PROGRAM ADMINISTRATION

A. THE RIGHTS OF INDIVIDUALS ARE RESPECTED

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

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			1. Staff, providers and persons served are aware of the rights of persons served. *(16.311 B*)	1. Person must receive information on their rights at the time of admission into the program and should be encouraged to and receive training to exercise and assert their rights on an ongoing basis. All staff or other providers of services must be knowledgeable about person's rights and show respect for these. They must have received training/information on rights.
			2. Rights are suspended only to prevent harm to self, others, or property. *(16.312 A)*	2. The primary purpose of a rights suspension is <u>to protect</u> the person from endangering himself/herself, others or property. The purpose of a right suspension <u>is not</u> to change behavior although this may also result. A rights suspension due to property destruction should only be considered when it can result in harm to the person or others or when it is extensive; minor damage should not necessitate a rights suspension.
			3. Due process is adhered to when rights are suspended. **a) Rights suspension decision is made only by a developmental disabilities professional and is documented in the IP. *(16.312 A and A2)*** **b) The IP outlines what services and supports will be provided to assist the person to the point where the suspension is no longer necessary. *(16.312 A2)*** **c) Suspensions of rights are reviewed by the IDT and HRC. (*16.312 A2 and A4)***	3. All the steps of due process must be followed when a rights suspension is under consideration. a) The IP must be clear as to the right to be suspended and the justification for this. b) The IP must indicate the services and supports that will be provided in order to make the rights suspension no longer necessary or, if that cannot be reasonably expected (e.g., person with Prader-Willi restriction on access to food) what can be done to move towards less restrictive actions. The IDT will need to decide if this will require an ISSP or other agency action. c) Unless an emergency, the IDT must review a rights suspension prior to its implementation. The HRC should also review prior to implementation; if not possible (reasons need to be documented), it needs to be reviewed at the next meeting of the HRC.

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

			exploitation.	

PROGRAM ADMINISTRATION

B. SERVICES ARE PROVIDED IN A HUMANE AND CARING ENVIRONMENT

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

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			1. Staff and providers interact with persons served in a respectful and caring manner. ***(16.500)***	1. It is expected that all staff and providers interact with persons served in a respectful manner. Staff should not talk about persons in front of them. Staff should treat persons according to their age and engage persons in conversations that are friendly and caring. Written records should reflect respect and caring for individuals.
			2. All staff and providers are aware of the obligation to report suspected instances of mistreatment, abuse, neglect and exploitation and are aware of the reporting procedures as specified in the agency's policies and procedures. ***(16.580 B5 and B6 and 16.580 C)***	2. All staff and providers must be able to define what constitutes abuse, neglect, mistreatment and exploitation in the developmental disabilities system and know their duty to report. Staff and providers must know the agency's procedure for reporting allegations and/or suspicion of abuse, etc.
			3. All suspected incidents of mistreatment, abuse, neglect and exploitation are reported immediately to the agency administrator or his/her designee. ***(16.580 C)***	3. The program approved service agency needs to have clear policies regarding reporting procedures. Any and all suspected incidents of abuse, mistreatment, neglect or exploitation MUST be reported immediately to the party identified in the policy by employees and contractors. It should always be reported directly to someone at the administrative level.
			4. The agency monitors to detect instances of mistreatment, abuse, neglect, or exploitation. Monitoring includes, at minimum, the review of: ***(16.580 B2)*** **a) Incident reports;** **b) Verbal and written reports of unusual or dramatic changes in behavior; and,** **c) Verbal and written reports from persons served, advocates, families, or guardians.**	4. Monitoring for abuse, neglect, mistreatment or exploitation can and must occur in a variety of ways. The agency must always be vigilant in this area. Persons served need to be supported to discuss concerns they may have with how they are treated. Persons should be interviewed regarding their satisfaction with staff/providers. Review of records, log notes, incident reports, etc. may point to unusual behaviors or changes that may lead to a suspicion of abuse, mistreatment. Reports from family member, advocates, persons served, etc. regarding suspicions or notices of marked changes, must always be given close attention.

