6.06	5	A minimum of 16 hours of training is completed annually from date of hire that includes but is not limited to the following: (1) Nationally benchmarked Behavioral Support and Crisis Intervention techniques for safe utilization of emergency interventions of last resort, with the exception of the use of prone manual or mechanical restraints; (2) Fire safety, emergency and disaster plans and procedures; and, (3) Proper body mechanics for lifting/transferring/positioning as a basic requirement to assist in performing activities of daily living safely.
6.07	1	Staff are trained on individualized specific condition as written in each individual's care plan protocol.
6.07	2	For Host Homes: The adult family member who has primary responsibility for the individual and for providing services to the individual has at least the following training prior to providing services: (1) person centered values, principles and approaches; (2) human rights and responsibilities; (3) recognizing and reporting critical incident; (4) Individual Service Plan; (5) confidentiality of individual information, both written and spoken; (6) fire safety; (7) emergency and disaster plans and procedures; (8) techniques of standard precautions; (9) basic cardiac life support (BCLS); (10) first aid and safety; and, (11) medication administration and management/supervision of self-medication.
6.07	3	For ASD CSH , all staff receive ASD training to include: 1) Assessing the behavioral crisis; 2) Onsite service operations determination for any risk; 3) Instructions on how to monitor the breathing, verbal responsiveness, and motor control of a youth who is subject of an emergency safety intervention; 4) Training in working with youth with ASD to recognize their strengths and opportunities in thinking and learning; 5) Person-centered planning; 6) Trauma informed care; and 7) Documentation and retraining, if applicable, when implementation of emergency safety interventions results in a youth injury.

Specialty Services

Community Living Arrangement

There are written policies and procedures specific to providers who offer community living arrangement services.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201](#)

Department of Community Health (DCH) Rules and Regulations 290-9-37

7.01	1	The organization has a policy in place and substantially practiced that address, at a minimum, the following: (1) how the residence ensures that it does not admit or retain persons who require more care than the residence can provide; (2) expectations regarding cooperative living; and, (3) how the residence handles acts committed by staff or individuals that are inconsistent with policies of the residence.
7.01	2	The CLA is licensed. The CLA does not serve more individuals than it's approved licensed capacity.
7.01	5	The CLA administrator/designee is available to any person within the CLA, including each individual, in the event of an emergency.
7.01	7	The CLA maintains a monthly plan for specific staff coverage in advance of the month, a record of actual staff coverage, and a plan for provision of all required services.
7.02	1	The CLA provides for private sleeping areas.
7.03	1	At least one functional toilet, lavatory, and bathing or showering facility is provided for each four individuals. Toilets, bathtubs, and showers provide for individual privacy. Each individual is afforded privacy and freedom for the use of the bathroom at all hours.
7.03	2	At least one fully handicap accessible bathroom is available if any individual requires handicap access.
7.03	4	Bathrooms and toilet facilities have a window that can be opened or have forced ventilation.
7.03	5	Toilets, bathtubs, and showers provide for individual privacy.
7.03	6	All plumbing and bathroom fixtures are maintained in good working order at all times and present a clean and sanitary appearance.
7.03	7	Toilet tissue is available for use at each commode.
7.04	1	The CLA provides for common living space areas that have clean, safe furniture in good repair, with enough seating for the individuals and guests. Furnishings, including those provided by the individual, are maintained in good condition, intact, and functional.
7.04	2	All residences provide an area for use by individuals and visitors that affords privacy.
7.05	1	The residence presents a clean and orderly appearance.
7.05	2	The residence has its house number displayed so as to be easily visible from the street.
7.05	3	The yard area, if applicable, is kept free of all hazards, nuisances, refuse, and litter.
7.05	4	All areas including hallways and stairs are lighted sufficiently.
7.05	5	Floors, walls, and ceilings are kept clean and in good repair.
7.05	6	Windows used for ventilation to the outside and exterior doors used for ventilation are screened and in good repair.
7.05	7	Supportive devices are installed as necessary to enable individuals to achieve a greater degree of mobility and safety from falling.
7.05	8	The residence provides a means of locked storage for the valuables or personal belongings of any individual, upon request.
7.05	9	All stairways and ramps have sturdy handrails, securely fastened not less than 30 inches nor more than 34 inches above the center of the tread. Exterior stairways, decks, and porches have handrails on the open sides unless the surface of the deck or porch is so close to ground level that it does not pose a significant risk of injury to the individual to fall from the deck or porch.
7.05	10	Floor coverings are intact, safely secured, and free of any hazard that may cause tripping.

7.05	11	Entrances and exits, sidewalks, and escape routes are maintained free of any obstructions that would impede leaving the residence quickly in the case of fire or other emergency. All such entrances and exits, sidewalks, and escape routes are kept free of any hazards such as ice, snow, or debris.
7.05	12	No individual is in any area of the CLA that falls below 65 degrees Fahrenheit or that exceeds 85 degrees Fahrenheit. Mechanical cooling devices are made available for use in those areas of the building used by individuals when inside temperatures exceed 80 degrees Fahrenheit.
7.05	13	The storage and disposal of garbage, trash, and waste are accomplished in a manner that will not permit the transmission of disease, create a nuisance, or provide a breeding place for insects or rodents. Waste is removed from the kitchen as necessary and from the premises at least weekly.
7.06	1	Wall-mounted electric outlets and lamps or light fixtures are maintained in a safe and operational condition.
7.06	2	Space heaters are not used.
7.06	3	Fire screens and protective devices are used with fireplaces, stoves, and heaters.
7.06	4	Sufficient AC powered smoke detectors, with battery backup, are in place and, when activated, initiate an alarm that is audible in the sleeping rooms. Strobe alarms are used when required by the needs of the individual, e.g., for hearing impaired persons.
7.06	5	If natural gas or heating oil is used to heat the residence, or if a wood-burning fireplace is in the residence, the residence is protected with carbon monoxide detectors.
7.06	6	Exterior doors are equipped with locks that do not require keys to open the door from the inside.
7.06	7	Poisonous materials are locked or inaccessible to individuals if all individuals living in the home are unable to safely use or avoid poisonous materials. Poisonous materials are stored in an area away from medication storage areas and from food preparation.
7.06	8	A residence is equipped and maintained so as to provide a sufficient amount of hot water for the use of individuals. Heated water provided for use of individuals does not exceed 120 degrees Fahrenheit at the hot water fixture, unless a cooler temperature is required by the needs of the individual. A water temperature monitor or a scald valve is installed where necessary to ensure the safety of the individuals.
7.06	10	There are established procedures and mechanisms for alerting and caring for individuals in case of emergencies and for evacuating them to safety. An evacuation plan with clear instructions is available within each residence. Each sleeping room has a secondary exit, which may be a door or a window usable for escape.
7.06	11	Individuals dependent upon a wheelchair or other mechanical device for mobility have at least 2 exits from the CLA, remote from each other, and accessible to the individuals.
7.06	12	There are clearly accessible route(s) for emergencies throughout the residence.
7.06	13	The residence has a supply of first-aid materials available for use that includes, at a minimum: band aids, antiseptic, gauze, tape, and a thermometer.
7.07	3	The CLA does not provide services to individuals whose services are not authorized and reimbursed, in whole or in part, by DBHDD.
7.08	4	Each individual has access to a telephone to make and receive personal calls, the phone number of which is made available to the individual and his/her representative or legal guardian, if any. The individual also has the right to have a private telephone, at the expense of the individual. Telephones are placed in areas to ensure privacy, without denying accessibility, and accessible at all times for emergency use by staff.
7.01	6	If individuals are in the residence and staff are not present within the residence, the ISP for each individual supports evidence of assessment regarding capacity to be independent within the residence.
7.02	2	The CLA does not restrict a individual's free access to the individual's own bedroom unless the rationale for not meeting this requirement is documented in the individual service plan of the individual, which justifies that exceptions are based on the needs of the individual.
7.02	3	Bedrooms have sufficient space to accommodate, without crowding, the individual, the individual's belongings, and the minimum furniture of a bed, dresser, and closet. When there is more than one individual per bedroom, bedroom space is available to accommodate two individuals without crowding the individuals, their belongings, and their beds, dressers, and closets.

