

## ALABAMA DEPARTMENT OF MENTAL HEALTH

DIVISION OF DEVELOPMENTAL DISABILITIES  
ADMINISTRATIVE CODE

## CHAPTER 580-5-33

ADMINISTRATIVE AND SUPPORT REQUIREMENTS FOR COMMUNITY  
PROVIDERS OF INTELLECTUAL DISABILITIES SERVICES

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580-5-33-.01 Adoption by Reference. Regulations in this Chapter supplement regulations in Chapter 580-3-24 to meet requirements of state or federal law and/or the funding source for the provision of services and supports to individuals with intellectual disabilities.

(1) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH

**Statutory Authority:** Code of Alabama 1975, §22-50-11.

**History: New Rule:** Filed August 1, 2012; effective October 1, 2012.

**580-5-33-.02 Definitions.** The following define terms in this rule and the entities to which the rule applies.

(1) Personal Care Services include assistance with any activity of daily living (ADL) or instrumental activity of daily living (IADL). Assistance for ADL's includes bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, routine care of adaptive equipment primarily involving cleaning as needed, meal preparation, assistance with eating, assistance with medication and incidental household cleaning and laundry. IADL's include shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance with IADL's includes accompaniment, coaching and minor problem-solving necessary to achieve the objectives of increased independence, productivity and inclusion in the community. Personal Care can also include supporting a person at an integrated worksite where the individual is paid a competitive wage.

(2) Respite Care is a service provided in or outside a family's home to temporarily relieve the unpaid primary caregiver. Respite care provides short-term care to an adult or child for a brief period of rest or relief for the family from day to day care giving for a dependent family member.

(3) Residential Habilitation Services provide care, supervision and skills training in activities of daily living, home management and community integration. Residential habilitation services may be provided either in the waiver recipient's residence (family home, own home or apartment) or in a (DMH/ID) certified community setting. All settings that are so required must have appropriate certification from the Administering Agency.

(4) Day Habilitation Services includes planning, training, coordination and support to enable and increase independent functioning, physical health and development, communication development, cognitive training, socialization, community integration, domestic and economic management, behavior management, assistance with

medication, and responsibility and self direction. Staff may provide assistance/training in daily living activities and instruction in the skills necessary for independent pursuit of leisure time/recreation activities. Social and other adaptive skills building activities such as expressive therapy, prescribed use of art, music, drama or movement may be used to modify ineffective learning patterns and/or influence change in behavior.

(5) Prevocational Habilitation Services under the Waiver must not be available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Services under the Waiver are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one (1) year (excluding supported employment programs).

(6) Supported Employment (Per Diem Payment) Services consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely without supports, and who, because of their disabilities, need intensive ongoing support to perform in a work setting.

Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

(7) Supported Employment Services at an Integrated Worksite (fifteen (15) Minute Units) includes supporting individuals at a worksite where other workers do not have disabilities (Integrated Worksite) and where the individual

with the disability is paid at least minimum wage (Competitive Employment).

The principles of Supported Employment at an Integrated Worksite are:

(a) Employment First: The outcome in which an individual has sustained work in an integrated worksite at a competitive wage, and the services by which to obtain this outcome, are a priority over other services. This is the principle of Employment First.

(b) The Employment First Principle means that every person needs to be assessed for employment as a part of planning. In planning with an adult of working age, therefore, work must be addressed.

(c) Working is the normal expectation of adults in our society and should not be bypassed because of a disability.

(d) No one is excluded who wants to participate. The level of disability is not a barrier and all individuals who express the desire for work are to be assessed and supported to be employed.

(e) Job Development begins when the individual expresses interest in working. There are no requirements for pre-employment assessment and training, although the Vocational Rehabilitation benefit must be sought and utilized, if available, prior to billing the waiver program.

(f) Follow-along supports are continuous as long as the individual needs them to maintain employment.

(g) The individual's choices and decisions about work are important and must be given deference; maintaining employment is achieved only when individuals obtain jobs they desire and these jobs are matched with their capabilities.

(h) Individuals are to receive all the same benefits as other employees in the same workplace and job description.

(1) Successful supported employment begins with excellent person centered planning, of which assessment for employment is an important component.

(8) Environmental Accessibility Adaptations are those physical adaptations to the home, required by the recipient's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home and without which, the recipient would require institutionalization. Such adaptations may include the installation of ramps and grab bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the recipient.

(9) Skilled Nursing Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State. Services consist of nursing procedures that meet the person's health needs as ordered by a physician. There is no restriction on the place of service.

(10) Specialized Supplies include non-durable supplies, specified in the plan of care, which enable recipients to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live, as well as non-durable medical supplies not available under the Medicaid State plan.

(11) Adult Companion Services include non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not include hands-on nursing care. Providers may perform light housekeeping tasks that are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and not purely diversionary in nature.

(12) Assistive technology service includes specialized durable medical equipment, devices, controls, or appliances that may be modified or customized and which enable recipients to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items and durable medical equipment not available under the Medicaid State Plan.

(13) Speech and Language Therapy are diagnostic, screening, preventive, corrective services provided on an individual basis, when referred by a physician (M.D., D.O.). These services may include:

(a) Screening and evaluation of individuals' speech and hearing functions and comprehensive speech and language evaluations when so indicated.

(b) Participation in the continuing interdisciplinary evaluation of individuals for purposes of implementing, monitoring and following up on individuals' habilitation programs.

(c) Treatment services as an extension of the evaluation process that include consulting with others working with the individual for speech education and improvement, designing specialized programs for developing an individual's communication skills comprehension and expression.

(14) Physical Therapy is physician prescribed treatment of an individual by the employment of effective properties of physical measures and the use of therapeutic exercises and rehabilitative procedures with or without assistive devices, for the purpose of preventing, correcting, or alleviating a physical or mental disability. Services include assisting in the evaluation of an individual to determine level of functioning by applying diagnostic and prognostic tasks and providing treatment training programs that are designed to:

(a) Preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination and facility performing activities of daily living.

(b) Prevent irreducible progressive disabilities through means such as the use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations and sensory stimulation.

(15) Occupational Therapy is the application of occupation-oriented or goal-oriented activity to achieve optimum functioning, to prevent dysfunction, and to promote health. The term "occupation" as used in occupational therapy refers to any activity engaged in for evaluation, specifying and treating problems interfering with functional performances. Services include assisting in the evaluation of an individual to determine level of functioning by applying diagnostic and prognostic tasks and guiding and treating individuals in the prescribed therapy to secure and/or obtain necessary functioning. Therapist may also provide consultation and training to staff or caregivers (such as the person's family and/or foster family). Services to direct caregivers will be allowed when the service to caregivers is for the direct benefit of the recipient and is necessary to enable the recipient to be cared for outside of an institution.

(16) Behavior Therapy Services provide systematic functional behavior analysis, behavior support plan (BSP) development, consultation, environmental manipulation and training to implement the BSP, for individuals whose maladaptive behaviors are significantly disrupting their progress in habilitation, self direction or community integration, whose health is at risk, and/or who may otherwise require movement to a more restrictive environment. Behavior therapy may include consultation provided to families, other caretakers and habilitation services providers. Behavior therapy shall place primary emphasis on the development of desirable adaptive behavior rather than merely the elimination or suppression of undesirable behavior. A behavior support plan may only be implemented after positive behavioral approaches have been tried, and its continued use must be reviewed quarterly.

