Service Standards

Intellectual and Developmental Disabilities Services

Purpose

Intellectual and Developmental Disabilities Services promote integration, self-determination, social connections, and improved quality of life for individuals with intellectual or developmental disabilities, and strengthen caregiver and/or family capacity and functioning.

Definition

Intellectual and Developmental Disability Services (IDDS) are provided in a variety of in-home and community-based settings to individuals with IDD. Programs and activities can be supportive or therapeutic and emphasize self-determination, inclusion, the development of meaningful connections, improved quality of life, skill building and behavior support, and individual and family/caregiver education and support. Programs might also provide referrals to appropriate services when necessary.

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

"Team" is defined to include the individual's family, friends, natural supports, support/service broker, service coordinator, advocate/legal guardian, or others chosen by the individual. Members of the person's team must be chosen by the individual to the extent possible and appropriate.

Note:*Please see the IDDS Reference List for the research that informed the development of these standards.*

Note:*For information about changes made in the 2020 Edition, please see the IDDS Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Intellectual and Developmental Disabilities Services

IDDS 1: Person-Centered Logic Model

Purpose

Intellectual and Developmental Disabilities Services promote integration, self-determination, social connections, and improved quality of life for individuals with intellectual or developmental disabilities, and strengthen caregiver and/or family capacity and functioning.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

Rating Indicators:

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

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

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

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one desired outcome has been identified for all of its programs.

3

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

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4

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

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

*	• Program logic model that includes a list of outcomes being measured	

• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant staff

IDDS 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments;*
2. *risks assessments conducted for specific interventions; and*
3. *the best available evidence of service effectiveness.*

IDDS 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Intellectual and Developmental Disabilities Services

IDDS 2: Personnel

Purpose

Intellectual and Developmental Disabilities Services promote integration, self-determination, social connections, and improved quality of life for individuals with intellectual or developmental disabilities, and strengthen caregiver and/or family capacity and functioning.

Direct support personnel have the competency and support needed to provide services and meet the needs of persons served.

Interpretation: *Competency can be demonstrated through education, training, experience, or licensure. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

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

2

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

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3

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

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications; and as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• List of program personnel that includes:
	  • Title
	  • Name
	  • Employee, volunteer, or independent contractor
	  • Degree or other qualifications
	  • Time in current position
	• See organizational chart submitted during application	

*	• Table of contents of training curricula	
*	• Procedures or other documentation relevant to continuity of care and case assignment	
*	• Procedures or other documentation specific to peer support staff, if applicable	

Site Visit Evidence

*	• Sample job descriptions from across relevant job categories • Documentation tracking staff completion of required trainings and/or competencies • Training curricula • Workload requirements set by policy, regulation, or contract, when applicable • Documentation of current case assignments per worker

On-Site Activities

*	• Interviews may include:
	  1. Program director
	  2. Relevant personnel
	• Review personnel files

IDDS 2.01

Supervisor qualifications are tailored to the services provided and include:

a. a bachelor's degree in social work or comparable human services field and a minimum of two years of professional experience;
b. specialized training in staff supervision;?and
c. certification and/or licensure by the designated authority in their state, as appropriate.

Interpretation: *Regarding element (a), 3-5 years of related experience and specialized training can compensate for a lack of a bachelor's degree.*

IDDS 2.02

Direct support personnel have a high school degree or equivalent and are trained on or demonstrate competency in:

a. ethical and equitable decision-making;
b. implementation of person-centered service plans;
c. working as a member of an interdisciplinary team; and
d. recognizing and working with individuals with co-occurring disorders.

IDDS 2.03

Direct support personnel are trained on, or demonstrate competency in, the following, as appropriate to the service and needs of individuals and families:

a. positive behavioral supports;
b. assisted dining techniques and good nutrition;
c. lifting and transfer techniques;
d. assistive technology;
e. teaching ADLs;
f. safe transportation techniques; and
g. health-related supports.

