RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS

Notice of Public Hearing

The Director of the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals has under consideration proposed amendments to the ***Rules and Regulations for Licensing Agencies Providing Services to Adults with Developmental Disabilities, Parts I-Appendix***. These regulations shall repeal and supersede any prior rules, regulations, and standards relating to the licensure of facilities and programs for adults with developmental disabilities promulgated by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, however named. The purpose of the proposed amendments to the Regulations is to establish prevailing standards for the licensure and certification of agencies and programs that provide services to adults with disabilities in Rhode Island. These regulations are promulgated to ensure that agencies comply with prevailing standards in providing support and assistance to adults with developmental disabilities. They are promulgated in the best interest of the health, safety, and welfare of the public.

In the development of these proposed amendments to the Regulations, consideration was given to the following: (1) alternative approaches; and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach or duplication or overlap was identified based upon available information.

Notice is hereby given in accordance with the provisions of Chapter 42-35 of the Rhode Island General Laws, as amended, that the Director will hold a public hearing on the above mentioned matter in the **Arnold Conference Center (in the Eleanor Slater Hospital)** at the John O. Pastore Complex in Cranston, Rhode Island **ON TUESDAY, JANUARY 8, 2013 AT 10:00 A.M.**

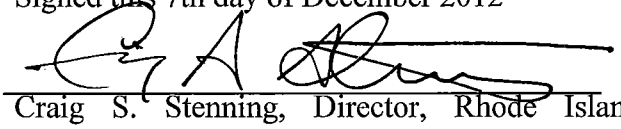
Persons wishing to testify may do so by signing up at the meeting or by submitting written testimony by, **Tuesday, January 8, 2013,** to Heather Daglieri, Esq., Office of Licensure, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, Barry Hall, 14 Harrington Road, Cranston RI 02920 or via email Hdaglieri@bhddh.ri.gov. The public hearing will begin at 10:00 AM and will conclude when the last speaker finishes testimony or at 12:00 PM, whichever occurs first.

For the sake of accuracy, it is requested that statements to be made relative to any aspect of the regulations, including alternative approaches or overlap, be submitted in writing at the time of the hearing or mailed prior to the hearing date to: Heather Daglieri, Esq., Administrator of Licensing, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, Barry Hall, 14 Harrington Road, Cranston, Rhode Island 02920 or via email: HDaglieri@bhddh.ri.gov.

Interested persons may inspect said proposed amendments to the regulations and other related materials on the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals' website at www.bhddh.ri.gov; at the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, 14 Harrington Road, Cranston, Rhode Island, 02920 between the hours of 9:00 a.m. and 3:00 p.m., Monday through Friday; by calling (401) 462-2324 {via RI Relay 711}; or by emailing HDaglieri@bhddh.ri.gov Proposed regulations are also posted on the Rhode Island Secretary of State's website: www.sos.ri.gov

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals is ***accessible to persons with disabilities. If communication assistance (readers /interpreters /captioners) is needed, or any other accommodation to ensure equal participation, please notify the Department at (401) 462-2324 or RI Relay 711 at least three (3) business days prior to the public hearing so arrangements can be made to provide such assistance at no cost to the person requesting.***

Signed this 7th day of December 2012



Craig S. Stenning, Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

State of Rhode Island and Providence Plantations
Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Concise Summary of Proposed Technical and Non-technical Amendments to Rules and Regulations For Licensing Agencies Providing Services to Adults with Developmental Disabilities, Parts I-Appendix

In accordance with the Administrative Procedures Act, Section 42-35-3(a)(1) of the General Laws of Rhode Island, the following is a concise summary of the proposed technical and non-technical amendments which are all being proposed by BHDDH to further promote choice, transparency, quality, fairness, and safety in the delivery of services to adults with developmental disabilities:

(1) Amendments to "Part I Definitions" to further define and refine terms that are used throughout the regulations;
(2) Amendments to "Part II Developmental Disability Organizations" to further clarify provisions for the management of a DDO, including, but not limited to, allowing for the flexibility in the governance of an organization by allowing for an advisory board to fulfill a Board of Director's requirements for those entities that are for profit or not for profit chapters of a national organization providing services in Rhode Island, and to further clarify the Department's health and safety guidelines for the safe delivery of services to adults with developmental disabilities;
(3) Amendments to "Part III Provision of Core Services and Participants' Eligibility/Access to Services" to further describe the development of protocols and procedures for eligibility, access, levels of care determinations for Participants, and the development of individualized service plans for Participants;
(4) Amendments to "Part IV Services for Adults with Developmental Disabilities" to further describe the prevailing standards for the provision of supports and services to adults with developmental disabilities;
(5) Amendments to "Part V Health Care Services" are technical in nature;
(6) Amendments to "Appendix One: Billing Criteria" describes a new service and further refines some existing services; and
(7) Technical amendments throughout all of the regulations related to numbering, spelling, and grammar.

Rules and Regulations for ~~Licensing Agencies Providing Services to Adults with Developmental Disabilities~~ the Licensing of Developmental Disability Organizations

July 2011

State of Rhode Island and Providence Plantations

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)

As Amended:
December 2012

Lincoln D. Chafee
Governor

Craig S. Stenning
Director

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PREFACE

These rules and regulations are promulgated in accordance with the authority contained in section 40.1-24-1 of the Rhode Island General Laws, as amended, for the purpose of establishing prevailing licensure standards for agencies that provide services to adults with disabilities in Rhode Island.

The provisions of these rules and regulations do not apply to health care facilities licensed by the Rhode Island Department of Health pursuant to section 23-17-1 *et seq.* of the Rhode Island General Laws, as amended; to assisted living facilities also licensed by the Department of Health pursuant to section 23-17.4-1, *et seq*.; or to facilities and programs licensed by the Rhode Island Department of Children, Youth and Families pursuant to section 42-72.1-1 *et seq.* of the Rhode Island General Laws, as amended; or to any facility or program licensed or certified by any other appropriate state agency.

Pursuant to the provisions of section 42-35-3(c) of the Rhode Island General Laws, as amended, the following were given consideration in arriving at the regulations: (1) alternative approaches to the regulations; and (2) duplication or overlap with other state regulations. Based on the available information, no known alternative approach, duplication or overlap was identified.

These regulations shall supersede any prior rules, regulations, and standards relating to the licensure of facilities and programs for adults with developmental disabilities promulgated by the Department of Mental Health, Retardation, and Hospitals and/or the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. They are promulgated to ensure that agencies comply with the basic requirements in providing support and assistance to people with developmental disabilities and are adopted in the best interest of the health, safety, and welfare of the public.

Part I ***Definitions***

Section 1.0 ***Definitions***

As used herein, the following terms shall be construed as follows:

~~1.1~~1.01 "***Abuse***" is defined as the treatment or act toward any person with developmental disabilities, which would endanger the physical or emotional well-being of the person through the action or inaction on the part of anyone, including an employee, intern, volunteer, consultant, contractor, visitor, family member, caregiver, neighbor, citizen or other person with a disability, whether or not the person is or appears to be injured or harmed. The failure to exercise one's responsibility to intercede on behalf of a person receiving services also constitutes abuse. Abuse includes:

~~1.1.1~~1.01.01 ***Physical Abuse***: may include, but is not limited to: physical assault, battery and/or actions such as: hitting, kicking, biting, pinching, burning, strangling, shoving, shaking, dragging, yanking, punching, slapping, pulling hair, grabbing or pushing, or using more force than is necessary for the safety of the person.

