

DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES



**STANDARDS FOR
COMMUNITY LIVING ARRANGEMENTS**

**Revised
March 2005**

INTRODUCTION:

These Standards for Community Living Arrangements consolidate those previous standards of the Division of Developmental Disabilities Services' residential options of Staffed Apartments, and Supervised Apartments. Also incorporated in to these rules are guidelines for the Division's former category of Supported Living. These Standards for Community Living Arrangements do not cover the DDDS residential options of Foster Care or Neighborhood Homes which each continue to be regulated by their own respective set of DDDS standards.

DEFINITIONS:

Community Living Arrangements (CLA's) – Refers to a flexible menu of residential support service options that can be provided in a variety of living arrangements. CLA's are not typically subject to licensure and may include assistance with tasks related to personal care, daily living, transportation, and supervision along with other types of support an individual may require. Community Living Arrangement levels are by design person-centered and based on individual needs and desires.

Dwelling – The type of setting where an individual resides. Examples of type include apartment, condominium, house or duplex. A dwelling must meet the minimum basic requirements for health and safety as set forth in these standards.

CLA Support Service Levels – Refers to the type and frequency of support services required by an individual living in a CLA setting as outlined below:

- CLA Level I – Support services are required less than 12 hours a day with an emergency on-call system in place at all times. This category was previously termed “Supported Living” status.
- CLA Level II – Support services are required less than 24 hours but more than 12 hours a day. A functional emergency on-call system must be in place at all times and support staff must be in immediate proximity to facilitate a prompt response when necessary. This category was previously termed “Supervised Apartment” status.
- CLA Level III – Support services are required 24 hours a day. Unless approval is given for periods of unsupervised time, Level III requires that direct supervision of the individual being support is in effect at all times. A functional emergency on-call system must be in place. This category was previously termed “Staffed Apartment” status.

PHYSICAL ENVIRONMENT AND SAFEGUARDS:

- 1.1 To the greatest extent possible, each person shall choose where and with whom he/she will live.
- 1.2 People choose the furniture and furnishings of their home.
- 1.3 Each home is located in the community such that it promotes accessibility to resources and activities according to the needs and desires of each individual.
- 1.4 Rooms or other areas of the person's home that are not ordinarily sleeping rooms may not be used for sleeping purposes on an ongoing basis.
- 1.5 Bedrooms must be outside rooms and must provide for quiet and privacy.
 - a) There shall be no more than one person in each bedroom. IF people living in the home request to share a bedroom, this request must be clearly documented, and then the maximum number of persons in each bedroom shall not exceed 2.
- 1.6 Each home must promote accessibility, choice, comfort, and safety according to the needs of each individual.
- 1.7 There shall be a telephone in each home and emergency transportation available or accessible on a twenty-four hour basis.
- 1.8 There shall be sufficient heating, ventilation, and light in each home to provide a comfortable environment according to the needs and desires of each individual.
- 1.9 All habitable rooms in the home shall have at least one window.
- 1.10 Each home must be in compliance with all applicable provisions of Federal, State, and local laws, regulations and codes pertaining to health, safety, accessibility, and sanitation.
- 1.11 Waste and garbage are stored, transferred, and disposed of in a manner that does not create a nuisance, or permit the transmission of disease.
- 1.12 Situation where there are dangerous substances, sharp objects, unprotected electrical outlets, slippery floors or stairs, tattered rugs, exposed heating devices, scalding water, and broken glass will be avoided to the greatest extent possible.
- 1.13 The telephone numbers for support persons, local fire and safety authorities, and the nearest poison control center must be constantly updated and easily accessible to the support persons and the individual(s) residing in the home.

