# Services for Individuals with Developmental Disabilities

## DEFINITION

COA's Standards for Individuals with Developmental Disabilities (DDS) apply to programs and services whose focus is working with the DD population, or when individuals with developmental disabilities are a significant proportion of the service population.

**Note:** *Please see DDS Reference List for a list of resources that informed the development of these standards.*

**Table of Evidence**

**Self-Study Evidence**

- Provide an overview of the different programs being accredited under this section. The overview should describe:
  a. the program's service philosophy and approach to delivering services;
  b. eligibility criteria;
  c. any unique or special services provided to specific populations; and
  d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
  a. racial and ethnic characteristics;
  b. gender/gender identity;
  c. age;
  d. major religious groups; and
  e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
  a. the type of activity/group;
  b. whether the activity/group is short-term or ongoing;
  c. how often the activity/group is offered;
  d. the average number of participants per session of the activity/group, in the last month; and

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

e. the total number of participants in the activity/group, in the last month

- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured

**On-Site Evidence**

No On-Site Evidence

**On-Site Activities**

No On-Site Activities

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

## DDS 1: Access to Services

The organization works with the individual and his or her team to ensure access to available community services, supports, and other forms of assistance.

**Interpretation:** *Throughout this document the term "individual" is defined to include children, youth, and adults with developmental disabilities. In instances where the individual cannot make his or her own decisions, sign documents, or is otherwise limited in his or her ability to provide informed consent, the term "individual" may be understood to also include an advocate or legal guardian, as in "...the individual, his/her advocate, or legal guardian..."*

*"Team" is defined to include the individual's family, friends and other natural supports, circle of support, support/service broker, service coordinator, or others chosen by the individual. It is essential that members of the person's team are, to the extent possible, chosen by, and are the preference of the individual.*

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

**Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

**Table of Evidence**

**Self-Study Evidence**

- Description of community outreach and collaboration efforts

**On-Site Evidence**

- Evidence of collaboration with community providers

**On-Site Activities**

- Interview:
  a. Clinical or program director
  b. Relevant personnel
  c. Individuals served
- Facility observation

**DDS 1.01**

The organization works with community partners and resources to minimize barriers that prevent individuals with developmental disabilities from accessing services.

**Interpretation:** *Barriers can include, and are not limited to: transportation, location, language, service fees, physical and architectural barriers, societal attitudes, and communication*.

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

**DDS 1.02**

The organization conducts targeted outreach, and provides information and education to the community to ensure that potential service recipients know how to access available services.

**(FP) DDS 1.03**

The organization designs and adapts its programs and services to accommodate the visual, auditory, linguistic, and motor abilities of individuals served.

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

## DDS 2: Screening and Intake

The organization's screening and intake practices ensure that individuals receive prompt and responsive access to appropriate services.

**Interpretation:** *Timeframes for initiating and completing screening are established by the organization and can reflect variations in program or service and the service population.*

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**Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Referrals procedures need strengthening; or
- For the most part, established timeframes are met;
- Active client participation occurs to a considerable extent.
- In a few rare instances urgent needs were not prioritized.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized, or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- Screening and intake done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

**Table of Evidence**

**Self-Study Evidence**

- Screening and intake procedures

**On-Site Evidence**

No On-Site Evidence

**On-Site Activities**

- Interview:
  a. Clinical or program director
  b. Relevant personnel
  c. Individuals served
- Review case records

**DDS 2.01**

Individuals are screened at intake and informed about:

a. how well the individual's request matches the organization's services;
b. what services will be available and when;
c. the individual's rights and responsibilities; and
d. the organization's responsibilities to the individual.

**NA** *Another organization is responsible for screening, as defined in contract.*

**DDS 2.02**

Prompt, responsive intake practices:

a. ensure that individuals and families are treated equitably;
b. include assignment of a primary contact person within the agency;
c. address criteria for determining when a more intensive service is

necessary;
d. support timely initiation of services; and
e. provide for placement on a waiting list, if applicable.

**Interpretation:** *The primary contact can be an agency-wide contact or specific to the program or programs being used by the individual.*

**DDS 2.03**

Individuals and families who cannot be served, or cannot be served promptly, are connected to appropriate resources.

**NA** *The organization accepts all clients.*

**DDS 2.04**

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

a. personal and identifying information;
b. emergency health needs; and
c. safety concerns, including imminent danger or risk of future harm.

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## DDS 3: Assessment

Applicants for services participate in the development of an individualized, strengths-based, culturally responsive assessment.