(17) Community Specialist Services include professional observation and assessment, facilitation of person centered plan development and continuance, individualized program design and implementation, training of consumers and family members, consultation with caregivers and other agencies, and monitoring and

evaluation of planning and service outcomes as needed to facilitate and implement the person centered plan. The service may also, at the choice of the individual or family, include advocating for the consumer and assisting him or her in locating and accessing services and supports. The community specialist will serve as both a qualified planner and, at the consumer's or family's request, a broker.

The community specialist must meet QDDP qualifications and be free of any conflict of interest with other providers serving the consumer. The services of the community specialist will assist the consumer and his caregivers to design and implement specialized programs to enhance self-direction, independent living skills, community integration, social, leisure and recreational skills, and behavior management.

(18) Crisis Intervention Services provides immediate therapeutic intervention, available to an individual on a twenty-four (24) hour basis, to address personal, social, and/or behavioral problems which otherwise are likely to threaten the health and safety of the individual or of others and/or to result in the individual's removal from his current living arrangement.

Crisis intervention may be provided in any setting in which the consumer resides or participates in a program. The service includes consultation with family members, providers and other caretakers to design and implement individualized crisis treatment plans and provide additional direct services as needed to stabilize the situation.

(19) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH  
**Statutory Authority:** Code of Alabama 1975, §22-50-11.  
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**580-5-33-.03 Policies and Procedures.** The organization has written policies and procedures that assure the health,

safety and individual security of people receiving services and supports.

(1) The written policies and procedures are approved by the governing board and reviewed and updated, as appropriate but at least annually.

(2) The policy and procedure manual is available to all employees and persons receiving services and supports at each location where services and supports are available.

(3) Policies and procedures address, at a minimum, the following areas:

(a) Promotion and Protection of Individual Rights.

(b) Dignity and Respect.

(c) Natural Support Networks.

(d) Protection from Abuse, Neglect, Mistreatment and Exploitation.

(e) Best Possible Health.

(f) Safe Environments.

(g) Staff Resources and Supports.

(h) Positive Services and Supports.

(i) Continuity and Personal Security.

(j) Completion and Protection of Individual Records.

(k) Incident Prevention and Management.

(l) Medication Procurement, Destruction, Administration and Storage.

(4) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH

**Statutory Authority:** Code of Alabama 1975, §22-50-11.

**History: New Rule:** Filed August 1, 2012; effective October 1, 2012.

**580-5-33-.04 Promotion and Protection of Individual Rights.**

(1) The organization implements a policy and procedure that clearly defines its commitment to and addresses the promotion and protection of individual rights of people.

(2) The policy lists rights afforded all citizens as indicated by the United Nation's Declaration of Human Rights, by the constitution, laws of the Country and State of Alabama.

(3) The policies and procedures describe the organization's due process that includes individual rights review and documentation in the event of a proposed restriction of a person's rights.

(4) The organization has no standing policies or procedures that restrict individual rights without due process.

(5) The organization documents upon admission and annually thereafter, verification that it provides to persons and their legally authorized representatives an oral and written summary of rights/responsibilities and how to exercise them, in language that the person understands.

(6) Each person's ability to understand and exercise his or her rights is assessed and updated on an ongoing basis but at least annually.

(7) The rights assessment addresses people's civil and legal rights and personal freedoms. The assessment includes, but is not limited to the ability to do the following:

- a. Exercise freedom of movement within physical environments.
- b. Manage money.
- c. Send and receive mail.

- d. Make and receive telephone calls and use other means of communication.
- e. Visit and be visited by whomever they choose.
- f. Access personal possessions.
- g. Vote and otherwise participate in the political process.
- h. Make choices about religious affiliation and participation.
- i. Socially interact with members of either gender.

(8) The rights assessment addresses the need for and scope of advocacy, guardianship and alternatives to guardianship for each person.

(9) The rights assessment results, including supports needed to protect and promote the person's rights, are documented in the person's record.

(10) The organization provides assistance to the person in areas identified as important by the person and that person's Support Team.

(11) The organization provides education regarding voter registration and the voting process to anyone age eighteen (18) or over that expresses an interest. The organization assists people with registering and voting as needed.

(12) Each organization provides individualized supports/services that are free from discrimination by race, gender, age, language, ethnicity, disability, religion, sexual orientation, or financial circumstances.

(13) Written, informed consent is obtained prior to any intrusive medical or behavioral intervention, and prior to participation in research. Information regarding procedures to be followed, potential discomforts and/or risks, and expected benefits of participation shall be presented in a non-threatening environment, and explained in language that the person can understand. The person is also informed that he/she may withhold or withdraw consent at any time.

(14) All research proposals involving human participants are reviewed prior to the initiation of the research by the agency's Human Rights Committee (HRC). The committee reviews consent procedures and signed consents for adequacy and ensures that the welfare of the persons who participate in research is protected.

(15) Information about people is only shared by the organization with their written, informed consent or that of their legally authorized representatives.

(16) No person is presumed incompetent or denied the right to manage his/her financial or personal affairs or exercise all other rights guaranteed persons of society solely by reason of his/her having received support services, unless legally determined otherwise.

(17) Unless legally determined incompetent to participate in one or all of the following activities every person is free to access courts, attorneys, and administrative procedures, execute legal documents, dispose of property, marry and divorce or to participate in those activities generally requiring legal representation, without fear of reprisal, interference, or coercion.

(18) People receive only the level of support needed to make their own decisions. Supports include assisting people to advocate for themselves.

(19) Each person has a written plan to obtain advocacy, guardianship and alternatives to guardianship if those supports are needed.

(20) All staff of the organization are trained to recognize and demonstrate respect for people's rights including honoring preferences in how people choose to exercise their rights.

(21) Staff that complete assessments are trained to understand and support people's preferences, to identify goals related to exercising their rights and to support people to attain those goals.

(22) Due process is defined as providing people supported, and their legally authorized representatives, with a fair process requiring, at least, an opportunity to

present objections to the proposed action being contemplated. Due process, including review by a Human Rights Committee, is implemented when it is proposed that a person's rights be restricted for any reason.

(23) Staff are trained in due process procedures including any procedures for placing a limitation or restriction on a person's rights.

(24) A Human Rights Committee (HRC) reviews any restriction of a person's right(s) initially and periodically thereafter, but at least annually, during the period which the restriction is imposed and will document such.

(25) When any restrictions are being proposed for a person, the person is supported to attend and provide input at the HRC meeting in which the proposed restriction is being reviewed.

(26) People supported are provided adequate training in due process procedures including any procedures for placing a limitation or restriction on a person's rights and training that supports the removal of rights restrictions.

(27) The continued need for the restriction is reviewed at least quarterly by the Qualified Developmental Disabilities Professional (QDDP) or more often upon request of the person whose rights are restricted.

(28) The organization utilizes a working and effective HRC that complies with the provisions of Chapter 580-3-26.

(29) The HRC reviews policies, procedures and practices that have the potential for rights restrictions without an individualized assessment.

(30) The HRC reviews the frequencies and reasons surrounding the use of restraint for behavioral or medical purposes.

(31) In addition to the requirements in Chapter 580-3-26 (2)(a)-(3), the HRC makes recommendations to the organization for promoting people's rights, proactively promotes and protects people's rights and reviews reports of substantiated allegations of abuse, neglect,

mistreatment, exploitation and other data that reveal the organization's practices with respect to human, civil and legal rights and reviews research projects involving human participation to ensure the protection of people who are involved.

