

A Guide to the Division of Developmental Disabilities Services In Delaware

Adult Services and Supports

*A Collaborative Project by the ARC of Delaware
and
The Division of Developmental Disabilities Services*



Updated May 2010

Table of Contents

A Guide to Developmental Disabilities Services In Delaware Adult Services and Supports

TABLE OF CONTENTS

Subject	Page Number
Introduction	4
Advocacy Tips	6
Intake and Eligibility Process	7
Eligibility Criteria	8
Confidentiality Notice To Applicants	9
DDDS Registry	10
What is an I.C.A.P.?	12
School to Adult Services - Transition Linkages	14
DDDS and the Division of Vocational Rehabilitation (DVR)	15
Transition From High School/Individualized Education Program	16
Parent Transition Survey	19
Who is Responsible for Coordinating and Monitoring Services and Supports?	23
What is an ELP?	24
Essential Lifestyle Plan/Personal Profile	26
What Is A Waiver?	28
What Are Family Support Services?	30
What Are Respite Services?	31
What Services Are Available?	32
What are Residential Services?	33
Day Habilitation, Prevocational & Supported Employment Services	37
What kind of training do the Neighborhood Home staff, Shared Living providers and case workers receive?	40
How is Participant Health and Welfare Assured?	41
Individual Rights	44
Individual Rights Review - Statement of Rights and Responsibilities	46
Individual Rights Complaint	48
Appeal Process	51
Appeals Request Form	52
What is OBRA?	54
What is a “Surrogate”?	56
What Is Supplemental Security Income (SSI)?	57
What is Social Security Disability Insurance (SSDI)?	58
What is a representative payee?	59
Division of Vocational Rehabilitation (DVR)	61
Dart/Dast Information	64

A Guide to Developmental Disabilities Services
In Delaware
Adult Services and Supports

TABLE OF CONTENTS – Page 2

Subject	Page Number
<i>Resources and Information:</i>	71 – 91
About The Arc of Delaware	72
The ARC of Delaware’s “Home of Your Own” Program	74
Disabilities Law Program	75
Delaware Assistive Technology Initiative	76
Parent Information Center (PIC)	77
The Center for Disabilities Studies (CDS) at the University of Delaware	78
DDDS Common Acronyms and Abbreviations	81

Introduction

This manual was developed to help you and your family better understand and work with the Developmental Disabilities System in Delaware. Throughout this document we have used the term “you” to signify the person receiving services. As things change in your life, so do the needs of you and your family. You are advised to remember and work on the principle that regardless of what the system brings or advises you, you do know what is best for yourself and your own life.

The DDDS system has experienced tremendous growth and change over the past several years, and we write this with the knowledge that change will be constant and should be expected. DDDS is transforming the design and delivery of its services from being a system driven by professionals to a system of self-direction driven by the people who receive services. These documents form the basis for new ideas and offer many opportunities for people to live productive lives. As we write this manual, DDDS is in the process of transforming and streamlining practices on a state level which will provide a uniform and consistent method of “doing business”. While business practices are being set in place, consumers and families will continue to need information to obtain services and supports to better live their lives. These practices need to emerge from a participant driven system based on a foundation of self determination.

What is “Self-Direction”?

Self-direction is a process that empowers those of us who have disabilities to have control over our lives. Through self-direction, people served by DDDS will be supported in exercising the same rights and choices and will be afforded the same opportunities enjoyed by other citizens. Self-direction is necessary because too often those of us with disabilities do not have control over the simplest aspects of our lives. Others decide what we eat, where we live and with whom we associate. We depend on family, friends and professionals for the supports and services we need to live day to day. Often, we do not choose these supports and services. Professionals “assess” our needs and then attempt to match available resources to those needs. The results are often far from what we envision for ourselves.

What Are the Values of Self-Determination?

The primary purpose of self-determination is to protect the rights of those of us who have disabilities so we can make fundamental life choices that enhance our authority to support ourselves in becoming active members of the community. The values of self-determination include:

Freedom. Those of us with disabilities and our families have the right to make basic choices about our lives.

Authority. In order to exercise real freedom of choice, those of us with disabilities must have control over our lives, including the funds that pay for the services and supports we receive, and have meaningful options from which to choose.

Support. Support and assistance are required of all people. Some of us require more support, or different kinds of assistance, but no one is completely self-sufficient. A self-determination approach assures that we have the authority, support, and access to a wide variety of opportunities for integration into the places where we live, work, and socialize.

Responsibility. The reward of freedom includes the responsibility to share and contribute to the world and to be accountable for our actions.

Are There Any Limits to the Services I Can Receive?

Both Federal and State funding provide for rehabilitation and everyday support services. Each state sets its own limits. To determine those limits, you will need to work closely with a Support Coordinator who is knowledgeable about self-direction. The freedom of self-direction calls for a corresponding responsibility in using public money. Self-direction is not an excuse for luxuries, irresponsible behavior, or wasteful spending. Always be careful about spending money, but do not be shy about asking for assistance.

The material presented in this manual reflects the process of change. Traditional services and supports will be covered along with newer progressive services and supports. The material has been gathered from a variety of sources with the intent to give you a broad overview of the services and supports available. The information will serve as a resource tool to help you understand and use those systems of services and supports when you need them.

Advocacy Tips

- Keep a separate file for copies of letters, reports, or other materials you give or receive from the Division of Developmental Disabilities Services (DDDS), other state agencies, case managers, support coordinator, family support specialist or provider.
- Keep a notebook and take notes of any conversations you have regarding any of your concerns, including the date you spoke with the person, their phone number, the person's name, title and outcome of the discussion. You will need to verify information and always keep a paper trail.
- If DDDS promises to do something for you, make a note of the person's name you spoke to or communicated with, the date, what is to be done, and the date by which it is supposed to be completed.
- If you attend a meeting with your support coordinator, provider or representative from DDDS and you are unsure of being able to discuss the issue alone, take a friend, neighbor or advocate along.
- There is almost always another way or another person who you can talk with regarding your problem if you are not satisfied with the answers you are receiving such as The Arc of Delaware, Community Legal Aid and Parent Information Center.
- There is also an appeal process in place if you disagree with what is offered under the Waiver. Remember you have the right to apply for Waiver services at any time; no one can deny you that right if you meet the eligibility criteria.
- There is also a DDDS internal appeals procedure that is available during the eligibility and application process or if you disagree with the level of services provided or are denied services.
- Focus on the issue. Gather and prepare your information.
- You can be assertive without being aggressive. You can be straightforward and still maintain your focus and composure on the issue. It is important to remember that you might have to return and speak with the very people you are talking with today.

Many people have benefited and continue to benefit from advocacy and assistance of those in past generations who have worked to achieve changes in the DDDS system. Today, new leaders must emerge to assure that supports and services will be available in the future, that they are of the highest quality and that they continue to improve. We urge you to stand up to lend your support and talents by becoming active in your local advocacy organizations.

Intake and Eligibility Process

- Contact the Intake Coordinator to request an application for DDDS services and you will be sent an application packet or print one from the DDDS website at:
<http://www.dhss.delaware.gov/dhss/ddds/forms.html>
- The application packet will consist of an Application for Services, Authorization for Release of Information, Financial Responsibility Notice, Individual Profile Form and DHSS Confidentiality Notice to Clients Form.
- In addition, the Division **requires** that all applications **must** be accompanied by a photocopy of the applicant's Birth Certificate, Social Security Card, Medicare and/or Medicaid Card and/or Private Health Insurance Card. Photocopies of Guardianship papers, Immigration/Visa papers are also required, if applicable. Without these documents, your application will be considered incomplete and DDDS will not be able to complete the application process.
- If you submit an application packet and it is not complete, DDDS will send you a letter telling you what you need to submit in order for your application to be further processed. **Incomplete applications are placed in an inactive file after 60 days.**
- The **Date of Application** is the date a completed application packet is received and stamped by the DDDS agency.
- The Application review process begins with the Psychological Evaluation. For those individuals whose existing psychological evaluation shows an IQ of 55-70 (**the evaluation should be current within one year**). If the psychological evaluation is over one year old, the evaluation will be reviewed by a licensed psychologist to determine whether it is still a valid reflection of the individual's functioning or whether a new evaluation should be conducted. Psychological evaluations obtained for an individual with an IQ of 55 or below will be considered current. If, in the opinion of the Intake Coordinator, there is a question of validity based on the age of the evaluation tests, etc. the evaluation will be referred to a licensed psychologist for review. **The family or individual can request an independent evaluation at their own expense.**
- Following a review by the DDDS Ph.D. psychologist, the Intake Coordinator will determine eligibility for services and will send a letter stating the outcome.
- If eligible, the application is sent to the Health Information Management Unit to establish the Client Oriented Record (COR) and begin the Registry Process.
- If ineligible, a letter is sent with information on the DDDS appeal process.
- For those applicants receiving Medicaid benefits, applications will be processed within 45 days after date of application and 90 days for non-Medicaid applicants. The DDDS eligibility process will occur concurrently with the processing of an applicant's Medicaid application, if applicable.



Division of Developmental Disabilities Services
Eligibility Criteria

1.0 The Division of Developmental Disabilities Services provides services to those individuals with a developmental disability who meet all of the following criteria:

1.1 citizen or a lawful alien of the United States;

1.2 a resident of the State of Delaware;

1.3 a disability/disorder attributed to one or more of the following:

1.3.1 Mental Retardation; defined as a significant generalized limitation in intellectual functioning. Significant generalized limitation in intellectual functioning is defined as IQ scores approximately two standard deviations below the mean. (American Association on Intellectual and Developmental Disabilities; Classification Manual, 2002); and/or

1.3.2 Autistic Disorder (299.00; American Psychiatric Association; Diagnostic & Statistical Manual - IV, 1994); and/or

1.3.3 Asperger's Disorder (299.80; American Psychiatric Association; Diagnostic & Statistical Manual - IV, 1994); and/or

1.3.4 Prader-Willi Syndrome (documented medical diagnosis; World Health Organization; International Classification of Diseases - 9); and/or

1.3.5 Brain injury or neurological condition related to mental retardation that meets: a) a significant generalized impairment in intellectual functioning (defined in 1.3.1); b) significant limitations in adaptive behavior functioning (defined in 1.4); and c) originates before age 22 (defined in 1.5);

1.4 Significant limitations in adaptive behavior functioning;

1.4.1 Significant limitations in adaptive behavior functioning is defined as performance that is at least two standard deviations below the mean of either:

1.4.1.1 Score on a standardized measure of conceptual, social, or practical skills; or

1.4.1.2 Overall score on a standardized measure of conceptual, social and practical skills;

1.5 the disability originates before age 22;

1.6 Any individual who is receiving services on the effective date of these regulations who meets the requirements of 1.1 and 1.2 of this section and meets either the requirements of the regulations under which the individual initially established eligibility or the requirements of 1.3 through 1.5 shall be deemed eligible for services.

2.0 Intellectual functioning, adaptive behavior functioning, Autistic Disorder, and Asperger's Disorder shall be established and based on the use of standardized assessment instruments accepted by the Division.

(Register of Regulations March 1, 2008)



DELAWARE HEALTH AND SOCIAL SERVICES

CONFIDENTIALITY NOTICE TO APPLICANTS

We want you to know why we need to collect information about you and your family, the steps we take to protect your privacy, and your right to know what information we will keep in our records. Please ask us for more details if you have any questions.

Why do we keep records? Delaware laws authorize the Department to collect and keep information we need to carry out our duties. This information is important for planning how to best work with you and your family.

Who else may access this information? For the most part, only Department staff are permitted to access this information, unless you give written permission to share it with someone else. If you are working with a team of people from different agencies within the Department, information may be shared among the team. The law requires us to share information in some other situations, such as court orders; emergencies threatening health or safety; and investigation of waste, abuse, or fraud.

Will Department staff keep this information confidential? All staff sign a confidentiality agreement, which clearly describes their duty to protect the privacy of all people receiving services. In addition, the ethical codes of physicians, psychologists, nurses and social workers require them to keep information shared with them confidential. Information shared with licensed physicians, psychologists and social workers cannot be subpoenaed, with the following exceptions: hospitalization proceedings; court ordered examinations; proceedings in which a guardian is sought, if the condition of the individual receiving services is part of the individual's legal claim or defense; and alleged child/impaired adult abuse or neglect cases.

Where is information stored? When not in use, all written records are kept in a secure locked place. Some information about you may be stored on a computer system. We protect information stored in computers by limiting access to all but the staff authorized to know that information.

What are your rights? You have a right to find out what records we keep about you, how they will be used, and how they will be shared with others. You also have a right to review your records, except for certain confidential information and investigative files. If you object to or do not agree with the information in our records, you may ask us to change our records.

If we decide that we cannot change the records, you may give us your information in writing, and we will put it in the records.

What if you have other questions? Please ask the staff person working with you if you have any other questions. If you ask, we will give you a copy of our policy on confidentiality.

DDDS Registry

What is the DDDS Registry?

All individuals determined eligible for DDDS shall be entered into the Registry database through the completion of a comprehensive demographic and risk assessment instrument. The purpose of the registry is to identify the service needs of individuals deemed eligible for the Division of Developmental Disabilities Services (DDDS) which includes a risk assessment to prioritize those in need of residential placement or identify the need for other critical services. In addition, the Registry assists DDDS in identifying population demographics, budget forecasting, strategic planning and services as the central division database system.

The Registry Process

- The Intake Coordinator shall be responsible for developing a database including each applicant determined eligible for services.
- Demographic information for each applicant shall be entered into the Registry database by the Intake Coordinator at the time eligibility is determined.
- Files for eligible applicants shall be forwarded to Health Information Management (HIM) for the creation of an individual master file.
- Within 30 days, the Family Support Specialist/Case Manager shall complete the crisis indicators and service sections of the Registry Profile at the time of their initial home visit **with the individual and their family**.
- The **Registry Profile** is a three-part form consisting of individual demographic information, services being received/needed, and a Crisis Indicator questionnaire which will be scored.

Priority Ranking Levels and Time Frames

- 1. Emergency:** Individuals and/or caregivers who are at risk for abuse or neglect, caregiver deceased, homelessness. Individuals in this category may be considered “emergencies” and subsequently supersede cases in the High Risk (priority one) status category.
- 2. High Risk:** Individuals with an overall score of 34 or higher are assigned a priority one alert status. Within each of the five areas, an unusually high score in ANY of the category areas shall place the case in a High Risk (priority one) status category.
- 3. Medium Risk:** Individuals with an overall score of 22 through 33 are assigned a Medium Risk (priority two) status category.
- 4. Low Risk:** Individuals with an overall score of 21 or less are assigned a low risk (priority three) status category.

When placement needs for those in the emergency status category have been met, consideration for placement shall be given to those in other priority status categories according to need and availability of resources.

Family Support Specialists/Case Managers shall keep a copy of the completed Registry Profile and **update** the Demographics and Crisis Indicators sections **whenever a change occurs in an individual's need for placement**. If no changes occur within a year, the Family Support Specialist/Case Manager shall review the Registry Profile at the annual planning meeting (ELP Meeting).

It is important to notify your Case Manager/Family Support Specialist if there is any change in your situation which may affect your registry status category.

What is an I.C.A.P?

ICAP stands for *Inventory for Client and Agency Planning*. It is a comprehensive, structured instrument designed to assess the status, adaptive functioning and service needs of individuals with developmental disabilities.

The ICAP is useful in determining an individual's service needs and for monitoring behavioral changes.

How does the DDDS use the ICAP?

- The DDDS uses the ICAP to assess and determine the support needs of individuals served in its Home and Community Based Services (HCBS) Waiver Program. The information collected is translated into the appropriate services and service levels within the HCBS Waiver Program for DDDS eligible individuals.
- Once the services and service levels are determined, this information is then utilized to establish an individual rate in which to procure the identified services.

Who completes the ICAP Assessment?

- Since July 2003, the DDDS has contracted with Arbitre Consulting, Inc. (ACI) to administer and score all ICAP assessments in Delaware.
- The ACI is a nationally recognized expert in the completion of the ICAP assessment instrument and administers the ICAP in several states. For more information about ACI, go to www.arbitreicap.com.
- The ICAP is administered by highly trained clinical professionals with expertise in interviewing techniques and the behavioral sciences using respondents who are familiar with the person being assessed.

Who are the respondents for the ICAP?

- Respondents are individuals who know the individual well and who have had regular contact within the preceding three (3) months with the person to be assessed. Primary respondents include the person's primary care giver, day service provider, teacher, day habilitation staff, job coach, mental health professional and therapist.
- A minimum number of two respondents are used for each assessment and legal guardians are always included unless they decline to participate or reside out of state.

