



**Arkansas Department
of Health and Human Services**
Division of Developmental Disabilities Services



DDS STANDARDS

***FOR CENTER-BASED COMMUNITY
SERVICES***

DRAFT

DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

PHILOSOPHY & MISSION STATEMENT

The Division of Developmental Disabilities Services (DDS), the DDS Board, and its providers are dedicated to the pursuit of the following goals:

- Advocating for adequate funding, staffing, and services to address the needs of persons with developmental disabilities.
- Encouraging an interdisciplinary service system to be utilized in the delivery of appropriate individualized and quality services.
- Protecting the constitutional rights of individuals with disabilities and their rights to personal dignity, respect and freedom from harm.
- Assuring that individuals with developmental disabilities who receive services from DDS are provided uninterrupted essential services until such time a person no longer needs to depend on these services.
- Encouraging family, parent/guardian, individual, and public/community involvement in program development, delivery, and evaluation.
- Engaging in statewide planning that ensures optimal and innovative growth of the Arkansas service system to meet the needs of persons with developmental disabilities and to assist such persons to achieve independence, productivity, and integration into the community.

To accomplish its mission, DDS, the DDS Board, and its providers are committed to the principle and practices of:
normalization; least restrictive alternatives; affirmation of individuals' constitutional rights; provision of quality services;
the interdisciplinary service delivery model;
and the positive management of challenging behaviors.

TABLE OF CONTENTS

•INTRODUCTION

•DEFINITIONS

•SECTION	100	BOARD OF DIRECTORS
•SECTION	200	PERSONNEL PROCEDURES & RECORDS
•SECTION	300	STAFF TRAINING
•SECTION	400	INDIVIDUAL/PARENT/GUARDIAN RIGHTS
•SECTION	500	SERVICE PROVISION STANDARDS
•SECTION	600	FOOD SERVICES
•SECTION	700	TRANSPORTATION
•SECTION	800	PHYSICAL PLANT
•SECTION	900	COMMUNITY LIVING PHYSICAL PLANT

INTRODUCTION

The licensing standards for DDS Community Programs have been developed to accomplish: normalization, least restrictive alternatives, affirmation of individuals' constitutional rights, provision of quality services, the interdisciplinary service delivery model, and the positive management of challenging behaviors.

Individual program plans shall be developed with the participation of the individual (18 years and older), as appropriate, the family, and representatives of the services required. The team is responsible for assessing needs, developing a plan to meet them, and contributing to its implementation.

NOTE: It is imperative that all Medicaid providers be enrolled with the Division of Medical Services and meet all enrollment requirements for the specific Medicaid Program for which they are enrolling as an Arkansas Medicaid Provider.

All standards are applicable to all services provided, unless otherwise specified.

Administrative Rules and Regulation Sub-Committee of the
Arkansas Legislative Council: _____, 2007

Effective Date: _____, 2007

Implementation Date: _____, 2007

100 GOVERNING BOARD / LEADERSHIP

Guiding Principles: The Governing Board/Leadership is that body of people who have been chosen by the corporation and vested with legal authority to be responsible for directing the business and affairs of the corporation. The responsibilities assumed by each board member by their acceptance of membership are to provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability.

The mission statement of the organization is based on the board's philosophical motivations, the services provided, and values of the members. The mission statement should identify the population to be served and the services to be provided. This description shall be nondiscriminatory by reason of sex, age, disability, creed, marital status, ethnic, or national membership.

NOTE: See Arkansas Code Ann. §§ 20-48-201 - 20-48-211 for examples of Board responsibilities.

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NOTE: ALL INFORMATION REGARDING YOUR ORGANIZATION SHALL BE READILY AVAILABLE TO STAFF, CONSUMERS, REFERRAL AND FUNDING SOURCES, AND THE INTERESTED PUBLIC AT ALL TIMES.

- 100.1 The Board maintains a plan which shall identify annual and long range goals; the plan should address community needs and target populations and should be reviewed and updated annually.
- A. Each Board will develop a long-range plan of action for that organization. Examples include, but are not limited to starting a new component, accessing individualized services in the community, etc.
 - B. Development of the plan shall include stakeholder input. The organization shall maintain evidence of this input (i.e., letters of input, minutes of open meetings, questionnaires, surveys, etc.)
 - C. The plan shall be reviewed annually and updated as needed. The Board shall approve the initiation, expansion, or modification of the organization's program based on the needs of the community and the capability of the organization to have an effect upon those needs within its established goals and objectives.
- Note: The Board of Directors, at its discretion, may assign this responsibility to staff.*
- 100.2 The Board shall demonstrate corporate social responsibility while maintaining overall accountability for the administration and direction of the organization, and shall delegate authority and responsibility to executive leadership as deemed appropriate by the organization.
- A. The organization shall identify:
 - 1. Its leadership structure.
 - 2. The roles and responsibilities of each level of leadership.
 - B. The identified leadership shall guide the following:
 - 1. Establishment of the mission and direction of the organization.
 - 2. Promotion of value/achievement of outcomes in the programs and services offered.
 - 3. Balancing the expectations of both the persons served and other stakeholders, as defined by the organization's policies.

4. Financial solvency.
5. Compliance with insurance and risk management requirements.
6. Ongoing performance improvement.
7. Development and implementation of corporate responsibilities.
8. Compliance with all legal and regulatory requirements.

C. The organization shall respond to the diversity of its stakeholders with respect to:

1. Culture.
2. Age.
3. Gender.
4. Sexual orientation.
5. Spiritual beliefs.
6. Socioeconomic status.
7. Language.

102 The Board of Directors shall adopt a mission statement to guide its activities and to establish goals for the organization. The plan shall show evidence of participation by stakeholders (evidence of open meeting, letters of input, survey, questionnaire, etc.).

102.1 The Board of Directors shall review the mission statement annually and shall make changes as necessary to ensure the overall goals and objectives of the organization are reflected in its mission.

103 The Board shall create a mechanism for monitoring the decisions and operations of the organization's programs which includes provisions for the periodic review and evaluation of its program in relation to the program goals and shall. Documentation of the review must be maintained on file for review. Documentation may include but not be limited to Board minutes, reports, etc.

104

Guiding Principle: An organized training program for Board Members prepares them for their responsibilities and assures that they are kept up-to-date on issues concerning services offered to individuals with a developmental disability.

The Board shall maintain a general plan for Board training and will ensure that all items listed as required topics are covered in the required three-hour training.

A. Training shall be provided for all Board members. Where the Board, because of its size, lacks sufficient resources to conduct a Board training program, it will make arrangements with another Board organization, agency, appropriate community resource, or training organization to provide such training.

104.1 New Board Members must participate in a minimum of three hours of training.

A. The following topics shall be required during the first year of service

1. Functions and Responsibilities of the Board
2. Composition and Size of the Board
3. Legal Responsibilities
4. Funding Sources and Responsibilities,

5. Equal Employment Opportunity/Affirmative Action,
6. Due Process
7. Ark. Code Ann. §§ 25-19-101 – 25-19-107 “Freedom of Information Act of 1967”
8. U. S. C. § 12101 et. seq. “Title 42 THE PUBLIC HEALTH AND WELFARE--CHAPTER126—EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES--§ 12101. Findings and purpose”
9. DDS Service Policy 3004-I Maltreatment Prevention, Reporting and Investigation;
10. DHS Policy 3002-I, Incident Reporting.
11. DDS Administrative Policy 1077
12. Chemical Right to Know
13. The Health Insurance Portability and Accountability Act (HIPAA)

NOTE: POSSIBLE TRAINING RESOURCES INCLUDE ASPEN PUBLICATIONS, WHICH HAS MATERIALS ON BOARD AND ADMINISTRATOR TRAINING. (WWW.ASPENPUBLISHERS.COM) Resources or additional information should be obtained from DDS Licensure.

- B. All Board new members as they begin service shall participate in training. For those new Board members unable to attend formally scheduled sessions, others who participate will disseminate the information and document the transference of information shall be maintained. (Note: Training may be documented in Board minutes or by Certificates of Attendance.)

104.2 All Board members shall complete a minimum of three hours annual training. Topics may be selected by the Board of Directors and must be germane to the annual plan. Training should be documented in Board minutes, by Certificates of Attendance or sign in sheets from approved training.

104.3 Board members shall visit program components of the organization during operating hours yearly.

- A. All components of the organization must be observed annually. If on-site observations to each physical location are not feasible, at least 1 physical site from each program component must be observed during the calendar year. The sites must be rotated yearly. Committees or individual Board Members may be appointed to visit specific components and report back to the other Board members on observations. Documentation of reports in Board minutes shall be accepted as verification.

105 The organization shall be a legally incorporated as a non-profit entity under the appropriate federal, state or local statutes as defined by its official Articles of Incorporation and is registered to do business in the State of Arkansas.

- A. The governing body should periodically review the appropriateness of its governing documents. (Ark. Code Ann. §§ 20-48-201 – 20-48-211). This shall include the organizations mission statement as filed with the Secretary of State, and the Articles of Incorporation.
- B. Any changes in the Articles of Incorporation must be filed with the Secretary of State. This includes name changes, amendments, or any reconstitution of the Governing Board. The organization shall provide copies of any changes to DDS upon filing.

106 Bylaws shall be established which govern the internal affairs of the organization and will address each of the following areas:

- A. Composition of Board
 - 1. This shall include the number of Board members and the eligibility criteria (i. e. citizenship and residency).
 - 2. Selection of Board members
 - a. Twenty percent (20%) consumer and advocate representation on the board is required. *(Note: defined as a consumer, immediate family member of a consumer receiving services or has received services at the organization or person in a qualified position that advocates on behalf of the population served)*
- B. Term of membership:
 - 1. Number of years as dictated by the organization's Articles of Incorporation. *Note: It is recommended that membership on the governing body be rotated periodically.*
- C. Replacement/removal of directors:
 - 1. Refers to written criteria for Board membership. Shall include any contingency to include but not be limited to resignation of Board members and removal for non-attendance or other reasons.
- D. Election of officers and directors:
 - 1. Describe the election process
- E. Duties and responsibilities of Board officers are described in writing
 - 1. Must document each position's purpose, structure, responsibilities, authority, if any, and the relationship of the advisory committee of Board members to other entities involved with the organization.
- F. Appointment of committees, if applicable;
 - 1. Duties and functions of standing committees are described in writing, if applicable.
- G. Meetings of the Board and its committees. All meetings shall be planned, organized, and conducted in accordance with the organization's by-laws, policies, procedures, applicable statutes, or other appropriate regulations. In no event shall the full Board meet less than four times per year.
Note: The Board and its committees should meet with a frequency sufficient to discharge their responsibilities effectively.
- H. The Board shall adopt written procedures to guide the conduct of its meetings (i.e. Parliamentary Procedure, Robert's Rules of Order, etc.);
- I. The Board shall maintain minutes of all actions taken by the Board for review by DDS. Minutes shall accurately document all members present and any action taken at the committee meetings to include any committee recommendations to the Board.
 - 1. Written minutes of previous Board meetings should be made available by posting the adopted minutes in a location convenient to the staff and individuals served, and made available to members of the public upon request, as required under the Freedom of Information Act.