~~1.1.1.1~~ a) For incidents involving a caregiver, abuse is defined as the willful subjection of an adult with developmental disabilities to willful infliction of physical pain, willful deprivation of services necessary to maintain physical or mental health, or to unreasonable confinement.

~~1.1.1.2~~ b) For incidents of physical abuse involving two people with disabilities, only an attack resulting in injury in which one person needs medical care beyond routine first aid or a series of deliberate acts (i.e. hitting, kicking, slapping, pulling hair, etc.) displayed by one person with a disability towards another person with a disability should be reported to the Office of Quality Improvement. Other incidents should be documented and handled by the agency's internal Incident Management Committee.

~~1.1.2~~ 1.01.02 ***Sexual Abuse:*** any sexual contact consensual or otherwise, between a person receiving services and a paid employee, consultant or contractor of the ~~agency~~ DDO, is always considered abuse. Any sexual contact between a person receiving services and an immediate blood relative is incest and is sexual abuse. Any non-consensual sexual contact between a person with a disability and another person with a disability is also sexual abuse. This includes but is not limited to oral/genital contact, sexual penetration or fondling and any other assault as defined in RI Gen. Laws Section 11-37-1 *et seq.*

~~1.1.3~~ 1.01.03 Sexual Contact is defined as the touching, fondling or intrusion of the genitals or other intimate parts of the person or offender directly or through clothing for the purpose of sexual arousal or gratification.

~~1.1.4~~ 1.01.04 First Degree Sexual Assault includes any forced or coerced intrusion, however slight, of the vagina, anus, or mouth, by part of another person's body or by an object including cunnilingus, fellatio.

~~1.1.5~~ 1.01.05 Second Degree Sexual Assault includes any forced or coerced or intentional touching or sexual contact (not penetration) clothed or unclothed, with a person's genital area, anal area, groin, buttocks, or the breasts of a female for the purpose of sexual arousal, gratification or assault.

~~1.1.6~~ 1.01.06 Third Degree Sexual Assault includes penetration where one person is 18 years of age or older and the other is over the age of 14 years, but under the age of consent (age 16 years).

~~1.1.7~~ 1.01.07 Sexual Exploitation: may also include but is not limited to causing a person to expose or touch themselves or anyone else for the purpose of demeaning the person, for the sexual arousal or personal gratification, taking sexually explicit photographs, forcing or encouraging a person to view pornographic materials encouraging a person to use sexually explicit language which he/she may not fully understand, the use of harmful genital practices such as creams, enemas, etc. in order to meet the idiosyncratic needs of an offender, etc.

~~1.1.8~~ 1.01.08 Psychological/Verbal Abuse: includes intentionally engaging in a pattern of harassing conduct which causes or is likely to cause emotional harm. This includes the use of verbal or non-verbal expression that subjects a person to ridicule, humiliation, contempt, manipulation, or is otherwise threatening, socially stigmatizing and fails to respect the dignity of the Participant including name-calling or swearing at a person, intimidating or condescending actions, behaviors, or demeaning tone of voice or any other pattern of harassing conduct.

~~1.1.9~~ 1.01.09 Material Abuse means the illegal or improper use or exploitation of the Participant and his/her funds, personal property or other resources.

~~1.2~~ 1.02 ***"Access to Overnight Shared Supports"*** means the availability of direct support and assistance on an on-call basis for Participants who live independently in the community in a setting where direct support can be easily shared among a group of Participants, such as an apartment building. The service is intended to be shared among Participants to help them achieve and/or maintain the outcomes of increased independence, productivity, and inclusion in the community, as outlined in his/her person-centered plan. Access to Overnight Shared Supports does not supplant nonpaid natural supports. This service is only offered to Participants who live independently in a residential setting not licensed by BHDDH where overnight supports are neither authorized nor funded. All staff shall be awake staff.

~~1.2~~ 1.03 "***The Act***" means Chapter 40.1-24 of the Rhode Island General Laws, as amended.

~~1.3~~ 1.04 ***"Advocate***" means a (1) legal guardian, or (2) an individual acting on behalf of a person with developmental disabilities in a manner clearly consistent with the interests of the person with developmental disabilities and includes a family member, friend, or professional advocate. Whenever possible, an advocate should be selected by the person with a disability.

~~1.4~~1.05 ***"Agency Health Care Manual"*** means the repository for all agency policies and procedures relating to health care practices. These manuals are developed by the agency with the input of nursing and other clinical staff and are intended to serve as a guide for health care practice within the agency. Each manual shall be reviewed by and filed with the Department to ensure alignment with the Health Care Standards as contained herein. For the purposes of

these regulations, "Agency Health Care Manual" can be used interchangeably with "DDO Health Care Manual."

~~1.5~~ 1.06 ***"Assessment/Data Collection***" means the Professional Nurse (R.N.) will conduct a nursing assessment which includes a deliberate and systematic collection of data to determine a person's current health status; including physical assessment, data analyses, problem identification, and development of a plan of care. The R.N. will complete a nursing assessment when nursing services are deemed appropriate and per the individual plan as determined by the RN based on the person's health care needs.

~~1.6~~ 1.07 "***Assistive Technology"*** means specialized medical equipment and supplies to include (a) devices, controls, or appliances, specified in the individualized service plan, that enable Participants to increase their ability to perform activities of daily living; (b) devices, controls, or appliances that enable the Participant to perceive, control, or communicate with others in the environment in which they live; including such other durable and non-durable medical equipment not available under the state plan that is necessary to address Participant functional limitations. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the state plan and exclude those items that are not of direct medical or remedial benefit to the Participant. All items shall meet applicable standards of manufacture, design and installation and are subject to prior approval on an individual basis by the Department.

~~1.7~~ 1.08 "***Attendant Care Service"*** means those services provided by home health agencies who deliver direct support in the home or community to Participants in performing tasks based on their individualized service plan for which they are functionally unable to complete independently due to disability. Attendant care services include: assistance with activities of daily living, such as grooming, personal hygiene, toileting, bathing, and dressing; assistance with monitoring health status and physical condition; assistance with preparation and eating of meals (not the cost of the meals itself); assistance with housekeeping activities (bed making, dusting, vacuuming, laundry, grocery shopping, cleaning); assistance with transferring and ambulation; assistance with arranging for or directly providing transportation; and assistance with the use of special mobility devices.

~~1.8~~ 1.09 ***"Authorization***" means the service authorized by BHDDH for each Participant based upon the ISP and shall not exceed the resource allocation unless expressly approved by the Director. For the purposes of these regulations, service allocation can be used interchangeably with authorization.

~~1.9~~ 1.10 "***Aversive***" means a procedure that is unpleasant to the Participant and results in a reduction of problematic behavior.