IDDS 2.04

When staff with lived experience provide peer support to individuals or their families, the organization:

a. clearly defines their roles and responsibilities;
b. includes peer support staff as equal partners on the interdisciplinary team;
c. helps other program personnel understand the position and its purpose at the program;
d. establishes guidelines for recruitment and selection;
e. ensures peer support staff are trained to perform their roles and responsibilities;
f. provides ongoing support and supervision to address any issues that occur, including helping peer support staff manage personal triggers that may arise on the job; and
g. facilitates opportunities for peer support staff to connect and consult with others performing similar roles.

NA: The organization does not utilize peer support staff.

Examples: *Staff with lived experience who provide peer support can play an important role in engaging, empowering, supporting, and advocating for individuals and families. When they are viewed and included as full partners who have input into program decisions, peer support staff can help organizations ensure their culture and practices prioritize the experience and involvement of persons served and their families.*

Organizations may also use other terms to describe peer support staff such as peer/family partners, peer support specialists, youth advocates, family advocates, family mentors, and/or family liaisons.

IDDS 2.05 (FP)

There is at least one person on duty at each service delivery location any time persons served are present who has received first aid and age-appropriate CPR training in the previous two years that included an in-person, hands-on CPR skills assessment conducted by a certified CPR instructor.

NA: The organization only provides IDDS services in the homes of the individuals and families they serve and staff have been trained on how to respond to a medical emergency when away from the program's facilities.

Interpretation: *When services are provided in a school or other setting where medical staff are available to respond in an emergency, implementation of this standard can be met by demonstrating that staff have been trained on the emergency response plan for that service delivery location.*

IDDS 2.06

The organization minimizes the number of workers assigned to the individual or family throughout their contact with the organization by:

a. assigning a worker at intake or early in the contact; and
b. avoiding the arbitrary or indiscriminate reassignment of direct service personnel.

IDDS 2.07

Workload and case assignments are sufficiently small to permit direct support personnel to respond flexibly to the differing service needs of individuals and their families and to support the achievement of desired outcomes.

Examples: *Examples of factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for the assessed level of needs of persons served.*

Intellectual and Developmental Disabilities Services

IDDS 3: Intake and Assessment

Purpose

Intellectual and Developmental Disabilities Services promote integration, self-determination, social connections, and improved quality of life for individuals with intellectual or developmental disabilities, and strengthen caregiver and/or family capacity and functioning.

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

Rating Indicators:

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

2

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

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

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

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

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

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	
*	• Assessment procedures	
*	• Copy of assessment tool(s)	

Site Visit Evidence

*	• Community-based resource and referral list

On-Site Activities

*	• Interviews may include:
	  ◦ Program director
	  ◦ Relevant personnel
	  ◦ Persons served and their families
	• Review case records

IDDS 3.01

Individuals are screened and informed about:

a. how their request matches the organization's services; and
b. what services will be available and when.

NA: The organization accepts all referrals, as defined in a contract.

IDDS 3.02

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

IDDS 3.03

Prompt, responsive intake practices:

a. give priority to urgent needs and emergency situations;
b. support timely initiation of services; and
c. provide placement on a waiting list or referral to appropriate resources when individuals cannot be served or cannot be served promptly.

IDDS 3.04

Individuals, and their families when appropriate, participate in an individualized, culturally and linguistically responsive assessment that is:

a. completed within established timeframes;
b. appropriately tailored to meet the age, developmental level, and abilities of the person;
c. inclusive of interviews, discussion, individual observation, and other appropriate techniques needed to properly assess individual needs;
d. comprehensive and inclusive of all areas that could impact service participation and achievement of agreed-upon goals; and
e. updated as needed based on the needs of persons served.

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

Intellectual and Developmental Disabilities Services

IDDS 4: Service Planning and Monitoring

Purpose

Intellectual and Developmental Disabilities Services promote integration, self-determination, social connections, and improved quality of life for individuals with intellectual or developmental disabilities, and strengthen caregiver and/or family capacity and functioning.