What does the assessment consist of?

- Assessments are completed through face-to-face interviews with an Arbitre evaluator.
- The assessment contains 77 skill items that require the respondents to rate how well a person is able to perform certain tasks without supervision and/or assistance.
- The skill items cover four domains: motor skills, social and communication skills, personal living skills and community living skills.
- The assessment also contains a section that asks respondents to report on any unusual or problem behaviors they have observed.
- Sign language and foreign language interpreters will be provided for those who require one.

What is the end result of an ICAP assessment?

- A numeric value is assigned to each response on the ICAP by the Arbitre evaluator to produce a Broad Independence Score which provided a representation of the person's overall functional abilities.
- The overall score is also converted into a Mental Age Equivalent which assists in understanding the relationship between skill deficits and behaviors.
- The score is additionally used to determine an individual's level of support needs and in determining the reimbursement rate to the individual's service provider.
- Additional information regarding scoring, especially Problem Behaviors, can be found on the ICAP home page at www.isd.net/bhill/icap/hem .
- For consumers who need more intense services than the ICAP predicts, an exemption can be requested. For more information, contact Valerie J. Smith, Chief of Administration and Chairperson of the DDDS Exception Review Committee.

Who do I contact if I have questions about the assessment process?

- Any questions regarding the assessment process can be referred to Pat Weygandt, who is located in the DDDS Division office in Dover. She can be reached at (302) 744-9600.

School to Adult Services Transition Linkages

DDDS and the Department of Education (DOE)

The Department of Education has the overall responsibility to ensure that transition planning for students with disabilities is occurring in the State of Delaware and is in compliance with federal and state requirements. The Division of Developmental Disabilities Services, in collaboration with the Local Education Agency and Charter Schools, will assist in the process of transition services planning.

During a student's eighth grade year or at age 14 (whichever comes first) and continuing through high school graduation (or age 21, whichever occurs first) a transition plan is developed and incorporated into the **IEP (Individualized Education Program)**. Transition service planning includes the following:

1. Instruction
2. Community Experience
3. Employment/Post School Objectives
4. Daily Living Skills
5. Vocational Evaluation
6. Interests/Abilities
7. Preferences
8. Other – i.e., work history, transportation needs, linkages to adult service providers

Through the transition planning process, schools identify those students who would potentially qualify for and also desire services from DDDS after graduation. At age 16, the Department of Education and Division of Developmental Disabilities Services will share with the parent/guardian of all youth potentially eligible for services with DDDS the following information regarding post secondary options:

- DDDS Intake Process
- Post-secondary options
- Family support options, including respite and case management services
- Residential options
- Day Service/employment options, including supported employment
- Medical Resources including Medicaid
- Recreation/Advocacy resources
- Guardianship information
- SSI information

Families must submit a completed DDDS Application for Services for determination of eligibility. DDDS is not an entitlement program. It is based on eligibility and availability of funding. **At this point it is essential to apply for DDDS services.**

DDDS and the Division of Vocational Rehabilitation (DVR)

DVR and employment services are discussed in more detail in a later section. The following is a summary of the referral process for supported employment:

Supported Employment – Is defined as paid employment, of minimum wage or more, at 20 hours minimum per work week.

- DDDS will submit the referral to DVR for supported employment services: this includes the DVR referral, a recent psychological report, a supported employment checklist.
- DVR will contact the referred individuals and/or their parent/guardian within two weeks of receiving referral.
- DVR intake will occur within 30 days of receipt of the referral
- DVR will authorize the assessment to determine appropriateness for the supported employment program with the individual's selected Adult Service Provider.
- Upon completion of the assessment, DVR will complete an Individual Plan for Employment (IPE)
- DVR will fund the assessment, job development, placement and training until the individual's case is stable and closed.
- DDDS will fund the job coaching and ongoing follow along services as necessary.

DDDS and other employment options

- **Facility Based: Facility Based Work Service Programs** are designed to provide opportunities and training for group and individual instruction, i.e. appropriate work behaviors, productivity, attending to task and job readiness skills.
(Kent/Sussex Industries, DE-Elwyn, Opportunity Center, Inc., Chimes, LowerShore Enterprises)
- **Mobile Work Crew: Community Based Employment Training Program** in a supervised & safe environment, which provides paid employment with benefits such as holidays and vacation time.
(Easter Seals/STEP (Sussex only))

There is a transition specialist in each school district and there are assigned DVR counselors that work with each school. DDDS also has two transition staff to assist individuals in all of the Delaware schools.

Transition From High School/Individualized Education Program

Beginning at least by age 14 (8th grade), transition planning is a part of every student's IEP process. The IEP team **NOW INCLUDES YOUR SON OR DAUGHTER** as a part of the transition planning team. Also, any agency representative who may provide and/or pay for transition services becomes a critical member of the planning team. The areas of **employment, post-secondary education or training, community participation and independent living** are all to be considered in the transition planning and IEP process. Careful attention must be paid to the entire IEP format when the IEP team designs a program for the transition-aged student. The component in the IEP including strengths, concerns, needs, accommodations and related services, all impact the program designed to assist the student in meeting post-school goals.

The following suggested steps are designed to focus and coordinate IEP planning, discussion and decision-making toward preparation for the adult world. The entire IEP for every student, beginning at least by 14 years of age becomes future-directed, goal-oriented and based upon the students' preferences, interests and needs. The IEP team takes the view of where the student wants to end up and builds an IEP to help the student get there.

Desired Post-High School Goals (Vision): The student, with assistance from the entire IEP team, identifies what she/he wants to do after high school: where the student wants to live, work, recreate, learn and participate in the community. These post-high school goals are reviewed annually so that the outcomes (or vision) become clearer and more concrete as the student has more experiences. The goals will also impact the courses of study, linkages and other experiences needed for a successful transition.

Employment: The student will indicate if he/she will be pursuing employment immediately following high school.

Community Participation: Goal statements might include accessing community programs and activities, developing hobbies, recreational and leisure pursuits, and participating in age-appropriate leisure activities.

Post-Secondary Education and Training: Will the student desire 2 or 4-year college programs, vocational training or apprenticeships, military or other training opportunities when high school has been completed? These examples, and others, would be indicated here.

Independent Living: Goal statements might indicate that the student will continue to live at home, live on his/her own, or possibly live in a group home. The IEP team needs to determine the skills and supports a student might need to achieve these and other post-high school goals.

Present Levels of Educational Performance (PLEP): The student must be invited to the IEP meeting by age 14. His/her needs, interests and preferences must be considered in the development of the IEP. This provides an excellent opportunity to help the student identify strengths and areas where modifications, accommodations and supports are needed.

This discussion of PLEP relates not only to a student's academic strengths and concerns, but skills, abilities and concerns related to his/her post-high school goals. When discussing PLEP for areas other than academics, the IEP may discover they need more information than they have traditionally obtained. The student and family can provide critical information for long-range planning.

Statement of Transition Service Needs (Courses of Study): By the time the student reaches age 14 or eighth grade, whichever comes first, the IEP team must decide what kinds of courses and/or other educational experiences the student will take. The IEP team not only identifies courses that lead to graduation or completion of a secondary program, but also plans for and ensures that all courses and educational experiences offered to the student help achieve his/her desired post-school goals. This type of long range educational planning promotes the idea that the school experience focuses on a successful transition to life after secondary school.

Graduation Planning: Graduation planning must start to take place by the ninth grade. The IEP team must decide if the student will graduate by completing requirements for a Diploma or a Certificate of Performance. Graduation decisions should be based on the student's expected post-school outcomes and the student's rate of progress.

Statement of Needed Transition Services: A statement of needed transition services must be included in the IEP when the student turns 16 or earlier if the IEP team thinks earlier planning would be beneficial. The statement of needed transition services is an identification of strategies in required transition planning areas that will be necessary to help the student achieve their post-school goals. The IEP team must address community experiences, employment and other post-school goals. The IEP team must address community experiences, employment and other post-school objectives, daily living and functional vocational evaluations, if appropriate. Strategies and activities for instruction and related services are also required, and are documented in other sections of the IEP document.

This statement is also a plan to identify and link the student and family to any possible needed post-school services, support or programs. The IEP team must also identify which agency, or person, will have primary responsibility for carrying out each strategy. The activities/strategies cover a long-range plan for the next two to four years. The IEP team must identify which activities will be addressed in the coming year. Similar to what must be done with other parts of the IEP, the statement must be reviewed at least annually.

Employment and other Post-School Objectives refer to services that lead to a job or career, and important adult activities.

Daily Living Skills are activities adults do every day to participate in the home and community.

Functional Vocational Evaluation refers to assessments that provide information about job or career interests, aptitudes and skills.

As with all other components of the IEP, the Statement of Needed Transition Services is viewed as a plan for the future rather than a record of the past.

Annual Goals: The IEP team will make decisions about whether a responsibility of the school constitutes a need for special education services, thus requiring annual goals on the IEP. These decisions must be made on a case-by-case basis by the IEP team.

Resources: Refer to the Parent Transition Survey in the Appendix. This is a good tool to assist with the IEP process.

For further information, refer to The Delaware Department of Education online at www.doe.k12.de.us.

Area 3: Integrated Employment

My son/daughter has had the following work experiences:

Volunteer employment Paid employment No previous employment

My son/daughter requires IEP team assistance in the following areas:

Career exploration

Identification of personal interests, values, and skills

Career planning

Understanding the labor market

Conducting a job search

Completing applications for employment

Job interviewing skills

Preparing resumes

Developing pre-employment behaviors: following directions, staying on task, completing tasks,

locating materials, dress and grooming issues, etc.

Developing employment behaviors: attendance, punctuality, use of equipment, independent

work habits, completing assigned tasks accurately, increasing productivity, etc.

On the job training with a job coach

Other: _____

Comments: _____

Area 4: Continuing and Adult Education

My son/daughter requires assistance from the IEP Team in the following:

Identifying possible continuing education options

Information about Adult Education Programs

Information about GED Preparation Programs

Referral to an adult agency for continuing education

Other

Comments: _____

Area 5: Adult Services

My son/daughter is currently connected to the following community agencies:

- Division of Vocational Rehabilitation (DVR)
- Division of Developmental Disabilities Services (DDDS)
- Social Security Administration
- Independent Resources Inc.
- Association for the Rights of Citizens (ARC)
- Other _____

My son/daughter requires IEP Team assistance in the following:

- Identifying appropriate agencies for support services
- Referral to an adult service provider
- Assistance in completing an application for services
- Other _____

Comments: _____

Area 6: Independent Living Skills

My son/daughter has age appropriate skills in the following areas:

- budgeting
- cooking
- communication skills
- community safety
- caring for personal health
- accessing legal assistance
- money skills
- use of credit
- personal relationships
- making friends
- Other _____
- maintenance of a household
- self-help (grooming, dress, hygiene)
- recreation/leisure skills
- menu planning
- accessing medical assistance
- shopping
- use of banking services
- accessing transportation services
- caring for others (babysitting, parents)
- accessing community services

My son/daughter needs IEP Team assistance in the following areas:

- Money management (banking, credit, budgeting)
- Personal care (dress, grooming, hygiene)
- Household management (bills, rent, household maintenance, cleaning, etc.)
- Community safety
- Personal relationships (making friends, sex education, etc.)
- Caring for others (parenting skills, family relationships, dating, marriage)
- Communication skills
- Recreation/Leisure skills
- Self Advocacy (accessing assistance in legal, medical, financial areas)
- Other _____
- Social skills
- Shopping Skills

Area 7: Community Participation

My son/daughter accesses the following community organizations:

- Religious organization of choice
- Athletic club
- Boys and Girls Club
- Swimming
- School athletics/clubs/extracurricular activities
- Other

My son/daughter uses the following transportation:

- Drives self
- Taxi service
- Bicycle
- Community public transportation
- DAST specialized transportation
- Walks

My son/daughter needs IEP Team assistance in the following areas:

- Identifying community organizations and activities
- Participating in school activities
- Using community skills
- Developing recreation/leisure skills
- Accessing public transportation (DART or DAST)
- Referral to a community service provider
- Other

Comments:

Please help us understand your current priorities by indicating your preferences for the upcoming IEP meeting. Rate each area below. A "1" indicates the area of greatest need, and a "6" indicates an area of little concern.

- Post Secondary Education
- Vocational Training
- Continuing / Adult Education
- Adult Services
- Independent Living Skills
- Community Participation

Thank you for completing this survey. This information will be very helpful as we continue to plan for your child's high school and post secondary needs. Please return to:

Who is Responsible for Coordinating and Monitoring Services and Supports?

Once in the system, a case manager/support coordinator is assigned to coordinate and monitor supports for individuals receiving services. They may have different titles depending on what program they work in:

Community Residential Placements (Neighborhood Homes and Community Living Arrangements) – Agency Case Manager or Support Coordinator
Shared Living Homes – DDDS Case Manager
People Living in their family home – Family Support Specialist
Stockley Center - Social Worker

Overall, their role is to assist with the development, coordination and ongoing monitoring of the provision of services included in the individuals' program plan or ELP. The degree of oversight is determined by the services the person is receiving but for most services it involves a monthly contact to insure that plans are being implemented. If the monthly review determines the need for any action, they are responsible to see that such action shall be taken in a timely manner by the appropriate team member.

The case manager/support coordinator is also responsible to facilitate 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.

They also need to insure that the person receiving services is able to exercise their individual rights. They are to respect the personal preferences of the person receiving services when they are consistent with the rights and well being of themselves and others.

It is critical to always know your case manager/support coordinator's name and how to get in touch with them. It is also important to take a "proactive approach" if necessary and contact them periodically to update them on you or your family member. They are also the person responsible for looking into concerns you might have about the quality of your own care or the care of your family member.

What is an ELP?

An ELP is an **Essential Lifestyle Plan (ELP)**. It is a self-directed plan, developed with the person receiving services, his/her family or guardian and other individuals providing support, that outlines in detail the individual's preferences, support needs, and lifestyle choices. Essential Lifestyle Plans shall minimally reflect what people like and admire about the person (the individual's strengths or assets), what the person says he/she must have in his/her life (preferences), and specific support details needed to support the person in their life activities (needs, current learning plans and individual lifestyle choices), as well as a plan of action for ensuring that the implementation of the ELP is monitored.

Who Needs an ELP?

It is the policy of the DDDS that all people receiving support services from DDDS will be assisted to develop a written plan of support or ELP. An ELP facilitator will help schedule the initial meeting and will also help schedule the Annual Conference. Once an ELP is developed it is reviewed and updated at least every year or more often if needed.

Who can I invite to my meeting?

You, along with the ELP Facilitator, shall determine who attends the meeting, and when and where it shall be held. All support team members or their designee shall be requested to attend the ELP meeting unless otherwise requested by you, the individual receiving services.

Team members might include residential and day services staff, nursing staff behavioral and case management staff, other staff providing services and support, friends and your family or guardian or an advocate who you trust.

Who monitors my plan to make sure that it is being followed?

Your case manager or support coordinator is responsible for monitoring the overall implementation of the ELP. For individuals in Shared Living, the DDDS Case Manager shall serve as the Case Manager/Support Coordinator. For individuals in residential placements operated by contractors, the contracted agency or Provider Program Coordinator, Case Manager, or designee shall serve as the Case Manager/Support Coordinator.

What if I move from one place to another?

Your current case manager or support coordinator will assure that the ELP is reviewed and developed with all members of the support team (both sending and receiving teams) prior to transfer to a new residential services setting. They will conduct a Transfer Planning Meeting with both sending and receiving support team members to review the ELP and address any issues prior to the your transfer to a new residential services setting.

Your new case manager or support coordinator attends the Transfer Planning Meeting and reviews current support needs as listed in the ELP with the ELP Facilitator, the person receiving services, and other team members.

This way they can assure that arrangements for continuity of supports have been made as necessary prior to you moving into a new residential services setting. They also want to assure that support staff are familiarized with your ELP and support needs. You will also have a post placement conference no later than 30 days following your transfer to a new residential services setting. At this time updates can be made to the ELP to reflect any changes, or any new things learned about you.

What should I expect from my case manager/support coordinator?

This person assures that the ELP is continually updated throughout the year by the person and/or support staff as you learns new things, achieves goals, expresses new interests, and make different lifestyle choices.

