



**Program Quality Standards  
For  
On Site Surveys**

**GROUP RESIDENTIAL SERVICES  
AND SUPPORTS**

**With Interpretive Guidelines**

Department of Human Services  
Office of Rehabilitation and Disabilities Services  
Developmental Disabilities Services

Revised January 2002

# **Standards for Group Residential Services and Supports**

*(With Interpretive Guidelines)*

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**PROGRAM ADMINISTRATION**

**A. THE RIGHTS OF INDIVIDUALS ARE RESPECTED**

Persons with developmental disabilities are entitled to the same rights as guaranteed by the US and Colorado constitutions to any citizen. Agency staff should always treat persons as adults and show respect for their rights as citizens. Sometimes an individual may be engaging in a behavior that is likely to cause harm to self or others. In such cases, there is a process that can be used to suspend an individual's rights to keep him/her and others safe.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. <b>Staff, providers and persons served are aware of the rights of persons served. (16.311 B)</b></li>   <li>2. <b>Rights are suspended only to prevent harm to self, others, or property. (16.312 A)</b></li>   <li>3. <b>Due process is adhered to when rights are suspended.</b> <ol style="list-style-type: none"> <li>a) <b>Rights suspension decision is made only by a developmental disabilities professional and is documented in the IP. (16.312 A and A2)</b></li> <li>b) <b>The IP outlines what services and supports will be provided to assist the person to the point where the suspension is no longer necessary. (16.312 A2)</b></li> <li>c) <b>Suspensions of rights are reviewed by the IDT and HRC. (16.312 A2 and A4)</b></li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Person must receive information on their rights at the time of admission into the program and should be encouraged to and receive training to exercise and assert their rights on an ongoing basis. All staff or other providers of services must be knowledgeable about person's rights and show respect for these. They must have received training/information on rights.</li>   <li>2. The primary purpose of a rights suspension is <u>to protect</u> the person from endangering himself/herself, others or property. The purpose of a right suspension is <u>not</u> to change behavior although this may also result. A rights suspension due to property destruction should only be considered when it can result in harm to the person or others or when it is extensive; minor damage should not necessitate a rights suspension.</li>   <li>3. All the steps of due process must be followed when a rights suspension is under consideration.             <ol style="list-style-type: none"> <li>a) The IP must be clear as to the right to be suspended and the justification for this.</li> <li>b) The IP must indicate the services and supports that will be provided in order to make the rights suspension no longer necessary or, if that cannot be reasonably expected (e.g., person with Prader-Willi restriction on access to food) what can be done to move towards less restrictive actions. The IDT will need to decide if this will require an ISSP or other agency action.</li> <li>c) Unless an emergency, the IDT must review a rights suspension prior to its implementation. The HRC should also review prior to implementation; if not possible (reasons need to be documented), it needs to be reviewed at the next meeting of the HRC.</li> </ol> </li> </ol>

**PROGRAM ADMINISTRATION**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>d) The person and his/her guardian receive notice and are offered an opportunity to present relevant information to the HRC. <i>(16.312 A1 and A4)</i></p> <p>e) Continued need for suspension is reviewed at the frequency determined by the IDT, but no less than every 6 months. <i>(16.312 A3)</i></p> <p>4. Emergency action to suspend a right is authorized by a developmental disabilities professional and used only when the action is imminently necessary to protect self, others or property. <i>(16.312 A5)</i></p> <p>a) The case manager is notified within 24 hours.</p> <p>b) The person and his/her guardian receive notice.</p> <p>c) The provisions for the suspension of rights are immediately implemented.</p> <p>1. The agency makes reasonable efforts (provides needed information, contacts the CCB) to ensure that the HRC regularly reviews the following: <i>(16.550 1 2-5)</i></p> <p>a) Suspension of rights;</p> <p>b) Use of safety and emergency control procedures;</p> <p>c) ISSP with a restrictive procedure;</p> <p>d) Use of psychotropic medication;</p> <p>e) Investigations of allegations of mistreatment, abuse, neglect or exploitation.</p>	<p>d) Notice needs to meet requirements of 16.120. Persons may need support in order to present their case to the HRC and such support should be provided.</p> <p>e) At the time the IDT reviews a suspension, it should also determine when it is to be reviewed again. This cannot be longer than 6 months and there are times when it should be shorter. For example, a restriction on free access to food for a person with Prader-Willi syndrome (a life long condition) would probably need less frequent review than a person's suspension of his right to unsupervised access to the community because of a behavioral crises which might be resolved with appropriate services.</p> <p>4. When it would be unsafe to delay implementing a rights suspension until the above process occurs, a developmental disabilities professional can authorize a suspension immediately. As soon after as possible, the provisions for the suspension of rights, Standard A 3 above, must be implemented. (A developmental disabilities professional is a person with a BA degree and two years experience in the DD field or five years experience and competency in understanding rights issues, theory and practice of positive, non-aversive behavioral intervention and non-violent crisis intervention.)</p> <p>1. The program approved service agency has a responsibility to ensure that the case manager and the CCB are informed of any issue that requires review by the HRC. Further, the agency must provide the information necessary for such review and should do so in accordance with the CCB's procedures.</p>

## PROGRAM ADMINISTRATION

### **B. SERVICES ARE PROVIDED IN A HUMANE AND CARING ENVIRONMENT**

Certainly the expectation for the provision of services to persons with developmental disabilities is that service providers will provide services in a humane and caring environment. It is expected that persons served will always be treated with dignity and respect. This means that, at the very least, the person will be free from mistreatment, abuse, neglect, and exploitation. Any and all allegations of abuse, neglect, mistreatment or exploitation must be vigorously investigated and addressed.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. <b>Staff and providers interact with persons served in a respectful and caring manner. (16.500)</b></li>   <li>2. <b>All staff and providers are aware of the obligation to report suspected instances of mistreatment, abuse, neglect and exploitation and are aware of the reporting procedures as specified in the agency's policies and procedures. (16.580 B5 and B6 and 16.580 C)</b></li>   <li>3. <b>All suspected incidents of mistreatment, abuse, neglect and exploitation are reported immediately to the agency administrator or his/her designee. (16.580 C)</b></li>   <li>4. <b>The agency monitors to detect instances of mistreatment, abuse, neglect, or exploitation. Monitoring includes, at minimum, the review of: (16.580 B2)</b> <ol style="list-style-type: none"> <li>a) <b>Incident reports;</b></li> <li>b) <b>Verbal and written reports of unusual or dramatic changes in behavior; and,</b></li> <li>c) <b>Verbal and written reports from persons served, advocates, families, or guardians.</b></li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. It is expected that all staff and providers interact with persons served in a respectful manner. Staff should not talk about persons in front of them. Staff should treat persons according to their age and engage persons in conversations that are friendly and caring. Written records should reflect respect and caring for individuals.</li>   <li>2. All staff and providers must be able to define what constitutes abuse, neglect, mistreatment and exploitation in the developmental disabilities system and know their duty to report. Staff and providers must know the agency's procedure for reporting allegations and/or suspicion of abuse, etc.</li>   <li>3. The program approved service agency needs to have clear policies regarding reporting procedures. Any and all suspected incidents of abuse, mistreatment, neglect or exploitation MUST be reported immediately to the party identified in the policy by employees and contractors. It should always be reported directly to someone at the administrative level.</li>   <li>4. Monitoring for abuse, neglect, mistreatment or exploitation can and must occur in a variety of ways. The agency must always be vigilant in this area. Persons served need to be supported to discuss concerns they may have with how they are treated. Persons should be interviewed regarding their satisfaction with staff/providers. Review of records, log notes, incident reports, etc. may point to unusual behaviors or changes that may lead to a suspicion of abuse, mistreatment. Reports from family member, advocates, persons served, etc. regarding suspicions or notices of marked changes, must always be given close attention.</li> </ol>

PROGRAM ADMINISTRATION				
YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>5. All alleged incidents of mistreatment, abuse, neglect and exploitation are investigated thoroughly. (16.580 D)</p> <p>6. There is an administrative record of all such investigations which includes: (16.580 D2)</p> <p>a) Preliminary results of the investigation;</p> <p>b) A summary of the investigative procedures used;</p> <p>c) The investigative findings;</p> <p>d) Actions taken based on the findings;</p> <p>e) HRC review of the report/actions taken; and,</p> <p>f) Actions taken based on recommendations of the HRC.</p>	<p>5. A thorough investigation must be conducted by a person with expertise in investigative techniques and who has no conflict of interest. An investigation needs to not only determine what happened, but also what may have contributed to the incident. A thorough investigation would include:</p> <ul style="list-style-type: none"> <li>▪ Interviews with all parties that may have knowledge of or connection to the incident.</li> <li>▪ Securing of any evidence.</li> <li>▪ Collection and review of physical and documentary evidence, as appropriate;</li> <li>▪ Review of relevant agency policies.</li> </ul> <p>It is also important that the investigation is conducted in a timely manner. An investigation should start as soon as possible after the alleged incident. The program approved service agency must guard against contaminating an investigation and follow established investigative procedures. Investigations should reach logical conclusions based on findings of fact and the definitions of mistreatment, abuse, neglect or exploitation.</p> <p>6. Each agency must have an administrative file for each investigation conducted of its program(s). The file should include the following:</p> <p>a) The incident report detailing the allegation. Information on any preliminary review conducted to determine immediate actions needed, and need for the investigations.</p> <p>b) The investigative procedures used are generally summarized in the final report, e.g., who was interviewed, in what order, documents reviewed, physical evidence, etc.</p> <p>c) Investigative findings including factual findings and conclusions drawn need to be completely and thoroughly summarized in the summary report.</p> <p>d) Appropriate actions should have been taken and documented. All recommendations made as the result of an investigation should be implemented or an explanation given as to why not.</p> <p>e) And f) HRC review of the investigation should be conducted as soon as possible after its completion. The record must document that this occurred and the HRC's recommendation. Records need to reflect that recommendations were implemented or why not.</p>