7.02	4	Each bedroom has at least one window.
7.02	5	Bedrooms occupied by individuals have doors that can be closed. For bedrooms that have locks on doors, both the occupant and staff are provided with keys to ensure easy entry. Double-cylinder locks (locks requiring a key on both sides) are not to be used on the bedroom of an individual.
7.02	6	A room is not used as a bedroom where more than one-half the room height is below ground level. Bedrooms that are partially below ground level have adequate natural light and ventilation and are provided with two useful means of egress.
7.02	7	Bedrooms include the following: closet/wardrobe, lighting fixtures sufficient for reading and other activities, dresser/bureau or equivalent, and mirror appropriate for grooming. Furnishings, including those provided by the individual, are maintained in good condition, intact, and functional.
7.02	8	Each individual has a standard, non-portable bed measuring at least 36 inches wide and 72 inches long with comfortable springs and a clean mattress. The mattress is not less than five-inches thick, or four inches if of a synthetic construction. Couples may request a double bed when available.
7.02	9	Provisions are made for assisting an individual to personalize the bedroom by allowing the use of his or her own furniture if so desired and by mounting or hanging pictures on bedroom walls.
7.02	10	Bedding is available for each individual, including two sheets, a pillow, a pillowcase, a minimum of one blanket and bedspread. The CLA maintains a linen supply for not less than twice the bed capacity. The CLA provides sufficient bed linen so that all beds may be changed at least weekly and more often if soiled.
7.02	6	Bedrooms occupied by individuals have doors that can be closed. For bedrooms that have locks on doors, both the occupant and staff are provided with keys to ensure easy entry.
7.03	3	Grab bars and non-skid surfacing or strips are installed in all showers and bath areas, as required by the needs of the individuals.
7.06	9	Individuals who need assistance with ambulation are provided bedrooms that have access to a ground-level exit to the outside or provided bedrooms above ground level that have access to exits with easily negotiable ramps or easily accessible lifts.
7.07	1	A written admission agreement is entered into between the governing body and the individual. The agreement is signed by a representative of the CLA, the individual, and the individual's legally authorized representative or legal guardian, if any, and contains the following: (1) a statement of all services to be delivered, all associated fees or charges and how fees or charges are assessed; (2) a statement that the individual and his/her representative or legal guardian, if any, are informed, in writing, at least 60 days prior to changes in charges or services; (3) a statement of the CLA's refund policy when an individual is transferred, is discharged, or dies; (4) a statement about the responsibility assumed, if any, by the CLA for the individual's valuables and other personal belongings; and, (5) a copy of expectations regarding cooperative living, which include, but not be limited to, a statement about sharing of common space and other resources, expectations regarding the use of tobacco and alcohol, and explanation regarding items, if any, prohibited by the CLA.
7.08	1	Personal hygiene assistance is given to those individuals who are unable to keep themselves neat and clean.
7.08	3	The routine of the CLA is such that an individual may spend the majority of his/her non-sleeping hours out of the bedroom if he/she so chooses.
7.08	5	Each individual has the right to use, keep, and control his/her own personal property and possessions in the immediate living quarters, except to the extent as use of his/her property would interfere with the safety or health of other individuals. Each individual has the right to reasonable safeguards for the protection and security of his/her personal property and possessions brought into the CLA.

Community Living Supports

There are written policies and procedures specific to providers who offer community living support services.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201](#)

Department of Community Health (DCH) Rules and Regulations 111-8-66

Comprehensive Supports Waiver Program Chapters 1300-3600 (Part III)

9.02	3	Supervisory home visits are made to each client's residence at least every 62 days (for nursing services), 92 days (for personal care services), or 122 days (for companion or sitter services), starting from date of initial service in a residence or as the level of care requires to ensure that the client's needs are met.
9.02	4	Supervisory visits include an assessment of the client's general condition, vital signs, a review of the progress being made, the problems encountered by the client, the client's satisfaction with the services being delivered by the provider's staff, and observations about the appropriateness of the level of services being offered. Routine quarterly supervisory visits are made in the individual's residence and documented in the individual's record or service plan.
9.02	6	Service plans are completed by the service supervisor within 7 working days after services are initially provided in the residence. Service plans for nursing services are reviewed and updated at least every 62 days. Other service plans are reviewed and updated at the time of each supervisory visit. Parts of the plans must be revised whenever there are changes, as applicable.
9.01	1	CLS are not delivered in foster homes, host homes, personal care homes, community living arrangements or any other home/residence other than the individual's own or family home.
9.01	2	The CLS home is not leased or owned by the service delivery agency.
9.01	3	The organization has a current Private Home Care Provider license in the type of services provided (companion/sitter, personal care and/or nursing) from the Department of Community Health, Healthcare Facility Regulation.
9.01	4	The organization has a designated director with a Bachelor's degree in the human services field and 5 years of experience working with the developmentally disabled with at least 2 years as a supervisor or an Associate's degree in nursing, education or a related field with 6 years' experience working with the developmentally disabled and 2 years as a supervisor.
9.01	5	Staff has Direct Support Professional (DSP) certification; or a high school diploma/transcript or General Education Development (GED) diploma; and at least six (6) months of experience providing behavioral health related services to individuals with developmental disabilities.
9.01	6	The type and number of professional staff and all other staff attached to the organization are present in numbers to provide services, supports, care and treatment to individuals as required. Staff to individual ratios are, at minimum, 1:1 in CLS.
9.01	7	When individuals are receiving an exceptional rate, the provider follows the staffing requirements outlined in the ER letter. When an exceptional rate requires enhanced staffing, the established staffing ratios for the service are met in addition to the required exceptional rate staffing.
9.02	1	The organization has a policy in place and substantially practiced that address, at a minimum, the following: (1) bonding of employees who perform home management services that permit unlimited access to the individual's personal funds; and (2) supervisory visits.
9.02	2	The provider maintains documentation of bonding of each employee who performs home management services which permit unlimited access to the individual's personal funds. If bonding is provided through a universal coverage bond, evidence of bonding need not be maintained separately in each personnel record.
9.02	5	If a provider provides companion or sitter tasks, supervision of such tasks is provided by a qualified supervisor (e.g. registered professional nurse, licensed practical nurse, the administrator, or any other staff member assigned responsibility for supervision of the delivery of care.)