- 107 The Board shall establish a procedural statement addressing nepotism as it relates to Board and staff positions.
- 107.1 The Board shall establish a procedural statement addressing conflict of interest
Note: The intent of the standard does not rule out a business relationship, but does call for the governing body to decide in advance what relationships are in the best interest of the organization.
- A. Paid employees may not serve as Board members.
 - B. Directors of organizations may serve as non-voting ex officio Board members.
This DOES NOT include individuals receiving services.
- 108 Board meetings and public meetings shall be conducted at a time and place which make the meetings accessible to the public
- A. Board meetings and Executive sessions shall be announced to be in compliance with Ark. Code Ann. §§ 25-19-101 – 25-19-107 “Freedom of Information Act”
 - B. All local media are to be notified one week in advance and a notice posted in a prominent place by the organization. Called meetings shall be announced to the local media and others who have requested notification at least two hours in advance of meeting. Documentation of Notification may include newspaper clippings, copy of item posted on bulletin board, radio contact forms, etc.
 - D. If the meetings are held each month at the same time and location, one notification and posting shall be sufficient.
- 109 The Board shall establish and approve policies and procedures which define Eligibility criteria, Readmission criteria, and transition/discharge/exit criteria
- 110 The Board shall establish policy regarding financial oversight of the organization that addresses the following:
- A. The organization’s financial planning and management activities reflect strategic planning designed to meet:
 - 1. Established outcomes for the persons served.
 - 2. Organizational performance objectives.
 - B. Written budgets are prepared that:
 - 1. Include:
 - a. Reasonable projections of revenues and expenditures.
 - b. Input from various stakeholders, as required.
 - c. Comparison to historical performance.
 - 2. Are disseminated to:
 - a. Appropriate personnel.
 - b. Other stakeholders, as appropriate.
 - C. Actual financial results are:
 - 1. Compared to budget.
 - 2. Reported to:
 - a. Appropriate personnel.

- b. Persons served, as appropriate.
 - c. Other stakeholders, as required.
 - 3. Reviewed at least quarterly.
- D. The organization identifies and reviews, at a minimum:
 - 1. Revenues and expenses.
 - 2. Internal and external:
 - a. Financial trends.
 - b. Financial challenges.
 - c. Financial opportunities.
 - d. Business trends.
 - e. Management information.
 - 3. Financial solvency, with the development of remediation plans, if appropriate.

200 PERSONNEL PROCEDURES & RECORDS

- 201 The organization shall maintain written personnel procedures that are approved by the Board and are reviewed annually and which conform to state and federal laws, rules and regulations.

NOTE: DDS SHALL NOT BECOME DIRECTLY INVOLVED IN PERSONNEL ISSUES UNLESS IT DIRECTLY IMPACTS CONSUMER CARE AND/OR SAFETY.

- 201.1 Personnel procedures shall be clearly stated and available in written form to employees as required by 42 U.S.C. § 2000a – 2000 h-6 “Title VI of the Civil Rights Act of 1964” and U.S.C. § 1201 et. Seq. Americans with Disabilities Act. These include but are not limited to:
- A. Hiring and promotional procedures which are nondiscriminatory by reason of sex, age, disability, creed, marital status, ethnic, or national membership
 - B. A procedure for discipline, suspension and/or dismissal of staff which includes opportunities for appeal
 - C. An appeals procedure allowing for objective review of concerns and complaints
- 201.2 One copy of the organization’s Personnel procedures must be available in the personnel or administrator’s office. This copy must be readily accessible to each employee.
- 201.3 The organization shall develop and implement steps to voice grievances within the organization. All grievances are subject to review by the Governing Board and Court of Law (29 U.S.C. §§ 706(8), 794 – 794(b), the “Rehabilitation Act of 1973 Section 504; 20 U.S.C. § 14000 et. Seq. Section 615 “The Individual Disabilities Education Act”.
- A. All steps in the Grievance Procedure should be time-bound and documented, including initial filing of grievance.
- 201.4 The organization shall develop and implement policies regarding whether pre-employment and random drug testing will be required. If the organization chooses to do drug testing they must establish guidelines for actions to be taken when the drug test results are obtained, whether positive or negative. (The organization may contact Arkansas Transit Association for further information on drug testing)
- 202 Prior to employment, a completed job application must be submitted which includes the following documents.
- A. The organization shall obtain and verify PRIOR to employment and maintain documentation of the following:
 - 1. The credentials required
 - 2. That required credentials remain current
 - 3. The applicant has completed a statement related to criminal convictions
 - 4. A criminal background check has been initiated. Refer to DDS Policy 1087.
 - 5. Declaration of truth of statement on job application.
 - 6. A release to complete reference checks is signed and reference checks have been completed

7. Results of pre-employment drug screen, if required by organization.

NOTE: THE ITEMS IN 202A.5 AND 202A.6 WILL NOT BE RATED FOR EMPLOYEES HIRED PRIOR TO JULY 1, 1986.

- B. The organization shall obtain and verify within 30 days of employment and maintain documentation of the following:

1. Adult Maltreatment Central Registry Ark. Code Ann. §§ 5-28-201 has been completed and the response is filed, or a second request submitted
2. Arkansas Child Maltreatment Central Registry Ark. Code Ann. §§ 12-12-501 – 12-12-515 has been completed and the response is filed, or a second request submitted. This check will provide documentation that prospective employee's name do not appear on the statewide Central Registry.
 - a. The organization should adopt policy requiring subsequent criminal checks and registry checks. The organizations that provide licensed daycare services must adhere to Child Care Licensing regulations regarding Criminal background checks and central registry checks.

Note: Staff holding professional licenses may be used in lieu of criminal background and adult and child maltreatment checks.

3. TB skin test
 - a. Renewed yearly for ALL STAFF.
4. Hepatitis B series or signed declination
5. The results of criminal background check of the will be on file.
6. Employment reference verification and signed release
 - a. On file within thirty (30) days of hire date

- C. The organization shall obtain and verify information in 202 A and B in response to information received (i.e., a complaint is received that a person's license has lapsed or a person has been convicted of a crime since they were hired).

- 203 The agency shall ensure sub-contractor's services meet all applicable standards and will assess performance on a regular basis.

- A. The organization shall ensure that sub-contractors providing direct care services are in compliance with DDS policies and must have verification and documentation of all applicable items listed in 202A.

Note: Staff holding professional licenses may be used in lieu of criminal background and adult and child maltreatment checks.

- B. The organization shall demonstrate:

1. Reviews of all contract personnel utilized by the organization that:
 - a. Assess performance of their contracts
 - b. Ensure all applicable policies and procedures of the organization are followed
 - c. Ensure they conform to DDS standards applicable to the services provided
 - d. Are performed annually

- 204 The organization shall develop, implement and monitor policies and procedures for staff recruitment and retention so that sufficient staff is maintained to ensure the health and safety of the individuals served, according to their plans of care.
- A. The organization must ensure there are an adequate number of personnel to:
 - 1. Meet the established outcomes of the persons served.
 - 2. Ensure the safety of persons served.
 - 3. Deal with unplanned absences of personnel.
 - 4. Meet the performance expectations of the organization.
 - B. The organization shall demonstrate:
 - 1. Recruitment efforts.
 - 2. Retention efforts.
 - 3. Identification of any trends in personnel turnover.
- 205 The organization shall develop and implement procedures governing access to staff members' personnel file.
- A. An access sheet shall be kept in front of the file to be signed and dated by those who are examining contents, with stated reasons for examination.
 - B. The policy shall clearly state who, when, and what is available concerning access to personnel files and be in compliance with the Federal Privacy Act and Freedom of Information Act. At no time shall the policy allow access that violates the provisions of the Health Insurance Portability and Accountability Act (HIPAA).
- 206 The organization shall develop written job descriptions which describe the duties, responsibilities, and qualifications of each staff position.
- A. The organization shall:
 - 1. Identify the skills and characteristics needed by personnel to:
 - a. Assist the persons served in the accomplishment of their established outcomes.
 - b. Support the organization in the accomplishment of its mission and goals.
 - 2. Assess the current knowledge and competencies of personnel at least annually.
 - 3. Provide for the orientation and training needs of personnel.
 - 4. Provide the resources to personnel for learning and growth.
 - 5. Identify the supervisor of the position and the positions to be supervised.
 - B. Performance management shall include:
 - 1. Job descriptions that are reviewed and/or updated annually.
 - 2. Promotion guidelines.
 - 3. Job posting guidelines.
 - 4. Performance evaluations for all personnel directly employed by the organization shall be:
 - a. Based on measurable objectives that tie back to specific duties as listed in the Job Description.
 - b. Evident in personnel files.
 - c. Conducted in collaboration with the direct supervisor with evidence of input from the personnel being evaluated.

- d. Used to:
 - 1. Assess performance related to objectives established in the last evaluation period.
 - 2. Establish measurable performance objectives for the next year.
- e. Performed annually.

- 207 The organization shall establish employment practices for students, interns, volunteers and trainees utilized by the organization who have regular, routine contact with consumers.
- A. The organization shall define who has and what constitutes regular, routine contact with consumers.
 - B. If students, interns, volunteers or trainees are used by the organization, the following shall be in place:
 - 1. A signed agreement.
 - a. If professional services are provided, standards or qualifications applied to comparable positions must be met.
 - 2. Identification of:
 - a. Duties.
 - b. Scope of responsibility.
 - c. Supervision.
 - 3. Orientation and training.
 - 4. Assessment of performance.
 - 5. Policies and written procedures for dismissal.
 - 6. Confidentiality policies.
 - 7. Background checks, when required.

300 STAFF TRAINING

Guiding Principle: Staff Training is an organized program which prepares new employees to perform their assigned duties competently and maintains and improves the competencies of all employees. Staff Training for the organization shall provide an on-going mechanism for the evaluation of the impact of the program on services provided to individuals with developmental disabilities. This should include service outcomes to individuals, meeting of the organization objectives and overall mission, compliance with regulatory and professional standards and positive changes in staff performance and attitudes. The needs of individuals with developmental disabilities require the efforts of competent personnel who continually seek to expand knowledge in their fields.