PROGRAM ADMINISTRATION				
YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>7. Law enforcement and social services agencies are notified when appropriate. <i>(16.580 B10 and C)</i></p> <p>8. Prompt action is taken to protect the potential victim and provide any necessary victim supports. <i>(16.580 B8)</i></p> <p>9. Appropriate actions are taken when an allegation is substantiated, including:</p> <p>a) Disciplinary actions and/or appropriate legal recourse. <i>(16.580 B4)</i></p> <p>b) The results of the investigation are included, with the employee's or provider's knowledge, in the employee's or provider's personnel or contract file. <i>(16.580 D3)</i></p>	<p>7. Allegations that may involve a criminal act must be reported to law enforcement. Some allegations also need to be reported to Adult Protection. Any allegation involving a child must be reported to Social Services. Agency procedures should clearly address what needs to be reported outside of the agency and who will be responsible for doing so. The program approved service agency's investigation should not interfere with or jeopardize any legal investigation. If there is an investigation by police or social services there should be full cooperation by the agency and there should be appropriate coordination.</p> <p>8. The alleged victim must be protected and made to feel comfortable in reporting. Prompt action should also be taken to identify and protect others who could be at risk. Actions may include, but are not limited to removing a person from his/her residential or day program setting or removing staff. Victim assistance should be considered and obtained as appropriate.</p> <p>9. The program approved service agency should take appropriate action as a result of the findings.</p> <p>a) The agency should provide necessary information to law enforcement if there is reason to believe a crime may have occurred. Disciplinary steps are left to each agency. Actions should be commensurate with the conclusions/findings of the investigation. Persons receiving services should be protected from risk of further harm.</p> <p>b) Sufficient information needs to be placed in the file to ensure a record that the employee or provider was involved in a substantiated allegation of abuse, neglect, mistreatment or exploitation. The full investigative report <u>should not</u> be placed in the file since it contains information that persons who may have access to the employee's or contractor's file must not have access to.</p>



PROGRAM ADMINISTRATION				
YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>3. Follow up action is taken as appropriate. <i>(16.560 B11)</i></p> <p>4. The agency reviews and analyzes incident reports to identify trends and problematic practices. <i>(16.560 F)</i></p> <p>5. When the review and analysis identifies problematic trends or practices, appropriate corrective action is taken. <i>(16.560 F)</i></p>	<p>3. The incident report must document the follow-up action taken or indicate where this information can be found. The follow-up action should include steps taken to prevent similar incidents from occurring in the future.</p> <p>4. The analysis should look for patterns of incidents based on such things as when or where they occur, the kinds of incidents, what staff are on duty at the time, etc. Larger agencies will need a more sophisticated system to deal with a higher volume of incidents. Even the smallest agency should have a database of incidents to identify patterns or trends over a period of time and to determine changes in trends. Regular reports should be issued for use by management.</p> <p>5. When a trend or pattern in incidents is identified, this needs to be addressed by the program approved service agency. The agency should develop and implement an action plan and determine if it results in addressing the trend (e.g., fewer medication errors, reduction in injuries, etc.).</p>

**PROGRAM ADMINISTRATION**

**D. SERVICE PROVIDERS ARE COMPETENT AND MOTIVATED**

In order to develop a staff/provider team, which is competent and motivated, the agency must select staff and other providers carefully and provide training in areas which will assist them in carrying out their duties competently. Staff/providers and the agency must invest time and resources in the development of the knowledge and skills, which will lead to success in providing services to persons with developmental disabilities.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. <b>Background and reference checks have been conducted prior to hiring staff and other providers of services and supports. (16.246 B)</b></li>   <li>2. <b>The agency has developed and implemented an organized program of orientation and training that meets requirements of DDS guidelines for minimum training of direct service providers. (16.246 D 1-2)</b> <ol style="list-style-type: none"> <li>a) <b>The training program defines the extent and type of training to be provided to direct service providers prior to having unsupervised contact with persons receiving services.</b></li>   <li>b) <b>The training program defines training related to health, safety, and services and supports that is to be provided to direct service providers within the first 90 days.</b></li> </ol> </li>   <li>3. <b>Training specific to individuals for whom the provider has responsibilities is provided prior to unsupervised contact and within the first 90 days as needed. (16.246 D 3)</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Background (criminal record) and reference checks are to be conducted prior to hiring staff or contracting with an individual. Background (criminal) checks also are to be completed for all persons over age 18 living in a Host Home. Please refer to the technical assistance paper, <i>Trust but Verify</i>, for guidance and expectations regarding background and reference checks.</li>   <li>2. The training program includes a planned curriculum or, at a minimum, a listing of topics to be covered. The training program must cover areas outlined in DDS guidelines for minimum training of direct service providers and sufficiently address the topics necessary for staff/providers to carry out their duties with competence.</li>   <li>3. Such training will need to be specific to a person. Please refer to DDS training guidelines for a listing of areas that must be covered and examples of others that may be needed.</li> </ol>

PROGRAM ADMINISTRATION				
YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>4. <b>On-going training is provided for staff/providers to maintain their skills and when there are changes in their responsibilities.</b></p> <p>5. <b>All staff and providers not otherwise authorized by law to administer medications and who assist or monitor persons in the administration of medications have passed a competency evaluation approved by the CDPHE. (16.246 F)</b></p> <p>a) <b>Persons who have taken and passed the course at another service agency have their competency re-established by the new agency. (25-1-107ee, C.R.S.)</b></p> <p>6. <b>The agency maintains a record of training for each staff and provider. (16.246 A)</b></p> <p>7. <b>The agency establishes provider competency and ensures that direct service providers carry out their duties and responsibilities efficiently, effectively, and competently. (16.246 D)</b></p>	<p>4. It is good practice for a program approved service agency to provide on-going opportunities for staff/provider training. When a person's responsibilities change, e.g., working with a different population, in a different program, appropriate training will be required. Training may also be required to maintain certain certifications or other requirements.</p> <p>5. The course can be taught by a licensed nurse (RN or LPN) or pharmacist. Only the DDS course and testing material, which has been approved by CDPHE, can be used.</p> <p>a) The law requires that persons who have taken and passed the course at another developmental disabilities agency must receive "on the job training" and supervision until the training has been completed and the new agency has determined them competent. This could be accomplished in a variety of ways - by having the person re-take the class, take a test, through other training and supervision, etc. Each program approved service agency must have procedures for this and the person's training record must indicate that his/her competency has been established by the new agency prior to the person assisting in the administration of medication.</p> <p>6. Records of training should, at a minimum, include the following: name of person trained, date of training, topic and who conducted training. (When a person has completed required training at another program approved service agency, such training may not need to be repeated. The new agency, however, must have documentation of such training and has responsibility to establish the person's competency.)</p> <p>7. The program approved service agency has the responsibility of ensuring that staff and providers are knowledgeable about their duties and responsibilities and carry these out in a competent manner. Competency can be determined in a variety of ways. Please refer to the DDS guidelines for training for community service providers for examples of methods commonly used to establish competency. The agency must be able to describe how competency is established in areas that the person has received training in, and document this in the record of the staff/provider.</p>

**PROGRAM ADMINISTRATION**

**E. PERSONS HAVE A RIGHT TO CONFIDENTIALITY OF INFORMATION ABOUT THEM**

Persons receiving services and their families are entitled to privacy with respect to the provision of services and supports. Identifying information is therefore required to be kept confidential.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. <b>The safety and security of confidential information is ensured. (16.330)</b></li>   <li>2. <b>Only authorized individuals have access to confidential information. (16.332 A and B)</b></li>   <li>3. <b>Any release of confidential information, including photographs, meets requirements of rules. (16.331 A, D and F)</b></li>   <li>4. <b>Staff and other providers receive training with regard to confidentiality. (16.334)</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Confidential information is to be stored in areas accessible only to persons who are authorized to view confidential information (e.g., file room, case manager's office) and the room or cabinet should generally be locked when no one is available. Confidential information cannot be left lying around in areas accessible to the public. Names of persons receiving services should only appear in confidential files and in the file of the person for whom the record was intended. Names should not appear in agency meeting minutes, etc.</li>   <li>2. Authorized persons include: the person, entities having written authorization, authorized representative (if within their scope of authority), staff of CCBs, RCs, other service agencies, BODs, HRCs, DHS, licensing/accrediting agencies <u>to the extent necessary</u>, and physicians and psychologists in an emergency.</li>   <li>3. Individuals' names or photographs are not to be posted for public viewing or published without permission. Releases must have: signature and date, the information or photo to be disclosed, the intended use, and to whom it will be disclosed. Releases must be for a specific time period.</li>   <li>4. The program approved service agency needs to document in training records that staff and other providers have received information on confidentiality. It is expected that staff and providers do not speak about persons receiving service in front of others who are not authorized to have access to that information.</li> </ol>