**Interpretation:** *Assessments should be child, adult, or family-focused, as appropriate to the needs and wishes of the applicant, the service population, or program type.*

**Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests , or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or

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summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

**Table of Evidence**

**Self-Study Evidence**

- Assessment procedures
- Assessment tool and/or criteria included in assessment

**On-Site Evidence**

No On-Site Evidence

**On-Site Activities**

- Interview:
  a. Clinical or program director
  b. Relevant personnel
  c. Individuals served
- Review case records

**DDS 3.01**

The individual is the primary source of information about the need for service.

**DDS 3.02**

The information gathered for assessment is:

a. germane to the reasons for the request or referral and service objectives;
b. directed at concerns identified in initial screenings; and

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c. limited to material pertinent for providing requested services.

**Interpretation:** *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

**DDS 3.03**

Assessments are completed within timeframes established by the organization for timely initiation of services and are updated periodically.

**DDS 3.04**

Assessments are conducted in a culturally responsive manner, and identify resources that can increase service participation and success.

**Interpretation:** *Culturally responsive assessments can include attention to geographic location, age, developmental level, language of choice, means of communication, sexual orientation, and the person's religious, racial, ethnic, and cultural background.*

**Purpose**

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## DDS 4: Person-Centered Service Planning and Monitoring

Person-centered service planning engages persons with developmental disabilities and their team as primary decision makers regarding the services and supports they receive.

**Interpretation:** *Generally, all decisions are made with the informed consent of the individual or guardian. Unless otherwise noted, informed consent is not necessarily written. However, the fact that consent was given should be noted in the individual's case record.*

**Research Note:** *Portable funding, also known as "individual budgets," is becoming increasingly commonplace as a mechanism for funding flexible, consumer-directed services. Portable funding provides the individual with a sum of money and the individual can choose the services they need.*

**Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or

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- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

**Table of Evidence**

**Self-Study Evidence**

- Service planning procedures
- Service monitoring procedures

**On-Site Evidence**

No On-Site Evidence

**On-Site Activities**

- Interview:
  a. Clinical or program director
  b. Relevant personnel
  c. Individuals served
- Review case records

**DDS 4.01**

The organization works in partnership with the individual, and his or her team according to the wishes of the individual, to develop and implement a

**Purpose**

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plan that enables the fullest and most independent life possible in the community and promotes self-determination.

**DDS 4.02**

Individuals with limited ability to make independent decisions receive help from the team in making choices and/or assuming responsibility for making decisions.

**DDS 4.03**

The service planning process includes a means for resolving conflicts between the individual and his/her family, advocate, or others that may be involved in establishing and implementing the individual's plan.

**DDS 4.04**

The service plan is based on the assessment, and includes:

a. agreed upon goals, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom; and
c. the written, informed consent of the individual.

**DDS 4.05**

During the service planning process the organization explains to the individual or guardian:

a. available options;
b. how it can support the achievement of desired outcomes; and
c. the benefits, alternatives, and any risks or consequences of planned services.

**(FP) DDS 4.06**

Service planning for persons with developmental disabilities can address, as appropriate to the individual:

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

a. health and safety issues;
b. degree of supervision needed;
c. independent living, social, and daily living skills;
d. nutritional and dietary needs;
e. leisure and vocational interests, aptitudes, and need for greater social inclusion;
f. screening and treatment for co-occurring psychiatric disorders or substance use conditions;
g. the need for assistive technology, auxiliary aids, and other special accommodations;
h. positive behavior support planning;
i. medication needs;
j. issues related to adaptive, behavior, and cognitive functioning, including concrete and abstract reasoning;
k. specialized supports such as physical, speech, and occupational therapy;
l. ancillary services;
m. end of life planning; and
n. the need for hospice or palliative care.

**Research Note:** *Research suggests that the prevalence of mental illness among individuals with intellectual disabilities is higher than among the general population.*

**Research Note:** *Research suggests that persons with intellectual disabilities are less healthy, have more specialized healthcare needs, and have greater difficulty gaining access to health and dental services than the general population.*

**Research Note:** *Positive behavioral support (PBS) has been shown to be effective at reducing problem behavior and enhancing the overall quality of life and lifestyle of the individual.*

**DDS 4.07**

The worker, the individual, and members of his/her team, as appropriate, review progress quarterly to assess achievement of service goals and desired outcomes, and the continuing appropriateness of these goals.