- 1.14 All vehicles owned & serviced by the State of Delaware or contracted providers of support shall comply with applicable safety and licensing regulations established by the Delaware Department of Motor Vehicles.
a) *This shall include liability insurance as dictated by Delaware law.*
- 1.15 All contracted providers of support who drive a vehicle used to transport any person receiving support shall have a driver's license valid in the person's state of residence.
- 1.16 Written procedures for meeting all emergencies and disasters such as fire, severe weather, and missing persons:
a) *are communicated to everyone who has a need to know;*
b) *have assigned specific tasks and responsibilities as applicable;*
c) *contain instructions related to notification procedures and to the use of alarm and signal systems to provide for alert to people according to their needs.*
- 1.17 As applicable, requirements of the current edition of the National Fire Protection Association's Life Safety Code are met in the homes.
- 1.18 Each single family home shall have a minimum of two (2) means of egress. Each apartment, condominium or other similar modular dwelling shall have at least one means of egress, and one alternate means of egress (i.e., window or other means of egress) that can be utilized in the event of an emergency.
- 1.19 There shall be an adequate number of 2 ½ to 5-pound extinguishers in each home.
a) *In a multi-story home, a minimum of (1) extinguisher on each level.*
b) *In a single level home, apartment, condominium, or similar modular dwelling, a minimum of (1) extinguisher.*
- 1.20 Each home shall have an adequate number of UL approved smoke detectors in working order.
a) *In a single level dwelling, a minimum of one (1) smoke detector placed between the bedroom area and the remainder of the apartment.*
b) *In a multi-story dwelling, a minimum of one (1) smoke detector shall be placed on each level. On levels that have bedrooms, the detector shall be placed between the bedroom area and the remainder of the living area on that level.*
- 1.21 Evacuation routes are posted. The number and placement of the posting are dictated by the use and configuration of the home and by each person's individual need. For individuals requiring no assistance to evacuate in emergencies, this standard shall not apply.

- 1.22 Evacuation drills shall be held a minimum of four (4) times a year for each person in the home. Persons receiving support at Level III shall participate in drills quarterly for each shift of contracted support providers in the home. Drills are held on different days of the week, different times of the day, including times when people are asleep.
- 1.23 Each home shall be easily drained, suitable for the disposal of sewage, and furnish a potable water supply.
- 1.24 The water system shall be designed to supply adequate hot and cold water, under pressure, at all times. Water temperatures shall be maintained at 115° F. or lower to prevent burning for individuals not able to regulate their own water temperature. (Note: This was revised March 2005 to be consistent with Neighborhood Home Regulations)
- 1.25 The plumbing in the home shall meet the requirements of all municipal, county, and state codes. Where there are no municipal or county codes, the provisions of the State Board of Health's Sanitary Plumbing Code shall prevail.
- 1.26 Bathroom facilities shall be private, convenient, and accessible to all persons in the home.
- a) *Each home shall have a shower or tub;*
 - b) *Each toilet shall be equipped with a seat and supplied with toilet paper;*
 - c) *Hand washing facilities shall be within or adjacent to the bathroom;*
 - d) *There shall be at least one (1) window or mechanical ventilation to the outside of the bathroom.*
- 1.27 Stairways shall have adequate lighting and handrails for safety according to the needs of each individual.
- a) *Non-skid surfaces shall be used when slippery surfaces present a hazard.*
- 1.28 Stairways and hallways shall be kept free and clear of hazardous obstructions at all times and according to the needs of each individual.
- 1.29 Floors, walls, ceilings and other surfaces shall be kept clean and in good repair.
- a) *Floor surfaces shall not be slippery, and rugs should be free of such hazards as curled edges, rips, or potential for slipping, according to the needs and desires of each individual.*
- 1.30 There shall be refrigeration and freezing units for perishable foods in each home or apartment according to the needs and desires of the individual.
- 1.31 There shall be adequate equipment to allow for heating and cooking of foods in each home, according to the needs and desires of each individual.
- 1.32 There shall be garbage receptacles adequate to allow for the sanitary disposal of refuse according to the needs of each individual.

PROVIDER STANDARDS

- 2.1 Contracted providers of support may be public, non-profit, or proprietary in nature.
- 2.2 Contracted providers of support shall adhere to all policies and procedures of the Division of Developmental Disabilities Services.
- 2.3 Providers shall submit evidence to indicate independent financial or corporate stability.
- 2.4 Providers shall ensure that they receive training that is relevant to the individual support needs of the people served.