**PROGRAM ADMINISTRATION**

**F. RECORDS PROVIDE INFORMATION NEEDED**

The person served has (by statute) a right to a record which documents important information about their services and supports. Good record keeping is critical to planning, determining the effectiveness of services and ongoing evaluation of person's needs. Records also are critical for communication and agency and staff accountability.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>1. <b>The service agency maintains a record for each person which contains information as required by standards, applicable rules and the following: (16.612 I and 16.622 B 10)</b></p> <ul style="list-style-type: none"> <li>a) <b>Name, address and date of birth.</b></li> <li>b) <b>Emergency information.</b></li> <li>c) <b>The IP.</b></li> <li>d) <b>Current ISSPs and subsequent reviews.</b></li> <li>e) <b>Record of services and supports provided.</b></li> <li>f) <b>HRC reviews and recommendations as applicable.</b></li> <li>g) <b>Release of information, if applicable.</b></li> <li>h) <b>Incident reports, if applicable.</b></li> <li>i) <b>Informed consent, if applicable.</b></li> </ul> <p>2. <b>Staff and providers have ready access to records and other information as required to carry out their responsibilities. (16.612 I and 16.602 B10)</b></p>	<p>1. Not all the records need to be in the same file. A program may choose to maintain a "main" file and a "working" or "on-site" file. What is important is that the file(s) contain information required by rules and critical to the provision of services. Records should be organized and functional.</p> <ul style="list-style-type: none"> <li>i) Statutes require informed consents to be in writing and to include the following: <ul style="list-style-type: none"> <li>▪ a fair explanation of procedures (for psychotropic medication this would be the medication and the dosage);</li> <li>▪ a description of attendant discomforts and risks;</li> <li>▪ a description of benefits to be expected;</li> <li>▪ disclosure of appropriate alternative procedures with an explanation of their benefits, discomforts and risks;</li> <li>▪ an offer to answer any questions;</li> <li>▪ instructions that consent can be withdrawn at any time and the person can discontinue participating in the project or activity at any time; and,</li> <li>▪ a statement that withholding or withdrawing consent will not prejudice future provision of services.</li> </ul>                     Explanation of procedures, benefits and side effects should be in "consumer friendly" language.                 </li> </ul> <p>2. Examples of records that must always be available to staff on-site (including in Host Homes) are:                      Written physician's orders for medication; medication records; IP and ISSP, safety/emergency plans, critical medical information, emergency contacts, safety control plans.                      Examples of other information staff and providers need access to include: guardianship information, profile of persons, history critical to the provision of appropriate services, etc.</p>

**PROGRAM ADMINISTRATION**

**G. PERSONS ARE AFFORDED DUE PROCESS IN THE RESOLUTION OF A DISPUTE OR GRIEVANCE**

In any service system there will be disagreements and grievances. Each person has the right to have such disagreements taken seriously and dealt with in a timely manner. Colorado statute and rules outline a formal dispute resolution process that must be followed in the event that there is a disagreement between the individual and the CCB or service agency for certain specified situations (termination or change, reduction or modification of services in IP). Other types of complaints are to be addressed with a less formal grievance procedure.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. <b>Persons in services, parents of a minor, guardian and or authorized representative, as appropriate, are informed about and given a written description of the agency's dispute resolution procedure: (16.322 C1)</b> <ol style="list-style-type: none"> <li>a) <b>At the time of admission to the program;</b></li> <li>b) <b>When services or supports are to be denied or terminated;</b></li> <li>c) <b>When changes in the IP are contemplated; and,</b></li> <li>d) <b>When changes are made to the procedure.</b></li> </ol> </li>   <li>2. <b>Notice is provided 15 days prior to the effective date of the action when decisions to terminate services or to provide, change, reduce or deny services set forth in the IP are made. (16.322 D)</b></li>   <li>3. <b>All disputes are resolved in accordance with the agency procedure. (16.322)</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Persons need to be fully informed of their right to dispute certain decisions. Each service agency must assist individuals to understand both this right and the process for filing a dispute.</li>   <li>2. A written notice must be sent at least 15 days prior to a termination and other action stated in the standard. All notices must meet the requirements of 16.120. Notice is required even when the person initiates termination or moves out of the area.</li>   <li>3. The agency procedure must meet requirements of rules. It also needs to indicate that mediation could be an option during the informal process and include the right for the person to dispute the decision to the Department if resolution cannot be reached locally. While the decision is under dispute the person's services must remain the same, that is, the contested decision cannot go into effect while it is under dispute. Written records must be sufficient to record the steps of the process, the information pertinent to the issue, the decisions made and the rationale for the decisions.</li> </ol>

PROGRAM ADMINISTRATION				
YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>4. Persons in services, parents of a minor, guardian and/or authorized representative, as appropriate, are informed about and given a written description of the agency's grievance procedure and persons are knowledgeable about the procedure. <i>(16.326 B)</i></p> <p>5. Complaints are resolved in accordance with the agency procedure. <i>(16.326 C)</i></p> <p>6. There is a record of grievances/complaints.</p> <p>7. Persons, guardians and authorized representatives, as appropriate, are notified at least 15 days prior to proposed changes in residential placement. <i>(16.622 B8)</i></p> <p>a) If an immediate move is required for the protection of the person, notification occurs as soon as possible but not later than 3 days after the move.</p>	<p>4. Each person has the right to raise complaints or grievances. The program approved service agency must assist persons in understanding this right and the process for making their grievance known.</p> <p>5. The agency procedure must include reasonable timeframes for reaching a resolution and must allow the person to have their grievance heard by the agency director (or the director's designee) if it cannot be resolved at a more informal level. Mediation may be considered as an option for resolving complaints.</p> <p>6. Each program approved service agency should maintain a log of complaints received. The log should, at a minimum, include the following information: who filed the complaint, date of the complaint, program which is the subject of the complaint, the nature of the complaint, action taken and outcome. Information should be periodically compiled to identify any patterns or trends. A written record of each complaint including information about the complaint and how it was addressed/resolved also needs to be maintained.</p> <p>7. Persons must be informed of proposed changes in their residential placement (e.g., move from one Host Home to another, move from a group home to another group home or to IRSS, etc.). Persons must be involved in planning a subsequent placement and, if dissatisfied, persons may contest the move through the agency grievance process and ask the CCB to review the decision.</p>

**PROGRAM ADMINISTRATION**

**H. MONITORING**

The agency has a responsibility to monitor all the programs it provides and any settings where such programs take place. Monitoring of services and supports provided must be sufficient to address any health, safety and welfare issues, know that services and supports are being provided as planned and are having the intended effect, and that applicable rules, regulations, standards and agency policies are followed.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>1. <b>The agency conducts regular, on-site monitoring of the services and supports provided. (16.622 B 4)</b></p>	<p>1. The program approved service agency is responsible for establishing a system to monitor the program settings that it operates and the services of each person. Some monitoring can be accomplished through phone contact, for example to check to see if a bus pass has been obtained, but on-site monitoring is essential. Individuals in services should be personally visited on a regular basis.</p> <p>The monitoring system should be designed with the following considerations:</p> <ul style="list-style-type: none"> <li>• <u>Who monitors</u>: it is preferable for monitoring to be done by a variety of people rather than the same person all of the time; monitoring should be done by someone who can remain objective (it is not enough to have the person with responsibility for the supervision of the setting to be the only monitor);</li> <li>• <u>Frequency</u>: newer setting should be monitored more often and more extensively; individuals with high needs, either medical or behavioral, should be monitored more often; settings that have experienced problems should be monitored more often.</li> <li>• <u>Announced vs. unannounced</u>: some monitoring should be done on an unannounced basis and such an expectation should be understood by all staff and providers.</li> <li>• <u>What to monitor</u>: agencies should give some guidance to staff on what to monitor; agencies should use simple checklists to accomplish this. Monitoring should always include safety and welfare issues and should include issues specific to persons (for example therapies, or eating issues may be significant for some individuals and not others).</li> <li>• <u>Correction</u>: the agency should ensure that there is a mechanism to track correction of any identified problems.</li> </ul>

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>2. <b>The service agency conducts an evaluation of consumer satisfaction with the services and supports no less than once every three years. (16.622 B 9)</b></p>	<p>2. The program approved service agency assesses the satisfaction of consumers with the services and supports provided by the agency through the conduct of regular review/surveys. The results of the surveys should be analyzed and provided to the agency's board of directors, CCBs, consumers and their families, and persons interested in receiving services from the agency. See DDD's <i>Guidelines for Consumer Satisfaction Surveys</i>, August 1997, for additional information.</p> <p><i>The above standards for monitoring apply to comprehensive services. Requirements for monitoring of Support Services are addressed in the section entitled "Support Services Program Management".</i></p>