**Interpretation:** *Timeframes for the review should be adjusted depending upon the specific needs of the individual and the frequency, intensity, and type of services provided. Revisions to service goals and plans are signed by the individual in the case record.*

**Purpose**

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## DDS 5: Service Philosophy and Intervention

The program is guided by a service philosophy that:

a. serves as the basis for how the program will meet the needs of individuals and their families; and
b. guides the development and implementation of services, interventions, and activities based on the program goals and the best available evidence of service effectiveness.

**Interpretation:** *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measureable difference by drawing a clear connection between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

**Purpose**

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**Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or

- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

**Table of Evidence**

**Self-Study Evidence**

- Procedures for use of interventions that limit movement, diminish sensory experience, limit personal freedom, or cause personal discomfort
- Include service philosophy in the Narrative
- Procedures for use of non-traditional or unconventional practices
- Table of contents of training curricula
- Policies for prohibited interventions

**On-Site Evidence**

- Documentation of training

**On-Site Activities**

- Interview:
  a. Program director
  b. Relevant personnel

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

c. Individuals served
- Review case records

**DDS 5.01**

The service philosophy:

a. promotes meaningful participation, inclusion, and self-determination;
b. provides a basis for the implementation of strengths-based, person-centered activities and interventions; and
c. safeguards the emotional, physical, and psychological well-being of the individual.

**(FP) DDS 5.02**

If the organization permits the use of service modalities and interventions it defines as non-traditional or unconventional, it:

a. explains any benefits, risks, side effects, and alternatives to the individual;
b. obtains the written, informed consent of the individual;
c. ensures that personnel receive sufficient training and/or obtain certification when it is available; and
d. monitors the use and effectiveness of such interventions.

**Related:** RPM 2.02

**Interpretation:** *Examples of non-traditional and unconventional service modalities or interventions include, but are not limited to: hypnosis, acupuncture, and modalities or interventions that involve physical contact, such as massage therapy.*

**NA** *The organization does not permit non-traditional or unconventional modalities or interventions.*

**(FP) DDS 5.03**

Organization policy prohibits:

a. corporal punishment;
b. the use of aversive stimuli;
c. interventions that involve withholding nutrition or hydration, or that inflict physical or psychological pain;
d. the use of demeaning, shaming or degrading language or activities;

**Purpose**

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e. unnecessarily punitive restrictions including cancellation of visits as a disciplinary action;
f. forced physical exercise to eliminate behaviors;
g. punitive work assignments;
h. punishment by peers;
i. group punishment or discipline for individual behavior; and
j. unwarranted use of invasive procedures and activities as a disciplinary action.

**Related:** BSM 2.02

**(FP) DDS 5.04**

If the organization uses interventions that limit physical movement, diminish sensory experience, restrict personal freedoms, or cause personal discomfort, such interventions are implemented only when:

a. the organization can document its reasons for believing that the intervention will be beneficial to the individual;
b. the individual or his or her guardian has been fully informed about the risks and benefits of the intervention and has consented to it;
c. the intervention is prescribed by a qualified medial practitioner or recommended by an interdisciplinary team;
d. the organization periodically reviews the continued need for and effectiveness of the treatment or intervention;
e. all direct service personnel working with an individual has been trained on their specific treatment plan and its parameters;and
f. the intervention is not used as a substitute for appropriate staffing patterns, for the convenience of staff, or as punishment.

**Interpretation:** *Examples of such treatments and interventions are use of splints or poseys to prevent self-injury, use of visual or auditory screens to reduce stimulation, use of distasteful substances, textures, or activities as a consequence for behavior.*

**Interpretation:** *In regards to element (c), the prescription should include the specific parameters of the use of the intervention, including a time limit and specific set of behaviors or circumstances that the intervention should be applied.*

**NA** *The organization does not use interventions that limit physical movement, diminish sensory experience, restrict personal freedoms, or cause personal discomfort.*

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

**(FP) DDS 5.05**

An intervention is discontinued immediately if it produces adverse side effects, or is deemed unacceptable according to prevailing professional standards.

**Purpose**

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## DDS 6: Social Inclusion and Community Participation

Persons with developmental disabilities and their families can access a broad spectrum of community services and supports designed to build independence and help them exercise their rights, privileges, and responsibilities as full members of the community.