Person-centered service planning engages individuals and their teams as the primary decision-makers regarding the services and supports they receive.

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

Rating Indicators:

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

2

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

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active participation of persons served occurs to a considerable extent.

3

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

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Case reviews are not being done consistently; or
- Level of care for some persons served is clearly inappropriate; or
- Service planning is often done without the full participation of persons served; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

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

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

Table of Evidence

Self Study Evidence

• Service planning and monitoring procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

- Interviews may include:
  - Program director
  - Relevant staff
  - Persons served and their team
- Review case records

IDDS 4.01

The organization works in partnership with the individual and their team to develop and implement a plan that is consistent with their preferences and identified needs, enables the fullest and most independent life possible in the community, and promotes self-determination.

IDDS 4.02

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

IDDS 4.03

An assessment-based service plan is developed promptly with the full participation of the individual and their team and includes:

a. agreed-upon goals, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom;
c. a means for resolving conflicts;
d. procedures for expedited service planning when crisis or urgent need is identified; and
e. evidence of the person's participation in service planning.

Examples: *Services and supports to be provided may include those needed to reduce family/caregiver burnout, minimize risks to caregivers or individuals, and build upon the strengths identified in the assessment. The process of developing and achieving goals, and reflecting and building upon those successes, can also promote a sense of agency and self-efficacy for individuals and their families.*

IDDS 4.04

The organization works in active partnership with individuals and their teams to:

a. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
b. ensure that they receive appropriate advocacy support;
c. assist with access to the full array of services to which they are eligible; and
d. mediate barriers to services within the service delivery system.

IDDS 4.05 (FP)

Service planning addresses, as appropriate to the individual:

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

IDDS 4.06

The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly, or more frequently depending on the needs of persons served, to assess:

a. service plan implementation;
b. progress toward achieving service goals and desired outcomes; and
c. the continuing appropriateness of the agreed-upon service goals and chosen interventions.

Interpretation: *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

IDDS 4.07

The worker, the individual, and their team:

a. review progress toward achievement of agreed-upon service goals;
b. assess continued satisfaction with the plan, services, and interventions; and
c. make agreed-upon revisions to service goals and plans.

Intellectual and Developmental Disabilities Services

IDDS 5: Therapeutic Services

Purpose

Intellectual and Developmental Disabilities Services promote integration, self-determination, social connections, and improved quality of life for individuals with intellectual or developmental disabilities, and strengthen caregiver and/or family capacity and functioning.

Persons served receive ongoing, coordinated therapies and interventions based on their assessed needs, preferences, and goals.

NA: The organization does not offer therapeutic services.

Rating Indicators:

1

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

2

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

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

3

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

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4

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

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

Table of Evidence

Self Study Evidence

*	• Procedures for the use of therapeutic interventions	
*	• Referral procedures	
*	• Procedures for use of interventions that limit movement, diminish sensory experience, limit personal freedom, or cause personal discomfort	

Site Visit Evidence

*	• Job descriptions and resumes of professionals and specialists delivering therapies and interventions and/or formal agreement with a professional or community-based provider • Community resource and referral list, as applicable • Training curricula that address therapies and interventions • Documentation of training and/or certification related to therapies and interventions

On-Site Activities

*	• Interviews may include:
	  • Program director
	  • Relevant staff
	  • Persons served and their families
	• Review case records

IDDS 5.01

Individuals receive therapies and interventions that are:

a. tailored to their abilities, strengths, stated needs, and goals;
b. focused on addressing symptoms that inhibit positive functioning and quality of life; and
c. delivered by professionals and specialists qualified in chosen therapies and/or interventions.

IDDS 5.02

The organization directly provides or makes referrals for a comprehensive range of therapeutic services based on the identified needs of the person, including:

a. behavioral therapy;
b. occupational therapy;
c. speech-language therapy;
d. physical therapy;
e. social-relational interventions;
f. pharmacological therapies for co-occurring disorders;
g. psychotherapy;
h. medical care; and
i. complimentary or alternative therapies.