CONTRACTED SUPPORT PROVIDER REQUIREMENTS & TRAINING:

- 3.1 Prior to providing contracted support to persons in their home, each provider must have a mandatory drug screening. Refer to DHSS Regulations for Criminal History Record Checks and Drug Testing. Illegal drugs that are to be screened for shall include, but are not limited to:
 - a) *Marijuana/cannabis*
 - b) *Cocaine*
 - c) *Opiates*
 - d) *Phencyclidine "PCP"*
 - e) *Amphetamines*
 - f) *Any other illegal drug specified by DHSS, pursuant to regulations promulgated in Title 16 Del.c.Sec.1142*
- 3.2 Each provider must have an entire criminal background check for the State of Delaware and for the provider's current state of residence. In addition, a Federal Criminal background check is performed as indicated in the DHSS Regulations for Criminal History Record Checks and Drug Testing.
- 3.3 Policies and practices relative to providers with infectious diseases are in compliance with local, state, and federal guidelines.
- 3.4 DDDS required training completed by each contracted support provider is documented, continuously updated, and made available for review upon request.

HEALTH AND WELLNESS:

- 4.1 People are supported to the maximum extent possible to attend to their health care needs by making medical and dental appointments, arranging transportation for routine medical and dental appointments, cooperating in receiving medical and dental treatment, and in administering their own medications.
- 4.2 Each person has a primary care physician and a dentist.
- 4.3 At least annually, unless specified otherwise by the physician and/or dentist, each person will have a physical and dental examination.
- 4.4 Routine screening, laboratory examinations, and referrals to other medical professionals are provided if determined to be warranted by the physician.
- 4.5 Preventive health services including immunizations and screenings in accordance with the recommendations of the American Academy of Pediatrics, the American Cancer Society, and the U.S. Public Health Service, or as determined by the individual and his/her physician, are provided or obtained.
- 4.6 All medications assisted by contracted support providers must:
 - a) *be stored under lock and key and or otherwise secured as required by state and federal law;*
 - b) *be stored separately from non-medical items; and*
 - c) *be stored according to manufacturer's specifications*If the individual requires no assistance to administer his/her own medication, and does not live with another individual for whom this may present a safety issue, this standard shall not apply.
- 4.7 Medications to be applied externally are distinguishable from medications to be taken internally by means of packaging, labeling, and segregation within storage areas. If the individual requires no assistance to administer his/her own medication, and does not live with another individual for whom this may present a safety issue, this standard shall not apply.
- 4.8 Discontinued and outdated medications and containers with worn, illegible, or missing labels are promptly disposed of in a safe manner.
- 4.9 An adequate supply of medication (at least one week's worth) shall be available in the home at all times. In the event that an individual's medical insurance restricts the frequency of medication ordering, this standard shall not apply.
- 4.10 People who are assisted with their medication are assisted only by those providers who are trained/authorized to do so.
 - a) *A record of all medications taken by each person shall be maintained.*

- 4.11 Medications are to be used only by the person for whom they were prescribed.
- 4.12 All medication errors are reported in accordance with DDDS policies and procedures. Serious medication errors and reactions to medication are reported immediately to the physician and to all persons supervising those providing support.
- 4.13 Persons who administer their own medications:
 - a) *understand the purpose of the medication, dosage, dosage times, and possible side effects;*
 - b) *know what to do if a dosage is missed, extra medication is taken, or an adverse reaction is experienced;*
 - c) *are educated in the maintenance of their own medication history and in the recording of information needed by the physician to determine medication and dosage effectiveness.*

LIFE PLANNING AND OPPORTUNITIES

- 5.1 Each person has a coordinated, individualized support plan where the person's goals, dreams, and aspirations are stated and defined according to his or her needs and preferences.
- 5.2 The membership of the interdisciplinary team for each person is clearly defined.
- 5.3 Within 30 days after the initiation of services by the contracted provider of support, the following screenings are scheduled if the need for such is identified by the physician, person, advocate, guardian, or team:
 - a) Nutrition screening;
 - b) Vision screening;
 - c) Auditory screening;
 - d) Speech and language screening;
 - e) Occupational therapy;
 - f) Physical therapy;
 - g) Assistive technology;
 - h) Other screenings as identified
- 5.4 When requested by the person/advocate/team/guardian or indicated by the screening results, the person receives a comprehensive evaluation in the area within 90 days.
- 5.5 The initial plan, as well as subsequent plans that follow, is developed with the participation of:
 - a) The person;
 - b) Support persons who know and care about the person;