Your Support Coordinator assures that the input of the person, as well as the input of all support team members, is included in the annual draft of the ELP. They also assure that all plans you are currently working with, including day service plans, behavior support plans, health maintenance plans, etc. are either incorporated into the ELP, or are referenced in the ELP and attached as appropriate.

How important is the ELP Action Plan?

The Action Plan is perhaps one of the most important parts of your ELP. Your case manager/support coordinator must insure that the Action Plan of the ELP reflects:

- Services being provided and monitored, as well as lifestyle choices made by the individual across all settings.
- Names of the person responsible for each item.
- Reporting requirements for each individual responsible.
- An explanation of the measurement of each outcome or service objective according to guidelines established in the ELP User’s Manual for Delaware.

How can my family members or others who know me well have input?

The ELP Personal Profile should be completed by anyone who knows you and who has information about how you want to live or want to be supported. This profile is especially useful for getting information from people who are unable to attend the ELP meeting. It is a handy tool to complete prior to the meeting even if they can attend. You can get a copy of the ELP Personal Profile on the DDDS website at:

<http://www.dhss.delaware.gov/dhss/ddds/elpforms.html>

Essential Lifestyle Plan/Personal Profile

Questions that you and your team need to think about in order to develop your Essential Lifestyle Plan (ELP).

1. What do people like and admire about you?

Be sure to gather multiple viewpoints. Discuss with your family, friends, and people who know you the best your positive traits, characteristics, ways of interacting, accomplishments, strengths, etc.

2. What does someone need to know to support you?

Be sure to talk with the people who know you the best to outline your traits, habits, coping strategies, preferences for interaction and communication, relationships, types of activities, approaches or reminders that have been helpful to you. This information can assist others in supporting you.

3. What are the activities you would like to participate in or explore?

Activities – consider job/work opportunities, community connections/programs, learning new skills or hobbies, and things that you would find enjoyable – connections with other people, helping others (as a community volunteer), etc.

- What is important to you to succeed on a job? Type of work you are interested in, hours/days most desirable to work, what you need to support you on the job?
- What is important to you at home? Do you want to learn new things, like household chores, cooking, etc.? Are routines important to you? What things do you enjoy doing?
- What is important to know to help you learn and/or support you? What works for you and what does not work for you, i.e. do you like to be shown how to do something or do you prefer to be told how to do something? What type of things can you do yourself and what do you need assistance with (i.e. eating, personal care, money management, transportation, etc.?)

4. What needs to stay the same and what needs to change?

- Make a list that describes what needs to stay the same in your life and/or changes that would be important for the team to address. Consider relationships, job situation, living arrangement, health and safety, etc. In the listing describe and prioritize the list. Is what you've listed essential or strongly desired?

5. What are your medical needs?

- To complete your ELP you will be asked to provide the following information: your diagnosis, medications or supplements taken, dosage and frequency, and medical testing and frequency. The name of your physician(s) is needed, special instruction/precautions and information on your personal medical condition and if you need assistance with taking medications.

6. Other Information – Understanding Communication

- Communication can be verbal or nonverbal, overt or subtle behaviors that you use to tell us what you need, want, like/dislike, what is important to you, etc.

Communicative behaviors help others to understand you and to respond in a helpful way. Important knowledge that people who know the person well will have from interacting and knowing the person over time. Include information about assistive technology use/skill, if appropriate. This could be critical information for you to relay to others. Divide a paper into four areas: 1) When this is happening...2) The individual does...3) We think it means...4) We should...

Outcome Summary: Outcome Action

- Related outcome phrase – is defined by you and it is what you should expect from the services and support you receive. It is the major expectations that you have for your life.
- What is happening now: Describe the current reality related to the outcome.
- What will be done? Frequency of services and support; include those provided by paid and non-paid people such as family members for friends.
- Who's responsible?
- How will it be done?
- By when? Month, day year.
- How will you know that progress is being made toward this outcome? Progress links directly to outcome. Describes what is expected as a result of the services and supports. Identify how and whom will give input about progress made over time.

How is feedback on services gathered?

ELP: Self-Determination and Satisfaction Reviews

The DDDS Quality Assurance Department routinely completes *ELP: Self-Determination and Satisfaction Reviews* for individuals living in Neighborhood Homes and Community Living Arrangements. The survey is divided into four sections:

- The first section, Information Gathering and Plan Development, identifies what amount of involvement an individual has in the development of his/her ELP.
- The second section, Plan Implementation and Modification, identifies if the ELP reflects what the individual says is important and if the ELP is modified as the individual's desires or needs change.
- The third section, Plan Achievement and Goal Attainment, determines if the ELP supports the individual in achieving personal goals.
- The fourth section, ELP/Satisfaction, determines if the individual is satisfied with the overall services and supports that s/he is receiving.

Information is gathered through direct interviews, observations and a review of the individual's ELP. A response is requested from the appropriate DDDS or agency Case Manager if improvements are found to be needed relative to the individual's ELP and improving the individual's quality of life and satisfaction with services.

What Is A Waiver?

Waiver is a shortened term for the Medicaid Home and Community Based Services program which provides funding for services and supports to help you to live in your own home and your community rather than in an institution. The Name **Waiver** comes from the fact that the federal government **waives** or puts aside Medicaid rules for institutional care in order for the state to use the same funds to provide supports and services for people in their community.

The DDDS Waiver programs are called 1915 (c) waivers, named after the section of Title XIX of the Social Security Act that authorized them. Under 1915 (c) waiver authority, states can provide services not usually covered by the Medicaid program, as long as these services are required to keep a person from being institutionalized.

How do I know if I am eligible for a waiver?

In order to be eligible you must:

- Be DDDS eligible;
- Meet financial and medical eligibility criteria (see below);
- Show a high or emergency need for a placement outside of your family home in order to qualify for a Home and Community Based (HCB) Services Waiver (Residential Waiver).

Home and Community Based Long-Term Care Services Option

You will need to sign a form indicating that you are choosing Home and Community Based Services over ICF/MR Services (Intermediate Care Facility/Mental Retardation) or institutional services.

Medical Approval:

To obtain medical approval for the waiver, your case manager completes the following forms and sends them to the **DDDS Social Services Benefits Administrator**:

1. Agreement for Participation in Home and Community Based Services
2. Cost Projection Data Sheet
3. NH-10: Review and Approval of Level of Care
4. MAP 16: Social Evaluation of Need for Nursing Home
5. MAP 25: Comprehensive Medical Report
6. Level of Care Recommendation – this is based on an evaluation that assesses whether or not you would need an ICF/MR (Intermediate Care Facility/Mental Retardation) level of care. Adaptive Behavior Scale scores indicate that in the absence of home and community based services, you would require the level of care provided in an ICF/MR. (institution).

Upon receipt of the forms, the **DDDS Social Services Benefits Administrator** will review and send to the Medicaid Administrator for review and assignment of Level of Care.

Financial Approval:

Your Case Manager will advise you of the need to set up an appointment with the Social Services Benefits Administrator to complete the financial portion of the HCB Waiver application. Your Case Manager will review with your family all of the items that will be required at this appointment, including the following:

1. Copy of Birth Certificate.
2. Copy of Social Security Card.
3. Copy of Guardianship Papers (if applicable).
4. Verification of all income. This includes copies of pay stubs (most recent three (3) months), copies of benefit award letter (i.e., Social Security, SSI, VA, RR, etc.), any other income verification (i.e., annuities, pensions, etc.).
5. Copies of three (3) most recent current account statements for any open accounts (checking, savings, trust funds, etc.).
6. Copies of deeds for burial plots and/or pre-paid burial plans.
7. Copies of any/all life insurance policies. This must include cash value pages.
8. Copies of health insurance cards and verification of premiums paid.
9. Copies of any established trusts for the applicant.

Coordination of Waiver Application with Social Security:

As part of the waiver application process, the **Social Services Benefits Administrator** will make any necessary applications to the Social Security Administration, including Request to change Representative Payee to DDDS, Certification for Adult Residential Care, and Application for SSI, if applicable. Your case manager will ensure completion of the following: Consent to Representative Payment (optional) and Change of Status Form (to be completed at time of move to residential placement)

You, with assistance from your Case Manager, will contact the Social Services Benefits Administrator, and an appointment will be set up to complete the financial application to the HCB Waiver.

The Social Services Benefits Administrator will meet with you to complete the financial application. The Social Services Benefits Administrator will review information and determine if all necessary items are present. If all necessary information and documents are present, the application will be completed, and signed by you and your family. If all necessary information and documents are not present, the family will be advised of what information is still needed, and advised to set up another appointment when all information or documents are gathered.

Upon completion of the financial application to the HCB Waiver, the Social Services Benefits Administrator will determine whether an in-person application with Medicaid and the family is necessary. If necessary, Social Services Benefits Administrator will arrange. If not necessary, Social Services Benefits Administrator will forward application to Medicaid.

What Are Family Support Services?

Family Support Services are those services that help an individual with a developmental disability and their family maintain a functional, intact family unit in the family's home. In order to empower families and help keep them together, Family Support Services must be highly individualized, extremely flexible, and responsive to the exercise of personal and familial choice and empowerment. Indeed, Family Support Services come in a variety of "shapes and sizes" including:

- *Case Management*
- *Application and referral assistance*
- *Medical and dental services support*
- *Behavioral information and consultation*
- *Transportation*
- *Guardianship and estate planning referrals*
- *Assistance accessing residential services, day programs, and supported employment*
- *Adaptive equipment*
- *Funding information and respite services.*

Who Can Apply?

Any individual with a developmental disability who is not in a residential program and/or their family shall have the opportunity to apply for services. In order to receive Family Support services an individual must meet the DDDS eligibility criteria.

How Are Support Services Chosen?

- The family's right to determine which, if any, services shall be honored.
- The need of all family members shall be considered when developing the Family Support Agreement.
- Support services shall be delivered depending on the availability of resources.
- The DDDS representative shall schedule a meeting with the individual and/or family to review DDDS services/resources, and assist the family with the development of a Family Support Plan.

What Are Respite Services?

Respite services are supports designed to give relief to individuals, families, and caretakers from the demands of providing and receiving ongoing care over the lifespan of needed services. This relief can be through someone coming to the home to stay with the individual or the individual leaves the home for a brief period of time.

How do I get respite services? Respite services shall be limited to individuals who have previously met the criteria for DDDS services and are receiving Family Support Services. The DDDS designated Respite Coordinator shall coordinate, manage, and track all respite requests received from families. Respite requests from families must be submitted and have prior approval from the designated Respite Coordinator before taking place.

The number of days of respite available for each family shall be established on a fiscal year basis and according to a predefined limit set forth in the individual's Essential Lifestyle Plan and Individualized Budget. Families should give the DDDS designated Respite Coordinator a minimum of two (2) weeks notice prior to the onset of each respite experience. Emergencies shall be handled on a case-by-case basis.

What qualifications does a respite provider need? All respite providers should be able to meet the day-to-day physical care and emotional support requirements of the individual to be served. Such shall include the ability to effectively support all activities normally engaged in by the person receiving services; any special health, physical or communication needs the individual has; and any behavioral issues which may be present. Respite care providers must be at least 18 years of age. DDDS Certified Respite Providers shall only operate under an approved Delaware Health and Social Services Contract.

Are respite providers screened? DDDS Certified Respite Providers shall undergo and pass a criminal records check, Adult and Child Abuse Registry checks, as well as a drug-screening test prior to a final hiring decision. Also required will be the submission of two satisfactory reference checks and current/past employment checks. Satisfactory TB screening results on all members of the Certified Respite Provider's household shall be required prior to the authorization of services.

Are respite providers insured? The Respite Provider in accordance with DDDS shall maintain liability insurance contract standards. Respite Providers providing care in their own homes shall maintain liability insurance coverage within their homeowner or tenant's insurance policies. Respite providers who will be transporting individuals in their own vehicles shall so inform the family or guardian and shall carry vehicle liability insurance.

What training is required? Prior to providing services, respite care providers must successfully complete a total of 28.5 hours of pre-service training as defined by DDDS, which shall include classes in Introduction to Developmental Disabilities, Rights, Home Fire Safety, Health Awareness and Infection Control, Assistance with Medications, Basic Life Support/CPR, First Aid, Positive Behavior Supports, Case Management/Record-Keeping, and Introduction to Essential Lifestyle Planning.

What Services Are Available?

Residential and employment/day services for individuals with developmental disabilities are provided through provider contracts with DDDS. Residential services consist of Neighborhood Group Homes, Community Living Arrangements (with three levels of support based on the individual's needs) and Shared Living (with three levels of support). Employment/day services are comprised of day habilitation, prevocational and supported employment. Most of the providers are private non-profit agencies that have been providing services for a significant time; a few individuals receive services through smaller, relatively new providers. Shared Living providers are individual providers (not agencies) to serve a specific number of individuals (not more than three).

All Providers must be a **AUTHORIZED PROVIDER AGENCY** – DDDS requires that providers assure quality services through the following requirements:

- Assurance and evidence by the agency that a comprehensive individual plan of service (ELP) is developed and updated at least annually that includes input from the individual served and all relevant stakeholders.
- Assurance and evidence that each person's ELP fully and accurately reflects and promotes those things important to the individual (choice, independence, satisfaction, etc.), is modified as necessary, and is carried out on a consistent basis.
- Assurances that the agency supports and promotes individual's achievement of their goals and desired outcomes and that the people served are treated fairly and with respect.
- Adherence to applicable State and Federal standards, which include but are not limited to, Neighborhood Home Regulations and Community Living Standards, as well as licensing regulations.

What are Residential Services?

The types of residential services in Delaware are described as follows:

Neighborhood Home: These are single-unit houses that provide services and supports to five or fewer people. They are licensed according to Chapter 16 of the Delaware Code. Along with assuring that individuals are receiving the supports outlined in their ELP's, providers must also be accountable to the Division of Long Term Care Residents Protection (DLTCRP) and with DDDS. Regulations cover a variety of issues including safety in the environment, proper use and storage of medications, staff training and responsibilities, individual rights, medical and health care issues, safety and sanitation issues, emergencies and disaster plans, and assurance that plans of care are being met.

Community Living Arrangements (CLA): 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.

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 13 or more hours a day. Unless approval is given for periods of unsupervised time, Level III requires that supervision of the individual being supported is in effect at all times. A functional emergency on-call system must be in place. This category was previously termed “staffed apartment:” status.

Shared Living: Shared Living provides placement in shared living home (formerly called a foster home) for those individuals eighteen years of age or older who are normally able to manage activities of daily living but who require some supervision. Such persons are not fully capable of living alone but are able to remain in the community with the help of shared living providers.

- **Level 1** – The basic level of care in which the individual requires minimal assistance with activities of daily living. The provider receives financial compensation/reimbursement for room, board and supervision.
- **Level 2** – A home in which the individual requires more care or individualized training than Level 1. The provider receives additional compensation for the

difficulty of care needs. The provider at this level may also be required to complete additional paperwork or provide closer supervision.

- **Level 3** – A home in which the individual requires more intensive care than Level 1 or Level 2. These may be in difficulty of care areas of life skills or behavior. The provider receives additional compensation for the difficulty of care.

- **Level 4** – A home in which the needs of the individual are so intensive that the DDDS Regional Administrator has approved a level of payment which exceeds any of the other 3 levels. The provider receives compensation determined by the difficulty of care needs of the individual and established by the Community Services Administrator.

IMPORTANT QUESTIONS TO ASK WHEN CONSIDERING OR INTERVIEWING A PROVIDER

- What method insures that the person is treated with dignity and respect by the staff and as an individual?
- Are the individual's family and friends encouraged to participate in the planning process?
- What are the staff ratios for the program?
- Are staff properly screened (police background and child abuse clearances, driving records, references) and trained?
- What is the average length of staff employment?
- How long does it take to fill staffing vacancies (how long could you be without services)?
- How well does the agency handle an individual's suggestions, complaints or concerns? Do they welcome suggestions?
- Do the people receiving services play any role in the hiring of staff?
- What feedback do you get from parents/relatives/friends/advocates regarding how satisfied they are with the agency providing service to their loved one?
- What trainings do you offer your staff?

QUESTIONS TO CONSIDER WHEN CHOOSING A PROVIDER FOR SELF-ADVOCATES

- Do you have experience supporting people whose life is similar to mine?
- What kind of supports do you offer?
- Do you have experience helping people make changes in their lives?
- What kind of relationships do staff have with the people they support?
- What are some things you don't want your staff to do?
- How many other people do you work with right now?
- What do the people you support think about you as an agency?

How is safety and service quality monitored and assured in residential programs?