IDDS 5.03 (FP)

Interventions that limit physical movement, diminish sensory experience, restrict personal freedoms, or cause personal discomfort are implemented only when:

a. the organization can document its reasons for believing that the intervention will be beneficial to the individual;
b. the individual has been fully informed about the risks and benefits of the intervention and has consented to it;
c. the intervention is prescribed by a qualified professional;
d. parameters for use of the intervention, such as time limits and clear criteria for when the intervention should be applied, have been established;
e. the organization periodically reviews the continued need for and effectiveness of the treatment or intervention;
f. all direct service personnel working with an individual have been trained on their specific treatment plan and its parameters; and
g. the intervention is not used as a substitute for appropriate staffing patterns, for the convenience of staff, or as punishment.

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

Interpretation: Regarding *element (c), the qualified professional should have the education, certification, and training needed to prescribe the intervention and educate the individual's team on its appropriate use and expected outcomes.*

Examples: *Examples of professionals that may be qualified to prescribe interventions can include:*

1. *medical professionals;*
2. *certified behavior analysts;*
3. *psychologists; or*
4. *master's level clinicians such as a social worker.*

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

IDDS 5.04 (FP)

The organization discontinues an intervention immediately if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.

IDDS 5.05

The organization promotes the generalization of new skills in natural environments by:

a. providing interventions in natural settings, whenever possible;
b. incorporating interventions into everyday routines and activities;
c. involving families or caregivers in services and incorporating their ideas, informal supports, and natural resources into interventions; and
d. providing information to families or caregivers on how to embed learned strategies into daily interactions in natural settings.

Intellectual and Developmental Disabilities Services

IDDS 6: Community and Social Connections

Purpose

Intellectual and Developmental Disabilities Services promote integration, self-determination, social connections, and improved quality of life for individuals with intellectual or developmental disabilities, and strengthen caregiver and/or family capacity and functioning.

Individuals and their families can access a broad spectrum of services and supports designed to build independence and social connections; and help them exercise their rights, privileges, and responsibilities as full members of the community.

Rating Indicators:

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

2

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

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

3

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

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

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

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

Table of Evidence

Self Study Evidence

*	• Procedures for facilitating inclusion and community participation	

Site Visit Evidence

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

On-Site Activities

*
- Interviews may include:
  - Program director
  - Relevant staff
  - Persons served and their families
- Review case records

IDDS 6.01

Individuals are helped to:

a. engage in positive interactions, play, or socialization with others and increase social competence;
b. develop social support networks and build healthy, meaningful relationships with caring individuals of their choosing;?and
c. connect with peer support opportunities appropriate to their needs and preferences.

Interpretation: *Peer support may be provided directly or by referral.*

IDDS 6.02

Individuals have opportunities to participate in a variety of community activities that match their skills and interests, including social, cultural, religious, recreational, educational, vocational, and volunteer activities.

IDDS 6.03

Individuals receive services and support that are tailored to their strengths, needs, and preferences and help them fully interact with the community and achieve maximum independence in the least restrictive environment.

Examples: *Services and supports can include:*

1. *adult foster care or kinship care;*
2. *housing services and supports;*
3. *in-home support;*
4. *mentoring services; and*
5. *transportation.*

IDDS 6.04 (FP)

Individuals receive support and education regarding sexuality and relationships that has been tailored to their assessed needs, capacity, and learning style, including:

a. sexual health and development;
b. family planning;
c. prevention of STDs/STIs including HIV/AIDS; and
d. sexual abuse and exploitation, including giving and receiving sexual consent.

Intellectual and Developmental Disabilities Services

IDDS 7: Assistive Technology

Purpose

Intellectual and Developmental Disabilities Services promote integration, self-determination, social connections, and improved quality of life for individuals with intellectual or developmental disabilities, and strengthen caregiver and/or family capacity and functioning.