## SERVICE AND SUPPORT PLANNING

### A. PERSONS GET THE SERVICES AND SUPPORTS THEY NEED

Persons with developmental disabilities often need opportunities for training, which will increase the person's independence and community inclusion. Persons also need supports that will enable them to live meaningful and productive lives.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. <b>Persons have available the patterns and conditions of everyday life, which are consistent with those of persons without disabilities. (16.500)</b></li> <li>2. <b>Persons receive services which are appropriate to their chronological age and which take individual preferences into consideration. (16.500)</b></li> <li>3. <b>The agency makes available to the IDT the information necessary to identify the unique strengths, abilities, preferences, desires and needs of the person and to complete other portions of the IP, as appropriate. (16.430 B1 &amp; 16.440 D1)</b></li> <li>4. <b>Written ISSPs are developed and implemented which address the prioritized needs of the person receiving services. Written ISSPs include: (16.510 A)</b> <ol style="list-style-type: none"> <li>a) <b>Objectives. (16.510 B1)</b></li> <li>b) <b>A methodology for instruction, intervention or the provision of support. (16.510 B2)</b></li> <li>c) <b>Criteria against which the effectiveness of the ISSP should be measured, and timelines for reviews. (16.510 B4)</b></li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. The "rhythm" for persons in services (their day/week) should be like that for other people. Persons should have normal bedtimes, participate in routine activities, shopping, recreation, etc.</li> <li>2. Persons should have opportunities to do the things which are of interest or important to them. When planning activities, individuals' preferences need to be taken into consideration. Services and activities should be age appropriate. If persons choose age inappropriate activities, efforts need to be made to introduce more appropriate activities.</li> <li>3. The program approved service agency is responsible to ensure that necessary information is available to the IDT prior to IP meetings. This should include appropriate and current assessments, which provide information on needs to be addressed by ISSPs and other pertinent information.</li> <li>4. Individual service or support plans (ISSP) must be developed based on the prioritized needs identified in the person's IP. ISSPs should be relevant for the person, they should be "worth" the time and effort that is devoted to them. The ISSP must provide sufficient direction to staff so that they can carry out the program (teach the skill or know how to provide the support). Each ISSP must contain criteria. The criteria must clearly state what the person must know or be able to do in order to "complete" the program.  <b>ISSPs are not to be continued for long periods of time without progress being made or after the person has met the criteria specified in the plan. Continuing implementation of ISSP after this point is not only a waste of scant resources but also indicates that the person's needs are not met through ISSPs. ISSPs need to be reviewed regularly and adjusted when not working or changed or discontinued when mastered.</b> </li> </ol>

## SERVICE AND SUPPORT PLANNING

### **B. INDIVIDUALS WITH CHALLENGING BEHAVIOR ARE PROVIDED HUMANE SERVICES AND SUPPORTS AIMED AT AMELIORATING THE BEHAVIOR**

Some persons with developmental disabilities exhibit challenging behaviors. Persons served should be provided with services and supports aimed at ameliorating the behavior. Competent assistance in this area requires that the potential causes of the behavior be determined in order for interventions to have the best chance of success. Because of past abuses in which coercive, punitive, and sometimes painful methods were employed as part of behavior programs, there currently are prescriptive rules with regard to challenging behaviors. Good practice in this area requires that there be strict adherence to these rules.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>1. <b>When persons need assistance with their challenging behavior, they receive such assistance. (16.510 A)</b></p> <p>2. When a person continues to need assistance with challenging behavior, the IDT and service agency:</p> <p style="padding-left: 20px;">a) <b>Complete a comprehensive review of the person's life situation. (16.510 E)</b></p> <p style="padding-left: 20px;">b) <b>Addresses aspects of the person's life situation which may be adversely affecting his/her behavior through changes in the IP or ISSP prior to the use of any restrictive procedures. (16.510 F)</b></p> <p>3. Prior to the use of restrictive procedures, the IDT and service agency:</p> <p style="padding-left: 20px;">a) <b>Complete a comprehensive review of the person's life situation (16.520 A1);</b></p>	<p>1. The program approved service agency must track and address challenging behaviors of persons served. (Challenging behaviors as defined in rule 16.120 include behavior that are dangerous or put the person at risk of exclusion from typical settings, activities or services.) The agency must make efforts to assist persons with the behaviors, generally through the development of ISSPs, and there must be evidence/documentation to substantiate that the efforts are resulting in desired changes in the behaviors.</p> <p>2. For a person who exhibits challenging behaviors and for whom the initial efforts of the agency are not successful in changing the behavior, the agency will need to complete a comprehensive life review (CLR). The CLR should consider all aspects of the person's life that could affect the person's behavior. The agency must work in conjunction with other members of the interdisciplinary team to complete the review. The people who know the individual best should develop the CLR. (Refer to rule 16.510 E for factors to be considered.) If the CLR suggests that certain aspects of the person's life may be having negative effects, then the team needs to take all possible steps to address such factors. The CLR should be reviewed/updated when behavioral changes occur, if intervention strategies are unsuccessful, and/or there are significant changes in the individual's life (e.g. major moves, important changes in life circumstances/relationships, etc.)</p> <p>3. Prior to the use of any restrictive procedures (defined in rules 16.120), there should be evidence of attempts to change the challenging behavior through positive means.</p> <p style="padding-left: 20px;">a) A CLR must be completed, and reasonable efforts need to be made to implement the findings.</p>

**SERVICE AND SUPPORT PLANNING**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>b) Complete a functional analysis of the person’s challenging behavior (16.520 A2);</p> <p>c) Prepare an ISSP (16.520 A3);</p> <p>d) Obtain the informed consent of the person receiving services, parents of a minor, or legal guardian (16.520 A4); and,</p> <p>e) Obtain HRC review of the ISSP. (16.550 I 3)</p> <p>4. The ISSP includes: (16.520 A3)</p> <p>a) A description of the methodology and restrictive procedures to be used;</p> <p>b) A description of the behavior in observable and measurable terms;</p> <p>c) Identification of the person(s) who will monitor the implementation;</p> <p>d) Criteria for measuring the effectiveness of the plan;</p> <p>e) Specific timelines for review.</p> <p>5. Persons who implement the plan demonstrate competency in its implementation. (16.520 A3f)</p>	<p>b) A functional analysis will need to be completed by a person with training/expertise in behavior analysis. It will review the medical, social, environmental and personal factors that may influence the specific behavior as well as look at means of communication and historical factors, which may help understand the behavior. An adequate analysis will specify the function served by the challenging behavior.</p> <p>c) Refer to B 4 for ISSP requirements.</p> <p>d) Self-explanatory. (See administrative standards for requirements for informed consent.)</p> <p>e) HRC review is to be provided prior to the implementation of the ISSP with a restrictive procedure.</p> <p>4. ISSPs with a restrictive procedure need to meet the following:</p> <p>a) The ISSP needs to provide clear and adequate direction to staff/providers on how it is to be implemented to ensure consistent implementation.</p> <p>b) Self-explanatory.</p> <p>c) There should be evidence of professional oversight from someone with experience and expertise in behavior analysis and intervention.</p> <p>d) The criteria must be developed from baseline data and be reasonable.</p> <p>e) It is important that a restrictive program <u>not</u> be continued when there is no objective data to support that it is working. Reviews need to be frequent enough to identify problems with a program and make necessary adjustments in a timely manner.</p> <p>5. There should be documentation that staff/providers have been trained in the implementation of the program and are competent.</p>

## SERVICE AND SUPPORT PLANNING

### C. PERSONS ARE PROTECTED FROM HARMING THEMSELVES AND OTHERS

In order to keep people safe, the use of a restrictive procedure or of a physical or mechanical restraint may at times be necessary. Such procedures may only be used as part of an emergency or safety control procedure and when absolutely necessary to protect the person or others. The use of restrictive procedures in an emergency situation and of physical or mechanical restraint must meet all requirements of both rules and statutes.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>1. <b>Physical or mechanical restraint is only used in an emergency situation, when alternatives have failed, and when necessary to protect the person or others. (16.530 A)</b></p> <p>a) <b>Restraints are only used as an emergency or safety control procedure. (16.530 A2)</b></p> <p>b) <b>Persons are released from restraint as soon as the emergency no longer exists. (16.530 A1)</b></p> <p>c) <b>No restraint can place excess pressure on the chest or back or inhibit breathing. (16.530 A3)</b></p> <p>d) <b>During physical restraint, the person's breathing and circulation must be monitored. (16.530 A4)</b></p> <p>2. <b>Physical or mechanical restraint is only used by staff who have received specific training in its use. (16.530 A)</b></p> <p>3. <b>Physical restraint of more than 15 minutes is only used when absolutely necessary for safety reasons and utilizing appropriate back up in accordance with agency policy. (16.530 A5)</b></p>	<p>1. Restraint can only be used when necessary to prevent injury to the person or others. All of the requirements for control procedures must be met in any use of restraint. Restraint <u>cannot</u> be part of an ISSP. Please refer to rule 16.120 for definitions of physical and mechanical restraints. Emergency as used in these standards means "a serious, probable, imminent threat of bodily harm to self or others where there is the present ability to effect such bodily harm"(rule 16.120).</p> <p>2. Any staff/providers using a physical or mechanical restraint must be properly trained. Restraint techniques need to be taught by a qualified instructor. The instructor should only teach techniques that are approved for use by the agency. Training on how to diffuse situations so that the need for physical or mechanical intervention is minimized should also be included.</p> <p>3. All program approved service agencies allowing the use of physical restraint must have a policy and procedure which provides for appropriate back-up from professional or other agency staff when a restraint may need to be used for more than 15 minutes.</p>