A variety of activities are used to monitor individual health and safety as well as regulatory compliance within the Division of Developmental Disabilities Services (DDDS). Ongoing monitoring of services helps to ensure program quality and to support the choices and rights of individuals and their families.

Neighborhood Homes

DDDS Office of Quality Management (OQM) works hand-in-hand with the Division of Long Term Care Residents Protection, formerly Public Health, to license neighborhood homes on an annual basis using the *Delaware Regulations for Neighborhood Homes for Persons with Developmental Disabilities*. The DLTCRP issues the formal license with the focus of their review centered around environmental and safety concerns.

The DDDS Office of Quality Management (OQM) review focuses on individual services and supports through observations and discussions with the individual(s) living in the home, the staff and any other people that know the individual(s) well. Each focus individual is followed throughout his/her day in order to get a complete picture of his/her life. In addition, OQM staff review the individual's record and Essential Lifestyle Plan (ELP) in order to evaluate whether or not health and safety needs are being met and whether or not the individual is satisfied with services.

Several other survey tools are used to determine compliance with the regulations as well as to evaluate the quality of individualized supports. Deficient findings require that a corrective action plan be submitted by the provider agency to the OQM Department. OQM staff later return to the home to check that the corrective actions have been put into place and subsequently notify the DLTCRP when the home has been certified by the DDDS.

Results of these surveys are available on the DDDS website at:

http://www.dhss.delaware.gov/dhss/ddds/survey_main.html

Community Living Arrangements

The DDDS Office of Quality Management (OQM) also surveys Community Living Arrangement (CLA) sites annually using the *Standards for Community Living Arrangements*. The process is the same as that used for Neighborhood Homes, however, the Community Living Arrangements are unlicensed and do not require inspection by the Division of Long Term Care Residents Protection. Consequently, the OQM staff complete the environmental and safety monitoring as well as evaluate the more individualized supports. The monitoring role of the DDDS Team for individuals living in a Community Living Arrangement is the same as that described above for individuals living in a Neighborhood Home.

Who is the DDDS Team and what is their monitoring role?

In addition to the monitoring completed by OQM staff, a team of DDDS staff is assigned to each individual and each team member has specific ongoing monitoring responsibilities. For example, the assigned **DDDS Case Manager** visits with the individual at least monthly to review and record environmental conditions, the individual's hygiene, appearance, and general well being, his/her satisfaction with services and whether or not the ELP is meeting the individual's needs and preferences. **The DDDS Case Manager also completes a quarterly funds audit and monitors the provider agency's reports of the individual's progress and personal spending.**

The **DDDS Nurse** assigned to the individual also makes a monthly visit to the individual's home. The Nurse reviews the individual's medications, current health needs, and recent medical appointments, etc. in order to complete a monthly medication and health audit. The Nurse will also observe the individual and provider agency staff at least quarterly to make sure that any medications needed are being administered properly. **If needed, a DDDS Behavior Analyst** routinely monitors any behavior guidelines or support plans and completes a quarterly progress note. The DDDS team works with the provider agency to resolve any noted concerns.

Shared Living

The DDDS Office of Quality Management completes a review of Personal Spending Records and a Record/ELP Review for individuals residing in a shared living home. The written reports are sent to the DDDS Case Manager and supervisor and the applicable team members for follow-up as necessary. In addition, the **DDDS Case Manager** annually reviews the living arrangement using the *Shared Living Standards*. On an ongoing basis, the DDDS Case Manager visits the home monthly and notes environmental conditions, the individual's hygiene, appearance, and general well being, his/her satisfaction with services and whether or not the ELP is meeting the individual's needs and preferences. The DDDS Case Manager additionally reviews and reconciles the provider's monthly records of the individual's personal spending and, on a quarterly basis, reviews the provider's fire drill logs. The **DDDS Nurse** also contacts the individual and/or shared living provider monthly and makes monthly home visits, if called for based on the medical needs of the individual. The Nurse tracks the health conditions, medications, and medical appointments, etc. which are summarized in a quarterly progress note. **If needed, a DDDS Behavior Analyst** routinely monitors any behavior guidelines or support plans and completes a quarterly progress note. The DDDS team works with the shared living provider to resolve any noted concerns.

Will I have to pay if I access DDDS residential services?

The total amount of your earned (wages) and unearned income (Social Security, SSI, Pension etc) would determine if you are asked to make a contribution to offset the cost of care and treatment provided through the DDDS. Currently, everyone in a residential placement pays a monthly amount determined by Social Security for their room and board. Those who derive their income from large trusts are asked to pay for their services.

The DDDS works with families to establish fair and equitable payment depending on each individual's unique situation.

Day Habilitation, Prevocational & Supported Employment Services

What Are Day Habilitation Services? Day habilitation services are those services planned and designed to assist individuals with developmental disabilities to acquire and/or maintain personal and social adjustment skills.

How Do I Qualify for these Services? To be eligible for day habilitation services, an individual must be DDDS eligible, SSI or Medicaid eligible and must have demonstrated personal and/or social adjustment needs which can be acquired or maintained through participation in individualized habilitation programs.

Day habilitation services include, but are not limited to, the following types of activities:

- Physical development
- Basic communication
- Socialization
- Self-care skills
- Domestic skills
- Community skills
- Pre-vocational skills
- Community-inclusion activities

What Are Prevocational Services? Prevocational services are those services planned and designed to assist individuals with developmental disabilities to acquire and maintain basic work and work-related skills.

To be eligible for prevocational services, an individual must have demonstrated earning capacity of less than fifty percent of the federal minimum wage, as determined by the U.S. Department of Labor; the service must be an essential component of the individual's program plan as defined in 42 CFR 441, Subpart G; and work productivity must be a secondary goal of the service, with the primary goal being acquisition and retention of work and work-related skills.

Prevocational service sites are **WORK ACTIVITY CENTERS** operated by Contracted Providers and approved by the Division of Developmental Disabilities Services. A service site must be certified by the U.S. Department of Labor as a Work Activity Center as defined in Section 14 (c) of the Fair Labor Standards Act. Any **compensable work** engaged in by an individual must be a subordinate part of habilitation services. Prevocational services include the following types of activities:

- Training the individual to follow directions, adapt to work routines, and carry out assigned duties to the maximum extent possible;
- Assisting the individual to acquire appropriate attitudes and work habits, including instruction in socially appropriate behaviors on and off the work site;
- Assisting the individual to adjust to the productive and social demands;
- Familiarizing the individual with work production and performance expectations;

- Arranging and/or providing transportation between the individual's place of residence and work activity center when other forms of transportation are unavailable or inaccessible;
- Providing mobility training, including the use of public transportation systems; and
- Training and instructing individuals in the appropriate use of work-related facilities, e.g., rest rooms, cafeteria/lunch rooms, and break areas.

Who Do I Contact for More Information? Requests for Day Habilitation Services and Prevocational Services should be made to your Family Support Specialist who can assist you with obtaining these services.

What Are Supported Employment Services? Supported employment services are those services required to enable individuals to engage in paid work in a variety of work settings in which persons without disabilities are employed. The services are especially designed for individuals having severe impediments to employment due to the nature and complexity of their disabilities, regardless of age or vocational potential. The services are designed to assist individuals for whom competitive employment at or above the minimum wage is unlikely, and the need for ongoing post-employment support is necessary for the individual to perform in a work place.

Supported employment services encompass the following types of activities to assist eligible individuals to access and maintain employment;

- Individualized assessment and planning;
- Individual and/or group counseling;
- Individualized job development and placement services that result in an appropriate job-match for the individual and his or her employer;
- On-the-job training in work and work-related skills required to perform a job;
- Supervision and/or monitoring of the individual in the workplace. This component involves ongoing assessments and reassessments of work performance, progress, changing needs, and help to the individual to maintain employment;
- Work site support that is intervention oriented and designed to enhance work performance, modify inappropriate behaviors, re-training as jobs change, ongoing counseling, and assistance to assure job retention;
- Training in related skills essential to obtaining and maintaining employment, e.g., the effective use of community resources, break or lunch rooms, rest rooms, transportation systems, mobility training and changing jobs, etc.
- Transportation between the individual's place of residence and the workplace when other forms of transportation are unavailable or inaccessible; and
- Adaptive equipment necessary to obtain and retain employment. The equipment may include special devices needed to grasp or hold objects, stand unassisted, communication boards for non-verbal clients, trays on wheelchairs to assist in sorting objects, or other devices that may be necessary to assist individuals to overcome handicaps and perform tasks.

Who Do I Contact for More Information? To obtain Supported Employment Services you need pre-approval from DDDS. The Family Support Specialist will assist with your referral to the Division of Vocational Rehabilitation and help you choose a supported employment provider. DVR will pay for the assessment, training if needed, and placement services and follow along for the first five months of the job. If you are successful, after five months, DVR closes your case and DDDS assumes continued follow-along services.

How Are Day Services Monitored? The DDDS Office of Quality Management (OQM) completes annual on-site reviews of all Day Service Areas using the *Standards for Day Habilitation, Prevocational, and Supported Employment Services*. As the Day Programs are also unlicensed, the process is the same as that used to survey Community Living Arrangements, with the OQM staff looking at the environment, fire safety, medication administration, staff training and pre-employment requirements, as well as the records and service plans of the focus individuals. Again, the **OQM staff person** observes and talks with the individuals and staff regarding whether or not the supports are meeting the individual's needs and whether or not the individual is happy with those supports. The DDDS Case Manager also monitors day services supports. The **DDDS Case Manager** will work with the day service provider and other DDDS Team members, as needed, to resolve any concerns noted.

What kind of training do the Neighborhood Home staff, Shared Living providers and case workers receive?

All new staff including Shared Living providers receive training before they deliver service. The training includes an on-site orientation as well as more formalized training such as:

- Assistance with Medications
- CPR /First Aid
- Rights
- Confidentiality
- Home Fire Safety
- Introduction to Developmental Disabilities
- Introduction to Essential Lifestyle Planning
- Health Awareness / Infection Control
- Dietary Awareness
- Positive Behavior Support

Case managers receive training on how to write an Essential Lifestyle Plan and they participate in professional certificate programs offered through the University of Delaware's Center for Disabilities Studies.

Every year staff are required to take recertification training and attend new trainings and seminars to ensure that they are kept up to date with current information and remain knowledgeable. Even if the staff are part time employees, they are required to do this.

Service Providers also offer training specific to their agency and to the needs of the individuals they support. When considering or interviewing a provider, ask about the trainings they offer to their employees above and beyond the orientation training.

How is Participant Health and Welfare Assured?

Abuse/Neglect and Serious Injury Investigation

DDDS has many processes to monitor health and welfare. The most fully realized monitoring system is Policy Memorandum 46 (PM 46). PM #46 gives standards and procedures for reporting and investigating abuse, neglect, mistreatment, financial exploitation and significant injury which are described as follows:

Abuse

- Physical Abuse - The unnecessary infliction of pain or injury to a consumer. This includes but is not limited to hitting, kicking, pinching, slapping, pulling hair, or any sexual molestation. When any act constituting physical abuse has been proven, the infliction of pain shall be assumed.
- Emotional Abuse – Ridiculing or demeaning a consumer, making derogatory remarks or cursing directed towards a consumer, or threatening to inflict physical or emotional harm to a consumer.

Neglect

- Lack of attention to the physical needs of the consumer including but not limited to toileting, bathing, meals and safety (to include supervision).
- Failure to report consumer health problems or changes in health problems or changes in health condition that may have the potential to cause adverse effects, to an immediate supervisor or medical professional.
- Failure to carry out a prescribed treatment plan for a consumer.
- A knowing failure to provide adequate staffing which results in a medical emergency to any consumer.

Mistreatment

- Inappropriate use of medications, isolation or physical or chemical restraints on or of a consumer.

Financial Exploitation

- Illegal or improper use of a consumer's resources or financial rights by another person, whether for profit or other advantage.

Significant Injury

- An injury which is life threatening or causes severe disfigurement or significant impairment of bodily organ(s) or function(s) which cannot be justified on the basis of medical diagnosis or through internal investigation.

Who reports the incident? All DDDS employees or contract providers who have reason to suspect abuse, neglect, mistreatment, financial exploitation or significant injury shall complete the following in this order of priority:

- Take immediate action, as necessary to treat (medically if needed), comfort and protect the consumer(s) involved;

- Immediately notifies the applicable PM #46 Coordinator at either Stockley Center or in the DDDS Northern and Southern regions of Community Services/Adult Special Populations and reports the allegation;
- Immediately notifies the assigned DDDS on-call worker to report the allegation, during non-traditional working hours or if the PM #46 Coordinator cannot be contacted;
- Immediately makes a verbal report to the Division of Long Term Care Residents Protection (except for allegations of significant injury) by telephoning the 24-hour toll free number @1-877-453-0012. This is in accordance with Title 16, Section 1132 (a) of the Delaware Code.

Who coordinates the incident investigation? The PM #46 Coordinator completes the following upon receiving a report of a possible PM #46:

- Ensures that measures have been taken to secure the safety of the individual(s) involved;
- Determines the scope of the investigation required (i.e., internal, preliminary, comprehensive);
- Coordinates or personally initiates the completion of the required investigation (assigned investigators must first complete DDDS approved investigative training);
- Notifies via e-mail the Director of the Division of Developmental Disabilities Services, the DDDS Statewide PM #46 Coordinator, the respective DDDS Regional Administrator and Regional Program Director, the DHSS Secretary's Office, the Attorney General's Office, and the Division of Long Term Care Resident Protection (DLTCRP) of the determination of a PM #46 case within 24 hours or the next business day;
- Notifies the primary family contact that a PM #46 allegation has been made unless the individual expressly communicates that s/he does not want this information released;
- Notifies the appropriate policy agency when applicable.

Who conducts the actual investigation? Providers do a number of the investigations, the quality of which is over seen by the PM #46 Coordinators. Completion of investigations is tracked through the Regions and Central Office to ensure that timelines and tasks were completed according to policy.

How long will the investigation take? The investigation is completed within ten calendar days unless additional time is needed in order to gather pertinent information (i.e., witness unavailable for interview). The aforementioned authorities and primary family contact are notified of any such delays and assured that the individual continues to be protected throughout the course of the investigation.

When are families notified? Initial notification to family of allegation should occur when the incident report is filled out. (See Incident Report) The following guidelines should be followed:

- Notification regarding allegations of abuse, neglect, mistreatment, financial exploitation or significant injury shall always be made to the primary family contact expect when the individual (victim) expressly communicates that s/he does not want this information released.
- Notification regarding allegations of abuse, neglect, mistreatment, financial exploitation or significant injury shall always be made to the legal guardian of person and guardian of property in exploitation cases, when the alleged victim cannot understand the concepts of abuse and consent.
- Initial notification to family shall only include that an allegation of abuse, neglect, mistreatment, financial exploitation or significant injury has been received, reassurance that their family member is safe and protected and that an investigation has been initiated.

Outcome of investigation – The outcome of the investigation is always made known to the individual and primary family contact, unless the individual expresses otherwise. The information includes whether or not the allegation was substantiated, a general description of corrective actions and that the applicable agency is managing any subsequent follow up. For additional information, the family may contact the Division of Long Term Care Resident Protection as they serve as the review body relative to investigative reports. Written verification is requested by DDDS from the appropriate person(s) or agency relative to the completion of any recommendations and plan of correction that result from a PM #46 investigation. The DDDS monitors that the requested recommendations or corrective actions have been made. The DDDS also reviews PM #46 data for underlying trends and tracks system improvements that were made as a result of a PM #46 investigation.

The DLTCRP maintains the Adult Abuse Registry and determines whether or not the accused should be entered into the registry. Those authorities initially contacted are also notified of the outcome of the investigation and a memo is sent to the Office of the Attorney General/Medicaid Fraud Unit, if the abuse allegation is substantiated. When criminal prosecution is deemed warranted, the DDDS PM #46 Coordinator works with the Attorney General’s Office to achieve a successful prosecution.

The family, friend, community citizen, or individual themselves, who has reason to suspect abuse or neglect can also file a PM #46 report by notifying the PM #46 Coordinator, or the assigned DDDS on-call worker if the PM #46 Coordinator cannot be contacted.

PM #46 Coordinator for New Castle County - (302) 836-2103

PM # 46 Coordinator for Kent and Sussex Counties - (302) 933-3404

Verbal report will be received by the Division of Long Term Care Protection - 24-hour toll-free number 1-877-453-0012.

Individual Rights

Another way to assure health and welfare is to work to promote an understanding of individual rights and have processes in place to handle individual rights complaints along with due process for rights restrictions.