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**Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

**Table of Evidence**

**Self-Study Evidence**

- A description of services

**On-Site Evidence**

- Training, educational, and other material provided to individuals served regarding sexuality and relationships

**On-Site Activities**

- Interview:
  a. Program director
  b. Relevant personnel
  c. Individuals served
- Review case records

**DDS 6.01**

The organization supports persons with developmental disabilities to establish meaningful social relationships, build and maintain natural support systems, exercise their rights and responsibilities, and participate in the life of their community by:

a. identifying and pursuing the types of social roles, as well as family and other relationships, the individual wishes to pursue;
b. providing opportunities for social and physical interaction with persons, in addition to service providers and recipients; and
c. achieving an optimal level of community involvement and participation.

**DDS 6.02**

Individuals with developmental disabilities receive services and supports that are tailored to their individual needs and help them fully interact with the community and achieve maximum independence in the least restrictive environment.

**Interpretation:** *Services and supports can include:*

**Purpose**

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a. *adult foster care or kinship care;*
b. *education;*
c. *employment, including supported employment;*
d. *health and behavioral health services;*
e. *housing services and supports;*
f. *in-home support;*
g. *recreation;*
h. *volunteerism;*
i. *religious and spiritual supports;*
j. *mentoring services; and*
k. *transportation.*

*Services and supports for children and youth with developmental disabilities can also include:*

a. *after-school programs;*
b. *education support; and*
c. *mentoring.*

**(FP) DDS 6.03**

Individuals with developmental disabilities receive appropriate support and education regarding sexuality and relationships, including:

a. sexual health and development;
b. family planning and pregnancy prevention;
c. prevention of STDs and HIV/AIDS; and
d. prevention of sexual abuse and exploitation.

**Research Note:** *The literature suggests that women with developmental disabilities are far more likely to be victims of sexual and other violence than women in the general population.*

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

## DDS 7: Assistive Technology

Assistive technology is available to help persons served make full use of the organization's services and live independently in the community.

**Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

# Services for Individuals with Developmental Disabilities

**Table of Evidence**

**Self-Study Evidence**

- A description of services
- Procedures for helping individuals access assistive technology

**On-Site Evidence**

No On-Site Evidence

**On-Site Activities**

- Interview:
  a. Program director
  b. Relevant personnel
  c. Individuals served
- Review case records

**DDS 7.01**

The organization provides assistive technology, or helps the individual access resources, as needed, and the individual is:

a. involved in the selection of specific technologies;
b. afforded the opportunity to try the device prior to purchase or assignment; and
c. trained on the use of specific assistive devices being provided.

**DDS 7.02**

The organization works with community resources to help the individual and family:

a. purchase or gain access to assistive technology, auxiliary aids, and other assistive devices; and
b. make necessary physical adaptations to the person's home.

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

## DDS 8: Support Services for Family and Caregivers

Family and caregiver support services strengthen the family's ability to provide care, prevent unwanted and inappropriate out-of-home placements, and help maintain family unity.

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

**Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or

4.

**Table of Evidence**

**Self-Study Evidence**

- A description of services

**On-Site Evidence**

No On-Site Evidence

**On-Site Activities**

- Interview:
  a. Program director
  b. Relevant personnel
  c. Individuals served
- Review case records

**DDS 8.01**

Information is available to help family and caregivers with their caretaking responsibilities.

**Interpretation:** *Information should address the needs or interests of caregivers and can include topics such as early childhood development, behavior, home economics, work-life balance, and nutrition.*

**DDS 8.02**

The organization provides, or helps families and caregivers gain access to, a variety of community support services, including:

a. behavioral support;
b. case management;
c. counseling;
d. early intervention services;
e. financial assistance;
f. in-home support;
g. public entitlements;
h. respite services; and
i. support groups.

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

## DDS 9: Residential Services

The organization protects the rights, and provides for the comfort of individuals using residential services.

**NA** *The organization does not provide residential services.*

**Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

**Table of Evidence**

**Self-Study Evidence**

- Family visitation procedures
- Policy regarding the right to make telephone calls
- Description of opportunities and support for the exercise of religious beliefs and practices

**On-Site Evidence**

No On-Site Evidence

**On-Site Activities**

- Interview:
  a. Program director
  b. Relevant personnel
  c. Individuals served
- Review case records
- Facility observation

**(FP) DDS 9.01**

The organization provides a living environment that:

a. is home-like;
b. provides the individual the opportunity to design or personalize his or her space;
c. respects the person's right to privacy; and
d. provides the individual with enough space to spend time alone.

**DDS 9.02**

Individuals receiving residential services have the opportunity to visit and receive visits from family and friends, and the organization assists with travel arrangements, as necessary.

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

**(FP) DDS 9.03**

Individuals receiving residential services have the right to make private telephone calls at any time.