- 300.1 The organization shall establish a policy designating one or more employees to be responsible for coordinating in-service staff training.
- A. The employee responsible for staff training should have broad knowledge of care and service needs of persons with developmental disabilities, and possess the necessary skills to organize and implement an in-service training program as evidenced in resume.
- 301 The organization shall establish a written training plan. This plan must show how the training will be provided and the areas covered. If training occurs during regularly scheduled service hours, documentation must be present that individual staff ratios were maintained.
- 301.1 ALL Personnel shall receive initial and annual competency-based training to include, but not limited to:
- A. Health and safety practices.
1. First Aid (review yearly, renew as required by American Heart Association, Red Cross, or Medic First Aid, applicable for ALL direct service personnel)
- a. There is immediate access to:
- (1) First aid expertise.
- (2) First aid equipment and supplies.
- (3) Emergency information on the:
- (a) Persons served.
- (b) Personnel.
- b. CPR (Initial Certification, renew as required by American Heart Association or Red Cross).
1. ALL direct care staff members, including bus and van drivers, shall be trained and certified to provide CPR, unless they are deemed physically incapable of performing this task by a licensed medical professional, such as a nurse or doctor. Documentation must be maintained in the personnel file. Staff that are physically incapable of performing CPR must complete and have documentation of CPR training.
2. The organization shall develop and monitor policy regarding timeframe for CPR certification after hire date. (Timeframe not to exceed 90 days)
- c. Medication – Implications, Side Effects, Legality of Administering medication

- d. Infection Control Plan
 - 1. The organization shall implement an infection control plan that includes:
 - (a). Training regarding the prevention and control of infections and communicable diseases for:
 - (1). Persons served, when applicable.
 - (2). Personnel.
 - (b). The appropriate use of standard or universal precautions by all personnel.
 - (c). Procedures that specify that employees with infectious diseases shall be prohibited from contact with individuals until a physician's release has been provided to the organization director.
- B. Identification of unsafe environmental factors.
 - 1. Issues Regarding Prevention of Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HIV) and other Bloodborne Pathogens
- C. Emergency procedures and Evacuation Procedures
 - 1. Emergency and Disaster Preparedness
 - 2. Fire and Tornado Drills, Violence in the Workplace, Bomb Threats, Earthquake
- D. General Information
 - 1. Overview of Department of Human Services
 - 2. Overview of Developmental Disabilities Services
 - 3. Philosophy, Goals, Programs, Practices, Policies, and Procedures of Local Organization
 - 4. HIPPA policies and procedures
 - 5. Orientation to history of Developmental Disabilities
 - 6. Current Issues Affecting Individuals with Developmental Disabilities
 - 7. Introduction to Principles of Normalization
 - 8. Procedures for Incident Reporting
 - 9. Appeals Procedure for Individuals Served by the Program
 - 10. Introduction to Behavior Management
 - 11. Community Integration Training.
- E. Legal
 - 1. Overview of Federal and State Laws related to serving individuals with a developmental disability (NOTE: Laws may change every 2 years)
 - 2. Legal Rights of Individuals with Developmental Disabilities
 - 3. Application of Federal Civil Rights Laws to Persons with AIDS or HIV related condition (or those who may be perceived to have AIDS or HIV related conditions).
 - 4. Ark. Code Ann. §§6-41-201 – 6-41-222--The Children With Disabilities Act of 1973
 - 5. Ark. Code Ann. §§20-48-201 – 20-48-211; --Arkansas Mental Retardation Act
 - 6. Ark. Code Ann. §§25-19-101 – 25-19-107 --Freedom of Information Act

7. Ark. Code Ann. §§28-65-101 – 28-65-109; --Guardians Generally
8. Ark. Code Ann. §§5-28-101 – 5-28-109; --Abuse of Adults
9. Ark. Code Ann. §§12-12-501 – 12-12-515; --Arkansas Child Maltreatment Act
10. Ark. Code Ann. §§25-2-104, 25-2-105, 25-2-107, Type 1, Type 2 and Type 4 Transfers
11. Ark. Code Ann. §§25-10-102 – 25-10-116; Department of Health and Human Services General Provisions
12. Ark. Code Ann. §§20-78-215 -- Child sexual abuse - Federal funds
13. U.S.C. § 12101 et. seq. --Americans with Disabilities Act of 1990 P. L. 101-336
14. 20 U.S.C. §14000 et. seq. (Part B and Part C -- P. L. 94-142 Individuals with Disability Education (IDEA) P.L. 99-457 Part C
15. 42U.S.C. §2000a – 2000 h-6-- Title VI of the Civil Rights Act of 1964
16. 29 U.S.C. §§706 (8) Rehabilitation Act of 1973, 794 – 794(b) Section 504
17. 5 U.S.C. §552a-- Federal Privacy Act
18. 42 U.S.C. §§6000-- Developmentally Disabled Assistance & Bill of Rights Act of 1984
19. Deficit Reduction Act and False Claims Act

Note: Documentation of prior training of individual staff may be used for the required topics, if this situation is addressed in the organization's training plan.

301.2. Documentation of prior training of individual staff may be used for the required topics, if this situation is addressed in the organization's training plan.

301.3. Training Requirements for professional/administrative staff, as defined by the agencies policies

1. Fifteen (15) hours minimum completed within ninety (90) days of employment (does not include First Aid and CPR training)

301.4. Training Requirements for direct care staff

1. Fifteen (15) hours minimum completed within (30) days of employment (does not include First Aid and CPR training)

NOTE: IN ADDITION TO THOSE AREAS ADDRESSED IN THESE STANDARDS, OTHER IDENTIFIED NEEDS BASED ON STAFF INPUT SHOULD BE ADDRESSED.

NOTE: SEE APPENDIX B for Training Resources

301.5 In addition to the requirements in Section 301.1-301.4, all direct care staff shall receive annual in-service training and/or continuing education as follows:

- A. Minimum of fifteen (15) hours of training annually, including the required topics.
 1. Topics must be applicable to the job and are to be chosen by the organization based on identified needs. Topics may be a combination of required and job specific training.
 2. Behavior management techniques/programming

- B. Prior to beginning service delivery, direct care staff must be trained in the individual's plan of care and specific health and safety needs (i.e., medication, positive behavior programming, etc.). Documentation of the training shall be maintained in the staff's personnel file and shall be evidenced by the signatures of the trainer and the direct care staff, the date the training was provided and the specific information covered.

302 Annual in-service training and/or continuing education for Managerial Staff, as defined by the agencies policies.

- A. Topics Chosen must be related to the job performed.
- B. Minimum of fifteen (15) hours of training required yearly, from the following list:
1. Issues Regarding Prevention of Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HIV) and other Blood Borne Pathogens
 2. Application of Federal Civil Rights Laws to persons with AIDS or HIV related Conditions (or those who may be perceived to have AIDS or HIV Related conditions)
 3. Management of Non-Profit Organizations
 4. Procedures for Preventing and Reporting Alleged Maltreatment of Children and Adults
 5. Effective Supervision/Management Techniques
 6. Selection and Interviewing
 7. Fair Employment Principles
 8. Performance Evaluation
 9. Techniques for Working with the Board
 10. Overview of Federal and State Laws Related to Serving Individuals with a Developmental Disability (up-dated every two (2) years)
 11. Federal and State Laws:
 - a. Ark. Code Ann. §§6-41-201 – 6-41-222--The Children With Disabilities Act of 1973
 - b. Ark. Code Ann. §§20-48-201 – 20-48-211-Arkansas Mental Retardation Act
 - c. Ark. Code Ann. §§25-19-101 – 25-19-107 --Freedom of Information Act
 - d. Ark. Code Ann. §§28-65-101 – 28-65-109; --Guardians Generally
 - e. Ark. Code Ann. §§5-28-101 – 5-28-109; --Abuse of Adults
 - f. Ark. Code Ann. §§12-12-501 – 12-12-515; --Arkansas Child Maltreatment Act
 - g. Ark. Code Ann. §§25-2-104, 25-2-105, 25-2-107, Type 1, Type 2 and Type 4 Transfers
 - h. Ark. Code Ann. §§25-10-102 – 25-10-116; Department of Health and Human Services General Provisions
 - i. Ark. Code Ann. §§20-78-215 -- Child sexual abuse - Federal funds
 - j. U.S.C. § 12101 et. seq. --Americans with Disabilities Act of 1990 P. L. 101-336
 - k. 20 U.S.C. §14000 et. seq. (Part B and Part C -- P. L. 94-142 Individuals with Disability Education (IDEA) P.L. 99-457 Part C
 - l. 42U.S.C. §2000a – 2000 h-6-- Title VI of the Civil Rights Act of 1964
 - m. 29 U.S.C. §§706 (8) Rehabilitation Act of 1973, 794 – 794(b) Section 504

- n. 5 U.S.C. §552a-- Federal Privacy Act
 - o. 42 U.S.C. §§6000 – 6083-- Developmentally Disabled Assistance & Bill of Rights Act of 1984
- C. Managerial Staff, as defined by the agencies policies, who have been with the agency for 2 or more years may select from the above list or choose from continuing education courses.

NOTE: SEE APPENDIX B FOR TRAINING RESOURCES

- 303 All employees who provide transportation services shall have a minimum of six (6) hours of training scheduled within thirty (30) days of employment and completed within seventy-five (75) days of employment. This training shall be in addition to the required new employee training listed in Section 301
- A. Required topics are:
 - 1. Passenger safety and emergency procedures
 - 2. Vehicle maintenance programs
 - 3. Defensive Driving
 - B. Other recommended topics are:
 - 1. Understanding Mobility needs for Passengers
 - 2. Emergency Procedures for Rural Drivers
 - C. Possible training sources:
 - 1. Arkansas State Police
 - 2. Arkansas Transit Association
 - 3. Local School District

400 INDIVIDUAL/PARENT/GUARDIAN RIGHTS

Guiding Principle: The organization shall implement a system of rights that nurtures and protects the dignity and respect of the persons served. The organization shall protect and promote the rights of the persons served. This commitment shall guide the delivery of services and ongoing interactions with the persons served.

- 401 The organization shall implement policies promoting the following rights of the persons served and ensures all information is transmitted to the person served and/or their parent or guardian in a manner and fashion that is clear and understandable:
- A. Being free from physical or psychological abuse or neglect, retaliation, humiliation, and from financial exploitation.
 - B. Having control over their own financial resources.
 - C. Being able to receive, purchase, have and use their own personal property.
 - D. Actively and meaningfully making decisions affecting their life.
 - E. Access to information pertinent to the person served in sufficient time to facilitate his or her decision making.
 - F. Having Privacy.
 - G. Being able to associate and communicate publicly or privately with any person or group of people of the individual's choice.
 - H. Being able to practice the religion of their choice.
 - I. Being free from the inappropriate use of a physical or chemical restraint, medication, or isolation as punishment, for the convenience of the provider or agent, in conflict with a physician's order or as a substitute for treatment, except when a physical restraint is in furtherance of the health and safety of the individual.
 - J. Not being required to work without compensation, except when the individual is living and being provided services outside of the home of a member of the individual's family, and then only for the purposes of the upkeep of their own living space and of common living area and grounds that the individual shares with others.
 - K. Being treated with dignity and respect.
 - L. Receiving due process.
 - M. Having access to their own records, including information about how their funds are accessed and utilized and what services were billed for on the individual's behalf.
 - N. Informed consent or refusal or expression of choice regarding:
 - 1. Service delivery.
 - 2. Release of information.
 - 3. Concurrent services.
 - 4. Composition of the service delivery team.
 - 5. Involvement in research projects, if applicable.
 - O. Access or referral to legal entities for appropriate representation.
 - P. Access to self-help and advocacy support services.
 - Q. Adherence to research guidelines and ethics when persons served are involved, if applicable.
 - R. Investigation and resolution of alleged infringement of rights.