Individual Rights Review

During the Essential Lifestyle Planning Process, a Statement of Rights and Responsibilities shall be provided during the intake process for individuals seeking DDDS Services. The Rights Statement is also reviewed with the individual receiving residential services at their 30 day post placement conference and yearly thereafter at the time of their Essential Lifestyle Planning meeting. If an individual is receiving Family Support Services, this statement is provided to the individual and their family/support person at the time of the initial meeting and yearly thereafter at the time the Family Support Agreement is updated. The communication of rights and responsibilities is presented in a format that is understandable to the individual and his/her advocate in the Individual Rights Review Form.

Each individual's record (COR) shall contain documentation that indicates that the person has been informed of his/her rights and responsibilities, identifies any issues needed to assist an individual to more fully understand and exercise his/her rights and routinely indicates what instruction is provided to an individual relative to exercising rights.

Individual Rights Complaints

It is the policy of DDDS that all individual rights complaints will be thoroughly investigated and resolved in a fair and timely manner consistent with the legal rights of individuals receiving services. All individual rights complaints are to be reported and investigated.

Rights violations involving abuse or neglect shall be treated according to all applicable abuse and neglect policies. Complaints may be made by an individual receiving services from DDDS or by any concerned person acting on behalf of an individual receiving services. Individual rights complaints shall be made to the Rights Complaint Designee. A person who believes an individual's rights have been violated should file an Individual Rights Complaint Form. Investigation of complaints, including individual rights violations and remedial action taken shall be documented. On determination that an individual's rights have been violated, the supervisor of the involved service shall take appropriate, prompt corrective or preventive action within the scope of his/her authority. The Human Rights Committee shall review each substantiated complaint and response to evaluate whether rights were violated and if appropriate action was taken. The Rights Complaint Designee reviews the Human Rights Committee response with the Division Director. The Division Director forwards Human Rights Committee response to Superintendent/Regional Administrator to implement any further corrective actions as appropriate. The Case Manager or Family Support Coordinator notifies individual's family/guardian of substantiated rights complaints and resolution or action taken. The DDDS Rights Complaint Designee - (302) 933-3173.

Restriction of Rights

Due Process is a fair, impartial process/procedure which requires at least an opportunity to present objections to the proposed action. A right of an individual shall not be limited or restricted without due process. Individuals and/or their representatives shall have the right to file a complaint if they believe that their right is unfairly restricted/denied. An individual's rights may only be restricted by a legal order or by the resident's Interdisciplinary team. The individual's health and safety shall always be paramount. The team shall only restrict or limit a right when restriction is necessary to protect the individual or those around him/her from harm or when there is a legal order. Restrictions shall be documented on the Restriction of Rights Form and be filed in the individual's COR. Documentation shall clearly indicate which right(s) shall be restricted, the rationale for the restriction(s), previous alternatives attempted to avoid a rights restriction, plans or actions to be implemented to return the individual's right(s), if any, and the criteria for restoration of a restricted right(s).

Individual Rights Review
Statement of Rights and Responsibilities

The Division of Developmental Disabilities Services holds the philosophy that people with developmental disabilities are entitled to the same basic rights as other citizens of the State of Delaware. These rights include (but are not limited to):

Your Rights and Responsibilities Regarding Services and Supports

You Have the Right to:

- Receive considerate, respectful, and appropriate care, treatment, services and supports, regardless of race, creed, nationality, sexual orientation or level of disability
- Be informed of medical condition, developmental and behavioral status and risks of treatment and services provided
- Be free from unnecessary drugs or physical restraint and research that might cause psychological or physical harm.
- Be free from physical, verbal, sexual, psychological/emotional abuse and exploitation
- Voice grievances, file a complaint and recommend changes concerning the care, treatment, services and supports you receive

You Have the Responsibility to:

- Participate as much as you can in the planning of your services and supports
- Ask questions about your condition and status and the risks of treatment
- Report problems or concerns you have to someone on your team or your family or advocate so that they can be addressed

Your Rights and Responsibilities Regarding Privacy

You Have the Right to:

- Have time, space and opportunity for privacy.
- Meet privately with people of your choice.
- Privacy during treatment and care of personal needs.
- Review information that is kept concerning you.
- Determine who can review information that is kept concerning you.

You Have the Responsibility to:

- Exercise your right to privacy in a way that does not interfere with the rights of others
- Communicate your need for privacy to the members of your support team
- Provide enough information about yourself so that your support team can obtain appropriate services for you

Individual Rights Review
Statement of Rights and Responsibilities (continued)

Your Rights and Responsibilities Regarding Choice

You Have the Right to:

- Give and/or withhold consent for treatment.
- The least restrictive and most appropriate living situation.
- Speak openly and freely.
- Have and use personal property and possessions and to have them safeguarded.
- Participate in the life of your community, including belonging to clubs, organizations, and attending functions or events of your choice.
- Participate in the political process.
- Make decisions that directly affects your life including managing your finances.
- Plan for your future.
- Religious expression.
- Have a personal advocate.
- Equal educational and work opportunities.
- Have meaningful relationships.

You Have the Responsibility to:

- Be informed about the consequences of the decisions you make
- Make choices that are not harmful to yourself or to other people
- Communicate your choices to your support team
- Manage yourself in a manner that is acceptable when you are participating in activities in your community
- Involve yourself in relationships of your choice in a way that does not harm yourself or other people

Signature of Individual Receiving Services

Date

Signature of Family/Advocate/Legal Guardian

Date

Signature of Case Manager/Support Coordinator

Date

PARC Approved on December 12, 2003
PARC Revised on February 14, 2005
Form #23/Admin

Delaware Health and Social Services
Division of Developmental Disabilities Services

INDIVIDUAL RIGHTS COMPLAINT

Complaint Number: _____

Date Received: _____

A. COMPLAINT (fill in the blanks or attach additional report)

- 1. Individual whose rights are reported to be violated:**

- 2. What right(s) is being violated?**

- 3. Describe what happened when the right was violated. Include who violated the right, who was present, when and where this reported rights violation occurred.**

- 4. Has the appropriate supervisor, social worker and/or case manager been notified? If yes, who was notified and when?**

- 5. Are you aware of any action that was taken as a result of your notification? If yes, please explain.**

6. **Has the family and/or legal guardian been notified?
If yes, who was notified and when?**

7. **What is your suggestion for a fair resolution to this alleged rights violation?**

B. RESOLUTION (to be completed by Individual Rights Complaint Designee)

1. **Has this complaint been resolved to the satisfaction of the complainant/legal guardian and/or person whose rights have been violated?**

2. **Was this complaint substantiated or not substantiated?**

3. **If not successfully resolved, have all parties been informed of their right to appeal and how to do so?**

Confidential information provided below is to be detached before forwarding this complaint for investigation.

C. CONFIDENTIAL

1. **Provide the relationship of person filling out Complaint Form to person whose rights were alleged to be violated? (For example, staff person, family, advocate, self, guardian)**

2. **Please provide name, address, telephone number and signature of person making complaint.**

Name: _____

Address: _____

Telephone Number: _____

Date: _____

INSTRUCTIONS FOR COMPLETING RIGHTS COMPLAINT FORM

1. **Complete Sections A and C. (The identity of persons filing Rights Complaints shall be considered confidential.)**

2. **Mail to: Christine M. Long, Rights Complaint Designee**

**Office of the Director
Training and Professional Development
Stockley Center
26351 Patriot Way
Georgetown, Delaware 19947**

3. **You have the right to seek legal counsel at any point in the complaint process; you may request the Division's assistance in seeking legal counsel on the client's behalf.**

4. **You will receive a response to your complaint within 60 working days of receipt of your complaint by the Division office.**

5. **If you are not satisfied with the resolution of this complaint, you may file an appeal of the decision with the Division Director at the same address in #2.**

Page 3 of 3

PARC Reviewed on 02/14/05

29/Admin

Appeal Process

If you disagree with a decision of the Division of Developmental Disabilities Services, you may contact the Appeals Board Chair, your case manager or social worker or other appropriate DDDS representative to provide additional information or to discuss the possibility of another review by the team/committee/individual who made the decision.

If, after your conversation or meeting with the DDDS representative(s), you still disagree with the decision, you may file formal written appeal within 30 days of the decision by completing Section I of the Appeals Form and returning to *MAppeals Committee Chairperson, 26351 Patriots Way, Georgetown, DE 19947*.

3. The DDDS Appeal Board will review your appeal and conduct a hearing within 30 calendar days of receipt of your appeal. The Appeals Board membership shall include the Executive Director of Stockley Center, Director of Community Services, Director of Adult Special Populations and two adjunct members appointed by the Director (one of whom will serve as the chairperson). Written notification of the Appeal Board's decision will be sent to you within 15 working days of the hearing.

Special Notice for Medicaid Recipients

Medicaid recipients may request an independent Medicaid Fair Hearing following a DDDS appeal by contacting the *Division of Social Services, Medicaid Fair Hearing Officer, P.O. Box 906, New Castle, DE 19720*.

DDDS Appeals and Medicaid Fair Hearings

For either a DDDS appeal or a Medicaid Fair Hearing, you may have someone, such as a lawyer, advocate or friend, help you. If you want free legal advice, you can call Community Legal Aid Society, Inc. at their toll free number in New Castle County (1-800-292-7980), in Kent County (1-800-537-8383) or in Sussex County (1-800-462-7070). You can also call Legal Services Corporation of Delaware in Dover (734-8820) or Wilmington (575-0408) for free legal advice. Free advocacy services are also available from The Arc of Delaware (302 996-9400).

For both DDDS appeals and Medicaid Fair Hearings, you will need to fill out a Hearing or Appeal Request Form. It is helpful to have an advocate or lawyer help you fill out these forms. For DDDS appeals, the form must be completed within 30 days of the decision. For Medicaid Fair Hearings, you must request in writing your reasons for a Fair Hearing. You have 90 days to ask for this hearing.



7.
I.

Delaware Health And Social Services
Division of Developmental Disabilities Services

APPEALS REQUEST FORM

Section I - To be completed by the applicant\consumer\advocate

Date: _____

Name of Applicant\Consumer: _____

What are you appealing? Why? _____

Please be specific. _____

**Please explain what has been done to try
to resolve the issue being appealed, if
applicable.**

Requested by: _____ **Relationship to** _____

Applicant/Consumer: _____

Address: _____ **Daytime Phone #:** _____

Section II - To be completed by the Appeals Board Chair:

Date reviewed by DDDS Appeal Board: _____

Chairperson: _____

Recommendation: _____

Date

Signature and Title

Reviewed and Approved by PARC: January 2003

Revised: February 2004

Form #11/Admin

What is OBRA?

OBRA is the Federal Omnibus Reconciliation Act of 1987 also referred to as the Nursing Home Reform Act. It is a federally mandated program to determine whether people are appropriate for admission to or continued residence in Medicaid certified nursing facilities and whether they require specialized services.

All nursing home residents and applicants identified by the State Medicaid program (**Level I pre admission screening**) as possibly being an individual with mental retardation and/or a related condition must be evaluated by the Division of Developmental Disabilities to determine whether they meet the criteria for mental retardation and/or a related condition and to assess their need for nursing home care and specialized services. **This process is referred to as a Level II screening**

This Level II determination is the result of a formal review by the OBRA Determination Coordinator and licensed psychologist to determine (a) a diagnosis of mental retardation and/or a related condition, (b) whether an individual's medical needs require long term care in a nursing facility, and (c) whether the individual requires specialized services.

Upon notification from the Department of Social Services regarding the need for a Level II screening, the OBRA Determination Coordinator will contact the OBRA unit and request that a case manager be assigned to (a) assist the applicant and their family through the Level II process, (b) explain DDDS services, (c) assist the family in completing a DDDS or waiver application if appropriate, and (d) explain to those determined inappropriate for nursing home admission the appeal process and other available options.

*If the individual seeking residence in a nursing facility is already receiving DDDS services, his/her COR (Client Oriented Record) will be used to substantiate the individual's disability to determine his/her need for special services.

Who makes the final decision as to whether or not I need a nursing home?

The OBRA Determination Coordinator will convene a core group of reviewers consisting of a DDDS Ph.D. psychologist, a DDDS registered nurse, a DDDS program administrator, a representative from the OBRA Unit, a family/consumer advocate, and the individual's case manager (as appropriate) to make the final determinations regarding the individual's need for nursing facility placement and specialized services.

DDDS will send to the individual, the individual's primary caregiver, and the referral source, a letter of determination along with a determination summary and a statement of the individual's right to appeal the determination if they are not in agreement. Copies of all evaluation material used to make the final determinations will be forwarded to DSS. All individuals determined to have mental retardation and/or an other related developmental disabilities and to require specialized services will become clients of the DDDS OBRA unit and shall receive services accordingly. DDDS will assist in the development of an Individual Education Plan, Individual Program Plan or Care Plan for these individuals.

What are Specialized Services?

If an individual in a nursing home has a developmental disability they may qualify for **specialized services**. These services are above and beyond services ordinarily provided by a nursing home. They may include, but are not limited to: QMRP (Qualified Mental Retardation Professional) case management, pre-vocational, supported employment, educational, counseling, day habilitation/rehabilitation programs, behavior support, and adaptive behavior training.

DDDS will monitor the care and provision of specialized services provided to the individual while he/she remains in the nursing facility and will monitor their progress on an annual basis or as needed.

How often will someone review my nursing home placement?

DDDS will perform an Annual Resident Review of all nursing facility residents it has determined to have mental retardation and/or and other related developmental disabilities within every 4th quarter after the previous Annual Resident Review. As part of its review, DDDS will determine if these individuals continue to be appropriate for placement in a nursing facility and whether they require specialized services.

DDDS will assist the nursing facility in arranging for the safe and orderly discharge from the facility for those individuals determined to be inappropriate for nursing facility placement due to their medical/developmental needs and will assist in arranging for appropriate alternative placement.

What is a “Surrogate”?

Delaware Code, Title 16, Chapter 25

2507. Surrogates

(a) A surrogate may make a health care decision to treat, withdraw or withhold treatment for an adult patient if the patient has been determined by the attending physician to lack capacity and there is no agent or guardian, or if the directive does not address the specific issue. This determination shall be confirmed in writing in the patient's medical record by the attending physician. Without this determination and confirmation, the patient is presumed to have capacity and may give or revoke an advance health care directive or disqualify a surrogate.

(b)(1) A mentally competent patient may designate any individual to act as a surrogate by personally informing the supervising health-care provider in the presence of a witness. The designated surrogate may not act as a witness. The designation of the surrogate shall be confirmed in writing in the patient's medical record by the supervising health-care provider and signed by the witness.

(2) In the absence of a designation or if the designee is not reasonably available, any member of the following classes of the patient's family who is reasonably available, in the descending order of priority, may act, when permitted by this section, as a surrogate and shall be recognized as such by the supervising health-care provider:

- a. The spouse, unless a petition for divorce has been filed;
- b. An adult child;
- c. A parent;
- d. An adult sibling;
- e. An adult grandchild;
- f. An adult niece or nephew.

Individuals specified in this subsection are disqualified from acting as a surrogate if the patient has filed a petition for a Protection From Abuse order against the individual or if the individual is the subject of a civil or criminal order prohibiting contact with the patient.

(3) If none of the individuals eligible to act as a surrogate under subsection (b) of this section is reasonably available, an adult who has exhibited special care and concern for the patient, who is familiar with the patient's personal values and who is reasonably available may make health care decisions to treat, withdraw or withhold treatment on behalf of the patient if appointed as a guardian for that purpose by the Court of Chancery.

What Is Supplemental Security Income (SSI)?

Supplemental Security Income (SSI) is a Federal assistance program designed to provide income to aged, blind, or disabled people who have limited assets with which to support themselves.

The SSI program is managed by the Social Security Administration (SSA), but financed by the general tax fund. Because the program is not financed by Social Security taxes, there are no work requirements necessary to qualify for SSI.

Who Can Receive Benefits?

In order to qualify for SSI benefits, an individual must be aged 65 years or older, be legally blind, or meet the definition of permanent disability provided by the SSA.

Because SSI is a need-based benefits program, the financial eligibility of potential claimants is evaluated based on two categories of assets: income and resources. Income refers to the amount of money a person receives from wages, other benefits programs, food assistance programs, pensions, etc.

Resources refer to the value of assets such as cash savings, equity, or real estate. In order to qualify for SSI, a family's combined income and resources must total less than \$3000.