Interpretation: Any restrictions on the right to make private phone calls are:

a. based on contraindications in the service plan;
b. approved in advance by the program director or an appropriate designee;
c. documented in the case record; and
d. reauthorized weekly by the immediate supervisor of the direct support provider.

**(FP) DDS 9.04**

Individuals served are free to express and practice their religious or spiritual beliefs, and the organization provides:

a. appropriate opportunities for religious or spiritual practice; and
b. support, including transportation and schedule adjustments, as necessary.

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

## DDS 10: Personnel

Direct support personnel are trained and able to provide services, supports, and other forms of direct assistance.

**Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,Â

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
  - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
  - Most staff who do not meet educational requirements are seeking to obtain them.
- With some exceptions staff have received required training, including applicable specialized training.
  - Training curricula are not fully developed or lack depth.
  - A few personnel have not yet received required training.
  - Training documentation is consistently maintained and kept up-to-date with some exceptions.
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
  - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
- With a few exceptions caseload sizes are consistently maintained as required by the standards.
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
  - Procedures need strengthening.
  - With few exceptions procedures are understood by staff and are being used.
- With a few exceptions specialized staff are retained as required and possess the required qualifications.
- Specialized services are obtained as required by the standards.

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
  - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
  - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
  - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.Â
  - Procedures need significant strengthening; or
  - Procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

**Table of Evidence**

**Self-Study Evidence**

- Program staffing chart that includes lines of supervision
- List of program personnel that includes:
  a. name;
  b. title;
  c. degree held and/or other credentials;
  d. FTE or volunteer;
  e. length of service at the organization;
  f. time in current position
- Table of contents of training curricula
- Caseload size, per worker, for the past six months, and procedures or criteria used to assign and evaluate caseloads

**On-Site Evidence**

- Training curricula
- Documentation of training
- Job descriptions

**On-Site Activities**

- Interview:
  a. Supervisors
  b. Personnel
- Review personnel files

**DDS 10.01**

Direct support personnel have a high school degree or equivalent and are trained and competent in:

a. establishing rapport with individuals served;
b. interaction and communication techniques;
c. implementation of person-centered service plans;
d. implementing the principles of self-determination and inclusion;
e. de-escalation techniques in relation to this population;
f. use of assistive technology;
g. teaching ADLs; and
h. recognizing and addressing abuse, neglect, and exploitation.

**DDS 10.02**

Direct support personnel or service coordinators receive training or demonstrate competency in:

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

a. advocating on behalf of individuals served;
b. coordinating services within a team;
c. knowledge of community programs and how to access services;
d. building bridges between the individual and the community; and
e. knowledge of public assistance programs, eligibility requirements, and benefits.

**DDS 10.03**

Training can include, as appropriate to the service and needs of individuals served:

a. positive behavioral supports;
b. assisted dining techniques and good nutrition;
c. lifting and transfer techniques;
d. safe transportation techniques;
e. health related supports; and
f. medication administration.

**(FP) DDS 10.04**

Direct support personnel receive training in CPR, basic first aid, and universal precautions.

**Related:** TS 2.09

**DDS 10.05**

Caseload size and case assignments are sufficiently small to permit direct support personnel to respond flexibly to the differing needs of individuals served and their families, and are are assessed and adjusted according to:

a. the work and time required to accomplish assigned tasks and job responsibilities;
b. the qualifications, competencies, and experience of the worker, including the level of supervision needed; and
c. service volume, accounting for assessed level of needs of new and current clients and referrals.

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.

**DDS 10.06**

Organizations that permit the use of interventions that limit physical movement, diminish sensory experience, restrict personal freedoms, or cause personal discomfort as part of behavior management, train and evaluate their staff regularly on:

a. the proper and safe use of these interventions;
b. the potential for re-traumatization; and
c. individuals' treatment plans that outline specifically how these interventions may be used.

**Interpretation:** *In regards to elements (a) and (b), "regularly trained" refers to at least annually if not more frequently. Staff should be trained on all individuals' treatment plans and the specific parameters of their intervention prior to working with them.*

**NA** *The organization does not permit the use of interventions that limit physical movement, diminish sensory experience, restrict personal freedoms, or cause personal discomfort as part of behavior management.*

**Purpose**

Children, youth, and adults who participate in Services for Individuals with Developmental Disabilities achieve full integration and inclusion in the mainstream, make choices, exert control over their lives, and fully participate in, and contribute to, their communities.