## SERVICE AND SUPPORT PLANNING

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>4. When a mechanical restraint is used, the following procedures are implemented and documented: <i>(16.530 A6 and 7)</i></p> <p>a) Relief periods of 10 minutes every hour are provided to the person, except when the person is sleeping; and,</p> <p>b) The person is monitored every 15 minutes while in a mechanical restraint.</p> <p>5. Emergency control procedures are used for behaviors that are unanticipated, infrequent and unpredictable. <i>(16.540 A2)</i></p> <p>a) Emergency control procedures are not used as punishment, for the convenience of staff or as a substitute for services, supports or instruction. <i>(16.540 A3)</i></p> <p>b) An incident report is filed within 24 hours after the use of an emergency control procedure and includes: <i>(16.540 A4)</i></p> <p>(i) A description of the procedure employed including the beginning and ending times.</p> <p>(ii) All of the information required of incident reports.</p> <p>c) The CCB or Regional Center, parent of a minor, guardian and authorized representative are notified within three days of the use of the emergency control procedure. <i>(16.540 A5)</i></p> <p>6. Safety control procedures are used to control a previously exhibited behavior that is anticipated to occur again. <i>(16.540 B)</i></p> <p>a) An incident report is filed with the CCB or Regional Center within three days after the use of a safety control procedure and includes all of the information required of incident reports. <i>(16.540 B2)</i></p> <p>b) When a safety control procedure is used more than three times in thirty days, the person's IDT meets to review strategies. <i>(16.540 B5)</i></p>	<p>4. The staff/provider responsible for the monitoring of the mechanical restraint must be trained in its use. Monitoring must ensure that the person's physical needs are met and that his/her circulation is not restricted or airway obstructed.</p> <p>5. A restrictive procedure not being part of an ISSP (standards B 3 and B 4) and physical or mechanical restraint can be used in an emergency situation when necessary to protect the person or others. (For example if a person unexpectedly panics in a crowd, tries to run away and is headed into traffic.) An incident report must be completed for any use of an emergency control procedure. The description of the procedure must be specific as to the restraint or restrictive procedure used.</p> <p>6. A safety control procedure must be written for an individual when it can be anticipated that one will be necessary. The procedure needs to be specific to the individual and include the specific restrictive procedure or form of physical or mechanical restraint to be used. The safety control procedure should be approved by the HRC as soon as possible after its development, preferably prior to its implementation. The incident report should always include a description of the restrictive procedure employed including the beginning and ending times. Staff/providers must be trained in the use of the procedure. If the procedure is used more than 3 times in 30 days, the IDT must address the need for additional assessments, ISSPs or other supports to keep the person or others safe.</p>

## SERVICE AND SUPPORT PLANNING

### D. PERSONS ARE PROVIDED WITH THE THERAPIES THEY NEED

Persons with developmental disabilities often have other disabilities including physical impairments. Persons who need therapies should receive such services from staff/providers who are competent to provide such services.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. <b>Therapy assessments are completed as the IDT and/or the physician identify the need for these. (16.623 C)</b></li>   <li>2. <b>Therapy programs are developed and implemented as needed, to maintain the health of the individual receiving services, to prevent further disabilities, and whenever possible, to improve the overall functioning of the individual receiving services. (16.623 C)</b></li>   <li>3. <b>Therapy programs are reviewed periodically by professional therapists. (16.623 C1)</b></li>   <li>4. <b>Persons who use wheelchairs and/or other assistive technology devices receive professional review, at a prescribed or recommended frequency, to ascertain the continued applicability and fitness of these devices. (16.623 C2)</b></li>   <li>5. <b>Persons have wheelchairs and other assistive technology devices as needed and these are maintained in good repair. (16.623 C 3)</b></li> </ol>	<ol style="list-style-type: none"> <li>1. An appropriate therapist should assess persons with physical disabilities, difficulties in communication, swallowing and/or eating problems, sensory integration problems, etc. The primary responsibility for assessments is with the residential provider; the day program provider should request copies of these.</li>   <li>2. There must be written programs/protocols developed and approved by an appropriate professional for any person requiring positioning, ROM, exercises, etc. These should be specific enough for staff/providers to follow and give the frequency at which the program/protocol is to be implemented. Persons who are at risk of aspiration are expected to have written protocols for eating/feeding. A positioning schedule is generally needed for persons needing positioning.</li>   <li>3. Generally, a therapist should make recommendations at the time a program is developed on when it should be reviewed. Programs also need to be reviewed by a therapist after significant changes in a person's medical condition or functioning. If the therapist made no recommendations for frequency of review, an annual review is considered reasonable.</li>   <li>4. Reviews should occur as recommended by professionals and/or after significant changes in the person (medical condition, growth, changes in weight, functioning, etc.) and/or in technology. Each agency should have procedures for reviewing equipment.</li>   <li>5. Wheelchairs and other assistive technology devices needed for medical reason, safety and/or greater independence (e.g., braces, splints, orthotics, plate guards, adapted spoons, communication devices, positioning equipment, walkers, shower chairs, grab bars) must be available. The equipment should fit, be operable and in good repair. Regular safety checks and routine maintenance should be done for wheelchairs: e.g., brakes, seat clamps and wheels checked, tires replaced, headrests and armrests tightened. Equipment should be clean and without obvious problems such as tears, loose parts, broken belts, etc. The person using the device should be satisfied with its operation.</li> </ol>

**SERVICE AND SUPPORT PLANNING**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>6. Staff responsible for implementation of specialized therapies are adequately trained. (16.246 D3)</p>	<p>6. It is generally expected that an appropriate therapist trains staff/providers implementing the therapy programs and that training is documented. Staff/providers who lift, support persons with walking or assist with transfers, need to have training in these areas. The focus of the training needs to be on safety both for the persons receiving services and staff. Ongoing competence of staff/providers in carrying out programs should be reviewed periodically by an appropriate professional and documented.</p>

## RESIDENTIAL SERVICES AND SUPPORTS

### A. PERSONS ARE PROVIDED WITH APPROPRIATE SERVICES AND SUPPORTS

The intent of residential services is that persons have 24-hour supervision available to them and receive the supports and services necessary to address health, safety, and habilitative needs. The program must therefore provide adequate supervision and provide training, supports and therapies in order to aid in persons' growth and development.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. <b>Persons receive services and supports necessary to access and participate in a variety of typical activities and functions of community life. (16.622 A)</b></li> <li>2. <b>Persons receive services and supports necessary to participate in typical home activities. (16.622 A)</b></li> <li>3. <b>Persons receive services and supports necessary to participate in personal care activities, which promote personal development and independence. (16.622 A)</b></li> <li>4. <b>Staffing arrangements are adequate to meet the health, safety, and welfare needs of persons served and licensure requirements, if any. (16.622 B2)</b> <ol style="list-style-type: none"> <li>a) <b>Persons served have 24-hour supervision available to them. (16.622 B2)</b></li> <li>b) <b>Staffing arrangements meet the needs of persons served as determined by the IP. (16.622 B2)</b></li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Persons receiving services need to be supported in experiencing typical activities in the community (e.g. recreation, restaurants, attending places of worship). The program approved service agency needs to provide opportunities for individual choice and preference in community activities. Community activities should be conducted individually or in groups of two or three. If activities must be limited due to the person's medical or safety needs, this must be documented.</li> <li>2. Persons receiving services must be provided opportunities and supports to participate in such activities as cooking, shopping, laundry and housekeeping, etc. according to their capabilities, as identified in assessments and the IP, and to promote independence.</li> <li>3. Persons served must be supported to participate in and be assisted with personal care activities, e.g., bathing, dressing, etc., to promote independence and ensure appropriate hygiene, grooming and dress.</li> <li>4. Staffing and supervision must be sufficient in all residential settings to attend to the safety, medical, behavioral and other needs of all people in the home, to provide opportunities and supports to access the community, to participate in home and personal activities, to prevent problems between/among persons receiving services, etc. Some settings will require awake staff at night (e.g., persons need changing, positioning, have sleep disturbances). Staffing must also be sufficient to ensure normal routines (persons are not gotten up earlier than needed, are not given meals late or early because of lack of staff) and to carry out programs for all people in the home. Persons who do not require 24 hour supervision (persons are left alone at times) must be able to contact a staff at all times (e.g., by pager system, cellular phone). In addition, group homes must meet staffing requirements as required by CDPHE (for fire safety).</li> </ol>

## RESIDENTIAL SERVICES AND SUPPORTS

### B. PERSONS HAVE SECURE POSSESSIONS (INCLUDING MONEY)

The place where persons live should be their home. They should therefore have secure possessions, which are not stolen or used by other persons without their permission. Their money should also be secure and used as they see fit.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. An inventory of major personal possessions is maintained in the record and updated as necessary. <i>(16.622 B5)</i></li>   <li>2. Each person has an adequate amount of clothing, which reflects individual choice, is appropriate to seasons and occasions, and is clean and in good repair. <i>(16.622 B5)</i></li>   <li>3. Persons' independence in the management of funds is increased through training and/or experience as appropriate. <i>(16.622 B6)</i></li>   <li>4. Persons have reasonable access to their money. <i>(16.622 B5)</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Major items include furnishings, appliances, equipment, e.g., TV, stereo, wheelchair. Major items also include things which may not be expensive but which are important to the person, e.g., portable radio, comic book collection, photo album. The list (inventory) should be kept current, e.g., when a TV is purchased this should be added to inventory immediately. The description of the item should be specific enough, e.g., make and serial number for TV, number of books, to clearly identify the item if it is missing (stolen, lost) or destroyed.</li>   <li>2. Persons should have clothing that fits, is reasonably fashionable and is appropriate for the occasion and season.</li>   <li>3. Persons should be as independent as possible in handling their money. The IDT should decide if an ISSP for money management is appropriate. Persons must be counseled and supported in the appropriate and safe use of money. Individuals receiving services should have opportunities to practice money skills in real life situations, e.g., shopping, banking. Generally, it is expected that community banking facilities be utilized as opposed to agency trust accounts unless it would be detrimental to the person receiving services. For example, there are high fees imposed by the financial institution.</li>   <li>4. Persons must have their money and checkbooks in their possession unless there is a good documented reason for staff handling it. If staff assist with personal need funds, the money needs to be available to the person without lengthy delay. Routine purchases and activities are not to be limited due to an individual not having access to his/her personal needs fund.</li> </ol>