~~1.10~~1.11 ***"Board***" means the board of directors of a developmental disability organization and/or the advisory board of a developmental disability organization that is (a) a for profit entity or (b) a not for profit entity that is part of a national organization providing services in Rhode Island.

~~1.11~~1.12 ***"Behavioral Treatment***" means any intervention or treatment to develop and strengthen adaptive, appropriate behaviors through the application of behavioral

interventions, and to simultaneously reduce the frequency of maladaptive or inappropriate behaviors. Behavioral interventions encompass behavioral analysis, psychotropic medication, or other similar interventions that refer to purposeful, clinical manipulation of behavior.

~~1.12~~1.13 ***"Caregiver***" mean any person who is, for a significant period of time, primarily responsible for the management of a person with a developmental disability.

~~1.13~~1.14 ***"Center-Based Day Program Service***" means a facility-based day program where services are delivered by a licensed DDO on behalf of Participants.

~~1.14~~ 1.15 "***Clinically Appropriate Services"*** means services that are of proven value in assisting Participants in achieving or maintaining maximum functional capacity in performing daily activities and are:

~~1.14.1~~ 1.15.01 Consistent with accepted standards of quality of care applicable to the service and the service setting; and

~~1.14.2~~ 1.15.02 Intended for more than just the convenience of the Participant, the family, or the provider; and

~~1.14.3~~ 1.15.03 Not duplicative with respect to other services being provided to the Participant by the family or other natural supports; and

~~1.14.4~~ 1.15.04 No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness and efficiency; and

~~1.14.5~~ 1.15.05 Cost effective compared to alternative services that would also meet the Participant's needs.

~~1.15~~ 1.16 ***"Communicable Disease"*** means an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host. This includes but is not limited to sexually transmitted diseases.

~~1.16~~ 1.17 ***"Community-Based Day Program Service"*** means day program services provided in the community, delivered by a licensed developmental disability organization on behalf of a Participant.

~~1.17~~1.18 ***"Community-Based Supports Service***" means the availability of direct support and assistance for Participants, or for the relief of the care giver, in or out of the Participant's residence, to achieve and/or maintain the outcomes of increased independence, productivity, enhanced family functioning, and inclusion in the community, as outlined in his/her individualized service plan (ISP). Community-based support services do not supplant non-paid natural supports nor do they replace meaningful day activities. Community-based supports may be delivered one-on-one to a Participant or may be shared by Participants. Community-based support services are intended for a Participant to live in the Participant's home or the family home.

~~1.18~~1.19 ***"Community Residence"*** means any home or other living arrangement which is established, offered, maintained, conducted, managed, or operated by any person for a period of at least twenty-four (24) hours, where, on a twenty-four (24) hour basis, direct supervision is provided for the purpose of providing rehabilitative treatment, habilitation,

psychological support, and/or social guidance for three (3) or more persons with developmental disabilities or cognitive disabilities such as brain injury. The facilities shall include, but not be limited to, group homes, and fully supervised apartment programs. Semi-independent living programs and shared living arrangements shall not be considered community residences for the purposes of the Act and the rules and regulations herein.

~~1.19~~1.20 ***"Community Residence Support Service"*** means services provided in a community residence by a licensed developmental disability organization. The service includes core residential support services and may include specialized residential support services. Community residence support services do not include payments for room and board. Payments for community residence support services are based on residential resource levels.

~~1.20~~1.21 ***"Controlled Substance"*** means a drug, substance or immediate precursor in Schedules I - V of Chapter 21-28 of the Rhode Island General Laws, as amended.

~~1.21~~1.22 ***"Core Residential Support Services"*** means clinically appropriate services that are provided to all Participants in a setting where the Participant is supported and served on a 24-hour basis, including Shared Living Arrangements. The Core Residential Support Services includes: (1) implementing a Participant's individualized service plan; (2) support and supervision of Participants during the day and night; (3) assistance with activities of daily living; (4) assistance with medical care and medication; (5) skills development; (6) assistance with community participation and inclusion activities; (7) assistance with personal social skills; (8) assistance with use of leisure time skills; (9) providing transportation; (10) management of health and safety; (11) management of behavioral issues; and (12) coordination with supported employment and other meaningful day activities. Participants may also receive Professional Services that are not covered by a health plan. The core services are included in the daily rate established for the community residence support service, the Non-congregant residential support services, and in the reimbursement to the host family in Shared Living Arrangements.

~~1.22~~1.23 ***"Day Program Service"*** means a licensed service offered at a center-based day program or a community-based day program by a licensed developmental disability organization. The service includes the provision of education, training and opportunity to acquire the skills and experience needed to participate in the community. This may include activities to support Participants with building problem solving skills, social skills, adaptive skills, daily living skills, and leisure skills. Other services include assistance in establishing friendships, using public transportation, participating in community events, or otherwise undertaking activities to promote community integration. These services emphasize habilitative rather than explicit employment related objectives.

~~1.23~~1.24 ***"Delegation***" means the transferring to a competent individual the authority to perform a selected nursing activity in a selected situation. The nurse retains the accountability for the delegation.

~~1.24~~1.25 ***"Department***" means the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals ("BHDDH").

~~1.25~~ 1.26 ***"Developmentally disabled adult***" means a person, eighteen (18) years old or older and not under the jurisdiction of the Department of Children, Youth, and Families who is

either a mentally retarded developmentally disabled adult or is a person with a severe, chronic disability which:

~~1.25.1~~ 1.26.01 Is attributable to a mental or physical impairment or combination of mental and physical impairments;

~~1.25.2~~ 1.26.02 Is manifested before the person attains age twenty-two (22);

~~1.25.3~~ 1.26.03 Is likely to continue indefinitely;

~~1.25.4~~ 1.26.04 Results in substantial functional limitations in three (3) or more of the following areas of major life activity:

~~1.25.4.1~~ 1.26.04.01 Self care;

~~1.25.4.2~~ 1.26.04.02 Receptive and expressive language;

~~1.25.4.3~~ 1.26.04.03 Learning;

~~1.25.4.4~~ 1.26.04.04 Mobility;

~~1.25.4.5~~ 1.26.04.05 Self-direction;

~~1.25.4.6~~ 1.26.04.06 Capacity for independent living;

~~1.25.4.7~~ 1.26.04.07 Economic self-sufficiency; and

~~1.25.5~~ 1.26.05 Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated. For purposes of funding, it is understood that students enrolled in school will continue to receive education from their local education authority in accordance with § 16-24-1 *et seq*.

~~1.26~~1.27 ***"Developmental disability organizations (DDOs)***" means an organization licensed by BHDDH to provide services to adults with disabilities, as provided herein. As used herein, DDOs shall have the same meaning as "providers" or "agencies."

~~1.27~~1.28 ***"Evaluation"*** means the Professional Nurse (R.N.) will evaluate and document the person's response to interventions outlined in the plan of care; revise the plan as necessary; and, identify the degree to which the expected outcomes have been achieved.