Personal Care Homes

There are written policies and procedures specific to providers who offer personal care home services.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201](#)

Department of Community Health (DCH) Rules and Regulations 111-8-62

8.01	1	The organization has a policy in place and substantially practiced that addresses, at a minimum, the following: (1) services available in the home; (2) admissions, discharges and immediate transfers to ensure that the home does not admit or retain individuals who need more care than the home is authorized or capable of providing; (3) refunds when an individual is transferred or discharged; (4) house rules and their enforcement; (5) use of volunteers and their orientation; and,(6) safety and security precautions to protect individuals from harm.
8.01	2	A facility classified as a Community Living Arrangement is not operated on the same premises as a PCH.
8.01	3	The PCH is licensed. The PCH does not serve more individuals than its approved licensed capacity.
8.01	4	At least one administrator, on-site manager, or a responsible staff person is on the premises 24 hours per day and available to respond to individuals' needs.
8.01	6	The administrator has designated qualified staff as responsible to act on his/her behalf and to carry out his/her duties in the administrator or on-site manager's absence. No individual is designated as staff.
8.01	7	The PCH retains the completed staff schedules for a minimum of one year.
8.02	1	Separate and distinct sleeping and living areas are provided that allow for necessary supervision and assistance by staff and are conveniently located within easy walking distance of each individual's private living space (room), available for the individuals' informal use at any time and do not require any individual to leave the building to use.
8.02	5	Bedrooms or private living spaces are well ventilated and maintained at a comfortable temperature.
8.03	1	At least one functional toilet and lavatory is provided for each 4 individuals. At least one bathing or showering facility is provided for each 8 individuals.
8.03	2	At least one toilet and lavatory is provided on each floor having bedrooms.
8.03	3	At least one fully handicap accessible bathroom is available if any individual requires handicap access.
8.03	4	Grab bars and non-skid surfacing or strips are installed in all showers and bath areas.
8.03	5	Bathrooms and toilet facilities have a window that can be opened or have forced ventilation.
8.03	6	All plumbing and bathroom fixtures are maintained in good working order at all times and present a clean and sanitary appearance.
8.03	7	Bathrooms are kept clean and sanitized at least once daily with disinfectant and more often as needed to ensure cleanliness and sanitation.
8.03	8	Toilet tissue is available for use at each commode.
8.04	1	The PCH provides for safe access of all individuals with varying degrees of functional impairments to living, dining and activity areas within the home. The home has handrails, grab bars, doorways and corridors that accommodate mobility devices (e.g., walkers, motorized scooters, wheelchairs, etc.).
8.04	2	The PCH has at least one current calendar and working clock in the common living area.
8.04	3	Living rooms are provided that are large enough to accommodate the individuals without crowding. The rooms are comfortably and attractively furnished, well heated, well lighted, ventilated, and clean.
8.04	4	The PCH has a comfortable dining area that is properly equipped and adequate in size for the number of individuals being served.
8.04	5	The PCH provides an area for use by individuals and visitors that affords privacy.
8.05	1	The PCH presents a clean and orderly appearance.
8.05	2	The PCH has its house number displayed so as to be easily visible from the street.
8.05	3	The exterior of the PCH is properly maintained to remain safe and in good repair.
8.05	4	All areas including hallways and stairs are lighted sufficiently.
8.05	5	Floors, walls, and ceilings are kept clean and in good repair.
8.05	6	The kitchen area is kept clean and sanitized at least once daily with disinfectant and more often as needed to ensure cleanliness and sanitation.

8.05	7	All stairways and ramps have sturdy handrails, securely fastened not less than 30 inches nor more than 34 inches above the center of the tread. Exterior stairways, decks, and porches have handrails on the open sides.
8.05	8	Floor coverings are intact, safely secured, and free of any hazard that may cause tripping.
8.05	9	Entrances and exits, sidewalks, yards and escape routes are maintained free of any hazards such as refuse, equipment, unsafe furniture, debris or any other impediments. Ice and snow are cleared from the home's entrances, exits and walkways.
8.05	10	Solid waste that is not disposed of by mechanical means is stored in vermin-proof, leak-proof, nonabsorbent containers with closefitting lids until removed. Waste is removed from the kitchen as necessary and from the premises at least weekly.
8.06	1	The home has a working doorbell or doorknocker that is audible to staff inside at all times.
8.06	2	Wall-mounted electric outlets and lamps or light fixtures are maintained in a safe and operational condition. The home provides functioning light bulbs for light fixtures.
8.06	3	Space heaters are not used.
8.06	4	Fire screens and protective devices are used with fireplaces, stoves, and heaters.
8.06	5	Sufficient AC powered smoke detectors, with battery backup, are in place and, when activated, initiate an alarm that is audible in the sleeping rooms.
8.06	6	Exterior doors are equipped with locks that do not require keys to open the door from the inside.
8.06	7	Poisons, caustics and other dangerous materials are stored and safeguarded in areas away from individuals, food preparation and food storage areas, and medication storage areas.
8.06	8	The home is equipped and maintained so as to provide a sufficient amount of hot water for the use of individuals. Heated water provided for use of individuals does not exceed 120 degrees Fahrenheit at the hot water fixture, unless a cooler temperature is required by the needs of the individual.
8.06	10	There are established procedures and mechanisms for alerting and caring for individuals in case of emergencies and for evacuating them to safety. An evacuation plan with clear instructions is available within the home. Each sleeping room has a secondary exit, which may be a door or a window usable for escape.
8.06	11	A home serving a individual dependent upon a wheelchair or other mechanical device for mobility provides at least 2 exits, remote from each other, that are accessible to the individual.
8.06	12	A plan showing the escape routes is posted in the home on each floor.
8.06	13	Entrances and exits, sidewalks, yards and escape routes are maintained free of any hazards such as refuse, equipment, unsafe furniture, debris or any other impediments. Ice and snow are cleared from the home's entrances, exits and walkways.
8.06	14	The home has a supply of first-aid materials available for use that includes, at a minimum: gloves, band aids, thermometer, tape, gauze and an antiseptic.
8.08	2	The record includes a copy of the search results obtained from the National Sex Offender Registry website maintained through the Department of Justice, and any resulting safety plan for individuals, staff and visitors.
8.08	3	The home has at least one operable, non-pay telephone which is accessible at all times for emergency use by staff. Individuals have access to an operable, non-pay telephone in a private location, both to make and receive personal calls. The same telephone may be used to meet both requirements.
8.02	3	Individuals who choose, in writing, to share a bedroom with another individual in the home are allowed to do so, subject to the usable square feet requirement and the limitation that no more than 4 individuals may share a bedroom.
8.02	4	Each bedroom has at least one window through an exterior wall of the home.
8.02	7	A room is not used as a bedroom where more than one-half the room height is below ground level. Bedrooms that are partially below ground level have adequate natural light and ventilation and are provided with two useful means of egress.
8.02	8	No living room, dining room, hallway or any other room not ordinarily used for sleeping is used for sleeping by individuals, family, staff or renters.