**RESIDENTIAL SERVICES AND SUPPORTS**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>5. If the agency is involved in the management of persons' funds these are adequately safeguarded: <i>(16.622 B5)</i></p> <ul style="list-style-type: none"> <li>a) A record of all personal needs funds is maintained;</li> <li>b) All expenditures exceeding \$5.00 charged to the personal needs funds are substantiated by a receipt; and,</li> <li>c) Expenditures from personal needs funds are allowable under Department guidelines.</li> </ul>	<p>5. The CCB and the agency should conduct regular reviews or audits of personal needs funds.</p> <ul style="list-style-type: none"> <li>a) Self-explanatory.</li> <li>b) Self-explanatory.</li> <li>c) Expenditures are for personal items for the individual and not for items which the program approved service agency is required to provide. Personal needs funds are not spent for program costs, e.g., laundry, entry fees to an activity which is part of a community participation program, regularly scheduled meals at restaurants, reinforcers used as part of an ISSP.</li> </ul>

## RESIDENTIAL SERVICES AND SUPPORTS

### C. PERSONS ARE FREE FROM THE UNNECESSARY USE OF PSYCHOTROPIC MEDICATIONS

Psychotropic medications can make a dramatic difference in a persons functioning when used appropriately. There is also a danger that they can be used indiscriminately and can have negative side effects. For this reason there are strict procedural requirements to ensure their proper use.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. <b>Psychotropic medications are not used for the convenience of staff, as a substitute for services and supports or in quantities that interfere with the intent of the IP of the person. (16.623)</b></li>   <li>2. <b>Psychotropic medications are used only for diagnosed psychiatric disorders and: (16.623 D7)</b> <ol style="list-style-type: none"> <li>a) <b>When recommended from a specific psychiatric evaluation or consultation;</b></li> <li>b) <b>After informed consent is granted by the person receiving services, the parent of a minor, or the legal guardian of an adult, or after a valid court order;</b></li> <li>c) <b>After completion of a comprehensive life review; and,</b></li> <li>d) <b>After completion of an ISSP.</b></li> </ol> </li>   <li>3. <b>Administration of psychotropic medication: (16.623 D8)</b> <ol style="list-style-type: none"> <li>a) <b>Is reviewed at least annually by a psychiatrist;</b></li> <li>b) <b>Is the minimum effective dose possible;</b></li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Psychotropic medications should be used only when less intrusive alternatives have failed and in conjunction with services and supports designed to meet the person's needs. Medications should be used in the smallest possible amounts to generate the best results. There should be good evidence that the medication is necessary and working or it should be discontinued.</li>   <li>2. Psychotropic medications are only to be used to treat psychiatric disorders. The record must specify that diagnosis.                     <ol style="list-style-type: none"> <li>a) A psychiatrist, based on the diagnosis, must recommend the medication.</li> <li>b) Self-explanatory. (See administrative standards for the requirements of informed consent.)</li> <li>c) Factors that may be impacting the person's behaviors/symptoms and changes that could be made to address these must be considered prior to determining that medications are the best course of action. (See services and support standard B2 for other information on comprehensive life reviews.)</li> <li>d) There must always be an ISSP developed for a person taking a psychotropic medication. The ISSP should explain the specific methodologies, strategies or procedures that will be implemented to assist the person with the symptoms for which the medication is prescribed. For example, a person with depression should have an ISSP which addresses how to prevent episodes of depression or how to intervene during an episode of depression.</li> </ol> </li>   <li>3. Close monitoring of the use of psychotropic medication is essential to ensure it is working as intended and is without serious side effects.                     <ol style="list-style-type: none"> <li>a) Self explanatory; more frequent reviews may be warranted for new medications, when the medication is not working as intended, the person is not on a maintenance dose or there are significant changes in the person's life.</li> <li>b) Medications may need to be adjusted periodically to ensure the person receives the minimum effective dose.</li> </ol> </li> </ol>

## RESIDENTIAL SERVICES AND SUPPORTS

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>c) <b>Allows for gradual reduction of the dosage and ultimate discontinuation of the drug;</b></p> <p>d) <b>Includes training for staff in the observation of side effects and adverse reactions to the drugs;</b></p> <p>e) <b>Includes regular monitoring of the person receiving services for potentially irreversible side effects (e.g., tardive dyskinesia);</b></p> <p>f) <b>Includes documentation of the effects of medication(s) and any changes in medication; and,</b></p> <p>g) <b>Is not ordered on a PRN basis.</b></p>	<p>c) The goal should be for reducing and ultimately discontinuing a medication unless the need for a maintenance dose is clearly documented.</p> <p>d) Each time a new medication is ordered, the side effects of the medication must be reviewed with staff/providers. This should clearly be documented in the person's record.</p> <p>e) Medications vary widely in their potentially irreversible side effects. These will need to be identified for each medication and appropriate monitoring by medical personnel provided. This may not be required for some medications.</p> <p>f) The effects of a medication and any changes in dosage must be monitored regularly. The behaviors or symptoms for which the medication was prescribed must be tracked and regularly reviewed. Data collected on the frequency and/or intensity of symptoms should be sufficient to evaluate the effectiveness of the medication or dosage.</p> <p>g) There must be a specific order for the administration of a psychotropic medication; it cannot be administered "as needed" (PRN).</p>



**Program Quality Standards  
For  
On Site Surveys**

**GROUP RESIDENTIAL SERVICES  
AND SUPPORTS**

**With No Guidelines**

Department of Human Services  
Office of Rehabilitation and Disabilities Services  
Developmental Disabilities Services

Revised January 2002

# **Standards for Group Residential Services and Supports**

*(With No Guidelines)*

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**PROGRAM ADMINISTRATION**

**A. THE RIGHTS OF INDIVIDUALS ARE RESPECTED**

Persons with developmental disabilities are entitled to the same rights as guaranteed by the US and Colorado constitutions to any citizen. Agency staff should always treat persons as adults and show respect for their rights as citizens. Sometimes an individual may be engaging in a behavior that is likely to cause harm to self or others. In such cases, there is a process that can be used to suspend an individual's rights to keep him/her and others safe.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. Staff, providers and persons served are aware of the rights of persons served. <i>(16.311 B)</i></li>   <li>2. Rights are suspended only to prevent harm to self, others, or property. <i>(16.312 A)</i></li>   <li>3. Due process is adhered to when rights are suspended.                             <ol style="list-style-type: none"> <li>a) Rights suspension decision is made only by a developmental disabilities professional and is documented in the IP. <i>(16.312 A and A2)</i></li> <li>b) The IP outlines what services and supports will be provided to assist the person to the point where the suspension is no longer necessary. <i>(16.312 A2)</i></li> <li>c) Suspensions of rights are reviewed by the IDT and HRC. <i>(16.312 A2 and A4)</i></li> </ol> </li> </ol>	

**PROGRAM ADMINISTRATION**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ul style="list-style-type: none"> <li>d) The person and his/her guardian receive notice and are offered an opportunity to present relevant information to the HRC. <i>(16.312 A1 and A4)</i></li> <li>e) Continued need for suspension is reviewed at the frequency determined by the IDT, but no less than every 6 months. <i>(16.312 A3)</i></li>   <li>4. Emergency action to suspend a right is authorized by a developmental disabilities professional and used only when the action is imminently necessary to protect self, others or property. <i>(16.312 A5)</i> <ul style="list-style-type: none"> <li>a) The case manager is notified within 24 hours.</li> <li>b) The person and his/her guardian receive notice.</li> <li>c) The provisions for the suspension of rights are immediately implemented.</li> </ul> </li>   <li>1. The agency makes reasonable efforts (provides needed information, contacts the CCB) to ensure that the HRC regularly reviews the following: <i>(16.550 1 2-5)</i> <ul style="list-style-type: none"> <li>a) Suspension of rights;</li> <li>b) Use of safety and emergency control procedures;</li> <li>c) ISSP with a restrictive procedure;</li> <li>d) Use of psychotropic medication;</li> <li>e) Investigations of allegations of mistreatment, abuse, neglect or exploitation.</li> </ul> </li> </ul>	

**PROGRAM ADMINISTRATION**

**B. SERVICES ARE PROVIDED IN A HUMANE AND CARING ENVIRONMENT**

Certainly the expectation for the provision of services to persons with developmental disabilities is that service providers will provide services in a humane and caring environment. It is expected that persons served will always be treated with dignity and respect. This means that, at the very least, the person will be free from mistreatment, abuse, neglect, and exploitation. Any and all allegations of abuse, neglect, mistreatment or exploitation must be vigorously investigated and addressed.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. Staff and providers interact with persons served in a respectful and caring manner. <i>(16.500)</i></li>   <li>2. All staff and providers are aware of the obligation to report suspected instances of mistreatment, abuse, neglect and exploitation and are aware of the reporting procedures as specified in the agency's policies and procedures. <i>(16.580 B5 and B6 and 16.580 C)</i></li>   <li>3. All suspected incidents of mistreatment, abuse, neglect and exploitation are reported immediately to the agency administrator or his/her designee. <i>(16.580 C)</i></li>   <li>4. The agency monitors to detect instances of mistreatment, abuse, neglect, or exploitation. Monitoring includes, at minimum, the review of: <i>(16.580 B2)</i> <ol style="list-style-type: none"> <li>a) Incident reports;</li>   <li>b) Verbal and written reports of unusual or dramatic changes in behavior; and,</li>   <li>c) Verbal and written reports from persons served, advocates, families, or guardians.</li> </ol> </li> </ol>	



PROGRAM ADMINISTRATION				
YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>7. Law enforcement and social services agencies are notified when appropriate. <i>(16.580 B10 and C)</i></p> <p>8. Prompt action is taken to protect the potential victim and provide any necessary victim supports. <i>(16.580 B8)</i></p> <p>9. Appropriate actions are taken when an allegation is substantiated, including:</p> <ul style="list-style-type: none"> <li>a) Disciplinary actions and/or appropriate legal recourse. <i>(16.580 B4)</i></li> <li>b) The results of the investigation are included, with the employee's or provider's knowledge, in the employee's or provider's personnel or contract file. <i>(16.580 D3)</i></li> </ul>	