PROGRAM ADMINISTRATION				
YES	**NO**	**N/A**	**STANDARDS**	**INTERPRETIVE GUIDELINES**
			5. All alleged incidents of mistreatment, abuse, neglect and exploitation are investigated thoroughly. ***(16.580 D)***	5. A thorough investigation must be conducted by a person with expertise in investigative techniques and who has no conflict of interest. An investigation needs to not only determine what happened, but also what may have contributed to the incident. A thorough investigation would include: § Interviews with all parties that may have knowledge of or connection to the incident. § Securing of any evidence. § Collection and review of physical and documentary evidence, as appropriate; § Review of relevant agency policies. It is also important that the investigation is conducted in a timely manner. An investigation should start as soon as possible after the alleged incident. The program approved service agency must guard against contaminating an investigation and follow established investigative procedures. Investigations should reach logical conclusions based on findings of fact and the definitions of mistreatment, abuse, neglect or exploitation.
			6. There is an administrative record of all such investigations which includes: ***(16.580 D2)*** **a) Preliminary results of the investigation;** **b) A summary of the investigative procedures used;** **c) The investigative findings;** **d) Actions taken based on the findings;** **e) HRC review of the report/actions taken; and,** **f) Actions taken based on recommendations of the HRC.**	5. Each agency must have an administrative file for each investigation conducted of its program(s). The file should include the following: a) The incident report detailing the allegation. Information on any preliminary review conducted to determine immediate actions needed, and need for the investigations. b) The investigative procedures used are generally summarized in the final report, e.g., who was interviewed, in what order, documents reviewed, physical evidence, etc. c) Investigative findings including factual findings and conclusions drawn need to be completely and thoroughly summarized in the summary report. d) Appropriate actions should have been taken and documented. All recommendations made as the result of an investigation should be implemented or an explanation given as to why not. e) And f) HRC review of the investigation should be conducted as soon as possible after its completion. The record must document that this occurred and the HRC's recommendation. Records need to reflect that recommendations were implemented or why not.

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

PROGRAM ADMINISTRATION

C. THE AGENCY EXERCISES DILIGENCE IN DETECTING AND PREVENTING SERIOUS INCIDENTS

A part of providing a humane and caring environment includes diligence in ensuring the safety of persons served. Essential to ensuring the safety of persons is an effective system for reporting serious incidents and for acting on the information received including the implementation of preventative practices/procedures. Crucial to effective prevention is the willingness of the agency to learn from the information received through the incident reporting system.

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			1. Incident reports are completed for required instances. ***(16.560 A)***	1. Incident reports are to be completed for the following to ensure that events that may have placed person's at risk receive an appropriate level of review and follow-up: § Injury to a person receiving services. § Lost or missing persons. § Medical emergencies. § Hospitalizations. § Death. § Medication errors. § Unusual actions of persons receiving services requiring review. § Allegations of mistreatment, abuse, neglect, or exploitation. § Use of safety control procedures. § Use of emergency control procedures. § Stolen property belonging to persons receiving services. Agencies/programs must monitor to ensure reports are written as needed.
			2. Incident reports contain the required information. ***(16.560 B)***	2. Incident reports are to contain all required information: § Name of person reporting. § Name of consumer involved in the incident. § Name(s) of witness(es). § Type of incident (e.g.; medication error, injury, unusual behavior). § Description of incident. (The report should be clear enough to know what happened; if it is not, someone should have gone back to add an explanation of what happened.) § Date and place of occurrence. § Duration of the incident. § Description of the action taken (description of action should be very specific). § Whether the incident was observed directly or reported to the agency. § Names of persons notified. § Follow-up action taken or where to find documentation of follow-up. § Name of person responsible for follow-up.

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

PROGRAM ADMINISTRATION

D. SERVICE PROVIDERS ARE COMPETENT AND MOTIVATED

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

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			1. Background and reference checks have been conducted prior to hiring staff and other providers of services and supports. *(16.246 B)*	1. Background (criminal record) and reference checks are to be conducted prior to hiring staff or contracting with an individual. Background (criminal) checks also are to be completed for all persons over age 18 living in a Host Home. Please refer to the technical assistance paper, *Trust but Verify*, for guidance and expectations regarding background and reference checks.
			2. The agency has developed and implemented an organized program of orientation and training that meets requirements of DDS guidelines for minimum training of direct service providers. *(16.246 D 1-2)* **a) The training program defines the extent and type of training to be provided to direct service providers prior to having unsupervised contact with persons receiving services.** **b) The training program defines training related to health, safety, and services and supports that is to be provided to direct service providers within the first 90 days.**	2. The training program includes a planned curriculum or, at a minimum, a listing of topics to be covered. The training program must cover areas outlined in DDS guidelines for minimum training of direct service providers and sufficiently address the topics necessary for staff/providers to carry out their duties with competence.
			3. Training specific to individuals for whom the provider has responsibilities is provided prior to unsupervised contact and within the first 90 days as needed. *(16.246 D 3)*	3. Such training will need to be specific to a person. Please refer to DDS training guidelines for a listing of areas that must be covered and examples of others that may be needed.