(32) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH

**Statutory Authority:** Code of Alabama 1975, §22-50-11.

**History:** New Rule: Filed August 1, 2012; effective October 1, 2012.

**580-5-33-.05 Dignity and Respect.**

(1) The organization's policies and procedures reflect and reinforce the use of courteous practices towards people, the avoidance of labels to describe people based on physical characteristics or disabilities and the practice of addressing people by their preferred names.

(2) The organization provides training to staff and volunteers on policies regarding dignity and respect.

(3) Identifying information about the organization (name, letterhead, etc.) promotes a positive image of the people, services and supports.

(4) The organization has a mechanism that provides people supported and their legally authorized representatives with information regarding filing complaints and grievances. At a minimum, the complaints/grievance procedures include the name and telephone number of a designated local contact within the organization.

(5) The designated local contact has the knowledge to inform persons, families and legally authorized representatives of the means of filing complaints and grievances and of accessing advocates, ombudsmen or rights protection within or outside the organization.

(6) Grievance procedure information is available in frequently used areas, particularly where people receive services. Such notices include the 800 numbers of the DMH Advocacy Office, federal protection and advocacy system (ADAP) and local Department of Human Resources.

(7) The organization provides access to persons and advocates, including a DMH internal advocate and the grievance process without reprisal.

(8) Responses to grievances/complaints are provided within a timely manner as specified in the agency's procedures and in a manner that the person can understand.

(9) The organization implements a system to periodically, but at least annually, review all grievances and complaints for quality assurance purposes.

(10) The organization provides space for people to speak or interact with others in private and to open and read mail or other materials.

(11) The organization affords every person the right to privacy. Staff demonstrates respect for people's privacy when providing supports for personal hygiene, bathing, or dressing as well as when entering personal spaces.

(12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences and include supports:

(a) To ensure healthy hygiene and personal cleanliness,

(b) To choose clothing that fits appropriately, is clean, and fashionable.

(c) To decorate personal space based on choice while maintaining an environment that is safe and sanitary.

(d) To provide transportation and other supports to access community services in a manner similar to others at large.

(13) The organization provides personal assessments that identify preferred work and activities, identify

practices to help people make choices based on preferences and assist people to achieve goals. Options for people shall be age and culturally appropriate, normative and promote a positive self-image.

(14) Work performed is compensated at a fair wage, in compliance with requirements of the U.S. Department of Labor.

(15) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH  
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**History: New Rule:** Filed August 1, 2012; effective October 1, 2012.

**580-5-33-.06 Natural Support Networks.**

(1) The organization has policies and procedures that define natural supports and acknowledge the importance of natural supports in promoting identity, personal security and continuity for people served by the organization. Natural supports include families and friends as well as community resources such as local organizations, clubs, places of worship, schools or other places where new and existing relationships can be built and facilitated outside of the organization.

(2) Policies and practices reflect how an organization facilitates continuity in existing relationships and supports building new relationships using community resources.

(3) Policies and practices reflect how an organization will assist people in making and maintaining contact with natural supports including how access to natural supports is provided.

(4) Facilitation of natural supports includes promoting visits to the homes of families and friends and visits of families and friends to people's homes. The person's health, safety and well being are considered while planning visits.

(5) Staff and volunteers are provided training to develop and/or improve skills to support the person's communication and contact with natural supports, especially family members and friends.

(6) The organization has a mechanism to identify and support existing and potential or emerging natural supports for each person that addresses:

(a) Ways to connect people to natural supports including addressing and overcoming barriers.

(b) The organizational capacity and strategies to build natural supports based upon people's choices and preferences.

(7) When appropriate, the organization pursues the use of family members or close personal friends to assist people with decision making.

(8) The organization has internal communication systems for people, their support staff and families that provides choices about the extent and frequency of contacts with natural support networks, maintains written contact information including records of names, addresses and phone numbers of family and friends who are important to people and includes a variety of methods for helping people stay connected to natural supports.

(9) The organization's internal communication system ensures that inquiries from those in people's natural support networks are responded to in a natural and timely manner. Further, the internal communication system has a mechanism for legally authorized representatives and others identified by people to receive information and be notified promptly and compassionately of incidents involving the person.

(10) The organization documents people's satisfaction with the amount of contact with their natural support systems, documents involvement with natural supports for individual people, has clearly identified expectations related to visits or other interactions with natural supports based on the desires of the person being supported and provides private space for visits and interaction with natural supports.

(11) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH  
**Statutory Authority:** Code of Alabama 1975, §22-50-11.  
**History:** New Rule: Filed August 1, 2012; effective October 1, 2012.

**580-5-33-.07 Protection from Abuse, Neglect, Mistreatment and Exploitation.**

(1) All organizations are required to implement a Community Incident Prevention and Management Plan (IPMS) as required by the Department of Mental Health, Division of Developmental Disabilities, to protect individuals served from harm and to improve the organization's responsiveness to incidents for the purposes of prevention of harm and risk management.

(2) Each organization notifies the DDD of all reportable incidents and takes action in accordance with the Community IPMS, which includes state law and funding source requirements.

(3) The organization has policies and procedures that are consistent with and comply with the requirements of the Community IPMS. These policies and procedures identify, define, prohibit and prevent abuse, neglect, mistreatment and exploitation. Definitions are comprehensive, specific and consistent with Community IPMS definitions.

(4) People are provided understandable information about their rights to be free from abuse, neglect, mistreatment and exploitation.

(5) There is a complaint process that is understandable and easy to use and people are supported to report allegations of abuse, neglect, mistreatment and exploitation.

(6) Allegations reported by employees or others including people supported by the organization are managed consistently and in the same manner.

(7) People who cause injury or harm to themselves or others receive supports to replace those behaviors consistent with the Alabama Department of Mental Health, Division of Developmental Disabilities Behavioral Services Procedural Guidelines (DDD-PBS-01-05).

(8) The organization assists people who have been subjected to abuse, neglect, mistreatment or exploitation to access supports to address the effects of the abuse even if:

(a) The abuse occurred before they entered into the organization's system of services or

(b) The perpetrator is another person who receives supports from the organization.

(9) Incidents resulting in injury where both the perpetrator and the victim receive services are investigated or clinically reviewed to determine if the occurrence of such an incident may have been the result of neglect and/or if additional supports are needed for the individuals involved.

(10) The reporting, investigation and follow-up processes follows minimum protocols as specified in DMH/ID Community IPMS guidelines.

(11) The organization has a procedure for the reporting of incidents and injuries that is in accordance with all applicable laws and DMH/DD requirements, including the Community IPMS.

(12) There is documentation that the organization conducts investigations in accordance with timelines established by the Community IPMS guidelines.

(a) Documentation for the internal investigation/review and follow up action of all allegations of abuse, neglect, mistreatment or exploitation is included.

(b) Investigation outcomes and recommended actions are implemented by the agency in accordance with the Community IPMS Guidelines.

(13) An initial and comprehensive mortality review is completed and available.

(14) The organization ensures that all staff receives orientation on what constitutes abuse, neglect, mistreatment and exploitation. This includes prevention, detection and reporting requirements as specified in internal agency procedures, Community IPMS Guidelines and any other applicable federal or state requirements.