- c) Those professionals and others with the necessary expertise to design and review elements of the plan, including those who provide supports or treatment;
 - d) The person's family, guardian, advocate, or friends. At the discretion of the person and/or the guardian, all of these people are encouraged to be involved in the development of a plan and their input is actively sought;
- 5.6 The initial plan is revised within 60 days of initiation of Community Living Arrangement.
 - 5.7 The plan identifies the person(s) responsible for services and supports.
 - 5.8 As part of developing a plan, any applicable information, including previous plans, is reviewed for possible inclusion in the current plan.
 - 5.9 The person's plan is written in terms that are understandable to all.
 - 5.10 The implementation of the plan is shared. Therefore, the plan identifies specific people responsible for any ongoing or new outcomes/actions.
 - 5.11 The person, with the support of the team, determines when and how to measure success and attainment of his/her desired outcomes and will be defined in the plan, as applicable.
 - 5.12 The Case Manager/Support Coordinator monitors, reviews, analyzes and documents all components of a person's plan at least monthly.
 - 5.13 The Case Manager/Support Coordinator observes at least monthly the implementation of a person's plan.
 - 5.14 Any needed action, determined by means of the monthly review of the person's plan, is taken.
 - 5.15 The person's team is convened to review the person's plan when significant changes occur which impact the person or at the person's request (or that of a parent or Guardian).
 - 5.16 The person's plan is reviewed by his/her team as often as the person/team decides, but at least annually (within 365 days), to determine the need to continue, revise or terminate services and supports.
 - 5.17 Meetings concerning the person are scheduled at a date, time and location suitable for all team members - especially the person and his/her parents, guardian and/or advocate.
 - 5.18 Reassessments are completed annually for those persons receiving services or when there is an indication of need. The reassessments shall be available in preparation for the person's annual conference.

- 5.19 People who receive direct or indirect clinical services will be re-assessed at least annually unless otherwise indicated by the team.
- 5.20 Plans are implemented for each person within 30 days of the development of an initial plan and within 30 days of each subsequent annual meeting.
- 5.21 Supplemental plans are in place as required by the person's action plan.
- 5.22 Supplemental plans are based on the person's learning styles.
- 5.23 The person's plan specifies equipment, supports, modifications and/or adaptations of the environment that are identified by the person/team to be necessary to assure the person's safety and promote his/her health and physical well-being.
- 5.24 Equipment necessary for the implementation of a person's action plan is available and in working order.
- 5.25 Instruction on the proper use of adaptive equipment or devices is provided to the person and to the people who support the person.
- 5.26 A person's plan includes financial planning which takes into account the person's resources, assets and benefits in conjunction with his/her personal goals.
- 5.27 A Case Manager/Support Coordinator is designated for each person receiving supports and services. All persons providing any component of service or support take an active role in assuring effective communication and overall support coordination.
- 5.28 The Case Manager/Support Coordinator assists the person in locating and obtaining those services and supports identified by the team
- 5.29 The Case Manager/Support Coordinator facilitates the transfer of the person to another service, service location, or service provider when the person desires such a transfer and such is consistent with the person's plan
- 5.30 The Case Manager/Support Coordinator elicits the person's preferences and respects those preferences when they are consistent with the rights and well being of the person and of others.
- 5.31 The Case Manager/Support Coordinator assists the person in assuming management of those activities for which the person has demonstrated management capacity and/or for which the person has expressed an interest.
- 5.32 People are supported in participating in household responsibilities or acquiring the assistance needed to have the responsibilities completed.

- 5.33 Supports for people are adapted to the cultural background, language, and ethnic origin of the person wherever possible.
- 5.34 Support providers have a commitment to emphasize positive approaches and to use positive behavioral interventions.
- 5.35 Policies and practices relative to behavioral supports are congruent with the Division of Developmental Disabilities Services policies and practices.