~~1.28~~1.29 ***"Financial Exploitation/Theft***" means the use of funds, personal property or resources of a person receiving services by an individual for their own monetary or personal benefit, profit or gain with or without the informed consent of the person including but not limited to the coercion or manipulation of a person to spend their own personal funds for something they may or may not have use for or soliciting of gifts, funds or favors. This also includes any suspected theft of or missing property or funds of a person. For incidents involving a caregiver, financial exploitation is defined as an act or process of taking pecuniary advantage of a person with a developmental disability by use of undue influence,

harassment, duress, deception, false misrepresentation, false pretenses, or misappropriation of funds.

~~1.29~~1.30 ***"Fiscal Intermediary***" means a licensed DDO authorized to receive and distribute support funds or Participant directed goods or services on behalf of a Participant in accordance with the Participant's Individualized Service Plan.

~~1.30~~1.31 ***"Homemaker Service"*** means performance of general household tasks (e.g., meal preparation and routine household care) provided by a qualified homemaker, when the person regularly responsible for these activities is temporarily absent or when the Participant being served is unable to manage the home and care for him or herself or others in the home.

~~1.31~~1.32 ***"Household Member"*** means any person, whether a family member or not, who sleeps within the home full or part-time.

~~1.32~~1.33 ***"Hospitalization",*** as used herein, means any unplanned and/or unexpected admission to a hospital, including psychiatric admissions.

~~1.33~~1.34 ***"Human Rights Committee"*** means any duly constituted group of people with developmental disabilities, advocates, volunteers, and professionals who have training or experience in the area of behavioral treatment, and other citizens who have been appointed to a provider's human rights committee for the purposes of (1) promoting human rights, (2) reviewing, approving and monitoring individuals' plans designed to modify behavior which utilize aversive techniques or impair the Participant's liberty, or other plans and procedures that involve risks to the person's protection and rights, and (3) participating in the provider's Participant grievance procedures.

~~1.34~~1.35 ***"Incident"*** means a situation in which a person with a developmental disability is harmed, or is involved in an event, which causes concern for the person's health, safety and/or welfare. This includes individuals who receive services from the Department and/or ~~an agency~~ a DDO licensed by the Department.

~~1.35~~1.36 ***"Individualized Service Plan"*** means ***"Individual Plan***", ***"ISP***" or any other document, however named, that describes specific supports and services authorized by the Department for a person with developmental disabilities in such areas as vocational, social, medical, and supportive living, and includes deliverable long term goals and objectives responsive to the individual needs of the Participant. This document shall be reviewed and revised annually and shall describe in detail the specific, clinically appropriate and individualized services authorized and funded by the Department to be provided by the DDO to the Participant, or which shall be directed by the Participant through a fiscal intermediary.

~~1.36~~1.37 "***Individualized Procedure"*** means a procedure which is necessitated by a specific medical need that a Participant would do for his/her self but for his/her disability. The provision of such procedure requires specific training beyond the basic curriculum and is not transferable to another person. Each unlicensed person must demonstrate competency in the specific procedure for a specific person. Ongoing supervision by the Registered Nurse is required of all individualized procedures.

~~1.37~~1.38 ***"Individualized Extraordinary Services***" means services that are approved by the Director of BHDDH on a case-by-case basis. Individualized extraordinary services are not services defined in residential resource levels or day program resource levels.

~~1.38~~1.39 ***"Injury Requiring Medical Care"*** means any situation involving a person with a developmental disability wherein this person suffers any type of injury requiring medical care or treatment beyond first aide, including but not limited to: assessment/treatment in an emergency room, treatment center, physician's office, urgent care or admission to a hospital.

~~1.39~~1.40 ***"Integration"*** means:

~~1.39.1~~ 1.40.01 The use by individuals with developmental disabilities of the same community resources that are used by and available to other persons in the community;

~~1.39.2~~ 1.40.02 Participation in the same community activities in which persons without a developmental disability participate, together with regular contact with persons without a developmental disability; and

~~1.39.3~~ 1.40.03 Individuals with developmental disabilities live in homes that are in proximity to community resources and foster contact with persons in their community.

~~1.40~~1.41 ***"Interim Funding Level***" means the funding available to Participants as determined by the Department prior to the implementation of resource allocation levels.

~~1.41~~1.42 ***"Intervention"*** means the Professional Nurse (R.N.) will intervene as guided by the nursing plan of care to implement nursing actions that promote, maintain, or restore wellness and prevent illness. The R.N. shall ensure the implementation of the plan of care and may delegate all or portions of the implementation to the Licensed Practical Nurse (L.P.N.) or to appropriately trained support staff. The L.P.N, acting within the scope of his/her practice, may delegate to unlicensed assistive personnel when the Registered Nurse's assessment allows such delegation to occur. It is recognized that when the L.P.N. works in a team relationship with the R.N., the L.P.N. contributes significantly to each aspect of the nursing process. However, final responsibility for the nursing process and its application remains with the R.N.

~~1.42~~ 1.43 ***"Job Developer"*** means the individual who will perform the job development or assessment service to Participants.

~~1.43~~ 1.44 "***Legend Drug"*** means any drugs which are required by any applicable federal or state law or regulation to be dispensed on prescription only or are restricted to use by practitioners only.

~~1.44~~ 1.45 ***"Licensed Health Care Provider"*** means a licensed health care provider that shall include a duly licensed physician, dentist, advanced practice nurse, podiatrist, or other licensed health care providers authorized by law to prescribe.

~~1.45~~ 1.46 ***"Major Life Changes***" means a change in the health and/or safety of an individual that merits examination of the types of supports that may be needed by a Participant. A major life change may trigger the need to conduct a new full or partial SIS assessment prior

to the usual three-year cycle that each Participant is assessed. Major life changes shall include but are not limited to: (1) an emergency/crisis in the Participant's living situation; (2) risk of losing living situation; (3) risk of life threatening incidents; (4) repeated incidents relating to the Participant or other Participants' health and safety; (5) a new diagnosis of mid-stage organic brain syndromes; (6) a new diagnosis of serious mental health condition; or (7) development of new co-morbid conditions.

~~1.46~~1.47 ***"Medicaid Fiscal Agent***" means the state claims adjudication system for the Medical Assistance Program (Medicaid), also known as the Medicaid Management Information System (MMIS).

~~1.47~~ 1.48 "***Medication Error(s)***" means incidents involving medications which may or may not cause harm to a person's health and welfare. By way of example, and not in limitation, medication errors include: omission of a dosage(s) or failure to administer, incorrect dosage(s), incorrect medication(s), medication(s) given by incorrect administration route, medication(s) given by incorrect time, medication(s) given to wrong person, any inappropriate use of medications, failure to follow agency procedures for medication administration, and medication or treatment given without an order from a physician.

~~1.48~~ 1.49 ***"Missing Person"*** means any situation in which a person is missing who has a residential authorization for services, or a situation that has been reported to the police or a situation where there is serious concern for the person's safety and well-being.

~~1.49~~1.50 ***"Mistreatment***" means the inappropriate use of medications, isolation or use of physical or chemical restraints as punishment, for staff convenience, or as a substitute for treatment or care in conflict with a physician's order, or in quantities which inhibit effective care or treatment, which harms or is likely to harm the Participant.