Individuals or families approved for SSI benefits will receive a monthly income payment up to the maximum Federal benefit rate determined by the SSA. In some cases, however, the Federal benefit rate may be supplemented by payments from the state in which a claimant resides, increasing the total SSI payment.

What is Social Security Disability Insurance (SSDI)?

Social Security Disability Insurance (SSDI) is a federally run benefits program that provides aid to people who are unable to achieve gainful employment due to a permanent disabling condition.

SSDI is financed by the Social Security tax. Therefore, any person that qualifies as disabled according to the definition provided by Social Security Administration, and who has paid Social Security taxes long enough to achieve sufficient work credits, can qualify for SSDI.

Who Can Receive Benefits?

In order to qualify for SSDI, you must suffer from a permanent condition that prevents you from working. In other words, your disability must have lasted, or be expected to last, a minimum of twelve months and you must be unable to earn an income greater than \$980 per month.

In addition, an individual must have earned sufficient work credits in order to qualify for SSDI. The normal requirement is a total of 40 credits, 20 of which must have been earned in the 10 years prior to the onset of disability. Usually, this means that a person must have a fairly consistent work history and have worked (and paid Social Security taxes) for a combined five of the ten years prior to becoming disabled. These work requirements can be somewhat less for younger individuals, as parents' work credits can be applied to applicants under the age of 22.

Should I Get Representation?

The annual number of applications for SSDI is at an all time high. Due to the limited resources of the Social Security Administration (SSA) and the extreme volume of applications processed, more than 60% of initial stage applications are currently denied. In the reconsideration stage of appeal, the number jumps to well over 80%. Given those odds, having a qualified Social Security attorney or advocate help you to efficiently and correctly handle your application and the potential appeals process can be extremely beneficial.

Having representation will help you to know and understand your options in the case of a denial. In addition, an experienced lawyer or advocate can help to organize paperwork and medical records, prepare you or your witnesses for hearing, and will likely have a vast amount of previous experience dealing with SSA offices and judges in your area. The SSDI application process can be overwhelming, particularly in the fairly common circumstance of a denial at the initial stage. Having the experience of a qualified Social Security representative can prove invaluable in getting you the benefits that you deserve.

You can get more information about these programs at the social security administration website; www.socialsecurity.gov, or by calling their toll-free number 1- 800-772-1213.

What is a representative payee?

A representative payee is a person, agency, organization or institution we selected to manage your funds when it is determined that you are unable to do so yourself.

Before appointing a representative payee, they must evaluate medical or other types of evidence about your capability to manage your SSI benefits. This is done by referring to a list of qualifications to evaluate prospective representative payees.

Who must have a representative payee?

- Most children under the age of 18;
- Legally incompetent adults; and
- Anyone determined to be incapable of managing or directing the management of his or her funds.

Who can serve as your representative payee?

- Someone (other than a convicted felon) who is concerned with your welfare, usually a parent, spouse, close relative, guardian, or friend;
- An institution such as a nursing home or health care provider;
- A public or nonprofit agency or financial organization; including DDDS;
- Providers or administrative officers at homeless shelters.

What are your representative payee's duties?

The most important duty of a payee is to know the needs of the beneficiary and to use the benefits in the best interests of the beneficiary. Your representative payee must use your SSI benefits for your current basic needs for food, clothing, and shelter.

Your representative payee must provide a simple accounting (usually on an annual basis) to Social Security and to you of how they spent the money.

The representative payee should respond on your behalf to any of our requests for action or information. Common requests are the annual representative payee accounting, the SSI re-determination of eligibility or request for a continuing disability review.

Your representative payee's authority is limited to matters between you and the Social Security Administration. A representative payee is not the same as a power of attorney. A representative payee has no authority to enter into any binding contracts on your behalf.

Your representative payee is responsible for reporting to Social Security any changes in your circumstances that could affect your eligibility to benefits (e.g., income, resources, change of address, living arrangements, return to work, etc.).

You or your representative payee may, at any time, request that Social Security change or terminate the payee arrangement. Following such a request, Social Security will investigate the situation and make a determination.

If you would like more information, please visit their website at <http://www.socialsecurity.gov/payee> or call your local Social Security office at (800) 772-1213 or 323-0304.

Also, please see the booklet, A Guide for Representative Payees at <http://www.socialsecurity.gov/pubs/10076.html> .

Division of Vocational Rehabilitation (DVR)

DVR's goal is to help individuals achieve successful employment. Individuals interested in seeking employment are:

- Assigned to work with a trained Vocational Rehabilitation Counselor,
- Assisted in deciding their choice of an appropriate employment goal through the review of medical and work history, education, test results, and interest and abilities,
- Encouraged to develop individualized services to obtain their desired job.

Services Available:

DVR offers the following services:

- Vocational Assessment
- Employment Planning
- Counseling & Guidance
- Job Placement
- Follow-up
- Skills Training (learning to use computer, warehouse skills, driver's license, etc.)

Depending on the financial situation, an applicant may have to assist with partial payment of some services. This can be discussed with the assigned DVR Counselor at the time of application.

Eligibility:

To be eligible for DVR services a person must...

- Have a physical or mental impairment that interferes with the ability to obtain or maintain employment
 - Require the services of DVR to become employed

Who is eligible for DVR services?

Any individual who has a disability can qualify for DVR services if the disability presents an obstacle to employment, and the individual is capable of being employed with the help of services provided by or through DVR. A disability is any physical or mental impairment which substantially limits a major life activity.

What is supported employment?

Some individuals with disabilities are capable of employment in the workplace with some ongoing support. The DVR supported employment program will help find employment opportunities that most closely match an individual's abilities and capabilities. Onsite trainers, or job coaches, will come to the job site and help teach the duties of the job. At first, the job coach may be there all the time. As the individual gains the skills and abilities to work more independently, the job coach will check in on a regular basis to provide any needed support or assistance on a permanent basis.

Will I be required to pay for services?

DVR has a financial needs test. Although all individuals are eligible for DVR services, some individuals may be required to contribute to the cost of some services based upon their individual financial circumstances. A DVR counselor will make this determination before a plan is developed.

How can I get started with DVR?

A person can be referred to DVR for services through many sources, such as school counselors, community rehabilitation programs, physicians, psychologists or psychologists. An individual may also refer himself or herself for services by calling any DVR office and providing some basic information. An appointment will be scheduled to meet with a DVR counselor to discuss the DVR program eligibility and services.

What type of services does DVR provide?

DVR services are broadly defined as any goods or services which are required to assist and individual with a disability to obtain or retain employment. This includes assessment, counseling and guidance, information and referral, physical/mental restoration services, rehabilitation technology, skill training, job placement assistance, interpreter services, supported employment services, as well as others. Some skill training may be learning to use a computer, learning to work a forklift, or even acquiring a driver's license.

Will I be able to choose my own employment goal?

An individual is able to choose an employment goal that is consistent with his/her abilities and capabilities, which will be identified through an assessment. Working with a vocational rehabilitation counselor, a person will choose from among those employment opportunities that can be achieved with the support of DVR services, and the agreement of the vocational rehabilitation counselor.

Will my Social Security disability benefits be affected by participating in DVR's program?

Individuals who receive Social Security disability benefits are automatically eligible for DVR services if they are committed to becoming employed. Social Security disability benefits may be affected when an individual becomes employed and earns more than \$600 per month. There are several options which can help an individual maintain all or part of their disability benefits after they become employed. It is best to contact a benefits specialist through DVR's CLIMB program.

What is the Project CLIMB Program?

The **Consortium Leadership and Independence through Managing Benefits (CLIMB)** program serves to enhance the delivery of services to individuals with disabilities through benefits counseling by trained Benefits Specialists. At One-Stop centers, program participants receive benefits counseling regarding:

- the impact of earnings on benefits.
- how to manage their benefits as they enter employment.
- reducing barriers to employment presented by public support programs.

In addition, training in budgeting earned income to replace public support benefits and developing an Individual Budget Plan (IBP) are an integral part of the process.

Do you:

- Have a disability?
- Receive SSI, SSDI, or other financial assistance?
- Have a fear of losing your benefits?
- Have a Ticket to work from SSA?
- Want to increase your income?
- Think of returning to work?

CLIMB Benefits Specialist are available at no cost to help develop a plan to increase your income earnings without the possibility of losing benefits. For an appointment with a Benefit Specialists nearest you call:

- Wilmington - (302) 761-8275 ext.8841
- Newark - (302) 453-4350 ext. 208
- Dover - (302) 739-5478
- Georgetown - (302) 856-5730 ext. 265

For more information regarding the CLIMB Program contact: CLIMB Program Manager at (302) 761-8275

A directory is published by DVR and describes the Community Rehabilitation Program services available to clients. These services enable people with disabilities to achieve their employment goals. The listed agencies provide assistance in vocational assessment, developing basic skills, specific occupational training, job placement and on-site training. The Division provides funding for these services and counseling and guidance to each individual with disabilities receiving services.

DART/DAST INFORMATION

The Americans with Disabilities Act (ADA) requires that disabled individuals be guaranteed the same level of transportation services as non-disabled persons. The intent of the ADA is to remove barriers that have prevented people with disabilities from fully participating in life. Under the ADA, Fixed Route buses are to be the primary means of public transportation for everyone, including people with disabilities.

TRAVEL TRAINING

DART offers free one-on-one or group training to teach people with disabilities how to ride Fixed Route buses. Call one of our travel trainers for more information:

State Wide – (302) 739-3278

Paratransit Service is intended as a safety net only for those people whose disabilities prevent them from using Fixed Route buses.

Important: Medical condition or eligibility for other disability programs does not necessarily qualify you to use Paratransit Service.

WHO QUALIFIES

Under the ADA, there are three categories under which a person can be eligible for ADA Paratransit Services:

1. The person is unable, as the result of a physical or mental impairment, to independently, get on or get off a bus on the fixed route; or
2. The person needs the assistance of a wheelchair lift or other boarding assistance and is able to get on, ride, and get off a bus, but such fixed route bus is not available on the route when the individual wants to travel; or
3. The person has a specific impairment-related condition that prevents travel to or from a bus stop in the system.

ADA PARATRANSIT ELIGIBILITY AS DEFINED IN THE REGULATIONS

Eligibility for complementary paratransit service is directly related to the inability of a person with a disability to use the existing fixed route service.

- A person's inability to use the fixed route service could be related to the fact that the system has not yet been made fully accessible. It could also result from the nature of a person's disability.
- The person may not be able, due to their disability, to get to or from the system or to board, ride, and disembark from the vehicles even if they are fully accessible.

While eligibility is conferred on individuals, it is conferred based on the fact that there are certain **trips** that the person cannot make on the fixed route system. For some individuals their disabilities may prohibit them from ever using fixed route service. For others, however, they may not be able to use the fixed route service under certain

circumstances. ADA paratransit eligibility can, therefore, be considered as having two elements.

1. An **individual** is considered ADA paratransit eligible if there are **any circumstances** under which the fixed route system cannot be used.
2. The extent of eligibility is conferred on an individual depends on the conditions and circumstances under which they are not able to travel on the fixed route service.

Individuals who can never use the fixed route service are **unconditionally eligible**.

Persons who can use fixed route service in certain circumstances are **conditionally eligible** and the limitations on their eligibility should be determined.

ADA regulations describe three specific circumstances under which a person would be considered **ADA paratransit eligible**. Within the transit industry, these have been referred to as the three "categories" of eligibility.

Category 1 Eligibility

The first category of eligibility includes those persons unable to use fully accessible fixed route services. Included in this category is:

"Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities." [37.123(e)(1)]

Examples of eligibility under this category would include:

- A person with a mental disability who cannot "navigate the system". Navigating the system might involve obtaining and understanding system information, recognizing and boarding the correct vehicle, having available the correct fare and/or using the fare collection system, recognizing destinations, and understanding transfers that might have to be made.
- A person with a vision impairment who cannot "navigate the system". Entering and traveling through a busy station or transit center may not be possible. Recognizing and boarding the correct vehicle, and recognizing the appropriate destination - even though announcements are made - are also considerations.
- A person with a physical disability who cannot stand on a crowded bus when seats, including priority seats, may not be available.
- A person with a physical disability who uses a wheelchair and who cannot get on or off the lift or to or from the wheelchair securement area without assistance.

It is important to realize that eligibility under this category depends on the complexity of the fixed route system. The type and extent of disability that would confer eligibility in a rural area with a one or two route bus system such as Sussex County would be different from that in larger urban system such as New Castle.

Other key issues and questions associated with this category of eligibility:

Travel Training: Many persons who cannot negotiate the entire fixed route system can be travel trained for certain trips. Typically, training is provided for trips that the person makes frequently, such as to work or school. These individuals would only be ADA paratransit eligible for trips they have not been trained to make. As part of the application and determination process, it should be determined if such training has been provided.

Operator Assistance: Eligibility under this category is not necessarily based on a person's ability to get on and off the lift, up and down a ramp, to and from the securement area, or secure their mobility device. While the regulation states that a person is eligible for paratransit service if they cannot independently use the fixed route system, operator assistance is assumed. Section 37.165(f) of the regulations states that "the drivers or other personnel must provide assistance with the use of lifts, ramps, and securement devices." Beyond this level of required assistance, however, public entities may choose to offer additional assistance, such as assistance getting to and from the securement area, in order to enable persons to utilize the fixed route service. If the individual is able to use the fixed route system with this assistance, complementary paratransit service does not have to be provided.

Assistance of another person: With the exception of assistance provided by the driver or other employees of the service, eligibility under this category is based on a person's ability to **independently** use the service. A person traveling with a friend or attendant is still eligible for paratransit service even if they would be able to use the fixed route system with this other person's help.

Accommodating mobility aids: The regulations set standards for vehicle and stop accessibility. To be considered accessible, equipment and facilities must be able to accommodate mobility aids of a certain size and persons and mobility aids up to a certain weight. The regulations define a "common wheelchair" as a "wheelchair" which does not exceed 30 inches in width and 48 inches in length (measured two inches above the ground) and which does not weight more than 600 pounds when occupied. A "wheelchair" is defined as any mobility aid belonging to any class of three or four-wheeled devices, usable indoors, designed for and use by individuals with mobility impairments, whether operated manually or powered.

All common wheelchairs and their users are to be accommodated on accessible fixed route and complementary paratransit systems. The regulations do not, however, require public entities to provide service to persons using mobility aids that are not "common wheelchairs". An individual would not be eligible for paratransit service under category 1 if they could not use an accessible bus because their mobility aid is too large or too heavy for the lift.

Standees on lifts: The regulations require public entities to allow persons with ambulatory disabilities who do not use wheelchairs (e.g., person who use leg braces and canes) to enter the vehicle by standing on the lift. Therefore, individuals who cannot climb the steps to get into a bus would not be eligible for paratransit service if they could enter the vehicle using the lift.

Category 2 Eligibility

The second category of eligibility includes:

"Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride, and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route of the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route." [37.123(e)(2)]

The majority of persons eligible under this category would be those with ambulatory disabilities who could not enter an inaccessible facility or would need to travel on a vehicle with a lift or ramp and other accessibility features. This would include persons who use wheelchairs as well as persons who use other mobility aids such as walkers, leg braces, or canes.

Eligibility under this category depends on the accessibility of vehicles and stops. A person is eligible for paratransit service if the fixed route on which they want to travel is not yet accessible. Guidance on exactly what constitutes "accessible" fixed route is provided in the regulations and explanatory appendix. For example:

- A person is eligible if the bus route on which they want to travel is not 100 percent accessible. The requested trip would be eligible if the fixed route that would otherwise be used is only partially accessible (e.g., every other bus is accessible).
- An individual is eligible for paratransit if a vehicle's lift or boarding device cannot be deployed at the stop which they want to use.

Category 3 Eligibility

The third category of eligibility includes:

"Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system." [37.123(e)(3)]

Environmental conditions and architectural barriers are not always under the control of DART, and when considered alone, do not confer eligibility. If, however, travel to or from a boarding location is prevented when these factors are combined with the person's specific impairment-related condition, paratransit service must be provided.

Examples of architectural and environmental factors that, in combination with certain disabilities, could prevent travel include:

- a lack of curb-cuts
- the distance from the stop to the trip origin or destination
- steep terrain
- snow and/or ice
- extremes in temperature (hot/cold)
- major intersections or other difficult to negotiate architectural barriers
- temporary construction projects

- severe air pollution

The specific impairment-related condition must prevent the person from using the fixed route system. Conditions which make getting to or from stops difficult do not confer eligibility.