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

PROGRAM ADMINISTRATION

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

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

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			1. The safety and security of confidential information is ensured. *(16.330)*	1. Confidential information is to be stored in areas accessible only to persons who are authorized to view confidential information (e.g., file room, case manager's office) and the room or cabinet should generally be locked when no one is available. Confidential information cannot be left lying around in areas accessible to the public. Names of persons receiving services should only appear in confidential files and in the file of the person for whom the record was intended. Names should not appear in agency meeting minutes, etc.
			2. Only authorized individuals have access to confidential information. *(16.332 A and B)*	2. Authorized persons include: the person, entities having written authorization, authorized representative (if within their scope of authority), staff of CCBs, RCs, other service agencies, BODs, HRCs, DHS, licensing/accrediting agencies to the extent necessary, and physicians and psychologists in an emergency.
			3. Any release of confidential information, including photographs, meets requirements of rules. *(16.331 A, D and F)*	3. Individuals' names or photographs are not to be posted for public viewing or published without permission. Releases must have: signature and date, the information or photo to be disclosed, the intended use, and to whom it will be disclosed. Releases must be for a specific time period.
			4. Staff and other providers receive training with regard to confidentiality. *(16.334)*	4. The program approved service agency needs to document in training records that staff and other providers have received information on confidentiality. It is expected that staff and providers do not speak about persons receiving service in front of others who are not authorized to have access to that information.

PROGRAM ADMINISTRATION

F. RECORDS PROVIDE INFORMATION NEEDED

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

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			1. The service agency maintains a record for each person which contains information as required by standards, applicable rules and the following*: (16.612 I and 16.622 B 10)* **a) Name, address and date of birth.** **b) Emergency information.** **c) The IP.** **d) Current ISSPs and subsequent reviews.** **e) Record of services and supports provided.** **f) HRC reviews and recommendations as applicable.** **g) Release of information, if applicable.** **h) Incident reports, if applicable.** **i) Informed consent, if applicable.**	1. Not all the records need to be in the same file. A program may choose to maintain a "main" file and a "working" or "on-site" file. What is important is that the file(s) contain information required by rules and critical to the provision of services. Records should be organized and functional. i) Statutes require informed consents to be in writing and to include the following: § a fair explanation of procedures (for psychotropic medication this would be the medication and the dosage); § a description of attendant discomforts and risks; § a description of benefits to be expected; § disclosure of appropriate alternative procedures with an explanation of their benefits, discomforts and risks; § an offer to answer any questions; § instructions that consent can be withdrawn at any time and the person can discontinue participating in the project or activity at any time; and, § a statement that withholding or withdrawing consent will not prejudice future provision of services. Explanation of procedures, benefits and side effects should be in "consumer friendly" language.
			2. Staff and providers have ready access to records and other information as required to carry out their responsibilities. *(16.612 I and 16.602 B10)*	2. Examples of records that must always be available to staff on-site (including in Host Homes) are: Written physician's orders for medication; medication records; IP and ISSP, safety/emergency plans, critical medical information, emergency contacts, safety control plans. Examples of other information staff and providers need access to include: guardianship information, profile of persons, history critical

				to the provision of appropriate services, etc.

PROGRAM ADMINISTRATION

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

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

YES	NO	N/A	STANDARDS	INTERPRETIVE GUIDELINES
			1. Persons in services, parents of a minor, guardian and or authorized representative, as appropriate, are informed about and given a written description of the agency's dispute resolution procedure: ***(16.322 C1)***	1. Persons need to be fully informed of their right to dispute certain decisions. Each service agency must assist individuals to understand both this right and the process for filing a dispute.
			a) At the time of admission to the program;	
			b) When services or supports are to be denied or terminated;	
			c) When changes in the IP are contemplated; and,	
			d) When changes are made to the procedure.	
			2. Notice is provided 15 days prior to the effective date of the action when decisions to terminate services or to provide, change, reduce or deny services set forth in the IP are made. ***(16.322 D)***	2. A written notice must be sent at least 15 days prior to a termination and other action stated in the standard. All notices must meet the requirements of 16.120. Notice is required even when the person initiates termination or moves out of the area.
			3. All disputes are resolved in accordance with the agency procedure. ***(16.322)***	3. The agency procedure must meet requirements of rules. It also needs to indicate that mediation could be an option during the informal process and include the right for the person to dispute the decision to the Department if resolution cannot be reached locally. While the decision is under dispute the person's services must remain the same, that is, the contested decision cannot go into effect while it is under dispute. Written records must be sufficient to record the steps of the process, the information pertinent to the issue, the decisions made

				and the rationale for the decisions.

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