8.02	9	Each individual has a standard, non-portable bed measuring at least 36 inches wide and 72 inches long with comfortable springs and a clean mattress. The mattress is not less than five-inches thick, or four inches if of a synthetic construction. Couples may request a double bed when available.
8.02	10	Bedrooms include the following: closet/wardrobe, lighting fixtures sufficient for reading and other activities, dresser/bureau or equivalent, at least one chair with arms per individual, and mirror appropriate for grooming. Furnishings, including those provided by the individual, are maintained in good condition, intact, and functional.
8.02	11	Provisions are made for assisting an individual to personalize the bedroom by allowing the use of his or her own furniture if so desired and by mounting or hanging pictures on bedroom walls.
8.02	12	Bedding is available for each individual, including two sheets, a pillow, a pillowcase, a minimum of one blanket and bedspread. The home maintains a linen supply for not less than twice the bed capacity. The home provides sufficient bed linen so that all beds may be changed at least weekly and more often if soiled.
8.06	9	Individuals who need assistance with ambulation are provided bedrooms that have access to a ground-level exit to the outside or provided bedrooms above ground level that have access to exits with easily negotiable ramps or easily accessible lifts.
8.07	1	A written admission agreement is entered into between the governing body and the individual and contains the following: (1) a statement of all fees and daily, weekly or monthly charges; any other services that are available on an additional fee basis for which the individual must sign a request acknowledging the additional cost; and the services provided in the home for that charge; (2) a statement that individuals and their representatives or legal surrogates are informed, in writing, at least 60 days prior to changes in charges or services; (3) a statement of the home's refund policy including but not limited to when a resident decides not to move into the home, dies, is transferred or discharged; (4) provision for transportation of individuals for shopping, recreation, rehabilitation and medical services, which must be available either as a basic service or on a reimbursement basis. Provision is also made for access to emergency transportation at all times; (5) a statement that individuals may not perform services for the home; (6) a copy of the house rules, consistent with the individuals' rights, in writing and also posted in the home to include policies regarding the use of tobacco and alcohol, the times and frequency of use of the telephone, visitors, hours and volume for viewing the listening to TV, radio and other audiovisual equipment, whether individuals' personal pets or household pets are permitted, and the use of personal property; and,(7) an explanation of how social media, photos of individuals and other media involving individuals are handled.
8.08	1	Personal hygiene assistance is given to those individuals who are unable to keep themselves neat and clean.

Host Homes

There are written policies and procedures specific to providers who offer host home services.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201](#)

Operational Standards for Host Home/Life Sharing, Attachment A;

[Process for Enrolling, Matching, and Monitoring Host Home/Life Sharing Sites for DBHDD Developmental Disability Community Service Providers, 02-704](#)

12.01	1	The provider agency has a policy in place and substantially practiced that addresses, at a minimum, monitoring of the sub-contracted Host Home to ensure compliance with DBHDD policy and the DBHDD Provider Manual for Community Developmental Disabilities Providers.
12.01	2	The provider agency is also the provider of other CRA services (the owner of a licensed Personal Care Home (PCH) or Community Living Arrangement (CLA)).
12.01	3	A general health examination of each member living in the potential Host Home
12.01	4	Evidence of screening for tuberculosis and communicable disease for each member living in the Host Home

12.01	5	Criminal records check and clearance for all adults age 18 or older living in the potential Host Home
12.01	7	Proof of homeowner/renter insurance or personal property insurance
12.01	8	Statement as to whether or not there are firearms in the home
12.01	9	Documentation of home ownership (ex. current mortgage statement) or renter's lease in the name of the Host Home provider
12.01	10	The signature and date of a designated employee of the agency or professional under contract with the agency and the Agency Director or Developmental Disabilities Professional (DDP)
12.01	11	A signed statement from the potential Host Home provider indicating the receipt and review of the Operational Standards for Host Home/Life-Sharing and the Policy for Enrolling, Matching and Monitoring Host Home/Life-Sharing sites for DBHDD Developmental Disabilities Community Providers
12.01	12	The Host Home study report is updated as changes occur or when there is a vacancy to be filled.
12.01	13	The provider agency conducts Host Home site visits at least monthly to verify that the Host Home site is delivering care, room and watchful oversight in a safe and healthy environment. The site visits include oversight of the following, at a minimum: (1) availability of services, supports, care and treatment, including the service needs addressed in the ISP; (2) protection of human and civil rights; (3) medication storage and administration practices; (4) documentation to ensure that it is person-focused; (5) information and documentation management to ensure it is protected, secure, organized and confidential; (6) a review of the environment to ensure that it demonstrates respect for the individual(s) served and is appropriate to the supports provided, including, at minimum, the physical environment, review of disaster and fire safety plan, required training, community inclusion, personal funds, and vehicle transportation requirements.
12.01	14	The provider agency conducts an overall assessment of the Host Home site annually. The annual assessment includes an summary of the monthly site visit reports to measure overall compliance and ensure corrective actions were taken.
12.02	1	The Host Home site is occupied by the owner or lessee, who is not an employee of the same community provider that provides host home/life sharing services by contract with the Division of Developmental Disabilities.
12.02	2	Host home individual/family does not manage the day to day operations of another residential location.
12.02	3	The Host Home does not hold a PCH or CLA license.
12.02	4	A copy of each monthly visit conducted by the provider agency and written summary of corrections made is maintained in the Host Home site.
12.02	5	A copy of the provider agency's annual assessment and written summary of corrections made is maintained in the Host Home site for at least one year.
12.02	6	The adult family member in the Host Home is responsible for the 24-hour care of the individual served.
12.03	1	All firearms in the home are unloaded, secured and locked in a cabinet with ammunition stored in a separate locked cabinet. If firearms are stored in an official gun cabinet, ammunition may also be stored in the same official gun cabinet. However, the ammunition must be kept in a locked container or locked in a separate compartment of the gun cabinet.
12.03	2	The yard surrounding the home is safe and maintained. The outside walkway that is used by individuals is free from ice, snow, obstructions and other hazards.
12.03	3	Trash is removed from the premises on a routine basis.
12.03	4	Floors, walls, ceilings and other surfaces are free of hazards, as determined by the needs of the individual resident.
12.03	5	Stairways, halls, doorways and exits from rooms and from the home are not unobstructed. No interior locks, keyed locks or dead bolts in the host home/life-sharing residence prohibit free access to exit from the home.
12.03	6	Flammable and combustible supplies and equipment are utilized safely and stored away from heat sources.