PROGRAM ADMINISTRATION				
YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>3. Follow up action is taken as appropriate. <i>(16.560 B11)</i></p> <p>4. The agency reviews and analyzes incident reports to identify trends and problematic practices. <i>(16.560 F)</i></p> <p>5. When the review and analysis identifies problematic trends or practices, appropriate corrective action is taken. <i>(16.560 F)</i></p>	

**PROGRAM ADMINISTRATION**

**D. SERVICE PROVIDERS ARE COMPETENT AND MOTIVATED**

In order to develop a staff/provider team, which is competent and motivated, the agency must select staff and other providers carefully and provide training in areas which will assist them in carrying out their duties competently. Staff/providers and the agency must invest time and resources in the development of the knowledge and skills, which will lead to success in providing services to persons with developmental disabilities.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. Background and reference checks have been conducted prior to hiring staff and other providers of services and supports. <i>(16.246 B)</i></li>   <li>2. The agency has developed and implemented an organized program of orientation and training that meets requirements of DDS guidelines for minimum training of direct service providers. <i>(16.246 D 1-2)</i> <ol style="list-style-type: none"> <li>a) The training program defines the extent and type of training to be provided to direct service providers prior to having unsupervised contact with persons receiving services.</li>   <li>b) The training program defines training related to health, safety, and services and supports that is to be provided to direct service providers within the first 90 days.</li> </ol> </li>   <li>3. Training specific to individuals for whom the provider has responsibilities is provided prior to unsupervised contact and within the first 90 days as needed. <i>(16.246 D 3)</i></li> </ol>	

PROGRAM ADMINISTRATION				
YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>4. On-going training is provided for staff/providers to maintain their skills and when there are changes in their responsibilities.</p> <p>5. All staff and providers not otherwise authorized by law to administer medications and who assist or monitor persons in the administration of medications have passed a competency evaluation approved by the CDPHE. <i>(16.246 F)</i></p> <p>a) Persons who have taken and passed the course at another service agency have their competency re-established by the new agency. <i>(25-1-107ee, C.R.S.)</i></p> <p>6. The agency maintains a record of training for each staff and provider. <i>(16.246 A)</i></p> <p>7. The agency establishes provider competency and ensures that direct service providers carry out their duties and responsibilities efficiently, effectively, and competently. <i>(16.246 D)</i></p>	

**PROGRAM ADMINISTRATION**

**E. PERSONS HAVE A RIGHT TO CONFIDENTIALITY OF INFORMATION ABOUT THEM**

Persons receiving services and their families are entitled to privacy with respect to the provision of services and supports. Identifying information is therefore required to be kept confidential.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. The safety and security of confidential information is ensured. <i>(16.330)</i></li>   <li>2. Only authorized individuals have access to confidential information. <i>(16.332 A and B)</i></li>   <li>3. Any release of confidential information, including photographs, meets requirements of rules. <i>(16.331 A, D and F)</i></li>   <li>4. Staff and other providers receive training with regard to confidentiality. <i>(16.334)</i></li> </ol>	

**PROGRAM ADMINISTRATION**

**F. RECORDS PROVIDE INFORMATION NEEDED**

The person served has (by statute) a right to a record which documents important information about their services and supports. Good record keeping is critical to planning, determining the effectiveness of services and ongoing evaluation of person's needs. Records also are critical for communication and agency and staff accountability.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. The service agency maintains a record for each person which contains information as required by standards, applicable rules and the following: <i>(16.612 I and 16.622 B 10)</i> <ol style="list-style-type: none"> <li>a) Name, address and date of birth.</li> <li>b) Emergency information.</li> <li>c) The IP.</li> <li>d) Current ISSPs and subsequent reviews.</li> <li>e) Record of services and supports provided.</li> <li>f) HRC reviews and recommendations as applicable.</li> <li>g) Release of information, if applicable.</li> <li>h) Incident reports, if applicable.</li> <li>i) Informed consent, if applicable.</li> </ol> </li> <li>2. Staff and providers have ready access to records and other information as required to carry out their responsibilities. <i>(16.612 I and 16.602 B10)</i></li> </ol>	

**PROGRAM ADMINISTRATION**

**G. PERSONS ARE AFFORDED DUE PROCESS IN THE RESOLUTION OF A DISPUTE OR GRIEVANCE**

In any service system there will be disagreements and grievances. Each person has the right to have such disagreements taken seriously and dealt with in a timely manner. Colorado statute and rules outline a formal dispute resolution process that must be followed in the event that there is a disagreement between the individual and the CCB or service agency for certain specified situations (termination or change, reduction or modification of services in IP). Other types of complaints are to be addressed with a less formal grievance procedure.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. Persons in services, parents of a minor, guardian and or authorized representative, as appropriate, are informed about and given a written description of the agency's dispute resolution procedure: <i>(16.322 C1)</i> <ol style="list-style-type: none"> <li>a) At the time of admission to the program;</li> <li>b) When services or supports are to be denied or terminated;</li> <li>c) When changes in the IP are contemplated; and,</li> <li>d) When changes are made to the procedure.</li> </ol> </li>   <li>2. Notice is provided 15 days prior to the effective date of the action when decisions to terminate services or to provide, change, reduce or deny services set forth in the IP are made. <i>(16.322 D)</i></li>   <li>3. All disputes are resolved in accordance with the agency procedure. <i>(16.322)</i></li> </ol>	

PROGRAM ADMINISTRATION				
YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>4. Persons in services, parents of a minor, guardian and/or authorized representative, as appropriate, are informed about and given a written description of the agency's grievance procedure and persons are knowledgeable about the procedure. <i>(16.326 B)</i></p> <p>5. Complaints are resolved in accordance with the agency procedure. <i>(16.326 C)</i></p> <p>6. There is a record of grievances/complaints.</p> <p>7. Persons, guardians and authorized representatives, as appropriate, are notified at least 15 days prior to proposed changes in residential placement. <i>(16.622 B8)</i></p> <p>a) If an immediate move is required for the protection of the person, notification occurs as soon as possible but not later than 3 days after the move.</p>	

**PROGRAM ADMINISTRATION**

**H. MONITORING**

The agency has a responsibility to monitor all the programs it provides and any settings where such programs take place. Monitoring of services and supports provided must be sufficient to address any health, safety and welfare issues, know that services and supports are being provided as planned and are having the intended effect, and that applicable rules, regulations, standards and agency policies are followed.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>1. The agency conducts regular, on-site monitoring of the services and supports provided. (16.622 B 4)</p>	

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>2. The service agency conducts an evaluation of consumer satisfaction with the services and supports no less than once every three years. (16.622 B 9)</p>	

## SERVICE AND SUPPORT PLANNING

### A. PERSONS GET THE SERVICES AND SUPPORTS THEY NEED

Persons with developmental disabilities often need opportunities for training, which will increase the person's independence and community inclusion. Persons also need supports that will enable them to live meaningful and productive lives.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. Persons have available the patterns and conditions of everyday life, which are consistent with those of persons without disabilities. <i>(16.500)</i></li>   <li>2. Persons receive services which are appropriate to their chronological age and which take individual preferences into consideration. <i>(16.500)</i></li>   <li>3. The agency makes available to the IDT the information necessary to identify the unique strengths, abilities, preferences, desires and needs of the person and to complete other portions of the IP, as appropriate. <i>(16.430 B1 &amp; 16.440 D1)</i></li>   <li>4. Written ISSPs are developed and implemented which address the prioritized needs of the person receiving services. Written ISSPs include: <i>(16.510 A)</i> <ol style="list-style-type: none"> <li>a) Objectives. <i>(16.510 B1)</i></li>   <li>b) A methodology for instruction, intervention or the provision of support. <i>(16.510 B2)</i></li>   <li>c) Criteria against which the effectiveness of the ISSP should be measured, and timelines for reviews. <i>(16.510 B4)</i></li> </ol> </li> </ol>	

**SERVICE AND SUPPORT PLANNING**

**B. INDIVIDUALS WITH CHALLENGING BEHAVIOR ARE PROVIDED HUMANE SERVICES AND SUPPORTS AIMED AT AMELIORATING THE BEHAVIOR**

Some persons with developmental disabilities exhibit challenging behaviors. Persons served should be provided with services and supports aimed at ameliorating the behavior. Competent assistance in this area requires that the potential causes of the behavior be determined in order for interventions to have the best chance of success. Because of past abuses in which coercive, punitive, and sometimes painful methods were employed as part of behavior programs, there currently are prescriptive rules with regard to challenging behaviors. Good practice in this area requires that there be strict adherence to these rules.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. <b>When persons need assistance with their challenging behavior, they receive such assistance. (16.510 A)</b></li>   <li>2. When a person continues to need assistance with challenging behavior, the IDT and service agency:               <ol style="list-style-type: none"> <li>a) <b>Complete a comprehensive review of the person's life situation. (16.510 E)</b></li>   <li>b) <b>Addresses aspects of the person's life situation which may be adversely affecting his/her behavior through changes in the IP or ISSP prior to the use of any restrictive procedures. (16.510 F)</b></li> </ol> </li>   <li>3. Prior to the use of restrictive procedures, the IDT and service agency:               <ol style="list-style-type: none"> <li>a) <b>Complete a comprehensive review of the person's life situation (16.520 A1);</b></li> </ol> </li> </ol>	