1. The agency maintains documentation of all investigations of all alleged violations of individual's rights and actions taken to intervene in such situations. The organization ensures that the individual has been notified of their right to appeal according to DDS Policy 1076.
- R. Rights and responsibilities of citizenship
- S. Other legal and constitutional rights

402 Records of persons served

- A. The organization shall maintain complete records and treat all information related to persons served as confidential.
- B. The organization shall create policy for the sharing of confidential billing, utilization, clinical and other administrative and service-related information, and the operation of any Internet-based services that may exist.
 1. Information that is used for reporting or billing shall be shared according to confidentiality guidelines that recognize applicable regulatory requirements such as the Health Insurance Portability and Accountability Act (HIPAA).
- C. The organization shall comply with its own service delivery design for the development of the record. Electronic records are acceptable. Electronic records must meet the following:
 1. Format must meet DHHS/ Office of Systems and Technology standards and be acceptable by the Department.
 2. Files must be uniformly organized and easily accessible.
- D. The location of the case record, and the information contained therein, shall be controlled from a central location as defined by the agency, shall be stored under lock and with protection against fire, water, and other hazards in an accessible location at each site. The organization shall establish and implement policies and procedures to ensure direct care staff have adequate access to the individual's current plan of care and other pertinent information necessary to ensure the individual's health and safety (i.e., name and telephone number of physician, emergency contact information, insurance information, etc.). If services are not provided at the central location, at a minimum the following information must be maintained at the service delivery site:
 1. Access Sheet
 2. Face Sheet to include emergency contact information and pertinent health information
 3. Signed consent for emergency treatment
 4. A copy of the consumer's current program plan
 5. Copies of current progress reports
 6. Documentation of service provision to include date, time in and time out, summary of activities, and signature of implementor for the period of the current program plan
- E. Records maintained on computer shall be backed up at a minimum weekly and the duplicate copy shall be stored under lock and with protection against fire, water, and other hazards.
- F. A list of the order of the file information shall either be present in each individual case file or provided to DDS Licensure staff upon request. The documents in active individual case records should be organized in a systematic fashion. An indexing and filing system shall be maintained for all case records.

- G. Each organization shall have written procedures to cover destruction of records. Procedures must comply with all state and federal regulations
- H. Access sheets shall be located in the front of the file to maintain confidentiality according to 5 U.S.C. § 552a. If there is a signed release for a list of authorized persons to review the file, only those not listed will need to sign the access sheet with date, title, reason for reviewing, and signature. If there is not a signed release for authorized persons to review, all persons must sign the access sheet whenever the file is reviewed or any material is placed in the file.

402.1 DDS staff shall have access upon demand to all individual case records as designated in Ark. Code Ann. §§ 20-48-201 – 20-48-211, DDS Policy 1090, Licensing Policy for Center-Based Community Services.

402.2 The organization shall ensure confidentiality of all case records is maintained. Access to case records shall be limited to Individual/Parent/Guardian, professional staff providing direct services to the person served, plus such other individuals as may be authorized administratively or by the consumer. All authorizations either those listed above or others shall be in writing.

- A.. Access to individual files shall be limited to only those staff members who have a need to know information contained in the records of persons served.
- B. Individual service records shall be maintained according to provisions of the Privacy Act:
- C. Access to computer records shall be limited to those authorized to view records
- D. The organization shall ensure the right of all persons served to access their own records.
- E. The organization shall ensure that all persons served know how to access their records and the organization ensures that appropriate equipment is available.
- F. An organization shall not prohibit the persons served from having access to their own records, unless a specific state law indicates otherwise. It is recognized that the organization must comply with HIPAA regulations as it relates to specific information that cannot be disclosed to persons served without authorization (i.e., psychotherapy notes).

402.2 Adult individuals who are legally competent shall have the right to decide whether their family will be involved in planning and implementing the individual service plan. A signed release or document shall be present in individual case record giving permission for family to be involved.

402.3 The Individual /Parent /Guardian shall be informed of their rights. The organization shall maintain documentation in the individual's file that the following information has been provided in writing: THE INFORMATION LISTED IN 402.3 A-I MUST BE PROVIDED UPON ADMISSION AND ANNUALLY THEREAFTER.

- A. All possible service options, including those not presently provided by the program.
- B. A copy of the rules of conduct and mission statement of the organization.
- C. Current list of Board members of the community program.
- D. Summary of funding sources.
- E. Copy of the appeal procedure for decisions made by the organization.
- F. Solicitation Guidelines **See Solicitation under Definitions
- G. All external advocacy services.
- H. Right to appeal any service decision to DDS, under DDS Policy 1076
- I. Name and phone number of the DDS Service Specialist for that area

403 Grievances and Appeals

Guiding Principle: The organization identifies clear protocols related to formal complaints, including grievances and appeals. An organization may have separate policies and procedures for grievances and appeals, or may include these in a common policy and procedure covering complaints, grievances, and appeals. A review of formal complaints, grievances, and appeals gives the organization valuable information to facilitate change that results in better customer service and results for the persons served.

- A. The organization shall identify clear protocols related to formal complaints, including grievances and appeals.
 - B. The organization shall:
 - 1. Implement a policy by which persons served may formally complain to the organization.
 - 2. Implement a procedure concerning formal complaints that:
 - a. Is written.
 - b. Specifies:
 - 1. That the action will not result in retaliation or barriers to services.
 - 2. How efforts will be made to resolve the complaint.
 - 3. Levels of review, which includes availability of external review.
 - 4. Time frames that are adequate for prompt consideration and that result in timely decisions for the person served.
 - 5. Procedures for written notification regarding the actions to be taken to address the complaint.
 - 6. The rights and responsibilities of each party.
 - 7. The availability of advocates or other assistance.
 - 3. Make complaint procedures and, if applicable, forms:
 - a. Readily available to the persons served.
 - b. Understandable to the persons served and in compliance with 29 U. S. C. §§ 706 (8), 794 – 794(b).
 - C. These procedures shall be explained to personnel and persons served in a format that is easily understandable and meets their needs. This explanation may include, but not limited to a video or audiotape, a handbook, interpreters, etc.
- 403.1 The organization shall annually review all formal complaints filed.
- A. A written review of formal complaints:
 - 1. Determine:
 - a. Trends.
 - b. Areas needing performance improvement.
 - c. Action plan or changes to be made to improve performance and to reduce complaints
- 403.2 The organization shall document a review of any action plan or changes made to determine if the plan/changes were effective in reducing complaints and shall make adjustments to the plan as deemed necessary to ensure quality services.

404 Health Related Issues

Guiding Principle: A successful health and safety program goes beyond compliance with regulatory requirements and strives to manage risk and to protect the health and safety of persons served, employees, and visitors. A successful health and safety program addresses both minimizing potential hazards and compliance activities.

- A. The organization shall implement policies/procedures to ensure the rights of individuals who have or who are perceived as having Acquired Immunodeficiency Syndrome (AIDS) or Human Immune Virus (HIV) related condition (or those who may be perceived as having AIDS or AIDS related conditions including Hepatitis B are not discriminated against in accordance with 29 U.S.C. §§ 706 (8), 794 – 794(b); U.S.C. § 12101 et. seq. A copy of the policies/procedures shall be provided to each Individual/Parent/Guardian(s).
- B. The organization shall implement policies/procedures concerning any person admitted for services or anyone proposed for admission to ensure confidentiality shall be maintained for all information related to HIV testing, positive HIV infection, any HIV associated condition, AIDS or Hepatitis B.
- C. Each organization will protect the confidentiality of records or computer data that is maintained which relates to HIV, AIDS or Hepatitis B.

405 Incident / Accident Reporting

- A. The organization shall **report the following incidents to the DDS Licensing Unit** in accordance with DHHS Policy 1090. This report shall contain: date, accident/injury, time, location, persons involved, action taken, follow-up, signature of person writing the report. The following are reportable incidents:
 - 1. Use of seclusion or restraint.
 - 2. Maltreatment or abuse as defined in statutes (See Ark. Code Ann. §§ 12-12-501 – 12-12-515 (503); Ark. Code Ann. §§ 5-28-101 – 5-28-109 (102))
 - 3. Incidents involving injury:
 - a. Accident/injury reports shall be completed for each accident/injury that requires the attention of an EMT, Paramedic or Physician.
 - 1. Accident is defined as an event occurring by chance or arising from unknown causes.
 - 2. Injury is defined as an act that damages or hurts and results in outside medical attention.
 - 3. A copy of the report must be sent to parent/guardian of all children (0-18), and to guardian of adults regardless of severity of injury.
 - 4. Other health-related conditions resulting in Emergency treatment or hospitalization.
 - 5. Communicable disease
 - 6. Violence or aggression

7. Sentinel events (i.e., an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof)
8. Elopement and/or wandering defined as anytime the location of a person cannot be determined within 2 hours
9. Vehicular accidents
10. Biohazardous accidents
11. Use or possession of licit or illicit substances
12. Arrests or convictions
13. Suicide or attempted suicide
14. Property destruction
15. Any condition or event that prevents the delivery of DHHS services for more than 2 hours
16. Behavioral incidents (incidents involving an individual's actions that are aggressive, disruptive and/or present a danger to the individual or to others)
17. Other areas, as required

NOTE: FOR INDIVIDUALS 3-21 YEARS OF AGE, DESTRUCTION OF INCIDENT REPORTS MUST BE IN COMPLIANCE WITH DEPARTMENT OF EDUCATION.

- B. The organization shall notify the parent/guardian of all children (0-18) or adults who have a guardian any time an incident/ injury report is submitted.
- C. The organization shall develop and implement policies and procedures regarding follow-up of all incidents to include a time-line for action, remediation and preventative measures that do not exceed DDS established timeframes, in accordance with DHHS Policy 1090.

407 Behavioral Management

- A. The organization shall develop policy and procedure that demonstrates a commitment to a system that nurtures personal growth and dignity, and supports the use of positive approaches and supports.
- B. The organization's policy and procedure shall ensure that when behavior management approaches are used, positive behavior interventions are implemented prior to the use of restrictive procedures.
- C. Written behavior management policy developed by the organization shall ensure the rights of individuals.
 1. The policy will be incorporated by the interdisciplinary team in programming, as appropriate.
 2. The plan must be reviewed quarterly or as dictated by the needs of the individual served.