12.03	7	Furnaces and filters are cleaned and replaced at least annually. Written documentation of the cleaning or changing of filters will be maintained.
12.03	8	Portable space heaters that are not permanently mounted or installed are not present.
12.03	9	The use of wood and coal burning stoves is permitted only if the stove is inspected and approved for safe installation by a licensed and/or bonded contractor specialized in this area. Written documentation of the inspection and approval is maintained. Wood and coal burning stoves, including chimneys and flues, are cleaned at least every year. Written documentation of the cleaning is maintained.
12.03	10	If natural gas or heating oil is used to heat the residence, or if a wood-burning fireplace is in the residence, the Host Home has a carbon monoxide detector certified by Underwriters Laboratories.
12.03	11	The fireplace is securely screened and/or equipped with protective guards while in use.
12.03	12	For Host Homes that allow smoking, smoking is prohibited in any area where flammable liquid, gases or oxidizers are in use or stored; smoking is prohibited in bed; and, smoking is supervised unless unsupervised smoking is documented in the ISP.
12.03	13	The Host Home site is protected with smoke detectors listed by Underwriters Laboratories, Inc. in the attic and that are audible in the sleeping room. Each smoke detector is tested each month to determine if the detector is operable.
12.03	14	There is at least one operable 5 pound multipurpose ABC fire extinguisher on each floor, including basements. The fire extinguisher(s) are in accessible locations. The fire extinguishers are examined monthly to determine that: (1) fire extinguishers are accessible and in a designated location; (2) seals or tamper indicator are not broken; (3) the extinguishers have not been physically damaged; and, (4) the extinguishers do not have any obvious defects.
12.03	15	Fire drills are conducted every month at alternate times. At least two drills per calendar year are conducted during sleeping hours. All fire drills are documented and kept readily available.
12.03	16	The individuals' bedrooms are not located in basements, attics, stairway, halls or any room commonly used for other than bedroom purposes. The bedroom has at least one exterior window that permits a view of the outside.
12.03	17	Bedroom windows have clean and/or operable drapes, curtains, shades, blinds or shutters.
12.03	18	Bedroom(s) have doors at all entrances for privacy.
12.03	19	Each individual has the following in their bedroom: (1) a permanent bed (not cot or portable) of size appropriate to the needs of the individual; (2) clean, comfortable mattress and solid foundation; (3) clean bedding; including a pillow, linens and blankets appropriate for the season; (4) a chest of drawers; (5) a closet or wardrobe space with clothing racks and shelves accessible. An individual may not share a bedroom with anyone of an opposite sex in the home.
12.03	20	Windows, including windows in doors, are securely screened. Screens, windows and doors are in good repair.
12.03	21	Interior stairways exceeding two steps are accessible to individuals. Exterior stairways exceeding two steps and ramps have a well-secured handrail.
12.03	22	There is at least one toilet and one bathtub or shower in the home. Privacy is provided for toilets, showers and bathtubs by partitions or doors. At least one bathroom area has a sink, wall mirror, soap, toilet paper, individual clean paper or cloth towels and a trash receptacle.
12.03	23	A clean washcloth, bath towel and operable toothbrush is provided for each individual.
12.03	24	The home has a kitchen area with a clean and operable refrigerator, sink, cooking equipment and cabinets for storage.
12.03	25	Individual bed linens, towels, washcloths and clothing are kept clean.
12.03	26	Swimming pools are inaccessible to individuals when the pool is not in use.
12.03	27	The Host Home site has hot and cold running water under pressure. Hot water temperatures in bathtubs and showers that are accessible to individuals are within 110 to 120 degree Fahrenheit.
12.03	28	Heating and air conditioning systems are operational and maintained to provide adequate heat and air conditioning throughout the home.

12.03	29	The Host Home site has an operable telephone that is easily accessible. The individual has adequate privacy while using the telephone. The telephone is immediately available in case of emergency. Telephone numbers of the nearest hospital, police department, fire department, ambulance and poison control center are readily accessible in the home.
12.03	30	The Host Home site has a first aid kit that includes antiseptic, an assortment of adhesive bandages, sterile gauze pads, tweezers, tape, and scissors.
12.03	31	Clean conditions are maintained in all areas of the home. There is no evidence of infestation of insects or rodents in the home. Chemicals must be selected, stored and used safely. The chemical must be selected on the basis of the pest involved and used only in the manner prescribed by the manufacturer.
12.03	32	Living areas, dining areas, individual bedrooms, kitchens and bathrooms are ventilated by at least one operable window or by mechanical ventilation. Exceptions are homes with theater rooms.
12.03	33	Poisonous materials are locked or inaccessible to individuals if all individuals living in the home are unable to safely use or avoid poisonous materials. Poisonous materials will be stored in their original, labeled containers in an area away from medication storage areas and from food preparation.
12.03	34	The Host Home site has accommodations to ensure the safety and reasonable accessibility for entrance to, movement within and exit from the home for individual's with physical disabilities. Adaptive equipment is provided if needed for the individual to move about and function in the home (i.e., wheelchairs, walkers, low shelves, cabinets, countertops, special doorbells and telephone devices for individuals who have a hearing impairment, and tactile guides for individuals who have visual impairment).

Community Access Services

There are written policies and procedures specific to providers who offer community access individual and/or group services.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201](#)

Comprehensive Supports Waiver Program (COMP) Chapters 1300-3600 (Part III);

Comprehensive Supports Waiver Program (COMP) and New Options Waiver (NOW) Chapters 600-1200 (Part II).