(15) Staff with specific responsibilities related to reporting, investigating or documenting requirements contained in the Community IPMS receives appropriate training in their areas of responsibility and in specific procedures as well.

(16) Continuous efforts to ensure freedom from abuse, exploitation, neglect or mistreatment are demonstrated by agency policy and practice. Efforts include ongoing training in prevention, detection and reporting and occur frequently enough, but at least annually, to support both personal and organizational outcomes.

(17) When support staff competency is identified as a (potential) causal factor for substantiated incidents of abuse, exploitation, neglect or mistreatment, training on specific supports, services, policies and procedures is provided or other corrective action as deemed appropriate.

(18) The organization evaluates potential underreporting and screening of allegations of abuse, neglect, mistreatment and exploitation and provides additional training as needed.

(19) The organization develops and implements policies and procedures consistent with Section VIII of the Community IPMS and their internal quality enhancement/basic assurance system process that reports incident data and identifies trends, patterns or isolated incidents that may be indicative of abuse, neglect, mistreatment or exploitation.

(20) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH  
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**580-5-33-.08 Best Possible Health.**

(1) People are given the opportunity to choose health care providers as desired.

(2) People are supported to make their own health care appointments and choices regarding their medical care as needed.

(3) People are provided understandable information about their current and past health conditions, their medications and their treatments, including the purpose, intended outcomes, side effects or other risks and alternatives.

(4) People have access to all of their health care records.

(5) A person's preferences and ability to self-administer medications and treatments are assessed at least annually in compliance with the Nurse Delegation Program. Supports are available to assist people with medications and treatments if necessary.

(6) People are supported to become knowledgeable about how to access emergency medical care and to access it as needed.

(7) Within three hundred sixty five (365) days prior to initial admission to a community-based program or service, each person has a physical examination conducted by a licensed physician or certified nurse practitioner.

(8) Each person's medical status and needs are reviewed annually within ninety (90) days prior to or at the same time as the annual person-centered plan meeting. This is evidenced by a report from a physical examination by a licensed physician or certified registered nurse practitioner conducted within the last year.

(9) People are assisted in obtaining preventive and routine health services including physical examinations, immunizations and screenings that are consistent with their age and risk factors as recommended by their personal physician. Preventive health care strategies/interventions contained in the person centered plan, based on the person's current health status and age, are implemented and will be carried out according to the Centers for Disease Control recommendations regarding preventive/screening practices. Emphasis will be placed on age-specific screening tests.

(10) Each person who is newly admitted to a program has a TB skin test with documented results, unless there is written evidence that such testing was previously done or there is a medical contraindication for the procedure. An annual TB skin test is conducted as medically indicated. If the skin test yields a questionable result, the organization follows up with a physician for necessary screenings and/or treatments.

(11) Persons who require supports for mobility are provided with assistance and supports to prevent skin breakdown. People have therapeutic and adaptive equipment that fits them and is in good repair.

(12) A person who develops a medical problem, either an emergency or acute health care change is assessed in a timely manner. Treatment/care and monitoring of the individual's condition is provided in accordance with good standards of nursing or medical care to resolve the problem effectively.

(13) The organization has systems in place that ensure ongoing communication between people's health care support staff and outside health care staff in order to promote continuity of care.

(14) Each person's person-centered plan indicates his/her health needs and outlines specific actions and time frames to address these needs. Actions taken are documented. Health needs include, but are not limited to, physical, neurological, dental, nutrition, vision, hearing, speech/language, PT/OT and psychiatric services.

(15) When available, people's records document hospital summaries that include the discharge diagnosis,

current health status, necessary follow-up instructions and any restrictions or limitations of recent hospitalizations. Organizations shall document efforts to obtain hospital summaries.

(16) People's records document acute health changes to provide a clear picture of the course of the illness or injury, the treatment provided, and the person's current status from the time of identification through resolution.

(17) As part of the person centered plan, health care plans and supports are modified in a timely manner based upon acute health care changes.

(18) Direct support staff (non-licensed medical personnel) receives training to recognize and respond to people experiencing medical emergencies.

(19) Medical equipment ordered by a physician to respond in a potential emergency for pre-existing (known) conditions is available, well maintained, clean and functional.

(20) Medication ordered by a physician to respond in a potential emergency is available in the appropriate dose, quantity and form.

(21) First aid kits are available and appropriately stocked for the provision of initial care for an illness or injury.

(22) Providers implement policies and procedures approved by their Boards of Directors requiring full compliance with the Alabama Board of Nursing's Regulation 610-X-7-.06, Alabama Department of Mental Health Residential Community Programs.

(23) The unit dose or individual prescription system is used for all prescription drugs.

(24) All medications are labeled and stored in accordance with criteria herein.

(a) Medications are stored under lock and key.

(b) All narcotic medications, Schedule 2, 3, 4, and 5 are stored under double lock and key.

(c) Medications are stored separately from non-medical items.

(d) Medications are stored under proper conditions of temperature, light, humidity, sanitation and ventilation.

(e) Internal and external medications are clearly labeled as such and stored separately from each other.

(f) The organization is able to document ongoing accountability for all prescription medication through an inventory process.

(25) Medications, both prescription and non-prescription, are administered and recorded according to valid orders and in compliance with the Alabama Board of Nursing's Regulation 610-X-7-.06, Alabama Department of Mental Health Residential Community Programs and the Nurse Delegation Program.

(26) Prescription medications are used only by the person for whom they are prescribed. Over-the-counter (OTC) medications are issued to or retrieved by an individual from his/her own supply in accordance with the Nurse Delegation Program.

(27) Each prescription medication is identifiable up to the point of administration. Identifiable means that it is clearly labeled with the name of the person, name of the medication and specific dosage. Prescription medication labels state the expiration date. Names of medications on labels match the Medication Administration Record.

(28) All medication errors and reactions to medications are recorded and reported in accordance with written policy, the Community IPMS Guidelines and the Nurse Delegation Program.

(29) Documentation of corrective action taken in regard to medication errors is maintained by the agency.

(30) Discontinued and outdated medications are promptly disposed of in a safe manner. Disposal can be implemented only by a nurse, pharmacist or physician and must be witnessed and documented in accordance with policy.

(31) Each person who receives medication receives medical supervision by the prescribing physician, to include regular evaluation of the person's response to the medication.

(32) Persons receiving psychotropic medication are seen and evaluated by a licensed physician, preferably a psychiatrist, at intervals not to exceed a six (6) month period. Reviews of the use of psychotropic medications for each person are conducted by a licensed physician to ensure the drug is effective, is being given at the lowest possible dosage and is consistent with appropriate standards of care.

(a) Factors/criteria to be taken into account for consideration of psychotropic medication reductions are identified, assessed and documented. Potential reduction of the psychotropic medication is discussed with the physician and documented and may only be ordered by a physician.

(b) Blood level examinations for people receiving anti-convulsant and psychotropic drugs are repeated as often as clinically indicated for potential toxic side effects and to ensure levels are within therapeutic range. Results of most recent blood level examinations are maintained in any organization in which medications are administered. In the event that a copy of blood work cannot be obtained, a letter from the physician stating that the individual is in his usual state of health is adequate.

(33) Persons may administer their own medication when all of the following have been established and documented in accordance with regulations of the Nurse Delegation Program:

(a) The person has been provided with information regarding the purpose, dosage, time and possible side effects of the medication and has verbalized/effectively communicated understanding.