Assistive technology is available, as needed, to promote increased self-sufficiency and independence.

Rating Indicators:

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

2

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

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

3

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

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

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

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

Table of Evidence

Self Study Evidence

*	• Procedures for helping individuals access assistive technology	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  - Program director
  - Relevant staff
  - Persons served and their families
- Review case records
- Observe assistive technology

IDDS 7.01

The organization helps the individual purchase or gain access to assistive technology, auxiliary aids, and other assistive resources, as needed, and the individual is:

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

IDDS 7.02

The organization works with community resources to help the individual and family make necessary physical adaptations to the person's home.

Intellectual and Developmental Disabilities Services

IDDS 8: Support Services for Family and Caregivers

Purpose

Intellectual and Developmental Disabilities Services promote integration, self-determination, social connections, and improved quality of life for individuals with intellectual or developmental disabilities, and strengthen caregiver and/or family capacity and functioning.

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

Rating Indicators:

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

2

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

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

3

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

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

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

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

Table of Evidence

Self Study Evidence

*	• Referral procedures	

Site Visit Evidence

*
- Information provided to assist with caretaking responsibilities
- Community resource and referral list, as appropriate

On-Site Activities

*
- Interviews may include:
  - Program director
  - Relevant staff
  - Family members and caregivers
- Review case records

IDDS 8.01

Families and caregivers are provided with information and education to help with their caretaking responsibilities.

Interpretation: *Information and education should be tailored to the needs or interests of caregivers and can include topics such as intellectual and developmental disabilities or delays, early childhood development, behavior, the best strategies for lessening the effects of developmental delays and disabilities; how to meet their children's needs; home economics, work-life balance, mental health supports, and nutrition.*

IDDS 8.02

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

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

Intellectual and Developmental Disabilities Services

IDDS 9: Case Closing and Aftercare

Purpose

Intellectual and Developmental Disabilities Services promote integration, self-determination, social connections, and improved quality of life for individuals with intellectual or developmental disabilities, and strengthen caregiver and/or family capacity and functioning.

The organization works with the individual and their team, when appropriate, to plan for case closing and, when possible, to develop an aftercare or transition plan.

NA: The organization provides long-term services for individuals.

Rating Indicators:

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

2

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

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active participation of persons served occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3

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

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

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

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

Table of Evidence

Self Study Evidence

*	• Case closing procedures	
*	• Transition or aftercare planning procedures	

Site Visit Evidence

*	• Relevant portions of contract with public authority, as applicable

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant staff 3. Persons served • Review case records

IDDS 9.01

Planning for case closing:

a. is a clearly defined process that includes the assignment of staff responsibility;
b. begins at intake; and
c. involves the worker, the individual, their team, and others, as appropriate to the needs and wishes of the individual.

IDDS 9.02

Upon case closing, the organization notifies any collaborating service providers, as appropriate.

IDDS 9.03

If an individual has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the person with appropriate services.

Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to individuals whose third-party benefits are denied or have ended and who are in critical situations.*

IDDS 9.04

When appropriate, the organization works with the individual and their team to:

a. develop an aftercare plan, sufficiently in advance of case closing, that identifies short- and long-term needs and goals and facilitates the initiation or continuation of needed supports and services; or
b. conduct a formal case closing evaluation, including an assessment of unmet needs, when the organization has a contract with a public authority that does not include aftercare planning or follow-up.

IDDS 9.05

When the case is closing due to the individual's need to transition to a different level of care, the organization:

a. works with the individual and their team to develop a plan for transition;
b. works with services and supports specified in the transition plan to help coordinate admission to appropriate programs before discharge, when possible;?and
c. helps prepare service providers for the individual's arrival.

IDDS 9.06

The organization follows up on the aftercare or transition plan, as appropriate, when possible, and with the permission of persons served.

NA: The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.