13.01	1	The organization has a policy in place and substantially practiced that addresses at a minimum the following: (1) The operation of Community Access Services including but not limited to Community Access Group and Community Access Individual services; (2) the purpose of Community Access Services; (3) staff to individual ratios for group and individual services; (4) the setting of the service provided; (5) services are individually planned to meet the needs of the individual served (e.g., health maintenance activities, behavior management, transportation, etc.); (6) how and if meals and snacks are provided by the organization; and, (7) how transportation is provided by the organization.
13.01	2	Community Access Services are not delivered to an individual by the same staff person who provides the individual Community Residential Alternative or by the individual/family providing a Host Home.
13.01	3	Community Access Services are not provided during the same time of the same day as Community Living Support, Supported Employment, Prevocational Services or Transportation Services.
13.01	4	Co-employer provider organizations do not provide facility-based Community Access services.
13.01	5	The provider utilizes methods, materials and settings that meet the following: (1) set positive expectations for life experiences of people with disabilities that result in enhanced personal independence and productivity, greater active community participation, and/or increased community integration; (2) facilitate the provision of individual-specific supports through a supports network; (3) are appropriate to the chronological age of participants; and, (4) are culturally normative as specified in each individual's ISP.

13.01	6	The following is documented in the individual's record: (1) specific activity, training or assistance provided; (2) date and the beginning and ending time when the service was provided; (3) location where the service was provided; (4) verification of service delivery, including first and last name and title (if applicable) of the person providing the service and his/her signature; and, (5) progress towards meeting the individual's ISP goal.
13.01	7	CAI Services are only provided in non-facility, community-based settings outside of the individual's own or family home or any other residential setting (host home, foster home, personal care home, community living arrangement, group home, etc.).
13.01	8	CAG Services are only provided in a facility-based or community-based setting outside of the individual's own or family home or any residential setting (host home, foster home, personal care home, community living arrangement, group home, etc.).
13.01	9	At least one staff with Basic Cardiac Life Support certification and First Aid certification is on duty during the provision of Community Access Services.
13.01	10	The type and number of professional staff and all other staff attached to the organization are present in numbers to provide services, supports, care and treatment to individuals as required. Staff to individual ratios are, at minimum, 1:10 in CAG and 1:1 in CAI.
13.01	11	When individuals are receiving an exceptional rate, the provider follows the staffing requirements outlined in the ER letter. When an exceptional rate requires enhanced staffing, the established staffing ratios for the service are met in addition to the required exceptional rate staffing.
13.02	1	There is a drinking fountain or single, disposable cups or bottles of water are provided.
13.02	2	There are at least two handicap-accessible toilets and lavatories available for the use of individuals, including installed grab bars.
13.02	3	There is one or more space designated for individuals' activities and/or dining. If a single room is used, the room provides sufficient space to allow for multiple activities to be conducted at one time without interfering with each other.
13.02	4	There is adequate lighting for individuals' activities and safety.
13.02	5	The facility is adequately ventilated at all times by either mechanical or natural means to provide fresh air and the control of unpleasant odors.
13.02	6	There is sufficient furniture for use by individuals. Furniture is appropriate for the population served, comfortable and safe. There is adequate seating and table space.
13.02	7	The environment is clean and in good repair, including being free of litter, extraneous materials, unsightly or injurious accumulation of items and free of pests and rodents.
13.02	8	There is an adequate heating and cooling system that keeps temperature ranges that are consistent with the individuals' health needs and comfort.
13.02	9	All mechanical, electrical, and support equipment is in safe operating condition.

Prevocational Services

There are written policies and procedures specific to providers who offer prevocational services.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201](#)

Comprehensive Supports Waiver Program (COMP) Chapters 1300-3600 (Part III);

Comprehensive Supports Waiver Program (COMP) and New Options Waiver (NOW) Chapters 600-1200 (Part II).

14.01	1	The organization has a policy in place and substantially practiced that addresses the operation of prevocational services.
14.01	2	Prevocational services are provided in either facility-based or at community sites. Prevocational services are not provided in the individual's home or family home or any other residential settings.
14.01	3	Facility based prevocational services and other waiver services (e.g., Community Access Services, adult therapy services, etc.) are not delivered to an individual at the same time on the same day.

14.01	4	The following is documented in the individual's record: (1) specific activity, training or assistance provided; (2) date and the beginning and ending time when the service was provided; (3) location where the service was provided; (4) verification of service delivery, including first and last name and title (if applicable) of the person providing the service and his/her signature; and, (5) progress towards meeting the individual's ISP goal.
14.01	5	At least one staff with Basic Cardiac Life Support certification and First Aid certification is on duty during the provision of facility-based or mobile crew prevocational services.
14.01	6	The type and number of professional staff and all other staff attached to the organization are present in numbers to provide services, supports, care and treatment to individuals as required. Staff to individual ratios are, at minimum, 1:10 in PreVoc group and 1:6 in community PreVoc services.
14.01	7	When individuals are receiving an exceptional rate, the provider follows the staffing requirements outlined in the ER letter. When an exceptional rate requires enhanced staffing, the established staffing ratios for the service are met in addition to the required exceptional rate staffing.
14.02	1	There is a drinking fountain or single, disposable cups or bottles of water are provided.
14.02	2	There are at least two handicap-accessible toilets and lavatories available for the use of individuals.
14.02	3	There is one or more space designated for individuals' activities and/or dining. If a single room is used, the room provides sufficient space to allow for multiple activities to be conducted at one time without interfering with each other.
14.02	4	The organization has posted the Employee Rights for Workers with Disabilities Paid at Special Minimum Wages poster in an area readily accessible to individuals and their parents/guardians.
14.02	5	There is adequate lighting for individuals' activities and safety.
14.02	6	The facility is adequately ventilated at all times by either mechanical or natural means to provide fresh air and the control of unpleasant odors.
14.02	7	There is sufficient furniture for use by individuals. Furniture is appropriate for the population served, comfortable and safe. There is adequate seating and table space.
14.02	8	The environment is clean and in good repair, including being free of litter, extraneous materials, unsightly or injurious accumulation of items and free of pests and rodents.
14.02	9	There is an adequate heating and cooling system that keeps temperature ranges that are consistent with the individuals' health needs and comfort.
14.02	10	All mechanical, electrical, and support equipment is in safe operating condition.

Supported Employment Services

There are written policies and procedures specific to providers who offer supported employment services.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201](#)

Comprehensive Supports Waiver Program (COMP) Chapters 1300-3600 (Part III);

Comprehensive Supports Waiver Program (COMP) and New Options Waiver (NOW) Chapters 600-1200 (Part II).

15.01	1	The organization has a policy in place and substantially practiced that address, at the minimum, the following: (1) the operations of Supported Employment Services; (2) job development skills, training, supervision, and planned outcome; (3) transportation; (4) staff to individual ratios; and, (5) the required qualifications of staff.
15.01	2	Supported Employment Services are distinct from and do not occur at the same time of the same day as Community Access, Prevocational or Transportation Services, with the exception of time-limited, non-face-to-face Supported Employment job development. This exception is documented sufficiently to demonstrate no duplication of services for an individual and a service provided in preparation for transition of an individual to Supported Employment Services.
15.01	3	Supported Employment Services do not include sheltered work or other similar types of vocational services furnished in specialized facilities, such as service centers for individuals with intellectual/developmental disabilities.