(b) The person has been instructed regarding what to do and who to call if a dose is missed, if extra medication is taken or if adverse reaction is experienced and has verbalized/effectively communicated this understanding.

(c) The person has been educated in the maintenance of his or her own medication history and in the recording of information needed by the physician to determine medication and dosage effectiveness. The person verbalized/effectively communicated understanding and the person can perform a competent return demonstration of self-administration of medication.

(34) Medication being utilized by a person for self-administration is not locked away from him/her. However, it is secured out of reach of other persons who have not been determined to be capable of self-administering his/her own medication.

(35) Self-medication is discussed during the person's annual person-centered planning meeting and any concerns noted in this area are addressed and documented.

(36) The organization supports self-administration of medication through periodic monitoring of administration and documentation of continued proficiency by the person.

(37) For residential and day services, there is a Medication Assistant Supervisor (MAS) trained registered nurse or licensed practical nurse as a full-time or part-time employee or consultant to the provider who is responsible for supervision of delegation of medication assistance to the unlicensed personnel.

(38) In residential services, access to an on-call MAS nurse must be available twenty four (24) hours a day, seven (7) days a week.

(39) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH  
**Statutory Authority:** Code of Alabama 1975, §22-50-11.  
**History:** New Rule: Filed August 1, 2012; effective October 1, 2012.

**580-5-33-.09 Safe Environments.** Environments are designed and maintained to be accessible, safe, and sanitary for people.

(1) Safety supports within an environment are available to the extent they are needed, based on a required functional assessment. This assessment includes, but is not limited to safety in the kitchen, ability to adjust hot water, evacuate in the event of fire or severe weather, call for help, use cleaning supplies, and other safety concerns specific to the person or the particular living environment. Assessment results are documented.

(2) Kitchen areas, electrical appliances and outlets are free of any unnecessary hazards.

(3) The organization assures that the building temperature is comfortable for persons served, according to weather conditions (a normal comfort range in most instances is defined as not going below a temperature of 70-F or exceeding a temperature of 80-F).

(4) Environments are clean, pest free and adequately maintained to ensure basic safety.

(5) Organizations have emergency plans to deal with a variety of situations and accommodate the individual needs of people.

(6) Appropriate visual signs and alarms are in place for people who need them.

(7) Quarterly severe weather drills and monthly fire drills are conducted and documentation of the drills is available.

(8) Emergency contact numbers are readily available and accessible to staff and people receiving supports.

(9) The organization monitors housekeeping, conducts regular safety inspections and completes routine maintenance and repairs to ensure safe conditions throughout any physical structures. A system is in place to immediately report and correct environmental or safety hazards.

(10) The organization maintains records of repairs and maintenance work and of internal inspections to ensure safety and sanitation.

(11) Each organization adheres to the applicable certification and licensure standards, statutes, and regulations regarding the physical environment as required by the Alabama DMH Administrative Code Chapter 580-3-22 MINIMUM STANDARDS FOR PHYSICAL FACILITIES.

(12) The organization maintains the appearance of the home, inside and out, consistent with that of other homes in the neighborhood.

(13) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH

**Statutory Authority:** Code of Alabama 1975, §22-50-11.

**History: New Rule:** Filed August 1, 2012; effective October 1, 2012.

**580-5-33-.10 Staff Resources and Supports.** The organization recruits and hires staff in accordance with all applicable local, State and Federal requirements.

(1) All employees/volunteers/agents of the provider have reference and background checks prior to employment. Background checks cover the employer's local vicinity and state. National checks are completed if applicable. Resources to assist in this process include the Department of Public Safety, the Department of Public Health's Abuse Registry, as well as DMH's Term-Trac database.

(2) Drug testing is included as part of the pre-employment screening process for employees whose job duties involve the care, safety and well being of people and on reasonable suspicion (for-cause) of any employee of the organization.

(3) The organization does not hire people who have been convicted of felony crimes.

(4) New staff that have direct contact with individuals served have a TB skin test with documented results, unless there is written evidence that such testing has previously been done within the past year or there is a medical contraindication for the procedure. Documentation

of annual follow-up as directed by the employee's physician for medically contraindicated testing is available.

(5) A one-step TB test is conducted annually on each employee who has direct contact with individuals served.

(6) The organization assesses on at least an annual basis and adjusts hiring practices as indicated based on position turnover, the availability of qualified candidates, vacancy rates, staffing ratios, the availability of financial resources, supports needed by people and other relevant factors. The organization works with state and local resources as indicated such as schools and job placement services to ensure an adequate supply of qualified candidates.

(7) The organization has a system for conducting employee satisfaction surveys, including exit surveys when employees leave a job. Results from the satisfaction surveys are reviewed for suggestions to improve recruitment and retention.

(8) The organization has an adequate number of personnel and staff to carry out the stated purpose/mission of the organization and its services and supports. Expectations, needs and desired outcomes can be achieved by those receiving said services and supports. The organization maintains documents regarding:

- (a) Staff accountability.
- (b) Staff assignments and/or
- (c) Staff schedules.

(9) The organization's hiring practices and staffing plan are shaped by the supports needed by the people being served and are individualized for each person.

(10) Employees who directly provide supports to individuals possess the education and licensing credentials required by the applicable funding source and state law and federal law.

(11) Case managers complete a case management training program approved by DDD and the Alabama Medicaid Agency.

(12) Qualified Developmental Disability Professionals (QDDP's formerly known as QMRP's) have at least one (1) year of experience working directly with persons with intellectual disabilities or other developmental disabilities; and are one of the following:

(i) A doctor of medicine or osteopathy (MD or DO).

(ii) A registered nurse.

(iii) An individual who holds at least a bachelor's degree in a human services field.

(13) Students (unpaid workers) who are completing a degree in psychology, counseling, social work, or psychiatric nursing may be used for direct services under the following conditions:

(a) The student is in a clinical practicum that is part of an officially sanctioned academic curriculum.

(b) The student receives a minimum of one (1) hour per week direct clinical supervision from a licensed/certified mental health professional in the student's field of study having at least two (2) years post master's experience in a direct service functional area.

(c) The student's clinical notes are co-signed by the student's supervisor described above.

(14) The organization assures orientation/training for each employee. Documentation of all employees training is maintained by the organization on site. Training in specific topics is completed and documented prior to a new employee's unsupervised contact with people being served.

(15) Prior to assuming their assigned position, all employees receive training in the following areas:

(a) Rights of people served, to include the recipient complaint/grievance procedure.

(b) Abuse, neglect, mistreatment, and exploitation policy and procedures.

(c) Overview of intellectual/developmental disabilities.

(d) Infection control/universal precautions.

(e) Severe weather preparedness.

(f) Fire safety.

(g) Medication assistance training is provided as applicable (staff who will be delegated to assist with medication administration), and is provided in compliance with the Nurse Practice Act and Alabama Administrative Code.

(16) Prior to working alone and within at least ninety (90) days of employment, all employees who directly provide supports to people shall receive certification in:

(a) CPR and first aid and training in medical emergencies.

(b) Management of aggressive behavior.

(c) Medication training including medication side effects, signs and symptoms of illness.

(d) Incident identification/reporting in accordance with the IPMS.

(e) Other training specific to the skills and abilities needed to implement people's individual plans including but not limited to:

1. Seizure management.
2. Positioning.
3. Assistance during meals.
4. Communication.
5. Safety supports.
6. Behavior supports as applicable.