~~1.50~~ 1.51 ***"Natural Supports***" or "***Natural Support System***" means the resources available to a Participant from their relatives, friends, significant others, neighbors, roommates and the community. Services provided by natural supports are resources not paid for by the Department.

~~1.51~~ 1.52 "***Natural Supports Training Service***" means training and counseling services provided to the family of a Participant to increase capabilities to care for, support and maintain the Participant in the home.

~~1.52~~1.53 ***"Natural Supports Training Service by Professional Staff "*** means the delivery of a natural supports training service by a degreed psychologist, a licensed psychiatrist, a licensed physical therapist, a licensed occupational therapist, a licensed speech language pathologist, a licensed social worker, or a registered nurse.

~~1.53~~1.54 ***"Neglect***" means the failure of a person to provide treatment, care, goods or services necessary to maintain the health and safety of the person. This includes the failure to report or act on health problems of the person or changes in his/her health conditions as indicated within a plan approved by the Department. Neglect also includes lack of attention to the physical needs of the person including personal care, cleanliness and personal hygiene, meals and/or failure to provide appropriate nutrition or a safe and sanitary environment; failure to carry out a plan of treatment or care prescribed by a physician and/or other health

care professional; failure to provide services/supports as indicated within an ISP approved by the Department; and failure to provide proper supervision to the persons as required within an ISP or by a court.

~~1.54~~ 1.55 ***"Non-congregant Residential Support Services"*** means services provided in residential settings other than a host family that are not Community Residences as defined herein. The service includes core residential support services and may include specialized residential support services. Non-congregant residential support services do not include payments for room and board. Payments for non-congregant residential support services are based on residential resource levels.

~~1.55~~1.56 ***"Non-Delegatable Task"*** means nursing activities that inherently involve ongoing assessment, interpretation or decision making that cannot be logically separated from the procedure(s) and shall not be delegated. Nursing activities for which the delegatee has not demonstrated competence shall not be delegated.

~~1.56~~ 1.57 ***"Nursing Diagnosis"*** means concise statements of conclusions derived from assessment data collected and include the presenting medical diagnoses and the person's unique nursing and health care needs. Nursing diagnoses are recorded in a manner that facilitates the nursing process.

~~1.57~~1.58 ***"Nursing Planning"*** means the Professional Nurse (R.N.) will develop a nursing plan of care based upon the data obtained during the assessment. The elements of the plan of care will reflect data obtained as part of the person's initial health care screen as well as subsequent assessments, and shall be congruent with the person's unique health care needs. The plan of care provides guidance for support staff in the provision of health care activities. Nursing plans of care are recorded, communicated to others, and revised as necessary according to the provider's written policy and procedure.

~~1.58~~1.59 ***"Nursing Process"*** means a process by which nurses deliver care to patients. The nursing process is comprised of the following essential elements: assessment/data collection; nursing diagnosis; nursing planning; intervention; and evaluation.

~~1.59~~1.60 ***"Office of Quality Assurance and/or Office of Quality Improvement***" means the Office of Quality Assurance, also known as the Office of Quality Improvement, within the Department.

~~1.60~~1.61 ***"Participant"*** means an adult who has a developmental disability as defined herein. As used herein, "Participant" and "Individual" shall have the same meaning.

~~1.61~~1.62 ***"Participant Directed Goods or Services***" means the provision of assistance and resources to Participants with developmental disabilities and their families in order to improve and maintain the Participants' opportunities and experiences in living, working, socializing, recreating, and personal growth, safety and health. Participant directed goods or services are services, equipment or supplies not otherwise provided in these regulations or through the Medicaid State Plan that address an identified need and are in the approved individualized service plan and meet the following requirements:

~~1.61.1~~ 1.62.01 the item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community;

~~1.61.2~~ 1.62.02 and/or the item or service would increase the Participant's ability to perform activities of daily living;

~~1.61.3~~ 1.62.03 and/or increase the Participant's safety in the home environment;

~~1.61.4~~ 1.62.04 and/or alternative funding sources are not available.

~~1.61.5~~ 1.62.05 Participant directed goods or services are purchased from the Participant's self-directed budget through the Fiscal Intermediary when approved as part of the Individualized Service Plan. This will not include any good/service that would be restrictive to the Participant or is strictly experimental in nature or is an unallowable Medicaid expense.

~~1.62~~ 1.63 "***Perpetrator"*** means the individual who is suspected of violating a person's rights. The perpetrator can include a staff person, family member, friend, other person with a disability, or person from the community.

~~1.63~~1.64 ***"Person"*** means any individual, governmental unit, corporation, company, association, or joint stock association and the legal successor thereof.

~~1.64~~ 1.65 ***"Personal Care Attendant***", means the individual who works for a provider that has day-to-day interaction with Participants to support their needs. In order to provide assistance to Participants, a personal care attendant shall be at least eighteen (18) years old, have a high school diploma or GED certification, have passed the Department's required criminal background check and other certifications, and have been appropriately trained on how to deliver services to individuals with developmental disabilities. Another term used herein for personal care attendant is "direct service professional."

~~1.65~~1.66 ***"Personal Emergency Response System"*** means an electronic device that enables Participants to secure help in an emergency. The Participant may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The service may include the purchase, the installation, a monthly service fee, or all of the above.

~~1.66~~1.67 ***"Positive Behavioral Theory and Practice"*** means a proactive approach to individual behavior and behavior interventions that:

~~1.66.1~~ 1.67.01 Emphasizes the development of functional alternative behavior and positive behavior intervention;

~~1.66.2~~ 1.67.02 Uses the least restrictive intervention possible;

~~1.66.3~~ 1.67.03 Ensures that abusive or demeaning interventions are never used; and

~~1.66.4~~ 1.67.04 Evaluates the effectiveness of behavior interventions based on objective data.

~~1.67~~1.68 ***"Practical Nursing"*** means Practical Nursing is practiced by Licensed Practical Nurses (L.P.N.'s). It is an integral part of nursing based on a skill level commensurate with education. It includes promotion, maintenance, and restoration of health and utilizes standardized procedures leading to predictable outcomes which are in accord with the

professional nurse regimen under the direction of a professional nurse. In situations where professional nurses are not employed, the licensed practical nurse functions under the direction of a duly licensed physician, dentist, podiatrist or other licensed health care providers authorized by law to prescribe. Each L.P.N. is responsible for the nursing care rendered (Rhode Island General Law Chapter 5-34-3).

~~1.68~~1.69 ***"Prevocational Training Service"*** means assisting Participants in the development of employment related skills. These may include teaching how to use work related equipment, develop work-related skills, and specialized work-related training and education. Participants may be paid by the provider of center-based employment for work performed according to the standards established by the state Department of Labor and Training. Prevocational training is intended to be a service that Participants receive on a time-limited basis in preparation for securing paid employment by an employer other than the provider.