15.01	4	Individuals who receive Supported Employment Services are in need of long-term, direct or indirect job-related support in job supervision, adapting equipment, adapting behaviors, transportation assistance, peer support, and/or personal care assistance during the workday.
15.01	5	Supported Employment Services consist of activities needed to obtain and sustain paid work including job development, supervision, training and services and supports that assist individuals in achieving self-employment through the operation of a business.
15.01	6	Supported Employment Services are related to the individual's ability and tied to a specific goal in the ISP.
15.01	7	The Supported Employment Services are provided by at least 1 employee that meets the Supported Employment Specialist experience, training, education or skills experience for every 5 direct care staff members. The Supported Employment Specialist provides direct supervision of direct care staff, develops, acquires and maintains job opportunities for individuals, conducts necessary additional assessments at the work site, monitors wages, hours and productivity of individuals on an ongoing basis, and assists the individual in achieving self-employment through the operation of a business.
15.01	8	The provider documents the following in the individual's record: (1) specific activity, training or assistance provided; (2) date and the beginning and ending time when the service was provided; (3) location where the service was provided; (4) verification of service delivery, including first and last name and title (if applicable) of the person providing the service and his/her signature; and, (5) progress towards meeting the individual's ISP goal.
15.01	9	The type and number of professional staff and all other staff attached to the organization are present in numbers to provide services, supports, care and treatment to individuals as required. Staff to individual ratios are, at minimum, 1:10 in SEG and 1:1 in SEI.
15.01	10	When individuals are receiving an exceptional rate, the provider follows the staffing requirements outlined in the ER letter. When an exceptional rate requires enhanced staffing, the established staffing ratios for the service are met in addition to the required exceptional rate staffing.

Autism Crisis Home Services

There are written policies and procedures specific to providers who offer autism crisis home services.

References:

[DBHDD Provider Manual for Community Developmental Disabilities Providers, 02-1201](#)

21.01	1	The ASD CSH has a full-time Program Manager whose time may be split between the two homes. The Program Manager has at least a bachelor's level in human services. The Program Manager or designee must be available to any person within the ASD CSH, including each youth served.
21.01	2	The ASD CSH has an RN to supervise the administration of medication, complete health assessments and provide oversight to LPNs.
21.01	3	The ASD CSH has an LPN on duty each shift.
21.01	4	The ASD CSH has a full-time case manager whose time may be split between the two homes. The case manager has at least a bachelor's level in a human services field.
21.01	5	The ASD CSH has one or more Board Certified Behavior Analysts (BCBAs) to equal one FTE and whose time may be split between the two homes.
21.01	6	The ASD CSH has at least one Registered Behavior Technician on each shift.
21.01	7	The ASD CSH has a minimum of 2 direct care staff on site at all times, but no less than a 1:1 staff ratio
21.01	8	The ASD CSH has a consulting psychiatrist and a referral arrangement with a licensed psychologist.
21.02	1	At least one functional toilet, lavatory, and bathing or showering facility is provided for each individual. Toilets, bathtubs, and showers provide for individual privacy. Each individual is afforded privacy and freedom for the use of the bathroom at all hours.
21.02	2	At least one fully handicap accessible bathroom is available if any individual requires handicap access.
21.02	3	Bathrooms and toilet facilities have a window that can be opened or have forced ventilation.

21.02	4	Toilets, bathtubs, and showers provide for individual privacy.
21.02	5	All plumbing and bathroom fixtures are maintained in good working order at all times and present a clean and sanitary appearance.
21.02	6	Toilet tissue is available for use at each commode.
21.02	7	Floor drains should be installed to address spillage during bathing and, possibly, during water play.
21.02	8	The toilet is a flushometer-type, not residential with water tank and cover.
21.02	9	Grab bars and non-skid surfacing or strips are installed in all showers and bath areas, as required by the needs of the individuals.
21.03	1	Common spaces, such as living and dining rooms, must be available for use by the youth and without restriction and are large enough to accommodate youth without crowding and should be comfortably furnished with sturdy furniture
21.03	2	All residences provide an area for use by individuals and visitors that affords privacy.
21.04	1	The residence has its house number displayed so as to be easily visible from the street.
21.04	2	The yard area, if applicable, is kept free of all hazards, nuisances, refuse, and litter.
21.04	3	All areas including hallways and stairs are lighted sufficiently.
21.04	4	Floors, walls, and ceilings are kept clean and in good repair.
21.04	5	Supportive devices are installed as necessary to enable individuals to achieve a greater degree of mobility and safety from falling.
21.04	6	The residence provides a means of locked storage for the valuables or personal belongings of any individual, upon request.
21.04	7	All stairways and ramps have sturdy handrails, securely fastened not less than 30 inches nor more than 34 inches above the center of the tread. Exterior stairways, decks, and porches have handrails on the open sides unless the surface of the deck or porch is so close to ground level that it does not pose a significant risk of injury to the individual to fall from the deck or porch. The spacing between any railing should not allow for an individual to put their head through them.
21.04	8	Floor coverings are intact, safely secured, and free of any hazard that may cause tripping.
21.04	9	Entrances and exits, sidewalks, and escape routes are maintained free of any obstructions that would impede leaving the residence quickly in the case of fire or other emergency. All such entrances and exits, sidewalks, and escape routes are kept free of any hazards such as ice, snow, or debris.
21.04	10	The storage and disposal of garbage, trash, and waste are accomplished in a manner that will not permit the transmission of disease, create a nuisance, or provide a breeding place for insects or rodents. Waste is removed from the kitchen as necessary and from the premises at least weekly.
21.04	11	The residence provides access to a working washer and dryer, and staff assist youth with their laundry.
21.04	12	Furnishings and housekeeping standards are such that the residence presents a clean and orderly appearance. When a youth is discharged, the bedroom and its contents are adequately cleaned.
21.04	13	Cooking appliances are suitably installed in accordance with approved safety practices.
21.04	14	Active use of any fireplace is prohibited. Fireplaces are deconditioned prior to occupancy.
21.04	15	Staff have access to 24/7 transportation.
21.04	16	Residence meets ADA requirements for accessibility.
21.04	17	The ASD CSH provides youth with clean towels, including washcloths, at least twice weekly and more frequently if soiled.
21.04	18	The temperature throughout the residence is maintained by a central heating system or its equivalent at ranges that are consistent with the youth's health needs. No youth is in any area of the residence that falls below 65o Fahrenheit or exceeds 82o Fahrenheit.
21.04	19	The ASD CSH has a properly equipped kitchen to prepare regularly scheduled, well-balanced meals unless it arranges for meals to be provided by a permitted food service establishment, which, in such case, a copy of required certification related to health, safety, and sanitation is available.