3. This shall include all types of behavior management used i.e., time out, token economy, etc... This cannot include procedures that are punishing, physically painful, emotionally frightening, or deprivation, or that puts the individual served at medical risk which are used to modify behaviors
- D. If restrictions are placed on the rights of a person served:
 1. The organization shall follow its policies and procedures.
 2. The organization shall obtain informed consent from the individual/parent/guardian prior to implementation.
 3. The organization shall have methods to reinstate rights as soon as possible.
 4. Staff members are trained on proper implementation of all restrictions utilized by the organization.
- E. The organization shall assure that maltreatment or corporal punishment of individuals will not be allowed.
 1. Policies and Procedure must state that corporal punishment is prohibited.
 - a. "Corporal punishment" refers to the application of painful stimuli to the body in an attempt to terminate behavior or as a penalty for behavior.
 - b. 20 U.S.C. § 14000 et. seq.; Maltreatment laws, Ark. Code Ann. §§ 12-12-501 – 12-12-515; Ark. Code Ann. §§ 5-28-101 – 5-28-109 .
- F. Individuals shall have the right to obtain and retain private property.
 1. Personal possessions are regarded as the private property of the individuals and shall not be taken away unless danger to safety of the individual or to others is present.
- G. Emergency Basis Procedure

An emergency safety situation is defined as unanticipated behavior that places the person served or others at serious threat of violence or risk of injury if no intervention occurs.

 1. The organization shall establish policies/procedures for the use of restraint and/or emergency intervention procedures that must be used/undertaken in the event of a emergency circumstances for a consumer who has no behavior management plan in place. The policies/procedures must identify the circumstances under which emergency procedures will be used as a protective measure in a life- or safety-threatening situation only when de-escalation has failed or is not possible.
 2. Emergency basis procedures may not be repeated more than three (3) times within six months without the interdisciplinary team meeting to revise the individual program plan. Each incident consists of: a behavior was exhibited, a procedure was used, the individual was no longer thought to be dangerous, the procedure was discontinued.

Note: The number three (3) means three (3) distinct incidents. The three (3) distinct occurrences could take place in one (1) day.

500 SERVICE PROVISION STANDARDS

- 501 The organization shall establish written policies and procedures for intake, evaluation, and diagnosis necessary to determine the eligibility of a person to receive services shall be documented.
- 501.1 The organization shall designate specific staff positions assigned with the responsibility for intake, evaluation, assessment, family contact, planning, updating, and alternate placement.
- 502 Face sheets shall be completed at intake and shall be updated as needed and at least annually as documented by date of signature of the person designated in organization's policy.
- 502.1 Every person receiving services shall have a service record face sheet that contains the information in 502.1 A-Q and will be filed in a prominent location in the front of the file.
- A. Full name of individual
 - B. Address, county of residence, telephone number and email address, if applicable
 - C. Marital status, if applicable
 - D. Race and gender
 - E. Birth date
 - F. Social Security number
 - G. Medicaid Number
 - H. Legal status
 - I. Parents or guardian's name and address and relationship, if applicable
 - J. Name, address, telephone number and relationship of person to contact in emergency, someone other than item H
 - K. Health insurance benefits and policy number
 - L. Primary language
 - M. Admission date
 - N. Statement of primary/secondary disability
 - O. Physician's name, address and telephone number
 - P. Current medications with dosage and frequency, if applicable
 - Q. All known allergies or indicate none, if applicable
- 502 A case manager/service coordinator/evaluator shall be designated in writing and shall organize the provision of services for every individual served. The case manager/service coordinator/evaluator shall provide the individual or parent/guardian with the name and contact information in writing.
- A. For every individual served, the case manager /service coordinator/ evaluator shall:
 - 1. Assume responsibility for intake, assessment, planning and services to the person
 - 2. Coordinate the individual program plan
 - 3. Cultivate the individual's participation in the services
 - 4. Monitor and update services to assure that:
 - a. The person is adequately oriented
 - b. Services proceed in an orderly, purposeful, and timely manner
 - c. The transition and/or discharge decision and arrangements for follow-up are properly made.

503 Intake

- A. A written intake procedure shall be available upon request, shall be understandable to the individual receiving the services, shall be presented to those requesting services, and shall be followed by the organization in the evaluation of a person to determine eligibility for services.
- B. The organization shall implement policies and procedures for acceptance into services. Policies and procedures must:
 - 1. Establish the criteria for the order of acceptance of any person awaiting service.
 - 2. Identify the position or entity responsible for making acceptance decisions.
 - 3. Provide opportunities for persons to learn about the organization and its services.
 - 4. When a person is found ineligible:
 - a. The person is informed of the reasons.
 - b. The person is given information about potential alternative services.
 - 5. Ensure that all involved are aware of their responsibilities regarding services prior to the planning and delivery of services
 - 6. Ensure signed informed consent for services are obtained and retained as required by funding sources and for legal reasons
 - 7. Ensure persons served are given information about setting their individual service goals, when applicable, planning the services to be delivered and how progress on service goals will be communicated with them.

504 Information gathered prior to admission shall include the following information and shall be filed in the individual's record:

- A. Signed emergency medical release and all other necessary release forms (i.e., Publicity, field trip, fund raising, etc.). The emergency medical release form shall remain current (yearly) for the protection of the organization and the individual.
 - 1. Competent adults must always sign their releases
 - 2. Publicity releases shall be obtained on an as-needed basis (for each occurrence)
 - 3. Field trip releases shall be obtained on a per occurrence basis unless that field trip is part of the regular program (i.e. bowling each week, swimming each week, etc.)
 - 4. Emergency medical releases must be taken on field trips or incorporated in the field trip release.
- B. Statement of Legal (competency) status; See Ark. Code Ann. §§ 28-65-101 – 28-65-109 (see index)
 - 1. If the individual is under the age of 18, he/she is a minor. Organizations shall determine the who is the legal guardian of the child: Natural parent(s), ward of the state (DCFS/foster home, etc.) and shall ensure the legal guardian signs all appropriate documents.
 - 2. If the individual is age 18 or older, he/she is considered competent unless the court has appointed a legal guardian. Copies of guardianship orders must be maintained in the individual's record.

Note: An individual for whom a guardian has been appointed retains all legal and civil rights except those which have been expressly limited by court order or which have been specifically granted by order of the court to the guardian.

4.

- 505 Application for services
- A. The organization shall develop and implement a written application to be made available upon request or presented to those requesting services. At a minimum, the application shall contain name, address and telephone number of individual/parent/guardian and a statement of the individual's needs. Applications shall be available in an alternate format and assistance to complete shall be offered to individual's that may require it
- 506 The organization shall complete a Financial Screen for all applicants for services as applicable.
- A. The screen shall be completed prior to admission and is used by the program in the evaluation of a person's financial status
 - B. The organization shall include all information about benefits for Medicaid eligibility and, for individuals who may not be eligible for Medicaid, shall include information about Tax Equity Family Reform Act eligibility.
 - C. If the family refuses to complete financial screening, the organization shall obtain a written statement to this effect from the family and maintain it in the individual's file.. Services shall not be withheld solely for refusal to complete the financial screen.
- 507 Medical prescription for services shall be obtained, if applicable
- A. A current prescription for services (within twelve months), signed by qualified medical personnel, shall be on file prior to admission
- 508 The organization shall complete or obtain a full assessment at the time of the admission process. The assessment shall include the following items:
- A. Social history
 - 1. A social history shall be written or procured within thirty (30) days of admission. The social history must be comprehensive, in narrative form or a completed questionnaire. The social history must be updated annually as evidenced by dated signature.
 - B. Medical history and evaluation
 - 1. A physical examination/assessment signed by qualified medical personnel shall be on file and current within 5 days but not longer than thirty (30) days after admission. In cases where a physical cannot be obtained within 5 days, documentation of a physical within 1 year will be accepted until a new physical can be obtained
 - 2. Early Periodic Screening Diagnosis Treatment process for Medicaid eligible individuals (0-21)
 - a. All individuals 0-21 years of age eligible for Medicaid should have evidence in the file that they are participating in the EPSDT process
- 509 A psychological evaluation report shall be on file prior to admission for adults (age 18 and older) and for children (age 5-18) if applicable
- A. Adults (age 18-up) transferring from a DDS Licensed provider may be admitted with a copy of the most current psychological evaluation
 - B. A new psychological evaluation may be conducted if an Interdisciplinary Team determines that it is reasonable and necessary based on significant life changes of the individual.

510 Therapy evaluations must be completed or procured within thirty (30) days after admission, when applicable or when prescribed by a physician or a therapist working under a physician's orders. Recommendations from therapy evaluations shall be incorporated into the individual's plan of care as appropriate.

511 When applicable, all psychiatric evaluation shall be completed by a qualified person and must be on file within thirty (30) days after admission. Recommendations from psychiatric evaluations shall be incorporated into the individual's plan of care as appropriate.

512 The service needs assessment must be completed on every individual seeking services

NOTE: SEE SECTION 521 FOR FURTHER GUIDELINES
(CHILDREN'S SERVICES SECTION).

- A. The person and/or family served and/or their legal representatives shall be involved in:
1. Assessments of potential risks to each person's health in the setting in which they receive services as well as in the community
 2. Assessments of potential risks to each person's safety in the setting in which they receive services as well as the community
 3. Decisions to accept or reject such risks
 4. Identification of actions to be taken to minimize risks
 5. Identification of individuals responsible for those actions

513 Personal Futures Planning

Guiding Principle: Individual's with developmental disabilities and their families have competencies, capabilities and personal goals that shall be recognized, supported, encouraged, and any assistance to such individual's shall be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individuals. Any plan of service developed should significantly reflect the person for whom it is intended. Services/ supports are most effective when they are adapted to address individual outcomes

1. The organization shall prepare a written person-centered support plan for each individual that shall meet their individual needs. At a minimum, the plan shall:
 - A. Be developed only after consultation with the individual/parent/guardian, and other individuals from the individual's support network as determined by the individual/parent/guardian;
 - B. Contain a description of the individual's preferred lifestyle, including:
 1. The type of setting in which the individual wants to live or work;
 2. With whom the individual wants to socialize;
 3. The social, leisure, religious, or other activities in which the individuals wants to participate;
 4. Reflect the individual's / family's choice of services which are relevant to the individual's age, abilities, life goals/outcomes
 5. Address areas such as the individual's / family's health, safety and challenging behaviors which may put the individual at risk

6. Demonstrates the rights and dignity of individual/ family
7. Incorporates the culture and value system of the individual/family
8. Ensures the individual's/ family's orientation and integration to the community, its services and resources.
9. The necessary activities, training, materials, equipment, assistive technology and services needed to assist the individual in achieving their preferred lifestyle;
10. Describes how opportunities for individual choice will be provided;
11. Be approved, in writing by the individual/parent/guardian.

2. The organization shall regularly review and revise the plan whenever necessary to reflect changes in the individual's preferred lifestyle; achievement of goals or skills outlined within the plan or the goal is no longer deemed appropriate for the individual

514 Every individual shall have a written Individualized Program Plan

NOTE: SEE INDIVIDUAL PROGRAM SECTIONS FOR SPECIFIC TIME FRAMES (CHILDREN'S SERVICES SEE SECTION 521).