~~1.69~~1.70 ***"Professional Nursing"*** means Professional Nursing is practiced by Registered Nurses (R.N.'s). The practice of professional nursing is a dynamic process of assessment of an individual's health status, identification of health care needs, determination of health care goals with the individual and/or family participation, and the development of a plan of nursing care to achieve these goals. Nursing actions, including teaching and counseling, are directed toward the promotion, maintenance, and restoration of health and evaluation of the individual's response to nursing actions and the medical regimen of care. The Professional Nurse provides care and support of individuals and families during periods of wellness and injury, and incorporates where appropriate, the medical plan of care as prescribed by a licensed physician, dentist or podiatrist or other licensed health care providers authorized by law to prescribe. Each R.N. is directly accountable and responsible to the Participant for the nursing care rendered (Rhode Island General Law Chapter 5-34-3).

~~1.70~~1.71 ***"Program/Peer Review Committee"*** means three or more clinicians with expertise in behavioral treatment and approved by the Department.

~~1.71~~1.72 ***"Provider***" means any organization that has been established for the purpose of providing either residential and/or day support services for adults with developmental disabilities and which is licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals pursuant to section 40.1-24-1 *et. seq.* of the Rhode Island General Laws, as amended.

~~1.72~~1.73 ***"Residential Resource ~~Levels~~ Tiers***" means the level of services, based on their resource need, that are provided to a Participant in a 24-hour licensed or unlicensed residential setting other than a Shared Living Arrangement. ~~During the period when Interim Funding Levels are in place, seven Residential Resource Levels are in place.~~ Each Residential Resource ~~Level~~ Tier is based on the weekly schedule for shared staffing in a four-person residential setting. The staffing assumptions assume that each Participant is participating in a day activity thirty (30) hours per week which is outside of the funding for residential services. The expected staffing is measured in total hours for the four-person residential setting and staffing on a per Participant basis.

~~1.72.1~~ 1.73.01 ~~Level 1~~ Tier A: 128-148 weekly schedule hours, or 32-37 hours per Participant
1 staff to 4 clients during client sleep hours
1 staff to 4 clients during client awake hours

~~1.72.2~~ 1.73.02 ~~Level 2~~ Tier B: ~~156-176~~ 128-148 weekly schedule hours, or ~~39-44~~ 32-37 hours per Participant
1 staff to 4 clients during client sleep hours
1 staff to ~~3~~ 4 clients during client awake hours

~~1.72.3~~ 1.73.03 ~~Level 3~~ Tier C: 196-216 weekly schedule hours, or 49-54 hours per Participant
1 staff to 3 clients during client sleep hours
1 staff to 2.5 clients during client awake hours

~~1.72.4 Level 4: 228-248 weekly schedule hours, or 57-62 hours per Participant~~
~~1 staff to 3 clients during client sleep hours~~
~~1 staff to 2 clients during client awake hours~~

~~1.72.5 Level 5: 280-304 weekly schedule hours, or 70-76 hours per Participant~~
~~1 staff to 3 clients during client sleep hours~~
~~1 staff to 1.5 clients during client awake hours~~

~~1.72.6~~ 1.73.04 ~~Level 6~~ Tier D: 320-344 weekly schedule hours, or 80-86 hours per Participant
1 staff to 2 clients during client sleep hours
1 staff to 1.5 clients during client awake hours

~~1.72.7~~ 1.73.05 ~~Level 7~~ Tier E: 356-392 weekly schedule hours, or 89-98 hours per Participant
1 staff to 2 clients during client sleep hours
1 staff to 1.25 clients during client awake hours

In addition to the staffing on the weekly schedule above, each Residential Resource Level assumes a supervisor time allocation of five (5) hours per week per Participant in the residential setting. Staffing in a Residential Resource Level may be used for either Core Residential Support Services or Specialized Residential Support Services.

~~1.73~~1.74 ***"Residential Settings Subject to Licensure***" means any residential setting with three (3) or more unrelated Participants receiving Supplemental Security Income including any category of institutions, foster homes, or group living arrangements in compliance with Section 1616 (e) of the Social Security Act. Such standards shall be appropriate to the needs of such Participants and the character of the facilities involved, and shall govern such matters as admission policies, safety, sanitation, and protection of civil rights.

~~1.74~~ 1.75 "***Residential Supports Services***" for adults with developmental disabilities, as used herein, shall mean and shall include:

~~1.74.1~~ 1.75.01 Shared Living Arrangements;
~~1.74.2~~ 1.75.02 Community Residence; and
~~1.74.3~~ 1.75.03 Non-congregant Residential Support Services.

~~1.75~~ 1.76 "***Resource Allocation Level***" means~~, beginning July 1, 2012,~~ the quarterly amount of resources allocated to a Participant based on their assessed level of need using the Supports

Intensity Scale and the Rhode Island Supplemental SIS Questions as updated by the Department from time to time. The resource allocation level is specific to the Participant and establishes the amount for the Participant to negotiate more specific services to be provided. The clinically appropriate delivery of services and supports to the Participant shall be annually described and itemized in detail in the Participant's ISP. As such, resources allocated to one Participant cannot be used to support the services of another Participant. ~~There are at least two different types of resource allocation levels.~~ One category of resource allocation levels is for Participants who require out-of-home placement and 24-hour support. ~~The second category is~~ Three other categories are for Participants who need less than 24-hour supports. Category two is for Participants who reside in their own home. ~~or~~ Category three is for Participants who reside in their family's home. Category four is for Participants who ~~and/or~~ reside in a shared living arrangement. The resource allocation levels anticipate that Participants will share services. As of July 1, 2011, in accordance with RIGL 40.1-21-4.3(7) and RIGL 40.1-26-2(9) all resource allocations will be allocated on a quarterly basis. As used herein, "Resource Allocation Level" and "Service Package" shall have the same meaning.

~~1.76~~1.77 ***"Respite care service"*** means direct support to Participants furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the Participant. Respite care services may be provided in the Participant's home or private place of residence or at the location of a respite care provider or in the community.

~~1.77~~1.78 ***"Rhode Island Supplemental SIS Questions***" means the questions developed by the Department that the SIS assessor asks Participants in addition to the standard questions asked on the Supports Intensity Scale. The purpose of the Rhode Island supplemental SIS questions is to obtain more information about Participants that potentially have higher resource needs.

~~1.78~~1.79 ***"Serious Reportable Incident***" means any situation involving a person with developmental disabilities in which the person has:

~~1.78.1~~ 1.79.01 Had an injury that requires medical care or treatment beyond routine first aid;

~~1.78.2~~ 1.79.02 Been involved in an unexplained absence and whose whereabouts are unknown to anyone;

~~1.78.3~~ 1.79.03 Died;

~~1.78.4~~ 1.79.04 Has been personally involved (is the alleged victim or perpetrator) in a serious criminal act;

~~1.78.5~~ 1.79.05 Been involved in an event in which law enforcement has been contacted;

~~1.78.6~~ 1.79.06 Has been the subject of a serious or repeated medication error; or

~~1.78.7~~ 1.79.07 Had any of his/her civil or human rights violated.