Considerable judgment is required to determine if travel is truly prevented as well as the relationship between environmental conditions and an individual's disability.

Temporary Disabilities

Persons with temporary disabilities are to be considered for ADA paratransit eligibility under the following circumstances:

- someone with a medical condition such as a broken leg who temporarily is unable to use the fixed route service;
- someone who has recently undergone an operation or other medical treatment and who is unable to use the fixed route service; or
- someone with a cognitive disability that can be expected to be resolved over time through treatment or medication

How to Apply

1. Request an application from DART First State by calling 1-800-553-3278 or download and print the application.
2. Read the application and fill out Part A.
3. If you are 60 years of age or older and do not have a disability, please complete Part A only and send us verification of your age (copy of your driver's license, birth certificate, etc.).
4. If you have a disability, bring or send the application (Part A and B) to your health care professional and have them complete Part B. Both Part A and Part B must be completed for your application to be considered.
5. Mail your completed application to:

DART First State - ADA Eligibility 900 Public Safety Blvd Dover, DE 19901
or fax to our Dover office at 760-2914

IN PERSON INTERVIEW

To assist with a proper evaluation of your ability to ride Fixed Route buses and/or your need for Paratransit Service, you may be scheduled for an in-person interview. This interview will give applicants an opportunity to present issues in “their own words”. It will also provide an opportunity to ask follow-up questions in order to have a clear understanding of the abilities and needs of the applicant.

An in-person interview will be scheduled if it is determined that the Fixed Route may meet some or all of your transportation needs. A thorough review of the routes needed to meet your needs will be conducted, including an analysis of the accessibility of the routes and stops, as well as the environmental barriers that may exist. An in-person interview may also be conducted if a determination of eligibility cannot be made based on the application alone.

YOU WILL BE NOTIFIED ABOUT YOUR ELIGIBILITY STATUS

- If you have not heard about your eligibility status within 21 days of submitting your application, please call 1-800-553-3278. TDD users please call 1-800-252-1600.
- If a determination has not yet been made, you will be granted temporary eligibility until a determination has been made regarding your application.
- If you are denied eligibility, you have a right to appeal the decision. Please contact DART First State for details on the appeals process.

DART Contact Information

Website: <http://www.dartfirststate.com/>

Customer Relations

Physical Location: Wilmington Office
119 Lower Beech Street, Suite 100
Wilmington DE 19805-4440
800-355-8080
Fax: 577-6066

- Complaint Resolution
- Compliments
- Suggestions
- General Transit Information

Eligibility

Physical Location: Dover Office
900 Public Safety Boulevard
Dover DE 19901
Phone - 739-3278
Fax: 302-760-2914

Application Process

- ADA Paratransit Applications
- Elderly Applications
- Reduced Fare Applications
- SCAT Applications (Senior Citizens Affordable Taxi)
- Statewide Travel Training
- Fax: 302-760-2914

Reservations

Physical Location: Dover Office
800-553-3278
Fax: 760-2914

- Paratransit Trip Requests, Cancellations
- Paratransit: Where's My Bus?
- Kent County GoLink Trip Requests

Information Center

Physical Location: Wilmington Office
800-652-DART (3278) or 652-3278 (New Castle)
Fax: 577-6066

- Statewide fixed route schedule information
- Intercounty schedule information
- Resort / Beach Bus schedule information (Seasonal)

Other Important Numbers

Customer Service Manager - 760-2809
Asst. Customer Service Manager - 576-6002

Eligibility Supervisor - 760-2808
Chief, Reservations Supervisor - 760-2867
Reservations Supervisor - 760-2817

Administrative Offices

Dover
900 Public Safety Blvd
Dover, DE 19901
739-3278
Wilmington 119 Lower Beech Street
Wilmington, DE 19805
576-6000

TTY (Hearing & Voice Impaired) - 800-252-1600

Lost and Found

New Castle County - 652-3278
Kent/Sussex Counties - 760-2800

RESOURCES AND INFORMATION

About The Arc of Delaware

The **Arc of Delaware** is a non-profit organization of volunteers and staff working together to improve the quality of life for people with intellectual and developmental disabilities and their families. We are a chapter of The Arc of the United States. The Arc has close to 800 contributing members, staff dedicated to meeting your needs and a Board of Directors which includes families of people with disabilities, individuals with a developmental disability, professionals in the field and community representatives. Our programs include:

- **Case Management and Advocacy:** The Arc's Case Management and Advocacy Program provides information and referral services and daily direct living support to individuals with cognitive and developmental disabilities and their families. The program strives to meet the evolving needs and supports that an individual and their family may need during the many transitions they will encounter throughout life. The program continues to provide support for each individual and their family after they leave the school system. Contact Deb Nock, Outreach Coordinator for New Castle County, at dnock@arcde.org or (302) 996-9400, or Carol Hall, Outreach Coordinator for Kent and Sussex Counties, for information about case management services at chall@arcde.org or (302) 736-6140.
- **Parent Mentor Program:** The Arc's Parent Mentor Program works with families who have children with disabilities who are in school and who need help understanding and accessing educational services. We also provide information about the resources available in the community for families who have a child with a disability and help the family access those services. Contact Yvonne Coleman, Parent Mentor Coordinator at (302)-996-9400.
- **Delaware People First:** Delaware People First is a self-advocacy group which meets each month to learn about issues affecting persons with disabilities. Activities are planned which help members grow socially and there is also a focus on learning to advocate for themselves. Officers are elected by the membership and monthly meetings are held. The New Castle County group meets on the fourth Tuesday of most months. Contact Debbie Nock, adviser to Delaware People First, at dnock@arcde.org or (302) 996-9400 for more information about Delaware People First, New Castle County. Contact Carol Hall, Outreach Coordinator for Kent and Sussex Counties, for information about the Kent and Sussex County chapter at chall@arcde.org or at (302) 736-6140.
- **Employment Services:** The Arc's Employment Services Program develops career opportunities in competitive employment for individuals with cognitive disabilities and provides them with on-the-job support based on their needs. Our employment staff has extensive experience in developing and maintaining real jobs with real salaries and benefits for individuals with disabilities. Contact Yvonne Coleman at ycoleman@arcde.org or at (302) 996-9400 for more information.

The Arc of Delaware Office Locations and Numbers:

State Office: 1016 Centre Road
Wilmington, DE 19805
(302) 996-9400

Mid-Del Chapter Office: Loockerman & Federal Streets
(Kent & Sussex Co.) P.O. Box 562
Dover, DE 19903
(302) 736-6140

Georgetown Office: (to open December 2008)

Web site: www.arcde.org

The Arc of Delaware's Home of Your Own Program

The Home of Your Own Program was created to expand housing opportunities for individuals with developmental disabilities. The program serves as a resource center, guiding hand and support network for individuals wishing to improve their housing situations. Using a network of resources and volunteer housing mentors, the program helps individuals to:

- Identify their housing options (e.g. apartment rental; home ownership).
- Assess their support needs and financial situation.
- Determine a plan for change.
- Implement the plan using available community, family and other resources.

Who is Eligible for the Program? Any individual in Delaware who has a cognitive disability is eligible.

What Resources Can The Arc Share with Me? Participants in The Arc's Home of Your Own Program have access to:

- **Housing counseling** services and homeowner training
- **Financial Fitness**
- Personalized **mentor support**, including transportation assistance throughout the housing transition process by screened and trained housing mentors
- **Down payment and settlement help** programs for first-time home buyers
- **Home maintenance** support and training
- **Support services** planning assistance through The Arc and a network of local service provider organizations.

Contact Patricia Kelleher, Housing Administrator, Home of Your Own Program, at (302) 996-9400 or

e-mail her at pkelleher@arcde.org to learn more about Home of Your Own or if you would like to become a volunteer housing mentor.

Disabilities Law Program

The Disabilities Law Program is a special project of **Community Legal Aid Society, Inc.** and is designated by the Governor as the **Protection and Advocacy agency in Delaware.** This program provides advocacy services to Delaware residents with physical or mental disabilities. Given limited resources, services are prioritized based on needs identified by consumer and community groups. The Disabilities Law Program includes seven advocacy programs:

1. **PADD - Protection and Advocacy for Individuals with Developmental Disabilities**
2. **PAIR - Protection and Advocacy of Individual Rights**
3. **PAIMI - Protection and Advocacy for Individuals with Mental Illness**
4. **PATBI - Protection and Advocacy for Traumatic Brain Injury**
5. **PABSS - Protection and Advocacy for Beneficiaries of Social Security**
6. **PAAT - Protection and Advocacy for Assistive Technology**
7. **PAVA - Protection and Advocacy for Voter Access**

Types Of Services Provided:

- **Individual Advocacy** - including investigation, mediation, negotiation, legal consultation and legal representation.
- **Systemic Advocacy** - emphasizing major reform efforts on critical issues affecting client groups through negotiation, legislation, regulatory work, and litigation.
- **General Information** - regarding available services, rights and remedies to clients and their families, service providers, attorneys and other representatives.
- **Referral Services** - provided to those who may be better served by other sources such as state, local or federal agencies, or other advocacy organizations.
- **Community Education/Self Advocacy Training** - community education materials and programs are provided as well as training and legal information workshops.

How Do I Apply?

If you have a legal problem that is related to your disability, you should call the CLASI office nearest you. The voice/tty phone numbers in each county are:

New Castle County: 302- 575-0690 302-575-0696 (TTY/TDD)

Kent County: 302- 674-8500 (TTY/TDD Also)

Sussex County: 302- 856-3742 (TTY/TDD Also)

WEBSITE: www.declasi.org

Delaware Assistive Technology Initiative

The **Delaware Assistive Technology Initiative (DATI)** connects Delawareans who have disabilities with the tools they need in order to learn, work, play and participate in community life safely and independently.

DATI services are available to all residents of Delaware. There are no eligibility limitations, other than Delaware residency. They address the needs of infants through older persons with all types of disabling conditions. With the exception of some training events, most DATI services are provided at no cost.

DATI Services Include:

- Equipment demonstration center (Assistive Technology Resource Center) in each county
- No-cost, short-term equipment loans that let you “try before you buy”
- Equipment Exchange Program (AT “want ads”)
- AT workshops and other training sessions
- Advocacy for improved AT access policies and funding
- Informational material in a variety of formats
- Quarterly newsletter
- Technical assistance regarding device selection, device operation, and access to funding
- Participation in conferences, community meetings, and health fairs

Locations:

New Castle County Assistive Technology Resource Center Alfred I. duPont Hospital for Children (302) 651-6790 203 Administration and Research Building
(302) 651-6794 (TDD) P.O. Box 269, 1600 Rockland Rd. (302) 651-6793 (fax) Wilmington, DE 19899-0269

Kent County Assistive Technology Resource Center Easter Seals Kent County Center (302) 739 - 6885 100 Enterprise Place, Suite 1 (302) 739 – 6886
(TDD) Dover, DE 19904-8200 (302) 739 -6887 (fax)

Sussex County Assistive Technology Resource Center Cheer Community Center (302) 856-7946 20520 Sand Hill Rd. (302) 856-6714
(voice or TDD) Georgetown, DE 19947 (302) 856-6990
(fax)

WEBSITE: www.dati.org

Parent Information Center (PIC)

The **Parent Information Center of Delaware (PIC/DE)** is a statewide nonprofit organization dedicated to providing information, support and learning opportunities to students and to families who have children with disabilities or special needs. We strive to promote partnerships between families, educators, policy makers and the community. Our mission is to improve outcomes for children with disabilities and their families by providing information, education and support.

Our vision is that children with disabilities fulfill their potential to lead productive and independent lives in their community.

Our values are accountability, collaboration, diversity, empathy, empowerment, excellence, responsiveness, and teamwork.

What We Do:

We help families of children with disabilities to:

- Better understand their children's rights and opportunities in education
- Obtain information about all disabilities, cognitive, physical, emotional, learning and attention deficit
- Find solutions to their problems and concerns
- Learn about programs and services that promote growth and independence
- Link with peers for support and kinship
- Be heard by policy makers
- Become their children's best lifelong advocate

Office Locations:

Main Office: 5570 Kirkwood Highway
Orchard Commons Business Center
Wilmington, DE 19808
(302) 999-7394

City of Wilmington: 3707 N. Market Street (PAL Center)
Wilmington, DE 19802
(302) 764-3252

Georgetown: 109 N. Bedford Street
Georgetown, DE 19947
(302) 856-9880

Web site: www.picofdel.org

The Center for Disabilities Studies (CDS) At the University of Delaware

The mission of the Center for Disabilities Studies is to enhance the lives of individuals and families in Delaware through education, prevention, service, and research related to disabilities. We promote independence and productivity so individuals and families can fully participate in the life of the community.

As a research and public service center at the University of Delaware, the Center for Disabilities Studies relies on public and private support from individuals, corporations, foundations and state and federal entities to operate its programs. All gifts to the Center for Disabilities Studies are tax deductible to the extent provided by law.

Community Advisory Council

The Center for Disabilities Studies is supported with its work through the contribution of their Community Advisory Council (CAC). The CAC is composed of individuals with developmental disabilities and related disabilities; family members of individuals with developmental disabilities; representatives from disability-related training, service, and advocacy organizations; and representatives from state agencies. Meetings of the CAC are held a minimum of three times a year.

If you would like more information on the CAC, please **contact Michele Sands at 302-831-3038**.

Center for Disabilities Studies: Adult Services Initiatives - Community-based Education Alliance (CBEA)

The Community-Based Education Alliance (CBEA) is a University-School District collaborative effort to provide consumer driven, person centered, educational model program for students (ages 18-21) with moderate to severe disabilities as they transition from school to adult life and work setting.

Commission on Community-Based Alternatives for Individuals with Disabilities
The Governor's Commission on Community-Based Alternatives was created in September 2003 by Governor Ruth Ann Minner's Executive Order 50. The Center for Disabilities Studies was contracted to provide coordination and support to the Governor's Commission.

Community Connectors

Community Connectors is an interactive program for adults with disabilities that seeks out and supports people with disabilities who would like to explore and be better connected to their community.

Healthy Delawareans with Disabilities: Bridging the Gap (HDWD: BtG)

The Center for Disabilities Studies (CDS) recently became involved in a 5-year cooperative agreement with the Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD). On behalf

of the Delaware Division of Public Health, CDS and its partners are developing a state program focused on preventing secondary conditions and promoting the health and wellness of Delawareans with disabilities.

Junior Partners in Policymaking

Delaware high school students at the Junior Partners in Policymaking program learned about topics such as the History of the Disabilities Movement & Past Treatment, Self-Determination, Futures Planning, The Legislative Process and How to Make Your Voice Heard, Inclusive Education, Assistive Technology, and more.

LEAD (Leadership, Education, Advocacy Development) Project

The Leadership, Employment, Advocacy Development (LEAD) Project is designed for youth ages 13-17 and emerging leaders ages 18-30 with developmental disabilities.

LEAD focuses on developing leadership and advocacy skills.

National Leadership Consortium on Developmental Disabilities (NLCDD)

The National Leadership Consortium on Developmental Disabilities at the University of Delaware is a partnership of national developmental disabilities organizations that offers Intensive week-long leadership institutes, distance learning opportunities, mentoring programs, continuing education programs, undergraduate- and graduate-level campus-based programs, and a resource-rich website all aimed at improving the lives of people with developmental disabilities and their families.

Positive Behavior Intervention (PBI)

PBI provides training and technical assistance on issues of behavior support in child and adult mental health, child and adult developmental disabilities, early childcare and education, and early intervention programs.

REAL (Recreation, Enhancement, and Learning) Project

The REAL (Recreation Enhancement and Learning) Project is an adult continuing education program specifically designed for adults with disabilities in Delaware. The REAL Project aims to go beyond the traditional K-12 education for Delawareans with disabilities.

Summer Transition Education Program (STEP)

The Summer Transition Education Program (STEP) is an interactive weeklong college experience for young adults with disabilities presented by the Center for Disabilities Studies in partnership with the Division for the Visually Impaired (DVI). The week includes career exploration, advocacy development, college-life orientation, and goal-setting.

Total Life Project

The Total Life Project is a model demonstration transition project developed by the University of Delaware's Center for Disabilities Studies for post-high school men and women with disabilities. The mission of the project is to enhance the quality of life of individuals by promoting empowerment, choice, community inclusion, independence and pursuit of personal, vocational, residential and recreational goals.