**SERVICE AND SUPPORT PLANNING**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ul style="list-style-type: none"> <li>b) Complete a functional analysis of the person's challenging behavior (16.520 A2);</li> <li>c) Prepare an ISSP (16.520 A3);</li> <li>d) Obtain the informed consent of the person receiving services, parents of a minor, or legal guardian (16.520 A4); and,</li> <li>e) Obtain HRC review of the ISSP. (16.550 I 3)</li> </ul> <p>4. The ISSP includes: (16.520 A3)</p> <ul style="list-style-type: none"> <li>a) A description of the methodology and restrictive procedures to be used;</li> <li>b) A description of the behavior in observable and measurable terms;</li> <li>c) Identification of the person(s) who will monitor the implementation;</li> <li>d) Criteria for measuring the effectiveness of the plan;</li> <li>e) Specific timelines for review.</li> </ul> <p>5. Persons who implement the plan demonstrate competency in its implementation. (16.520 A3f)</p>	

## SERVICE AND SUPPORT PLANNING

### C. PERSONS ARE PROTECTED FROM HARMING THEMSELVES AND OTHERS

In order to keep people safe, the use of a restrictive procedure or of a physical or mechanical restraint may at times be necessary. Such procedures may only be used as part of an emergency or safety control procedure and when absolutely necessary to protect the person or others. The use of restrictive procedures in an emergency situation and of physical or mechanical restraint must meet all requirements of both rules and statutes.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. Physical or mechanical restraint is only used in an emergency situation, when alternatives have failed, and when necessary to protect the person or others. <i>(16.530 A)</i> <ol style="list-style-type: none"> <li>a) Restraints are only used as an emergency or safety control procedure. <i>(16.530 A2)</i></li> <li>b) Persons are released from restraint as soon as the emergency no longer exists. <i>(16.530 A1)</i></li> <li>c) No restraint can place excess pressure on the chest or back or inhibit breathing. <i>(16.530 A3)</i></li> <li>d) During physical restraint, the person's breathing and circulation must be monitored. <i>(16.530 A4)</i></li> </ol> </li> <li>2. Physical or mechanical restraint is only used by staff who have received specific training in its use. <i>(16.530 A)</i></li> <li>3. Physical restraint of more than 15 minutes is only used when absolutely necessary for safety reasons and utilizing appropriate back up in accordance with agency policy. <i>(16.530 A5)</i></li> </ol>	

**SERVICE AND SUPPORT PLANNING**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>4. When a mechanical restraint is used, the following procedures are implemented and documented: <i>(16.530 A6 and 7)</i></p> <ul style="list-style-type: none"> <li>a) Relief periods of 10 minutes every hour are provided to the person, except when the person is sleeping; and,</li> <li>b) The person is monitored every 15 minutes while in a mechanical restraint.</li> </ul> <p>5. Emergency control procedures are used for behaviors that are unanticipated, infrequent and unpredictable. <i>(16.540 A2)</i></p> <ul style="list-style-type: none"> <li>a) Emergency control procedures are not used as punishment, for the convenience of staff or as a substitute for services, supports or instruction. <i>(16.540 A3)</i></li> <li>b) An incident report is filed within 24 hours after the use of an emergency control procedure and includes: <i>(16.540 A4)</i> <ul style="list-style-type: none"> <li>(i) A description of the procedure employed including the beginning and ending times.</li> <li>(ii) All of the information required of incident reports.</li> </ul> </li> <li>c) The CCB or Regional Center, parent of a minor, guardian and authorized representative are notified within three days of the use of the emergency control procedure. <i>(16.540 A5)</i></li> </ul> <p>6. Safety control procedures are used to control a previously exhibited behavior that is anticipated to occur again. <i>(16.540 B)</i></p> <ul style="list-style-type: none"> <li>a) An incident report is filed with the CCB or Regional Center within three days after the use of a safety control procedure and includes all of the information required of incident reports. <i>(16.540 B2)</i></li> <li>b) When a safety control procedure is used more than three times in thirty days, the person's IDT meets to review strategies. <i>(16.540 B5)</i></li> </ul>	

**SERVICE AND SUPPORT PLANNING**

**D. PERSONS ARE PROVIDED WITH THE THERAPIES THEY NEED**

Persons with developmental disabilities often have other disabilities including physical impairments. Persons who need therapies should receive such services from staff/providers who are competent to provide such services.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. Therapy assessments are completed as the IDT and/or the physician identify the need for these. <i>(16.623 C)</i></li>   <li>2. Therapy programs are developed and implemented as needed, to maintain the health of the individual receiving services, to prevent further disabilities, and whenever possible, to improve the overall functioning of the individual receiving services. <i>(16.623 C)</i></li>   <li>3. Therapy programs are reviewed periodically by professional therapists. <i>(16.623 C1)</i></li>   <li>4. Persons who use wheelchairs and/or other assistive technology devices receive professional review, at a prescribed or recommended frequency, to ascertain the continued applicability and fitness of these devices. <i>(16.623 C2)</i></li>   <li>5. Persons have wheelchairs and other assistive technology devices as needed and these are maintained in good repair. <i>(16.623 C 3)</i></li> </ol>	

**SERVICE AND SUPPORT PLANNING**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>6. Staff responsible for implementation of specialized therapies are adequately trained. <i>(16.246 D3)</i></p>	

## RESIDENTIAL SERVICES AND SUPPORTS

### A. PERSONS ARE PROVIDED WITH APPROPRIATE SERVICES AND SUPPORTS

The intent of residential services is that persons have 24-hour supervision available to them and receive the supports and services necessary to address health, safety, and habilitative needs. The program must therefore provide adequate supervision and provide training, supports and therapies in order to aid in persons' growth and development.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. Persons receive services and supports necessary to access and participate in a variety of typical activities and functions of community life. <i>(16.622 A)</i></li>   <li>2. Persons receive services and supports necessary to participate in typical home activities. <i>(16.622 A)</i></li>   <li>3. Persons receive services and supports necessary to participate in personal care activities, which promote personal development and independence. <i>(16.622 A)</i></li>   <li>4. Staffing arrangements are adequate to meet the health, safety, and welfare needs of persons served and licensure requirements, if any. <i>(16.622 B2)</i> <ol style="list-style-type: none"> <li>a) Persons served have 24-hour supervision available to them. <i>(16.622 B2)</i></li>   <li>b) Staffing arrangements meet the needs of persons served as determined by the IP. <i>(16.622 B2)</i></li> </ol> </li> </ol>	

## RESIDENTIAL SERVICES AND SUPPORTS

### **B. PERSONS HAVE SECURE POSSESSIONS (INCLUDING MONEY)**

The place where persons live should be their home. They should therefore have secure possessions, which are not stolen or used by other persons without their permission. Their money should also be secure and used as they see fit.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. An inventory of major personal possessions is maintained in the record and updated as necessary. <i>(16.622 B5)</i></li>   <li>2. Each person has an adequate amount of clothing, which reflects individual choice, is appropriate to seasons and occasions, and is clean and in good repair. <i>(16.622 B5)</i></li>   <li>3. Persons' independence in the management of funds is increased through training and/or experience as appropriate. <i>(16.622 B6)</i></li>   <li>4. Persons have reasonable access to their money. <i>(16.622 B5)</i></li> </ol>	

**RESIDENTIAL SERVICES AND SUPPORTS**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<p>5. If the agency is involved in the management of persons' funds these are adequately safeguarded: <i>(16.622 B5)</i></p> <ul style="list-style-type: none"> <li>a) A record of all personal needs funds is maintained;</li> <li>b) All expenditures exceeding \$5.00 charged to the personal needs funds are substantiated by a receipt; and,</li> <li>c) Expenditures from personal needs funds are allowable under Department guidelines.</li> </ul>	

## RESIDENTIAL SERVICES AND SUPPORTS

### C. PERSONS ARE FREE FROM THE UNNECESSARY USE OF PSYCHOTROPIC MEDICATIONS

Psychotropic medications can make a dramatic difference in a persons functioning when used appropriately. There is also a danger that they can be used indiscriminately and can have negative side effects. For this reason there are strict procedural requirements to ensure their proper use.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ol style="list-style-type: none"> <li>1. Psychotropic medications are not used for the convenience of staff, as a substitute for services and supports or in quantities that interfere with the intent of the IP of the person. (16.623)</li>   <li>2. Psychotropic medications are used only for diagnosed psychiatric disorders and: (16.623 D7)                             <ol style="list-style-type: none"> <li>a) When recommended from a specific psychiatric evaluation or consultation;</li> <li>b) After informed consent is granted by the person receiving services, the parent of a minor, or the legal guardian of an adult, or after a valid court order;</li> <li>c) After completion of a comprehensive life review; and,</li> <li>d) After completion of an ISSP.</li> </ol> </li>   <li>3. Administration of psychotropic medication: (16.623 D8)                             <ol style="list-style-type: none"> <li>a) Is reviewed at least annually by a psychiatrist;</li> <li>b) Is the minimum effective dose possible;</li> </ol> </li> </ol>	

**RESIDENTIAL SERVICES AND SUPPORTS**

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			<ul style="list-style-type: none"> <li>c) Allows for gradual reduction of the dosage and ultimate discontinuation of the drug;</li>   <li>d) Includes training for staff in the observation of side effects and adverse reactions to the drugs;</li>   <li>e) Includes regular monitoring of the person receiving services for potentially irreversible side effects (e.g., tardive dyskinesia);</li>   <li>f) Includes documentation of the effects of medication(s) and any changes in medication; and,</li>             <li>g) Is not ordered on a PRN basis.</li> </ul>	