1.80 "***Service Package***" means the quarterly amount of resources allocated to a Participant based on their assessed level of need using the Supports Intensity Scale and the Rhode Island Supplemental SIS Questions as updated by the Department from time to time. The resource allocation level is specific to the Participant and establishes the amount for the Participant to negotiate more specific services to be provided. The clinically appropriate delivery of services and supports to the Participant shall be annually described and itemized in detail in the Participant's ISP. As such, resources allocated to one Participant cannot be used to support the services of another Participant. One category of resource allocation levels is for Participants who require out-of-home placement and 24-hour support. Three other categories are for Participants who need less than 24-hour supports. Category two is for Participants who reside in their own home. Category three is for Participants who reside in their family's home. Category four is for Participants who reside in a shared living arrangement. The resource allocation levels anticipate that Participants will share services. As of July 1, 2011, in accordance with RIGL 40.1-21-4.3(7) and RIGL 40.1-26-2(9) all resource allocations will be allocated on a quarterly basis. As used herein, "Resource Allocation Level" and "Service Package" shall have the same meaning.

~~1.79~~1.81 ***"Shared Living Arrangement ~~Provider~~ Contractor"*** means the adult who is not a Participant's household member and who has contracted with a shared living placement agency to provide core residential support services in his/her home to a Participant.

~~1.80~~ 1.82 ***"Shared Living Arrangement Service"*** means a residential option for an adult with a developmental disability to reside with and receive core residential support services from someone who has contracted with a shared living placement agency to be a shared living arrangement ~~provider~~ contractor for the Participant.

~~1.81~~1.83 **"*Shared Living Arrangement Study*"** means the comprehensive process, conducted by the shared living placement agency, to determine the suitability and capability of an applicant(s) to fulfill the role of a shared living ~~provider~~ contractor.

~~1.82~~1.84 ***"Shared Living Placement Agency***" means an entity that has been granted a service license by the Department and that has been granted the additional authorization by the Department to administer a shared living program that contracts with shared living arrangement ~~providers~~ contractors to provide core residential support services in his/her home to a Participant.

~~1.83~~1.85 ***"Shared Living Residence***" means the residence and physical premises in which the support is provided by the shared living arrangement ~~provider~~ contractor. The home shall be inspected and approved by the shared living placement agency.

~~1.84~~ 1.86 ***"Specialized Support Services"*** means supports for Participants requiring one of the following: additional staffing needs, Professional Services, Behavioral Supports, or Medical Supports to support the Participant beyond what is included in the Core Residential Support Service or Day Program Service.

~~1.84.1~~ 1.86.01 "***Professional Services"*** means psychologist, psychiatrist, physical therapy, occupational therapy, speech therapy, registered nursing and interpreters, licensed social workers, licensed mental health counselors ("LMHCs"), and licensed marriage and family therapists ("LMFTs").

~~1.84.2~~ 1.86.02 "***Behavioral Supports"*** means services provided to a Participant who has a behavioral treatment plan in place which was developed in cooperation with professional staff to address chronic and severe behavioral problems and concerns that severely and persistently interfere with the Participant's and/or others' health and safety. The implementation of behavioral supports requires behavioral professional staff to provide additional training and supervision to personal care attendants that is above the training and supervision required in the provision of Core Residential Support Services or Day Program Services.

~~1.84.3~~ 1.86.03 "***Medical Supports"*** means services provided to a Participant who has a medical treatment plan in place which was developed by a physician or a licensed registered nurse. Participants receiving Medical Supports are under the clinical supervision of a licensed registered nurse who provides additional training required for personal care attendants that is above the training required in the provision of Core Residential Support Services or Day Program Services and is not otherwise covered by the Participant's medical insurance or health plan. The licensed registered nurse also provides direct care and treatment to Participants reserved to them by statute in either the Participant's residential setting or where they receive Day Program Services.

~~1.84.4~~ 1.86.04 "***Behavior Treatment Plan"*** means a plan developed by a ~~Masters Level or Ph.D. Psychologist~~ qualified individual who has either experience or training in contemporary practices to change or modify inappropriate behavior and expertise in the development, implementation and oversight of physical interventions, including, but not limited to a Master's Level or Ph.D. Psychologist, as designated and approved by the Department in writing, that includes, but is not limited to: ~~(1) an individualized summary of the participant's needs, preferences and relationships; (2) a summary of the function(s) of the behavior, (as derived from the functional behavioral assessment); (3) strategies that are related to the function(s) of the behavior and are expected to be effective in reducing problem behaviors; (4) prevention strategies including environmental modifications and arrangement(s); (5) early warning signs or predictors that may indicate a potential behavioral episode and a clearly defined plan of response and de-escalation; (6) a general crisis response plan; (7) a plan to address post crisis issues; (8) a procedure for evaluating the effectiveness of the plan which includes a method of collecting and reviewing data on frequency, duration and intensity of the behavior; (9) specific instructions for staff who provide support to follow regarding the implementation of the plan; (10) positive behavior supports that includes the least intrusive intervention possible; (11) adjusting environments to decrease the probability of occurrence of the undesirable behavior; (12) training functional behavioral replacements for the behaviors targeted for reduction; and (13) the DDO shall make every reasonable effort to bill the Participant's medical insurance.~~

a) Qualifications of staff writing the plan;

b) Qualifications of staff implementing the plan;

c) Identify all utilized accredited or evidence based behavioral interventions/techniques relied upon in the development of the plan and the training of the staff;

d) Any legal involvement of the Participant;

e) Current information, including, but not limited to: nature of residence, work or day activities, staffing and other available resources should be noted, including mode of communication, any human rights restrictions, HRC or PRC involvement, psychiatric medication, counseling and previous behavioral interventions/techniques;

f) Background information, including, but not limited to: summary information on the individual that is helpful in understanding his/her disability, past and current medication(s), extent to which the individual has been able to engage in productive work, domestic life, and self-care, extent to which problem behavior has limited opportunities for satisfying adult living and the rationale for implementing a behavior plan;

g) Description of the frequency and nature of the targeted behavior, including, but not limited to, any human rights restrictions, how the targeted behavior can be measured objectively, and whether the goal is to increase adaptive behavior, decrease problem behavior, or both, and how the behavior will be observed and measured;

h) Summary of functional behavior assessment - A comprehensive functional assessment of problem behavior should allow the development of reasonable hypotheses about the function of the problem behavior. The plan should state the function of the problem behavior (e.g., positive reinforcement through attention from staff, negative reinforcement through escape from demands, automatic positive reinforcement through sensory consequences, etc.). Subsequent plans should state whether the data supports the functional assessment or whether the hypotheses should be changed;

i) Description of the context and the antecedents of the targeted behavior;

j) Description of the objective or desired outcome of treatment should be stated in clear, measurable and positive terms, not exclusively in terms of behavior reduction;

k) The date or interval of time in which the objective is to be reached;

l) Description of the appropriate/alternative behavior to be taught or strengthened and defined in observable terms that will replace the targeted behavior and serve the same function as the suppressed targeted behavior;

m) Description of the reinforcer used to strengthen the adaptive behavior;

n) Identify a schedule of reinforcement, specifically whether the behavior is to be reinforced each time it occurs (continuous reinforcement) or on another, specified schedule;

o) Description of baseline data, including, but not limited to, a baseline measure of the targeted behavior that is objective and quantitative;

p) A method for measuring changes in adaptive/alternative behavior over time to include the rate, intensity, percent of occurrence when the opportunity was present;

q) A method for measuring changes in targeted behavior over time to include the rate, intensity, percent of occurrence;

r) Description of the review process, to include, terms of phasing out the old behavior, implementing the new behavior, periodic review of any restrictions placed on human rights by the HRC and/or PRC, and a detailed plan to terminate any such restrictions;

s) Signatures of the Participant for whom the plan is written, legal guardian, advocate, support coordinator, Department approved writer/author of the behavior plan, and any additional stake-holders; and

t) Date(s) of the signatures, plan revision(s), periodic reviews, and HRC and/or PRC reviews.