21.04	20	The ASD CSH provides each youth with meals and snacks of serving sizes dependent upon the nutritional guidelines established by the United States Department of Agriculture Childcare Program; recommended daily diet allowances, Food and Nutrition Board, National Academy of Sciences; or a diet established by a registered dietician. Meals are of sufficient and proper quantity, form, consistency, and temperature. Food for at least two nutritious snacks is available and offered mid-afternoon and evening. All food groups are available within the residence and represented on the daily menu. Meal planning demonstrates choice and participation of the youth, as safe and appropriate.
21.05	1	Wall-mounted electric outlets and lamps or light fixtures are maintained in a safe and operational condition.
21.05	2	Space heaters are not used.
21.05	3	Fire screens and protective devices are used with fireplaces, stoves, and heaters.
21.05	4	Sufficient AC powered smoke detectors, with battery backup, are in place and, when activated, initiate an alarm that is audible in the sleeping rooms. Strobe alarms are used when required by the needs of the individual, e.g., for hearing impaired persons.
21.05	5	If natural gas or heating oil is used to heat the residence, or if a wood-burning fireplace is in the residence, the residence is protected with carbon monoxide detectors.
21.05	6	Exterior doors are equipped with locks that do not require keys to open the door from the inside.
21.05	7	Poisonous materials are locked or inaccessible to individuals if all individuals living in the home are unable to safely use or avoid poisonous materials. Poisonous materials are stored in an area away from medication storage areas and from food preparation.
21.05	8	A residence is equipped and maintained so as to provide a sufficient amount of hot water for the use of individuals. Heated water provided for use of individuals does not exceed 120 degrees Fahrenheit at the hot water fixture, unless a cooler temperature is required by the needs of the individual. A water temperature monitor or a scald valve is installed where necessary to ensure the safety of the individuals.
21.05	9	There are established procedures and mechanisms for alerting and caring for individuals in case of emergencies and for evacuating them to safety. An evacuation plan with clear instructions is available within each residence. Each sleeping room has a secondary exit, which may be a door or a window usable for escape.
21.05	10	There are clearly accessible route(s) for emergencies throughout the residence.
21.05	11	The residence has a supply of first-aid materials available for use that includes, at a minimum: band aids, antiseptic, gauze, tape, and a thermometer.
21.05	12	The residence is constructed, arranged, and maintained so as to provide adequately for the health, safety accessibility, sensory needs, and well-being of the individual.
21.05	13	Lighting fixtures have dimmers and are recessed and tamper proof with Lexan or other strong translucent materials. Light switches and electrical outlets shall be secured with non-tamper type screws.
21.05	14	Alarm systems are applied to windows and doors.
21.05	15	Supportive devices are installed as necessary to enable the youth to achieve a greater degree of mobility and safety from falling.
21.05	16	The general floor plan of the home provides for optimal line of sight observations throughout the home. Blind spots are addressed through use of unbreakable convex viewing mirrors that allow visual access by staff.
21.05	17	The residence provides for an outside area where youth may have access to fresh air and exercise and should allow for privacy. It is constructed to minimize elopement from the area, preferably using a fence.
21.05	18	Shower heads are recessed or have a smooth curve from which items cannot be hung and/or bear weight.
21.05	19	Use of overhead metal rods, fixtures, privacy stall supports, or protrusions capable of carrying more than a thirty (30) pound load is strictly prohibited.
21.05	20	Mirrors are polycarbonate and securely flat mounted to the wall. Mirrors are not common glass or polished metal mirrors.

21.05	21	Furniture capable of use to barricade a door is secured to the floor or wall.
21.05	22	An approved smoke alarm with battery backup is installed properly in all sleeping areas, hallways, and all normally occupied areas on all levels of the residence per safety code. When activated, the smoke alarms initiate an alarm that is audible in the bedrooms. All smoke alarms are tested monthly, with the documented outcome. The facility is inspected annually to meet fire safety code and copies of inspections are maintained. Note: For youth with special support needs, such as hearing impairment or deep sleepers who have difficulty waking to a traditional alarm, an alternate safety plan is addressed in policy and implemented in their bedrooms, such as the use of a Smart Strobe Light smoke alarm or an alarm designed to give reliable early warning of the presence of smoke when both audible and visual alarms are required. Strobe-type smoke alarms are not recommended for youth with seizure disorder/epilepsy.
21.05	23	An automatic extinguishing system (sprinkler) is installed per city/county requirements for residential settings not governed by other federal, state, and county rules and regulations, if applicable.
21.05	24	No weapons are kept in the ASD CSH. Kitchen utensils that could be used as a weapon, such as knives, are kept in locked storage.
21.05	25	Kitchen and bathrooms are cleaned by ASD CSH staff with disinfectant and maintained to ensure cleanliness and sanitation.
21.05	26	The storage and disposal of biomedical and/or hazardous waste complies with applicable federal and state rules and standards.
21.06	1	Bedrooms have sufficient space to accommodate the youth, the youth's belongings, and, minimally, a bed and dresser without crowding. The single bedroom has at least 75 square feet of usable floor space that does not include a built-in closet.
21.06	2	The bedroom has at least one window that is screened and in good repair for ventilation. The windows are protected with a safety film, preferably textured for privacy (such that curtains/drapes are not required), to protect against glass breakage, hold glass pieces in place in an impact situation, or prevent dangerous flying glass pieces. For newer construction or replacement of windows, the use of tempered glass, Lexan, or Plexiglas is required.
21.06	3	The bedroom has a built-in closet.
21.06	4	Bedrooms for individuals are separated from halls, corridors, and other rooms by floor to ceiling walls. Hallways are not used for sleeping.
21.06	5	Bedrooms have doors that can close. If the doors have locks, both the individual and the staff have keys to ensure easy entry. Double cylinder locks (requiring keys for both sides) are not used. Doors are not locked from within. Doors are capable of swinging outward or are mounted so that the door can be removed from outside if the door is barricaded from the inside.
21.06	6	A room cannot be used as a bedroom where more than one-half of the room height is below ground level. Bedrooms which are partially below ground level should have adequate natural light and ventilation and be provided with two useful means of egress.
21.06	7	Each bedroom has a bed, closet or wardrobe, dresser/bureau or equivalent made of durable materials not capable of breakage into pieces that could be used as weapons and must not present a hanging risk.
21.06	8	Beds are non-portable and are at least 36 inches wide and 72 inches long. The mattress is clean and not less than 5 inches thick or 4 inches of synthetic construction. The use of beds with springs, cranks, rails or wheels including hospital beds, rollaway beds, cots, bunk beds, stacked beds, hide a beds and day beds is prohibited.
21.06	9	The bedding for each youth includes two sheets, one pillow, one pillowcase, and a minimum of one blanket and bedspread. In addition, the ASD CSH maintains a linen supply for not less than twice the bed capacity and adapt the supply to meet the special needs of the youth.