- A. The organization shall include the person served as an active participant giving direction in all aspects of the planning and revision processes
- B. Services shall be provided based on the choices of the individual/parent/guardian (as appropriate) and on the strengths and needs of the individuals to be served by the organization
- C. Individual choice shall be determined by personal futures planning as specified in Section 513 and a comprehensive assessment which addresses:
 1. Relevant medical history
 2. Relevant psychological information
 3. Relevant social information
 4. Information on previous direct services and supports
 5. Strengths
 6. Abilities
 7. Needs
 8. Preferences
 9. Desired outcomes
 10. Cultural background
 11. Other issues, as identified

514.1 The Individualized Program Plan:

- A. Shall be developed with the input of the person served and/or their legal guardian.
- B. Shall Identify:
 1. Least restrictive environment
 - a. Documentation of discussion of least restrictive environment appropriate for individual strengths and needs

- b. The program must document the justification for specialized environments if they are to be used. Plans shall be made for return to normal environments as soon as possible.
 1. Individuals shall be in contact as much as possible with those who do not have disabilities
 2. Individual program plans will be reviewed for provisions of program services in the least restrictive environment appropriate to the ability of the individual. Document this item with a summary of the discussion by the entire team about the least restrictive alternatives
 3. If the person chooses community integration or a less restrictive environment, documentation of referral attempts for alternate placement shall be present
 2. Barriers
 - a. Describe the conditions or barriers that interfere with the achievement of the goal(s) or skills(s). Describe why a particular individual's needs cannot be met or what needs to be accomplished to meet the need.
 - b. Resources and/or environment changes, adaptations or modifications necessary to attain the goal or skill shall be listed. The person responsible for attempting to get the service must be identified.
Note: Example of barriers are: lack of contract work, lack of funds, lack of staff, individual absent due to illness, prosthetic devices, equipment space, etc. The responsible person may be staff member, individual, family, etc.
 - c. Documentation of efforts made to remove the identified barriers shall be noted in the individual's progress reports.
 3. Long-range goals (addressing a period of 3-5 years) and annual goals
 - a. The plan shall incorporate the goals and objectives of the individual's person centered plan.
 - b. The planning process shall support the individual / family in decision making and choosing options by actively involving the individual/ family in the Individual Plan (IP) development
 4. Specific measurable objectives.
- 514.2 Short-term objectives (3-6 months time frame) shall be developed, as needed, for each of the annual goals.
- A. Each objective must have criteria for success that states what the individual must do to complete the objective.
 - B. Short-term objectives must have methods/materials for implementation and give a simple statement describing the procedures to be used in individual training.
 - C. The person responsible for implementation of each short-term and service-objective shall be specified.
Note: Utilization of title is recommended. This could be the individual or parent/guardian.
 - D. Short-term objectives shall have an initiation date, a target date, and, when completed, a completion date

- E. Target dates –
1. The target date shall be individualized and noted at the same time of the initiation date and the projected date when the individual can realistically be expected to achieve an objective.
 2. The target date shall be used as a prompt to see if expectations for the individual are realistic in relation to attainment and appropriateness of goals and objectives. If the starting or target dates need to be revised, the organization shall mark through, initial and put in a new date.
 3. The ending date shall be entered in as the person completes each objective.

514.3 Service Objectives

- A. Shall be reviewed on a regular basis with respect to expected outcomes.
- B. Shall be revised, as appropriate:
 1. Based on the satisfaction of the person served.
 2. To remain meaningful to the person served.
 3. Based on the changing needs of the person served.
- C. Shall include a target date, which is a projected date when the team thinks the individual will no longer need the service or the service provision should be reviewed.

514.4 The following areas shall be assessed to determine needs in the plan and shall be documented:

- A. Assistive technology.
- B. Reasonable accommodations.
- C. Identified health and safety risks

514.5 The individual program plan shall be communicated in a manner that is understandable:

- A. To the person served and/or their guardian / advocate/ representative.
- B. To the persons responsible for implementing the plan.

514.6 The organization shall ensure that persons involved or their legal guardian/advocate understand the plans and their own involvement in achieving the outcomes.

- A. Active participation of the persons served, or their guardian or advocate in setting goals and planning services shall be documented. Documentation may be through interviews, records, checklists, etc. and shall be maintained in the individual's file
- B. If a person served needs services that are not available through the organization, the organization shall make referrals to other providers as indicated. Documentation of the referral(s) shall be maintained in the individual's file.

NOTE: CONTACT DDS FOR A LIST OF PROVIDERS THAT PROVIDE THE REQUESTED SERVICE.

515 Every ninety (90) days of service delivery, the service provider shall complete a quarterly report on the goals/objectives of the IPP. If needed, modifications may be made with meeting of entire team. Quarterly reports must be specific to reflect the individual's performance concerning implemented goals and short-term objectives as specified in the individual program plan and shall be based on the case notes for the reporting period.

- A. The quarterly notes shall establish goals or short-term objectives which are:

1. Accomplished
 2. To be continued
 3. Modified or deleted (with statement of reason or barrier) and
 4. Will be worked on for the next three months or ninety (90) days
- B. Data Collection/case notes shall be utilized in writing progress reports.
- C. Quarterly reports shall be written, dated, and signed by persons responsible for case management. All persons responsible for implementation of services must contribute to the report.
- D. Quarterly reports shall document referral to interdisciplinary team for modification of the annual goals as needed, in compliance with state and federal regulations
- E. Documentation of communication of quarterly reports to the individual/parent/guardian (as appropriate) shall occur at least every three (3) months or ninety (90) days as in compliance with state and federal regulations.
- F. Quarterly reports must include space for individual and/or parental/guardian evaluation of services. The organization shall document that the persons served and/or the parent guardian has opportunity to evaluate the services received as in accordance with state and federal guidelines.

516 Updating

- A. The organization shall have policies and procedures in place for updating individual program plans. Updates shall be done at least annually and more often if monitoring reports indicate a need or if federal regulations require more frequent updates.
- B. The organization shall have policies and procedures in place for revising individual program plans when goals change.
- C. Annually update – financial, if applicable, social, medical, medical prescription for services, evaluations as applicable, IPP's, and service needs assessment;

517 Termination of services or alternate placement

NOTE: SEE THE SPECIFIC PROGRAMMING SECTION FOR MORE DETAILED INFORMATION (CHILDREN'S SERVICES 521).

- A. An exit summary shall be prepared each time a person leaves a service, not just when the person is leaving the organization.
1. The report shall summarize the results of the services received by the person and makes recommendations for future services to continue the achievement of the person's life goals.
 2. The plan may suggest referrals to other services that are not available through the organization

518 Data Collection Requirements

- A. Data collections shall provide specific information on annual goals and short-term objectives and should be designed to measure and record the progress on each short-term objective.
- B. Data Collection shall include date, time and summary of each contact, signature of the individual providing services and must be completed every time services are delivered.

Data Collection shall be filed in the individual's file at least monthly and shall be available for review upon request.

- 520 The organization shall establish and maintain each individual's daily schedule based upon the individual's program plan. The schedule shall indicate general activities throughout the day for each individual. As appropriate the schedule should reflect time segments for the individual to exercise choice in the selection of activities.

521 Children's Services Individual Program Planning

As a key element in establishing goals/objectives/ personal outcomes, the agency shall assess an individual's/family's preferences, desires, lifestyle choices, strengths, needs, skills, etc. through individual observations or interviews. Documentation of the assessment shall be maintained in the individual's file. At a minimum, the assessment must include:

- A. Developmental Assessment
 - 1. Initial evaluation shall include 2 developmental assessments; 1 standardized and 1 criterion based.
 - 2. Documentation must include:
 - a. A written summary that includes standard deviation and/or percentage of delay as determined by the test protocols
 - b. An informed clinical opinion
 - 3. Must be in a format that is understandable to the parent.
 - 4. Must be signed by the evaluator.
- B. An annual assessment must be conducted using a criterion based test.
- C. A Social History must be completed, signed and dated on the approved form from DOE.

- 521.1 Children 3-5-The Individual Program Plan shall include a statement of the specific services necessary to meet the identified needs of the child/family.

- A. At a minimum the IPP must include:
 - 1. Frequency- Number of days or sessions that a service will be provided
 - 2. Intensity- The length of time the service is provided during each session, and whether the service is provided on an individual or group basis
 - 3. Location- Location where the service is provided (e.g., in the child's home, early intervention center, or other setting) as appropriate to the age and needs of the child
 - 4. Method- How a service is provided
 - 5. Dates and duration- Projected dates of initiation of the services, a target date for completion and/or review and the anticipated duration of those services. If either of these dates needs to be revised, then simply mark through, initial and put in new date.
- B. Completion of the IPP must meet all State and Federal requirements
- C. In order to revise an individual's objectives, at least three (3) members of the team must be present. Parent(s) must be included.

- 521.2 Quarterly reviews must include a Family Rating which must be documented on the appropriate form as designated by DDS.

- 521.3 Children reaching 5 years of age must have a transition plan.
- A. This plan must be developed 180 days prior to age 5 as per State and Federal guidelines.
 - B. The plan must be child specific and must include specific steps to ensure a smooth transition for the child and family, and must be in accordance with State and Federal Guidelines.
 - C. The plan must include a transition plan at kindergarten age. Children entering public schools must have a transition plan.
 - D. The individual program shall include the steps to be taken to support the transition of the child upon reaching kindergarten age.
 - E. The organization must document contact with the agency which will provide services following the transition, and must demonstrate an attempt to involve that agency in the transition planning. Documentation must be maintained in the individual's file.
- 521.4 If the organization is using the supervising teacher model, the organization must follow all State and Federal Guidelines and maintain appropriate documentation of supervision and direct contact with the child on file for review.

522 Vocational Maintenance & Monitoring

Vocational Maintenance & Monitoring

- A. Case Notes
 - 1. Case notes shall document each contact with the individual the frequency of each contact will be determined by the team during the development of the IPP it should include date, time and summary of each contact.
 - 2. Service Objectives shall be listed in an outcome oriented manner.
 - A. Each service objective shall specify any environment modification necessary to facilitate the individual's accomplishment.
 - B. Each service objective, including physical adaptations or modifications of the individual's environment, shall be stated as a single specific outcome.
 - C. Service objectives shall provide opportunities in the social environment to support community integration and the enhancement of individual relationships.
 - D. Based on the individual's choice, and the needs assessment, plans shall include facilitation of the individual's participation in normal activities in normal settings of same-age peers.

523 STAFF RATIOS

Ratios for Day Programming for Children 0-3 Years
1:4

Ratios for Day Programming for Children 3-5 Years
1:7 If non-integrated according to December 1st child count
1:9 If integrated at the December 1st child count, the center can send in documentation to DDS and use the alternative ratio of 1:9. Provider shall be required to assure DDS that the integrated status is maintained and it will be checked periodically during licensure visits.