(17) Within ninety (90) days of employment, all employees who directly provide supports to people receive training in the following areas:

- (a) Agency policy and procedures.
- (b) Philosophy of self-determination.
- (c) Person-centered supports.
- (d) General behavioral principles emphasizing skill acquisition and behavior reduction techniques.

(18) The organization annually provides all employees refresher training in the following areas:

- (a) Rights of people served, to include the recipient complaint/grievance procedure.
- (b) Abuse, neglect, and mistreatment and exploitation policy and procedures.
- (c) Infection control/universal precautions.
- (d) Employees who provide direct supports to people receive annual refresher training in management of aggressive behavior.
- (e) Employees who are Medication Assistance Certified are provided training and evaluation in compliance with Nurse Delegation Program.

(19) Ongoing training programs/topics for staff reflect best practices in the field and incorporate input from people served and family members/legally authorized representatives. In-service training for staff includes one or more of the following:

- (a) Mentoring.
- (b) On the job support.
- (c) Personal growth and development planning
- (d) Competency based measurement.

(20) The organization ensures that all employees who directly provide supports to people maintain current certification in CPR and First Aid.

(21) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH  
**Statutory Authority:** Code of Alabama 1975, §22-50-11.  
**History: New Rule:** Filed August 1, 2012; effective October 1, 2012.

**580-5-33-.11 Positive Services and Supports.**

(1) Upon entering the program, the agency discusses with the person receiving supports and the legally authorized representative, and provides every person with a written statement of services that will be provided to the person and any related charges, including limitations placed on the duration of services.

(2) Persons who are responsible for payment of charges for services are informed of any changes in services or limitations placed on duration of services prior to their occurrence during the service relationship. All such information is presented to the person in language and terms appropriate to the person's ability to understand.

(3) Each person has an identified Support Team that includes a QDDP, family members as desired and/or legally authorized representative or advocate as needed, representatives of all service providers, particularly staff responsible for program implementation, case manager and others as indicated by the person's life situation, needs, desires, and age (in the case of children), or as requested by the person or determined to be of important support to them.

(4) Within twenty-four (24) hours after entering the organization the QDDP meets with Support Team members, including the person, to share pertinent pre-admission information regarding an individual's support needs, medical care, safety concerns, etc. to promote a positive transition into the agency. Information shared and persons

in attendance is documented and maintained in the individual's record.

(5) An initial planning meeting of the Support Team is convened at the convenience of the person as well as other team members within thirty (30) days of entry into the program to develop the person-centered plan. The Support Team meets at least annually, every three hundred sixty five (365) days, thereafter to review and update the plan.

(6) Each person and, with the person's permission, his/her family members or significant other, are invited to actively participate in person-centered planning, including discharge and transition planning. Information is presented to the person in language and terms appropriate for the person to understand.

(7) Information (general topics) which will be discussed in a person-centered planning meeting is presented and communicated to the person in a method he/she understands and/or to the legally authorized representative prior to the scheduled meeting, except in the event an emergency meeting is necessary.

(8) Each person has a current functional assessment. The functional assessment is completed no later than thirty (30) days after entry into services and updated annually in conjunction with the person-centered plan.

(9) At a minimum, the following areas are addressed and documented in the functional assessment:

- (a) Personal preferences.
- (b) Family/home situation.
- (c) Health needs.
- (d) Activities of daily living.
- (e) Vocational needs.
- (f) Communication skills.
- (g) Leisure activities.

(h) Physical supports (i.e. use of devices such as wheelchairs, walkers, or other assistive devices).

(i) Ability to exercise rights.

(j) Safety.

(k) Social supports.

(10) Each person has a person-centered plan developed that is based on the person's strengths, interests and needs and focuses not only on the skills and supports available to the person but on those that are preferred by the person or needed in order for the person to realize personal goals as documented in the individual functional assessment.

(11) The person-centered plan includes learning, participation and service opportunities that are meaningful, functional, and person driven, and enhance the dignity of the person.

(12) Information used to develop the person centered plan is obtained directly from the person to the greatest extent possible or from the people who know him/her best, including observations of the person and information obtained from other team members who know the person well.

(13) Person-centered plans are modified as needed, as soon as possible when a significant change in the person's physical or mental condition has occurred and/or a major life change is being contemplated for or by the person. A clearly defined process is in place for convening special person-centered planning meetings. Meetings may be called at any time mutually agreed upon by the person and/or advocate or legally authorized representative and his/her team.

(14) The person centered plan has specific prioritized goals designed to achieve desired individualized personal outcomes. Desired personal outcomes are defined in such a way to address preferences of the person that are attainable within a specified timeframe and which enhance the person's life.

(15) Goals promote being present and participating in community life, gaining and maintaining satisfying

relationships, expressing preferences and making choices in everyday life, having opportunities to fulfill respected roles and to live with dignity and continuing development of personal competencies.

(16) If formal individual supports are needed/identified for people to carry out daily routines and obtain other desired outcomes, then each learning opportunity has a strategy for implementation that specifies who is responsible, when, where and how the opportunity is to be carried out, frequency of implementation and methods of data collection to assess achievement.

(17) All staff possess the knowledge, skills and abilities to implement people's person-centered plans as written and are trained how to provide or access the supports needed to implement the goals in each person's plan.

(18) At least weekly community integration activities are documented as offered.

(19) The organization and person's Support Team ensures that changes are effectively communicated to everyone within the organization who is important to the person or who provides supports to the person and that if any special skills are needed, appropriate training is provided.

(20) The organization has a system to monitor the implementation of person centered plans which includes direct observation. Reliable evidence or information is recorded and reflects progress towards objectives and achieving desired outcomes.

(21) Each learning, participation, or service opportunity is assessed for progress/achievement. The effectiveness of the implementation of each person centered plan is reviewed and that review documented at least every ninety (90) days in accordance with funding source requirements.

(22) Revisions/changes in the person-centered plan are made if the person is not benefiting from identified opportunities or as requested by the person.

(23) Objectives and strategies are developed to address behaviors that interfere with the achievement of personal goals or the exercise of individual rights using the least intrusive interventions necessary and the most positively supporting interventions available.

(24) If appropriate, people have a behavior support plan that reduces, replaces or eliminates specific behaviors. Behavior Support Plans are implemented in accordance with the DDD Behavioral Services Procedural Guidelines.

(25) Behavior Support Plans are developed based on information gathered through a functional behavioral assessment that is completed by a qualified professional and identifies physical or environmental issues that need to be addressed to reduce, replace or eliminate the behavior. The Behavior Support Plan outlines the specific behavioral supports that may and may not be used.

(26) All direct support staff receive training in behavioral techniques and plans prior to implementation of support(s) to people.

(27) Data related to the effectiveness of an individual's Behavior Support Plan is reviewed periodically, but at least quarterly, or more often as required by the individual's needs.

(28) Prior to imposing a rights restriction, the person meets with his/her Support Team to discuss the reason for the proposed restriction, except in extreme emergency to prevent the person from harming self or others. Criteria for removing the restriction is developed and shared with the person and legally authorized representative prior to imposing the restriction.

(29) All behavior support plans are approved by the person's Support Team. Each Behavior Support Plan with Level 2 or 3 procedures is reviewed and/or approved by the Behavior Program Review Committee, the Human Rights Committee and the person or the person's legally authorized representative in accordance with DDD PBS 02 Guidelines for Levels of Intervention.