AFFILIATION:

- 6.1 People are supported to participate in the life of their community.
- 6.2 People are respected.
- 6.3 People attend and take part in religious activities of their choice. Agencies provide the necessary supports and opportunities

AUTONOMY:

- 7.1 People decide when and with whom they wish to share personal information. Prior to the release of information a written consent must be received and minimally include:
 - a) The purpose for which the information is to be released;
 - a) Designation of time limitation (maximum of 365 days);
 - b) The person to whom the information is to be released;
 - c) The exact information to be released;
 - d) The stipulation that consent can be rescinded at any time.
- 7.2 Consent for the release of information - including the use of the person's name or photo - must be signed by the person (if not legally adjudicated to require a guardian), a parent (if the person is a minor), or by a DDDS recognized "substitute decision maker" in accordance with the current Delaware Health & Social Services Policy Memorandum #5 - Client Confidentiality (November 2000). All requirements set forth in PM#5 shall be followed.
- 7.3 People choose who will assist them with their personal hygiene.
- 7.4 People choose and wear their own clothing.
- 7.5 People have time, space and opportunity for privacy.

- 7.6 People have and keep their personal possessions.
- 7.7 People choose when and where they go except as otherwise indicated in their plan.
- 7.8 People choose when to use the telephone. Privacy for telephone conversations must be readily available.
- 7.9 People open mail addressed to them unless other arrangements are expressly defined in their plan.

EXERCISING RIGHTS:

- 8.1 People are supported in receiving advocacy and/or legal services as needed.
- 8.2 People receive support and instruction as appropriate in the rights and responsibilities of citizenship such as those associated with voting, social and employment activities, consumer affairs, law enforcement, paying taxes, or consulting an attorney.
- 8.3 People receive support and instruction in recognizing and respecting the rights of others as reciprocal to their own.
- 8.4 People receive support and instruction to understand and participate in the management of their finances, to the greatest extent possible.
- 8.5 People are encouraged, and assisted as needed, to decorate their homes as they choose.
- 8.6 People have community bank accounts in their own names unless otherwise indicated by them or their legal guardians.

Informed Consent

- 8.7 If a person is unable to exercise his or her rights or make informed decisions, such is documented in the individual plan and efforts are made to ensure that the person receives continued education, instruction and support regarding exercising his/her rights and making informed decisions.
- 8.8 If the person has been legally determined to need a guardian, the plan provides for the annual review by the team of the need for continued guardianship.
- 8.9 If any of the person's rights are restricted, the person's plan documents consideration of each restriction at least annually by the team. All requirements set forth in the DDDS policy regarding Individual Rights shall be followed.

CONTRACTUAL PROCESS

Contracted support providers and The Division of Developmental Disabilities Services shall enter into a written and signed contractual agreement prior to the onset of services.

Changes in the status and the reasons for termination of the contract will be detailed in the written contract.

The Division of Developmental Disabilities Services may place the contract on probationary status for violation of these standards.

WAIVERS OF STANDARDS

Specific standards may be waived under certain conditions:

- When strict enforcement of the standard would result in unreasonable hardship on the support provider or the person receiving services.
- The waiver is in accordance with the particular support need of the person.
- The waiver would not adversely affect the health, safety, welfare, or rights of any person.

A request for a waiver must be made to the appropriate Division director of Community Services or Special Populations in writing by the contracted support provider and/or the person receiving services with substantial detail justifying the request. A waiver shall be granted for no longer than the term of the contract.

References:

NFPA 101 Life Safety Code – National Fire Prevention Association (2001)

OSHA – Occupational Safety & Health Administration, U.S. Department of Labor, Standards - 29 CFR (1999) (see: http://www.osha-slc.gov/OshStd_toc/OSHA_Std_toc.html)

Division of Developmental Disabilities Services Standards for Neighborhood Homes

Division of Developmental Disabilities Services Community Services Policy Manual

Division of Developmental Disabilities Services Administrative Policy Manual

Delaware Code (see: <http://www.state.de.us/research/dor/code.htm>)