523.3 Ratios for Adult Day Programming
The organization shall maintain a 1:10 ratio throughout the building using the following definition.
ONE DIRECT CARE STAFF PERSON THAT HAS VISUAL CONTACT WHILE ACTIVELY ENGAGED IN PROVIDING SUPPORT AND SUPERVISION TO CONSUMERS.

524 Square Footage

A minimum of forty (40) square feet of program training area per individual served shall be required. This is program-training area only. This does not include halls, storage areas, or administrative offices.

600 FOOD SERVICES

- A. This standards section shall be applied to all provider owned/leased/rented facilities. If the facility contracts for food services, the organization shall ensure compliance with DDS policies.
- 601 Written procedure shall be established that addresses how food services are provided to the individuals served by the facility:
 - A. Procedure shall include how meals are provided as well as staff responsible.
- 601.1 All Day services programs shall assure that organization provided meals are approved, adequate diets, which conform to the recommended dietary allowance.
- 601.2 Licensed Group Homes shall assure that three (3) meals a day are available for individuals served.
 - A. The organization shall keep on hand suitable food for preparing sack lunches, if appropriate.
 - B. All meals shall be part of an approved, adequate diet, which conforms to the recommended dietary allowance.
 - C. Facilities with apartment units shall have a mechanism for monitoring the resident's food related skills.
- 602 The organization shall keep menus on file. Menu preparation should occur at least one week in advance in order to:
 - A. Allow adequate time to purchase foods to avoid too frequent menu substitutions. Meal planning shall occur so that identical meals are not served on the same day of consecutive weeks.
 - B. Serve as a reminder for scheduling advance preparation;
 - C. Allow menus to be available as a teaching tool for instruction of individuals, to include development of menus by individuals.Menus shall be kept on file for a minimum of three (3) months.
- 603 Menus shall be prepared or approved by a registered dietitian/nutritionist. Organizations may contract with a dietitian/nutritionist.
 - A. Dietitian/nutritionist shall check for nutritional adequacy of menus and acceptable food safety and sanitation practices. This must be documented by a written report at least annually.
 - B. DDS shall accept Arkansas Nutrition Program approval, or site monitoring reports, as adequate approval for Centers that participate in the free/reduced lunch program.
- 604 The organization shall develop and implement written procedures that address provisions for special diets.
 - A. Special diets pertain to allergies, weight control, diabetes, religion, hypertension, and other medical conditions as documented in the consumers file.
- 605 Food items and toxic items shall not be stored together.

700 TRANSPORTATION

- A. The organization shall establish written procedures that address how transportation services are provided to individuals served by the program.
 - B. The procedures shall address transportation to the persons served, as well as staff responsible.
 - C. The organization shall ensure that all individuals receiving services are provided with a copy of the transportation policies and shall document receipt of this information in the individual's file.
- 701 The organization shall assure safety for all persons being transported. For all transportation services provided for the persons served by the organization, the organization shall ensure:
- A. For all vehicles owned or operated by the organization:
 - 1. Compliance with all applicable federal, state, county, and city requirements.
 - a. All vehicles shall be properly licensed by the State of Arkansas.
 - 2. Appropriate licensing of all drivers.
 - a. All drivers must be licensed according to state requirements for providers of public transportation.
 - 3. Review of driving records of all drivers on an initial and annual basis.
 - 4. Insurance requirements for vehicles and personnel.
 - a. The organization shall maintain insurance coverage providing a minimum of \$1,000,000 comprehensive, liability, and property damage.
 - 5. Safety equipment / features in vehicle(s).
 - a. Fire extinguisher in every program vehicle used to transport consumers.
 - b. Each vehicle shall utilize seat belts or suitable restraints when in motion in accordance with Ark Code 27-37-702 "Seat Belt Use Required" and 27-34-101-107 "The Child Passenger Protection Act"
 - c. The organization shall establish policy and procedure to ensure Child Safety Alarms on every vehicle required under Ark Code 20-78-225 (all vehicles designed or used to transport more than 7 passengers and 1 bus driver)
 - 6. Accessibility based on the individual's needs and reasonable requests.
 - 7. Training of drivers in the organization's transportation requirements.
 - 8. Written emergency procedures.
 - a. Each vehicle used in transporting clients shall have a documented emergency drill once every six months.
 - 9. Availability of communication devices (i.e., cell phones 2-way radios, etc.).
 - 10. Road warning/hazard equipment (i.e., safety cones, flairs, reflector signs, etc.)
 - 11. First aid supplies.
 - a. Every program vehicle used to transport consumers shall maintain a First Aid kit.
 - 12. Maintenance of vehicles owned or operated by the organization according to manufacturers' recommendations.
 - a. The organization shall establish/implement procedures that ensures a vehicle maintenance log is kept up to date for all vehicles used to transport consumers.

1. The procedure shall establish who is responsible for upkeep of vehicle and who is responsible for documentation and update of log.
 - b. The maintenance log shall document the following:
 1. Oil changes
 2. Tires and brakes repair/inspection
 3. Head and tail lights and turn signals repair/inspection
 4. Windshield washer and wiper blades repair/inspection
 5. Air conditioner (if any), and defroster inspection/repair
 6. Hoses and fan belts inspection/replacement
 7. Fluid levels inspection and replacement
 8. Exhaust system inspection/repair
 9. Emergency warning system inspection/repair
 10. Steering assemblage inspection/repair
 13. If services are contracted:
 - a. An annual review of the contract against elements 1-12 of this standard shall be performed by the organization.
 - b. Personnel or contractors shall provide transportation services for the persons served in a safe manner, with drivers having knowledge of unique needs of persons served, and consistent with the regulations of the local authorities.
 1. This standard shall apply when any vehicle, including a personal vehicle, is used to provide transportation for persons served.
- 702 The organization shall establish written policy and procedure to address apparent abandonment of consumer by family and/or guardian.
- A. The organization shall develop a procedure to be followed by transportation staff when unable to leave individuals at home or alternate sites as specified by family that ensure the safety of the individual at all times.
- 703 At least one responsible person, in addition to the driver, shall be present in the vehicle if any of the following conditions apply:
- A. Any person being transported has medical conditions as defined by the organization guidelines.
- B. Any person being transported has a severe disability as defined by the organization's guidelines.
- NOTE: 'Responsible person' shall be defined by the organization's policy.*
- 704 Organizations operating vehicles transporting children shall comply with the child:staff ratio specified by the Child Care Licensing Standards for Transportation
- 705 Organizations operating vehicles transporting adults shall establish/implement policies related to adult:staff ratios.
- NOTE: DDS RECOMMENDS A 1 TO 10 RATIO AT ALL TIMES.*

800 PHYSICAL PLANT, ACCESSIBILITY AND SAFETY

- A. The organization shall provide a physical plant compatible with services provided and with the needs of the individuals and staff; provide an accessible and safe environment and be in compliance with U.S.C. § 12101 et. seq. “American with Disabilities Act of 1990” at all owned, leased, and/or rented program site(s).

801 The organization shall promote accessibility in all settings. The organization shall assess all physical sites to ensure accessibility for individuals and their families and shall remove all identified barriers.

- A. Organizations shall ensure that all physical sites address accessibility issues in order to:
 - 1. Enhance the quality of life for those served in their programs and services.
 - 2. Meet legal and regulatory requirements.
 - 3. Meet the expectations of stakeholders in the area of accessibility.

801.1 Accessibility Requirements

- A. The organization shall ensure architectural accessibility at each facility based on the individual’s needs.
 - 1. Ramps, doors, corridors, toileting and bathing facilities, furnishings, and equipment are designed to meet the individual’s needs.
- B. The organization shall ensure that all their facilities are in compliance with 29 U.S.C. §§ 706 (8), 794 – 794(b) “Disability Rights of 1964” and U.S.C. § 12101 et. seq. “American with Disabilities Act of 1990”. Compliance with the aforementioned laws is required to receive federal monies. Admissions criteria of who can be served shall identify any persons the facility or staff would be prevented from serving due to accessibility issues.

801.2 Accessibility Assessment and Planning

- A. The organization shall assess all facilities. The assessment shall identify all barriers and shall develop a plan for removal of barriers in the following areas:
 - 1. Architecture
 - a. Architectural or physical barriers which may include steps that prevent access to a building for an individual who uses a wheelchair, narrow doorways that need to be widened, bathrooms that need to be made accessible, the absence of light alarms for individuals who have a hearing impairment, and the absence of signs in Braille for individuals who have visual impairments.
 - 2. Environment
 - a. Any location or characteristic of the setting that compromises, hinders, or impedes service delivery and the benefits to be gained.

802 Physical Plant Structure

802.1 Architecture

- A. All water, food service, and sewage disposal systems must meet all local, state, and federal regulatory agencies, as applicable. The organization shall maintain documentation of all approved inspections for review by DDS.

1. Sewer inspections are not required if the site is on city water and sewage lines.
 2. Sites using a well and/or septic tank, shall be obtain an inspection by the Division of Health documenting compliance with the DOH and local regulations.
- B. Floor furnaces, gas heaters, electric heaters, hot radiators, and exposed water heaters must be protected by screens or guards that are without sharp corners and are attached to floor or wall to prevent persons from falling against the guard and knocking it over.
- C. Enclosed gas heaters must be properly vented to the outside, and installed with permanent connection that includes a cut-off valve in the rigid part of the gas supply pipe.
Note: DDS recommends gas heaters with a pilot light and automatic cut-off valve which automatically cuts off gas to the main burner when the pilot light goes out.
- D. Restroom facilities used by individuals must provide for individual privacy and be appropriate for the individuals served regarding size and accessibility.

802.2 Environment

- A. Temperature of each facility must be maintained within a normal comfort range for the climate. Recognizing that there may be variances within a building, the organization shall make reasonable efforts to maintain a comfortable temperature range throughout the facility.
Note: The recommended standard for range of comfort is from 65 to 80 degrees F (U.S. Atmospheric Standards 29.1)
- B. All areas of the facility shall be sufficiently lighted to meet the needs of the individuals being served and the usage of the area.
- C. The organization shall maintain the interior and exterior of the building in a sanitary and repaired condition.
- D. The premises shall be free of offensive odors.
- E. The grounds and all buildings on the grounds shall be maintained in a clean and repaired condition.
1. Play and activity areas shall be free of dense undergrowth and refuse accumulations. All landscape plantings and the lawn shall be well groomed.
- F. The facility shall be maintained free of infestations of insects and rodents.
1. The organization shall maintain a contract for pest control that is administered by appropriately licensed professionals.
- G. The organization shall establish written procedures regarding smoking that is in accordance with The Clean Air Indoor Act (Act 8 of 2006).
1. For all congregate, day-hab settings, and licensed group homes, smoking will not be permitted in the following areas:
 - a. Common Work Areas
 - b. Auditoriums
 - c. Classrooms
 - d. Conference and Meeting Rooms
 - e. Private Offices
 - f. Elevators
 - g. Hallways
 - h. Health Care Facilities

- i. Cafeterias
 - j. Employee Lounges
 - k. Stairs
 - l. Restrooms
 - m. All other enclosed areas.
- 2. Approved Exemptions:
 - a. Private residences or health care facility
 - b. All workplaces of any employer with fewer than three (3) employees. (Note: This exemption does not apply to any public place)
 - c. Outdoor areas of places of employment or group homes
- H. All materials and equipment and supplies shall be stored and maintained in a safe condition. Cleaning fluids and detergents must be stored in original containers with labels describing contents.
 - 1. The organization shall maintain an MSDS manual in a location that is accessible to all employees. All MSDS sheets must be on file and current.