(a) The use of emergency or unplanned behavior interventions that are highly intrusive are in compliance

with DDD PBS 02 Level 3 Procedures and are not used more than three(3) times in a six (6) month period without a Support Team meeting to determine needed changes in the person's behavior support plan.

(b) If people require behavioral or medical supports to prevent harm to themselves or others, such supports are provided in accordance with DDD Behavioral Services Procedural Guidelines (DDD-PBS 01 -05).

(c) The use of any restraint complies with the provisions of DDD PBS 02 Level 3 Procedures and is applied only by staff with demonstrated competency for the device or procedure used.

(d) The organization ensures that people are not subjected to highly intrusive behavior interventions or punishment for the convenience of staff, or in lieu of a Behavior Support Plan.

(e) The organization prohibits the use of corporal punishment, seclusion, noxious or aversive stimuli forced exercise, or denial of food or liquids that are part of a person's nutritionally adequate diet.

(f) Behavior procedures considered the most restrictive comply with the Level 4 Provisions of DDD PBS 02. Requests for the use of Level 4 Procedures are sent to the Director of Psychological and Behavioral Services for the Division of Developmental Disabilities after reviews have been completed by the Behavior Program Review Committee (BPRC), Human Rights Committee (HRC) and the legally authorized representative. The Director of Psychological and Behavioral Services determines the frequency of further review.

(g) The only exception to the above approval requirement is Emergency Mechanical Restraint, which has an IPMS documentation requirement and a limit regarding number of times it can be used.

(30) The use of psychotropic medications for behavior support comply with provisions of DDD PBS 02 Level 3 and are authorized by a licensed physician, preferably a psychiatrist. The use of medication(s) to reduce or change behavior associated with psychiatric symptoms shall be considered a Level 3 intervention (DDD PBS 02). These

medications are authorized by the persons' physician and incorporated into a Behavior Support Plan and/or a Psychotropic Medication Plan.

(31) PRN orders for psychotropic medications are administered in accordance with the Nurse Delegation Program and the Behavioral Services Procedural Guidelines.

(32) A person's Support Team meets to assess and address behavioral and psychiatric needs when PRN medications are used as an Emergency Procedure three (3) times within a six (6) month period.

(33) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH  
**Statutory Authority:** Code of Alabama 1975, §22-50-11.  
**History:** New Rule: Filed August 1, 2012; effective October 1, 2012.

**580-5-33-.12 Continuity and Personal Security.**

(1) Each organization has a Governing Body which maintains and has the following documents/information available for review onsite.

(a) Written board-approved operational policies.

(b) Articles of incorporation (or charter) and bylaws.

(c) A current organizational chart that is updated regularly, but at least annually, and identifies the titles of employees.

(d) Written mission statement that is approved by the Board of Directors.

(e) Written responsibilities of the Board of Directors.

(2) Records/minutes of Board meetings are maintained and available for review.

(3) The organization has an Executive Director to be responsible for the overall operation of the agency. The job description for the Executive Director includes overall responsibility for the operation of the agency.

(4) The organization has a written mission statement consistent with its legal constituting documents that describes its purpose, what services/supports it provides, who receives services and supports and how the personal expectations of those who receive services and supports are met.

(5) The organization's mission and values statements clearly reflect the protection of individual rights, the provision and availability of services through positive approaches that are dignified and respectful and demonstrate the achievement of outcomes unique to each person.

(6) The mission and values statements are reviewed on a regular basis but at least annually.

(7) People who are the intended users of and who are receiving the organization's services and supports have input into the development of the organization's mission statement, values, its ongoing organization and operations, as well as the opportunity to provide feedback for any required or desired changes.

(8) The system for providing input or feedback is developed and maintained in a form that can be easily used by those receiving services and supports.

(9) The organization conducts operations that are flexible and meets the personal needs of those receiving supports in terms of accessibility and availability.

(10) Accounting and fiscal practices do not restrict personal access to funds or monies that belong to people receiving services.

(11) Organizations that assist with managing personal funds inform the person, legally authorized representative and others as desired by the person of excess funds and all expenditures through at least quarterly documented financial statements.

(12) The organization maintains adequate furniture, supplies and equipment that is in good repair, operates effectively and supports the personal needs and outcomes of people served.

(13) Supplies, equipment and/or devices that are for individual use are readily available and in good repair for the person who requires their use.

(14) Food is nutritious and will be available in quantity and variety to meet individual dietary needs and preferences.

(15) The organization secures and maintains current certifications and licenses for its operations, for specified employees and complies with all posting and notification requirements of local, state and federal offices.

(16) The organization maintains a cumulative record of information and documentation of services and supports needed by and provided to people. The organization ensures that all information in a person's record, including financial and health information, is kept confidential, and in accordance with HIPAA regulations and other state and federal laws. Only those directly involved in a person's care, authorized administrative review or in the monitoring of services have access to records.

(17) The organization is responsible for the safekeeping of each person's records and for securing it against loss, destruction, or use by unauthorized persons.

(a) Original/copies of birth certificates, Social Security cards, initial eligibility paperwork and other legal documents are maintained permanently.

(b) All other record documents are maintained for five (5) years.

(c) The person's current record consists of twelve (12) consecutive months of information.

(18) Personal information includes only information needed to provide supports and services to people.

(19) Personal information is organized so that it is easily accessible and able to be updated on a regular basis. Personal information is legible and accurate.

(20) Every person and their legally authorized representative has access to all personal information in his/her record and is able to contribute to the information if they choose.

(21) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH

**Statutory Authority:** Code of Alabama 1975, §22-50-11.

**History: New Rule:** Filed August 1, 2012; effective October 1, 2012.

**580-5-33-.13 Basic Assurances System.** The organization has a system of internal monitoring that measures compliance with basic assurances listed in (2) (a) through (g) and is designed to enhance quality.

(1) The written internal monitoring plan is approved by the organization's board of directors annually and will be available for review by designated DDD staff.

(2) The internal monitoring system measures the most important elements and key functions of the organization. Data sources, methods for data collection and the type of data analysis to be performed are clearly identified for each function measured. The organization monitors at a minimum the following areas:

- (a) Promotion and protection of individual rights.
- (b) Dignity and respect practices.
- (c) Promotion of natural supports.

(d) Protection from abuse, neglect, mistreatment, and exploitation including implementation of an incident prevention and management system.

(d) Best possible health including implementation of the Nurse Delegation Program.

(e) Safe environments.

(f) Staff resources and supports.

(g) Positive services and supports including implementation of the Behavioral Services Procedural Guidelines.

(h) Continuity and personal security.

(3) People responsible for collecting and analyzing data from the internal monitoring system are identified.

(4) The responsibilities and roles of each person involved on the internal monitoring team are clearly identified and include people supported.

(5) The internal monitoring system emphasizes quality enhancement and continuous improvement.

(6) Data collected and information learned from the internal monitoring system is used to inform and educate staff and people receiving services and to improve systems and ensure basic assurances are met.

(7) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH

**Statutory Authority:** Code of Alabama 1975, §22-50-11.

**History:** New Rule: Filed August 1, 2012; effective October 1, 2012.

**580-5-33-.14 Personal Care Companion, Respite, Crisis Intervention Services and Supported Employment at an Integrated Work Site.**

(1) In addition to administrative requirements in Chapter 580-5-33-.3 through .10 and .12 through .13, the organization provides training to staff on the services to

be provided and how the person wants to be supported. This training includes:

(a) Review of the person-centered plan.