Workforce Recruitment & Retention Project (WR&R)

Originally funded by the U.S. Department of Health and Human Services and the Centers for Medicare and Medicaid Services (CMS) the Workforce Recruitment and Retention Project (WR&R) at the Center for Disabilities Studies demonstrates effective recruitment and retention methods for direct support professionals in Delaware utilizing a values based approach.

For more information about the Center for Disabilities and its programs, contact them at:

Center for Disabilities Studies / University of Delaware

461 Wyoming Road

Newark, DE 19716

(302) 831-6974

(302) 831-4689 TDD

(302) 831-4690 Fax

Or visit their website at:

<http://www.udel.edu/cds/index.html>

DDDS Common Acronyms and Abbreviations

ACRONYM/ ABBREVIATION	What It Means	What It Is/Does
AAIDD	American Association on Intellectual and Developmental Disability	AAIDD (formerly AAMR) is <i>the</i> professional association run by and for professionals who support people with intellectual and developmental disabilities.
AAR	Adult Abuse Registry	The Division of Long Term Care Residents Protection (DLTCRP) maintains a listing of all persons in the State of Delaware who have a substantiated case of abuse, neglect, mistreatment, and/or financial exploitation in their backgrounds
ACI	Arbitre Consulting, Inc.	Since July 2003 DDDS has contracted with Arbitre Consulting, Inc. to administer and score all ICAP assessments in Delaware. ACI is a nationally recognized expert in the completion of the ICAP assessment instrument and administers the ICAP in several states.
ACT – SAT	American College Testing Assessment - Scholastic Aptitude Test	The American College Testing Assessment (ACT) is designed to test your skill levels in English, math, reading, and science reasoning. The SAT Reasoning Test is a <u>standardized test</u> for <u>college admissions</u> in the <u>United States</u> . The SAT is administered by the <u>College Board</u> corporation, a <u>non-profit organization</u> in the United States, and is developed, published, and scored by the <u>Educational Testing Service (ETS)</u> .
ADA	American's with Disabilities Act	The Americans with Disabilities Act (ADA) ensures equal opportunity for persons with disabilities in employment, State and local government services, businesses that are public accommodations or commercial facilities, and in transportation. The ADA also mandates the establishment of telephone relay services for people who use TTYs (teletypewriters, also known as TDDs or telecommunications devices for deaf persons)
ADL	Activities of Daily Living	Activities of daily living (ADLs) are the things we normally do in daily living

		including any daily activity we perform for self-care (such as feeding ourselves, bathing, dressing, grooming), work, homemaking, and leisure
AMI	Asocial Maladaptive Index	An index located within the ICAP
APA	Authorized Provider Application	The application completed by a party or parties interested in contracting with the DDDS to provide services to the people it supports.
APS	Adult Protective Services (Division of Services for Aging and Adults with Disabilities)	The Adult Protective Service (APS) Program responds to cases of suspected abuse, neglect, or exploitation of impaired adults. Specifically, the program serves persons who are aged 18 or over, who have a physical or mental impairment, and who are not living in a long term care facility (for example, a nursing home).
ARC	The ARC of Delaware	The Arc of Delaware is a non-profit organization of volunteers and staff working together to improve the quality of life for people with cognitive disabilities and their families.
ASD	Autism Society of Delaware	ASD was started in 1998 by a group of families who had common experience with autism. ASD is a group that reaches out to others facing autism, and they work together to improve opportunities for their children. ASD is an advocacy organization that works to connect the autism community together throughout Delaware. ASD is not associated with the national Autism Society
ASP	Adult Special Populations	A program within DDDS Community Services specifically designed for individuals who have challenging behavioral support needs.
AT	Assistive Technology	Assistive technology includes assistive, adaptive, and rehabilitative devices and equipment. AT can promote greater independence for people with disabilities by enabling them to perform tasks that they were formerly unable to accomplish, by providing enhancements to or changed methods of interacting with the environment to accomplish such tasks.
BSP	Behavior Support Plan	An individualized plan of support written by a Behavior Analyst or a Psychological

		Assistant that instructs staff and others how to respond to certain behavioral issues.
CAR	Child Abuse Registry (also called the Child Protection Registry)	Maintained by the Department of Services for Children, Youth and their Families (DSCYF). A search of the Child Protection Registry will show if [a job or volunteer applicant] is a perpetrator in designated substantiated cases of child abuse or neglect.
CDS (UD CDS)	Center for Disabilities Studies at the University of Delaware	The mission of the Center for Disabilities Studies is to enhance the lives of individuals and families in Delaware through education, prevention, service, and research related to disabilities.
CLA	Community Living Arrangement	Living arrangements in the community – i.e., Neighborhood Group Home, Staffed Apartment, Supervised Apartment
CLASI	Community Legal Aid Society, Inc.	The Disabilities Law Program is a special project of CLASI and is designated by the Governor as the Protection and Advocacy agency in Delaware.
CLIMB	Consortium Leadership and Independence through Managing Benefits	This program serves to enhance the delivery of services to individuals with disabilities through benefits counseling by trained Benefits Specialists.
CM	Case Manager	An individual assigned to assist a person receiving services from DDDS to coordinate services and benefits
COR	Consumer (Client) Oriented Record	The written record, maintained by DDDS, which contains health and other information about each individual.
CP	Cerebral Palsy	Cerebral Palsy is a group of disorders associated with developmental brain injuries that occur during fetal development, birth, or shortly after birth. It is characterized by a disruption of motor skills, with symptoms such as spasticity, paralysis, or seizures.
DART	Delaware Authority for Regional Transit	An operating division of the Delaware Department of Transportation. Their mission is to design and provide public transportation services
DATI	Delaware Assistive Technology Initiative	The Delaware Assistive Technology Initiative (DATI) connects Delawareans with disabilities with tools they need to learn, work, and participate in community

		life safely and independently. DATI's services are available to all residents of Delaware. There are no eligibility limitations, other than Delaware residency.
DD	Developmental Disability	Developmental disability is a term used to describe life-long disabilities attributable to mental and/or physical or a combination of mental and physical impairments, manifested prior to age twenty-two.
DDDS	Division of Developmental Disabilities Services	The Division of the State of Delaware Department of Health and Social Services that provides services and support to individuals with developmental disabilities
DHSS	Delaware Health and Social Services	DHSS is the largest cabinet department and the fifth largest employer in Delaware. DHSS employs 35% of all State employees. There are 12 divisions plus the Office of the Secretary within DHSS... <ul style="list-style-type: none"> - Office of the Secretary - Child Support Enforcement - Developmental Disabilities Services - Long Term Care Residents Protection - Management Services - Medicaid & Medical Assistance - Public Health - Services for Aging & Adults with Physical Disabilities - State Service Centers - Social Services - Substance Abuse and Mental Health - Visually Impaired - Office of the Chief Medical Examiner
DLTCRP	Division of Long Term Care Residents Protection	The Division of Long Term Care Residents Protection's mission is to protect residents in Delaware long term care facilities through: Promotion of quality of care, quality of life, safety and security, and Enforcement of compliance with State and Federal laws and regulations
DMR	Division of Mental Retardation	The former name of the Division of Developmental Disabilities Services
DOE	Department of Education	The Department for the State of Delaware that provides services to individuals and

		their families in the educational system
DPH	Division of Public Health	DPH includes a wide range of programs and services aimed toward protecting and improving the health of the people who live and work in Delaware
DSAAPD	Division of Services for Aging and Adults with Physical Disabilities	The mission of the Division of Services for Aging and Adults with Physical Disabilities is to improve or maintain the quality of life for Delawareans who are at least 18 years of age with physical disabilities or who are elderly.
DSCYF	Department of Services for Children, Youth and their Families	The Department of Services for Children, Youth and their Families' primary responsibility is to provide and manage a range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect, or substance abuse. Its services include prevention, early intervention, assessment, treatment, permanency, and after care.
DSM – IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)	Psychiatric Diagnoses are categorized by the <u>Diagnostic and Statistical Manual of Mental Disorders, 4th Edition</u> . Better known as the “DSM-IV,” the manual is published by the American Psychiatric Association and covers all mental health disorders for both children and adults. It also lists known causes of these disorders, statistics in terms of gender, age at onset, and prognosis as well as some research concerning the optimal treatment approaches
DVR	Division of Vocational Rehabilitation	DVR's mission is to provide opportunities and resources to eligible individuals with disabilities, leading to success in employment and independent living
ELP	Essential Lifestyle Plan	A person centered plan, developed with the person receiving services, his/her family or guardian and other individuals providing support, that outlines in detail the individual's preferences, individual support needs, and lifestyle choices
EMI	Externalized	An index located within the ICAP

	Maladaptive Index	
ETLA	Emergency Temporary Living Arrangement	A temporary residential placement for individuals receiving services with an approved provider while a permanent placement is being sought.
FICA	Federal Insurance Contribution Act	A U.S. law requiring a deduction from paychecks and income that goes toward the Social Security program and Medicare. Both employees and employers are responsible for sharing the FICA payments. FICA stipulates that there is a maximum that can be allocated to Social Security, while there is no maximum on what can go toward Medicare.
FS CM	Family Support Case Manager	A case manager from the DDDS Family Support Unit.
GED	General Equivalency Diploma	A diploma earned instead of a High School Diploma. The recipient must pass a GED test
GMI	General Maladaptive Index	An index located within the ICAP
H.I.M.	Health Information Management	The unit in the DDDS that is responsible for overseeing the agency's archived records.
HCB OR HCBW OR HCBS	Home And Community Based Or Home And Community Based Waiver Or Home And Community Based Services	The Mental Retardation/Developmental Disability Home and Community Based Waiver Program is administered by the DDDS. Services offered include all regularly covered Medicaid services (hospital, physician, lab, prescriptions) plus the following special waiver services: Case Management Day Habilitation Institutional or In-home Respite Care Residential Habilitation
HIPAA	Health Insurance Portability and Accountability Act	The HIPAA law is a multi-step approach that is geared to improve the health insurance system. One approach of the HIPAA regulations is to protect privacy. This is in Title IV which defines rules for protection of patient information. All healthcare providers, health organizations, and government health plans that use, store, maintain, or transmit patient health

		care information are required to comply with the privacy regulations of the HIPAA law
HOYO	Home of Your Own Program	Program provides financing assistance for individuals with disabilities that are income eligible
ICF/MR	Intermediate Care Facility/Mental Retardation	Level of care based upon an evaluation that uses an Adaptive Behavior Scale.
IDT	Inter-Disciplinary Team	The team of support professionals (usually composed of a Case Manager, Nurse, Behavior Analyst, Residential and Day Program staff) assigned to provide services to an individual.
IEP	Individualized Education Program	Each public school child who receives special education and related services must have an Individualized Education Program (IEP). Each IEP must be designed for one student and must be a truly <i>individualized</i> document. The IEP creates an opportunity for teachers, parents, school administrators, related services personnel, and students (when appropriate) to work together to improve educational results for children with disabilities. The IEP is the cornerstone of a quality education for each child with a disability
IMI	Internalized Maladaptive Index	An index located within the ICAP
IPE	Individual Plan for Employment	This plan is completed by the Division of Vocational Rehabilitation (DVR)
LD	Learning Disabled	Referring to an individual who has a learning disability
LDAF	Lower Delaware Autism Foundation	The Lower Delaware Autism Foundation (LDAF) was formed by a group of parents of children with autism. This group of parents decided to help make programs, services, and resources available to children and individuals with autism and their families, caregivers, and educators in Sussex County, Delaware.
LOC	Level of Care	A form completed as part of the Medicaid Waiver application

MANDT	The MANDT System of Behavior Support	A course of instruction that teaches people how to build relationships, have positive interactions, and respond in a crisis situation. The Division's current approved Behavior Support class for staff
MAP16	Social Evaluation of Need for Nursing Home	A form completed as part of the Medicaid Waiver application
MAP25	Comprehensive Medical Report	A form completed as part of the Medicaid Waiver application
MCI	Master Client Index	The unique identification number assigned to each individual receiving services from the State of Delaware Department of Health and Social Services
NCI	National Core Indicators	A collaboration among participating state agencies and Human Services Research Institute, with the goal of developing a systematic approach to performance and outcome measurement.
NH – 10	Review and Approval of Level of Care	A form completed as part of the Medicaid Waiver application
OAS	Office of Applicant Services	The Office of Applicant Services provides individuals and/or families with information about and assistance with applying for services from the DDDS
OBRA	Omnibus Budget Reconciliation Act	In 1987, President Ronald Reagan signed into law the first major revision of the federal standards for nursing home care since the 1965 creation of both Medicare and Medicaid 42 U.S.C1396r, 42 U.S.C. 1395i-3, 42 CFR 483. The landmark legislation changed forever society's legal expectations of nursing homes and their care. Long term care facilities wanting Medicare or Medicaid funding are to provide services so that each resident can "attain and maintain her highest practicable

		physical, mental, and psycho-social well-being.”
OBRA	Federal Omnibus Reconciliation Act of 1987, also referred to as the Nursing Home Reform Act	A federally mandated program to determine whether persons with mental illness/mental retardation and/or a related condition are appropriate for admission to or continued residence in Medicaid certified nursing facilities and whether they require specialized services
OMB	Office of Management and Budget	The Office of Management and Budget was established July 1, 2005 by Governor Minner as part of her vision for the most efficient and effective operation of central state government services. This office supports State agencies to best utilize state assets, including people, land, facilities and financial resources.
OQM	Office of Quality Management (within the DDDS)	OQM staff duties include: <ul style="list-style-type: none"> - Evaluate Provider compliance - Complete Licensing Surveys - Analyze and disseminate information - Maintain information for the Division - Promote improvement in supports
OT	Occupational Therapy	Occupational Therapy is the "use of productive or creative activity in the treatment or rehabilitation of physically, cognitively, or emotionally disabled people" (American Heritage Dictionary).
PARC	Policy and Records Committee	Committee of DDDS charged with the responsibility for updating and reviewing all DDDS policies and forms.
PCA	Personal Care Attendant	A person specifically employed or designated to help an individual with a disability with daily living needs.
PIC	Parent Information Center (of Delaware)	The Parent Information Center of Delaware, Inc, (PIC) is a statewide nonprofit organization and is Delaware’s only federally mandated Parent Training and Information Center designated by the US Department of Education to provide support to families of children and youth with all disabilities from birth to age 26.
PLEP	Present Levels of Educational	In conjunction with a student’s IEP, the PLEP relates not only to a student’s

	Performance	academic strengths and concerns, but skills, abilities and concerns related to his/her post-high school goals.
PM 46	Policy Memorandum #46	Policy Memorandum #46, Issued by the Department of Health and Social Services. This document defines “abuse, neglect and mistreatment”, and instructs staff about the professional obligation to report.
PPD	purified protein derivative (the test used to detect Tuberculosis)	The tuberculosis skin test (also known as the tuberculin or PPD test) is a test used to determine if someone has developed an immune response to the bacterium that causes tuberculosis (TB).
PRC	Placement and Review Committee	The committee in DDDS whose responsibility it is to maintain a data base for individuals seeking residential services of available vacancies with approved residential service providers
PSR	Personal Spending Record	The document used to track the use of an individual’s funds in a residential setting.
PT	Physical Therapy	Physical Therapy provides services to individuals and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan.
QMRP	Qualified Mental Retardation Professional	A Qualified Mental Retardation Professional is someone who has specialized training in supporting people with developmental disabilities (mental retardation)
SSDI/OASDI	Social Security Disability Insurance / Old Age Survivors & Disability Insurance	Social Security Disability Insurance / Old Age Survivors & Disability Insurance pays benefits if you are "insured," meaning that you (or someone responsible for you) worked long enough and paid Social Security taxes.
SSI	Supplemental Security Income	Supplemental Security Income (SSI) is a Federal income supplement program funded by general tax revenues (not Social Security taxes). It is designed to help aged, blind, and disabled people, who have little or no income; and it provides cash to meet basic needs for food, clothing and shelter.
ST	Speech Therapy	Speech Therapy addresses speech production, vocal production, swallowing

		difficulties and language needs.
TAPD	Training and Professional Development	The Office of Training and Professional Development (TAPD) is responsible for administration of the statewide training program for staff employed by or contracted with DDDS
THERAP	Therap Services, LLC	Therap Services is a web-based service organization that provides an integrated solution for documentation and communication needs of agencies providing support to people with disabilities, especially developmental disabilities.
UCP	United Cerebral Palsy	United Cerebral Palsy (UCP) is the leading source of information on cerebral palsy and is an advocate for the rights of persons with any disability. The UCP mission is to advance the independence, productivity and full citizenship of people with disabilities through an affiliate network.