The DDO shall make every reasonable effort to bill Participant's medical insurance.

1~~.84.5~~ 1.86.05 "***Medical Treatment Plan"*** means a plan developed by a Registered Nurse or physician that describes the medical, nursing, psychosocial, and other needs of the Participant and how these needs shall be met; the DDO shall make every reasonable effort to bill the Participant's medical insurance. The Medical Treatment Plan includes which tasks shall be taught or delegated to personal care attendants and which shall be completed by a Registered Nurse as reserved to them by statute.

~~1.85~~ 1.87 ***"Supervision"*** means the provision of guidance by a Professional Nurse (RN) for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection and documentation of the actual act of accomplishing the task or activity. Total nursing care of an individual remains the responsibility and accountability of the nurse.

~~1.86~~1.88 ***"Support Facilitation Resource ~~Levels~~ Tiers"*** means the level of Support Facilitation provided to a Participant based on their resource need. ~~During the period when Interim Funding Levels are in place, four (4) Support Facilitation Resource Levels are in place.~~ Each Support Facilitation Resource ~~Level~~ Tier represents the expected monthly caseload of Support Facilitators. The expected monthly caseload is measured in the number of Participants per Support Facilitator and the estimated hours of service provided per Participant per month.

~~1.86.1~~ 1.88.01 ~~Level 1~~ Tier A: Caseload of 90-150 Participants, estimated 0.75 hours per Participant per month

~~1.86.2~~ 1.88.02 ~~Level 2~~ Tier B: Caseload of 50-90 Participants, estimated 1.25 hours per Participant per month.

~~1.86.3~~ 1.88.03 ~~Level 3~~ Tier C: Caseload of 35-50 Participants, estimated 2.50 hours per Participant per month.

~~1.86.4~~ 1.88.04 ~~Level 4~~ Tier D: Caseload of 25-35 Participants, estimated 4.00 hours per Participant per month.

1.88.05 Tier E: Caseload of 25-35 Participants, estimated 4.00 hours per Participant per month.

~~1.87~~1.89 ***"Support Facilitation Service"*** means services that empower Participants to define and direct their own personal assistance needs and services. The Support Facilitation Service is managed by a Supports Facilitator. The Support Facilitator guides and supports, rather than directs and manages, the Participant through the service planning and delivery process. The Supports Facilitator counsels, facilitates and assists in the development of the Individualized Service Plan and in facilitating the Participant in securing and employing their staff. The Support Facilitation Service also includes the services provided by fiscal intermediary.

~~1.88~~1.90 ***"Support Facilitator***" means the individual employed by the fiscal intermediary who delivers Support Facilitation services. The term is synonymous with Case Manager in these regulations.

~~1.89~~1.91 ***"Support Coordinator***" means the individual employed by the DDO who delivers Support Coordination services. The term is synonymous with Case Manager in these regulations and includes but is not limited to the external coordination and monitoring of the Shared Living Arrangements.

~~1.90~~1.92 ***"Support Coordination Resource ~~Levels~~ Tiers***" means the level of Support Coordination provided to a Participant based on their resource need. ~~During the period when Interim Funding Levels are in place, four (4) Support Coordination Resource Levels are in place.~~ Each Support Coordination Resource ~~Level~~ Tier represents the expected monthly caseload of Support Coordinators. The expected monthly caseload is measured in the number of Participants per Support Coordinator and the estimated hours of service provided per Participant per month.

~~1.90.1~~ 1.92.01 ~~Level 1~~ Tier A: Caseload of 45-50 Participants, estimated 2.5 hours per Participant per month

~~1.90.2~~ 1.92.02 ~~Level 2~~ Tier B: Caseload of 40-45 Participants, estimated 3.25 hours per Participant per month

~~1.90.3~~ 1.92.03 ~~Level 3~~ Tier C: Caseload of 32-40 Participants, estimated 3.75 hours per Participant per month

~~1.90.4~~ 1.92.04 ~~Level 4~~ Tier D: Caseload of 20-32 Participants, estimated 6.0 hours per Participant per month.

1.92.05 Tier E: Caseload of 20-32 Participants, estimated 6.0 hours per Participant per month.

~~1.91~~1.93 ***"Support Coordination Service"*** means services that assist Participants in gaining access to needed waiver and State plan services, as well as needed medical, social, educational and other services. The Support Coordination Service is managed by one individual (the Support Coordinator) for each Participant. The Support Coordinator is responsible for developing and maintaining the Individualized Service Plan with the Participant, their family, and other team members designated by the Participant. The Support Coordinator is responsible for the ongoing monitoring of the provision of services included in the Individualized Service Plan.

~~1.92~~1.94 ***"Support Staff"*** means trained, responsible individuals other than the professional nurse who may function in a complimentary or assistive role to the professional nurse in providing direct care to a person with developmental disabilities.

~~1.93~~1.95 ***"Supported Employment Service"*** means activities needed to help the Participant(s) develop the specific job skills necessary to sustain paid employment, earning at least 50% of the state minimum wage and working in an integrated environment. This includes regular contacts at a Participant job site that is outside of a center based day service site. Supported employment can also be provided to support Participants who create their own business or micro-enterprise. Supported employment may be delivered one-on-one to a Participant or shared with two or more Participants. This service does not include transportation to and from the Participant's job worksite. It does not include payment for the supervisory activities rendered as a normal part of the business setting.

~~1.94~~ 1.96 "***Supports Brokerage Service"*** means supports that focus on empowering Participants to define and direct their own personal assistance needs and services. Participants choosing a Participant-directed model hire individuals in the supports brokerage service to serve as a guide to the Participant through the service planning and delivery process.

~~1.95~~1.97 ***"Supports Intensity Scale,*** or ***SIS***", means the standardized assessment tool designed by the American Association on Intellectual and Developmental Disabilities (AAIDD) to measure the pattern and intensity of supports an adult with developmental disabilities requires to be successful in community settings.

~~1.96~~1.98 ***"SIS Assessor"*** means the individual in the Department's Social Services Unit who has successfully completed the Department's nationally-recognized training to conduct SIS assessments.

~~1.97~~ 1.99 "***Violation of Human Rights"*** means any action or inaction which deprives a Participant of any of his or her legal rights, as articulated in law or in these regulations.