(b) Information about the specific conditions and required supports of the person to be served, including his/her physical, psychological or behavioral challenges, his/her capabilities, and his/her support needs and preferences related to that support.

(c) Reporting and record keeping requirements.

(d) Procedures for arranging backup worker when needed.

(2) A person-centered plan is developed and approved for the person receiving services; there is documentation establishing that the plan is followed and is modified as needed.

(a) The person-centered plan is adequately detailed so that the worker can provide the services required by the individual.

(b) The person-centered plan is approved by the Division of Developmental Disabilities, if services exceed eight (8) hours per day of services and documents the following:

1. The individual and his/her team have met to discuss a viable alternative service which will meet his/her needs.

2. If the individual and his/her team decide that personal care/companion/respite/crisis intervention services are no longer adequate, then a viable alternative service is located prior to discharge.

(c) Documentation of the provision of identified services/supports is available.

(d) The person-centered plan is developed with input from the person and their legally authorized representative/family/advocate.

(3) A QDDP supervises the provision of personal care, companion, respite and crisis intervention services to the person, evaluates the continued appropriateness of such services and makes changes when the consumer's needs or desires are not being met.

(a) There is an assigned QDDP to provide oversight of the worker and of the person's service/person-centered plan.

(b) The QDDP conducts a site visit at least every ninety (90) days, and more often if needed.

(c) The QDDP makes assessments of the effectiveness of the service, person/family satisfaction with the service, and institutes any changes that may need to be made.

(d) There is documentation establishing that the QDDP has taken corrective or improvement action in a timely manner as need indicates.

(4) Organizations providing respite services provide evidence that a temporary person-centered plan has been formulated prior to the person's arrival and is documented and implemented for the person while served by the agency.

(5) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH  
**Statutory Authority:** Code of Alabama 1975, §22-50-11.  
**History:** New Rule: Filed August 1, 2012; effective October 1, 2012.

**580-5-33-.15 Case Management Standards.**

(1) The Case Management agency must meet the following requirements:

(a) Chapter 580-5-33-.03.

(b) 580-5-33-.04, with the exception of (28) through (31).

(c) 580-5-33-.05 through 580-5-33-.07.

(d) 580-5-33-.08 with the exception of (22) through (34), (36) and (37).

(e) 580-5-33-.09, with the exception of (9), (10), and (11).

(f) 580-5-33-.10.

(g) 580-5-33-.12 through .13.

(2) In addition, the Case Management agency meets all the following requirements within this subchapter:

(a) Demonstrates the capacity to provide the core elements of case management, including assessment, care and services plan development, linking and coordination of services, reassessment and follow-up.

(b) Demonstrates the administrative capacity to ensure quality of services in accordance with state and federal requirements.

(c) Demonstrates the capacity to document and maintain individual case records in accordance with state and federal requirements.

(d) Demonstrates the capacity to meet the case management service needs of persons with Developmental Disabilities.

(3) The core elements of case management performed by the assigned case manager:

(a) Needs Assessment - The case manager performs a written comprehensive face-to-face assessment of the person's assets, needs, supports, goals and preferences by gathering information as follows:

1. Identifying information.
2. Socialization and recreation.
3. Community living.

4. Employment.
5. Physical needs.
6. Health.
7. Social history.
8. Housing and physical environment.
9. Resource analysis and planning to include:

(i) Assessing and managing financial resources so that requirements of the individual and the funding agency are met and

(ii) Maintaining accountability to the individual for his funds, as applicable.

(b) Case planning - The case manager coordinates, along with the individual's QDDP, the development of a systematic, person-centered plan that lists the actions required to meet the identified needs and desires of the individual based on the needs assessment. This plan incorporates all services/supports received by the individual, to include a Case Management Plan, and the Medicaid Plan of Care document.

1. The Case Management Plan is developed through a collaborative process involving the individual, his/her family or other support system, all service/support agencies, and the case manager.

2. The Case Management Plan is completed in conjunction with the needs assessment within the first thirty (30) days of contact with the individual.

3. The Case Management Plan is updated at least annually (within 365 days) and includes target dates.

(c) Service arrangement - The case manager, through linkage and advocacy, coordinates contacts between the persons served and the appropriate individual(s) support group(s) or agency(ies).

1. The case manager calls or visits these individuals or agencies on behalf of the persons served.

2. The goal of service arrangement is to:

(i) Assist persons in accessing learning, participation and support opportunities and optimizing independence through support and training in the use of personal and community resources.

(ii) Assist persons in accessing supports, for example, screening tests to address health issues as needed and coordinating transportation as needed for the persons served.

(d) Social support - The case manager, through interviews with the individual and significant others:

1. Determines whether the person possesses an adequate personal support system.

2. If the support system is inadequate, the case manager assists the person in expanding or establishing such a network through advocacy and linking the person with appropriate individuals, support groups or agencies.

(e) Reassessment and follow-up - The case manager evaluates, through interviews and observations, the person's status and progress toward accomplishing the goals listed in the person-centered plan at intervals of ninety (90) days or less.

1. The case manager contacts individuals or agencies providing services to the person and reviews the results of these contacts, together with the changes in the person's needs shown in the reassessments.

2. The case manager revises the case management plan as necessary.

3. The case manager maintains ongoing documentation of services so there is clear evidence that pressing issues are addressed.

4. Team meeting minutes are documented.

5. There must be a face-to-face visit by the case manager with the person at least every ninety (90) days.

At least two (2) of these visits per year are made in the person's home.

6. Documentation provided by the case manager includes:

(i) A ninety (90) day narrative which addresses the appropriateness of the person-centered plan and any health or safety issues and a summary of the progress or lack of progress toward goals in the person-centered plan, to include progress notes of case management activities;

(ii) A review of the functional assessment to ensure continued adequacy and accuracy. The ICAP is reviewed with the provider if changes have occurred in the person's life.

(iii) Dating and initialing the person-centered plan and the Medicaid Plan of Care every ninety (90) days.

(f) Monitoring - The case manager determines what services have been delivered and whether they adequately meet the needs and desires of the person to assure movement toward both short-term and long-range goals.

1. The person-centered plan is revised, as appropriate, as a result of monitoring or changes in the person's status.

2. Monitoring of persons served and services provided occurs as frequently as necessary to assess the person's progress towards their goals with face-to-face contact made with the person at least once every ninety (90) days. At least two (2) of these contacts per year are made in the person's home.

3. Each person has a specific point of contact within the case management agency and is notified in a timely manner should that point of contact change.

4. The person served and family/legally authorized representative is informed of the procedures for terminating case management services.

5. Prior to a person being discharged from a service, a transition plan and/or discharge plan as applicable is completed which includes a summary of services utilized, the reason for the discharge/transition

and future supports which will be needed, if any. The case manager attends the transition plan meeting or follow up to see that a transition and/or discharge plan is completed.

(4) This rule will become effective and operative October 1, 2012 due to training of all providers and giving those organizations time to prepare and make necessary changes to their program, operations, and policies prior to implementing.

**Author:** Division of Developmental Disabilities, DMH

**Statutory Authority:** Code of Ala. 1975, §22-50-11.

**History:** New Rule: Filed August 1, 2012; effective October 1, 2012.