803 Safety Inspections

803.1 The organization shall ensure that annual safety inspections are completed by qualified individuals to enhance and maintain the organization's health and safety practices.

- A. All applicable inspections shall be maintained on file, and current within one year or as specified by law/regulation (i.e., Annual Fire Department, Local Health Department, Safety Engineer, OSHA, Safety Specialist, and Insurance Carrier).
- B. A comprehensive inspection shall be conducted annually at all facilities where the organization delivers services or provides administration on a regular and consistent basis. Inspections shall be conducted by a qualified external authority(ies).
 - 1. Results of each inspection shall contain written documentation that:
 - a. Identifies the areas inspected.
 - b. Identifies recommendations for areas needing improvement.
 - c. Identifies actions taken to respond to the recommendation(s).
- C. All applicable licenses, inspections, etc., shall be current. This shall include health inspections for food service preparation, if applicable. Residential facilities with more than ten (10) residents must have a Division of Health inspection.

803.2 Regular self-inspections shall be completed to assist personnel in internalizing current health and safety requirements into everyday practices.

- A. The organization may designate professional personnel (managers, supervisors, direct service employees, maintenance personnel) or internal groups (safety committees, safety circles, operation teams, consumers or advocates) within the organizational structure to conduct self-inspections. The organization shall ensure that all staff involved in self-inspections have received training in conducting inspections prior to participation.
- B. The organization shall maintain a schedule of when self-inspections will be conducted.
 - 1. At a minimum, self-inspections must be conducted:
 - a. At least twice a year.
 - b. At all facilities where the organization delivers services or provides administration on a regular and consistent basis.
 - 2. Results of self-inspections shall contain written documentation that:

- a. Identifies the areas inspected.
- b. Identifies recommendations for areas needing improvement.
- c. Identifies actions taken to respond to the recommendation(s).

804 Emergency Procedures

804.1 The organization shall establish emergency procedures that detail actions to be taken in the event of emergency and to promote safety for the individuals served.

- A. Emergency procedures shall be in written form, and shall be available and communicated to all members of the staff and other supervisory personnel.
 - 1. At a minimum, emergency procedures shall be implemented for:
 - a. Fires.
 - b. Bomb threats
 - c. Natural disasters.
 - d. Utility failures
 - e. Medical emergencies
 - f. Safety during violent or other threatening situations (i.e., intruders)
 - 2. Written emergency procedures shall:
 - a. Meet the requirements of all applicable authorities.
 - b. Implement practices appropriate for the locale (i.e., Arkansas Chemical Stockpile Emergency Preparedness Program/CSEPP)
- B. The organization shall maintain an emergency alarm system for each type of drill (fire and tornado).
- C. The organization shall ensure that persons served, as appropriate, are be educated and trained about emergency and evacuation procedures.
- D. The organization shall evaluate and consider modification of all emergency procedures during the following times:
 - a. Training.
 - b. After training drills.
 - c. As risks increase.
 - d. After actual emergencies.
 - e. When responsibility is reassigned.
 - f. When changes are made to the physical plant.
 - g. When changes occur in the physical plant proximity.
 - h. When a policy or procedure is revised.
 - i. When briefing personnel on emergency plan changes.
- E. The organization shall analyze tests of the emergency and evacuation procedures annually and shall use the results of the analysis to improve or to affirm satisfactory current practices.

804.2 For all facilities where the organization delivers services or provides administration on a regular and consistent basis, the organizations shall establish/implement written procedures for evacuations.

- A. Evacuation procedures shall address:
 - 1. When evacuation is appropriate.
 - 2. Complete evacuation from the physical facility.
 - 3. The safety of evacuees.

4. Accounting for all persons involved.
 5. Temporary shelter, when applicable.
 6. Identification of essential services.
 7. Continuation of essential services.
 8. Emergency phone numbers.
 9. Notification of the appropriate emergency authorities.
- B. Evacuation routes must be posted in conspicuous places, except in residential settings and must be easily understandable to the individuals served.

804.3 As a part of an organization's performance improvement activities shall include emergency procedure testing.

- A. A tornado drill must be held monthly.
1. Written reports telling date, hour of day, evacuation time, and other areas of concern shall be maintained.
- B. A fire drill must be held monthly.
1. Written reports telling date, hour of day, evacuation time, and other areas of concern shall be maintained.

804.4 Detectors

Battery operated or electronic smoke detectors, heat sensors, carbon monoxide detectors and/or sprinklers shall be provided in all buildings where services are provided and shall meet life safety codes.

- A. Fire Marshall's report shall be followed as to placement of these devices.
- B. Equipment shall be tested at least quarterly or more frequently if recommended by the manufacturer.

804.5 Fire Extinguishers

Fire extinguishers shall be required to the extent specified by the State Fire Marshall or his designee and shall be checked annually.

- A. The Fire Marshall uses Ark. Code Ann. §§12-13-101 - 12-13-116 "Fire Prevention Act" that follows the Life Safety Code 101 and additional National Fire Prevention Agency publications.

804.6 Emergency Lighting

The organization shall maintain emergency lighting, (i.e., flashlight or other battery operated lights) as required by the life safety codes.

804.7 First Aid

The organization shall maintain a first aid kit and current first aid manual at all sites where services are provided on a regular, consistent basis.

- A. Antidote charts and the telephone numbers of poison control centers shall be readily accessible to staff and individuals served.

Note: This can be obtained through Poison Control Center at University of Arkansas Medical Science Center in Little Rock if you cannot get locally.

804.8 Water Temperatures

Provisions shall be made to control water temperature at facilities where services are provided on a regular, consistent basis.

- A. To ensure the safety of individuals served, each organization shall develop/implement policy and procedure concerning water temperature adhering to current literature regarding water safety with a maximum temperature of 120 degrees. If the thermostat of the hot water heater is set above 120 degrees, a mixer must be to the lavatories and bathing facilities to maintain safety.

Note: This standard shall apply only to service areas and where consumers are working.

DRAFT

APPENDIX A

SUGGESTED BOARD/ORGANIZATION TRAINING TOPICS

Policy Development and Implementation

Planning and Evaluation
Equal Employment Opportunity/Affirmative Action
Employee Performance Evaluation
Team Building
Performance Management
Effective meetings
Due Process
Freedom of Information

Overview of Department of Human Services
Overview of Developmental Disabilities Services
Philosophy and Goals
Programs, Practices, Policies and procedures of Local Organizations
Overview of Community Integration

History, Philosophy, Causes and Types, Functional Levels, Severity Levels, Prevention and Program Issues in Mental Retardation and Other Developmental Disabilities.

Introduction to Principles of Normalization
Legal rights of Individuals with a Developmental Disability
Interdisciplinary Approach Overview
Age Appropriate Programming
Medications – Implications, Side Effects, legality of Administering

Overview of Federal and State Laws related to serving people with Developmental Disabilities (see index):

U.S.C. S2000a – 2000 h-6; Ark. Code Ann. SS 6-41-222; 20 U.S.C S 14000 et. seq. (Part B & Part H); 29 U.S.C SS 706(8), 794-794(b);
5 U.S.C S 552a; 42 U.S.C SS 6000-6083; Ark. Code Ann. SS 20-48-201 – 20-48-211; Ark. Code Ann. SS 28-65-101 – 28-65-109; Ark. Code Ann. SS 5-28-101 – 5-28-109; Ark. Code Ann. SS 12-12-501 – 12-12-515; Ark. Code Ann. SS 25-2-104, 25-2-105, 25-2-107, Ark. Code Ann. SS 25-10-102 – 25-10-116; Ark. Code Ann. SS 20-18-215; U.S.C. S 12101 et. Seq.; DHS Administrative Policy 3002-I (Revised) and DDS Service Policy 3016, Prevention of Transmission of Disease Borne by Blood or other Body Fluids such as AIDS and Hepatitis B; DDS Administrative Policy 1077 Chemical Right to Know; DDS Service Policy 3004-I Maltreatment Prevention, Reporting and Investigation.

INDEX
ARKANSAS CODE ANNOTATIONS

Ark. Code Ann. SS 6-41-201 -
6-41-222

Ark. Code Ann. SS 20-48-201 -
20-48-211

Ark. Code Ann. SS 25-19-101 -
25-19-515

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12-12-515

Ark. Code Ann. SS 5-28-101 -
5-28-109,
5-28-201 -
5-28-215,
5-28-301 -
5-28-305

Ark. Code Ann. SS 28-65-101 -
28-65-109,
28-65-201 -
28-65-220,
28-65-301 -
28-65-320,
28-65-401 -
28-65-403,
28-65-502,
28-65-601 -
28-65-602

Ark. Code Ann. SS 25-10-102 -
25-10-116,
20-46-202,
20-46-310,
25-2-104,
25-2-105,
25-2-107

Ark. Code Ann. SS 20-48-601 -
20-48-611

Ark. Code Ann. SS 12-12-501 et. Seq.

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27-34-107

Ark. Code Ann. SS 20-78-215

Ark. Code Ann. SS 6-21-609

ACTS

102 of 1972
Handicapped Children's Act

265 of 1969
AR Mental Retardation Act

AR Freedom of Information Act

397 of 1975
Child Abuse and Neglect Act

452 of 1983
Adult Abuse

940 of 1985
Guardianship Law

348 of 1985
DHS Reorganization

611 of 1987
Location of Community Homes

Child Maltreatment

Child Safety Seat Use

1050 of 1985 Federal
Funds for Child Sexual Abuse

854 of 1987 Exposure to Smoke

UNITED STATES CITATIONS

42 U.S.C. S2000a – 2000 h-6

20 U.S.C. S14000 et. Seq.

29 U.S.C. SS 706(8),
794 – 794(b)

42 U. S. C. S 552

42 U.S.C. SS 6000 – 6083

5 U.S.C. S 552a

U.S.C. S 12101 et. Seq.

42 U. S. C. SS 6000 – 6009
6021 – 6030
6041 – 6043
6061 – 6064
6081 - 6083

ACTS

Title VI of the Civil Rights Act of
1964

P. L. 94-142 Individuals with
Disability Education (IDEA) P.L. 99-457 Part H

Rehabilitation Act of 1973
Section 504

Federal Freedom of Information Act

Developmentally Disabled
Assistance and Bill of Rights Act of
1984 and Amendments of 1987

Federal Privacy Act

Americans with Disabilities Act of
1990 P. L. 101-336

P. L. 98-527
Developmentally Disabled
Assistance & Bill of Rights Act
of 1984