

Reference Guide for Case Managers

Crosswalk for HCBS Regulations, DDSN Code Requirements, Directives, and Service & Licensing Standards with Reference to Basic Assurances[®] and Personal Outcome Measures[®] to be used with DDSN Operated Home and Community Based Residential and Day Service Settings

This chart details the laws, regulations and policies that are used to regulate the system of DDSN-operated home and community based settings (i.e., Day services and Residential Habilitation services) and provides suggested questions for Case Managers to ask when monitoring the services authorized. It is important to note that these laws, regulations, and policies apply to all non-residential and residential settings operated by DDSN whether the individuals being served in that setting receives Medicaid HCBS or state-funded services. Therefore, the experience of individuals receiving HCBS in non-residential settings and residential are consistent with how those settings would be experienced by individuals who are not HCBS service recipients. See [S.C. Code Ann § 44-20-20](#).

HCBS Regulation	DDSN Supporting Documentation	Basic Assurances [®] and/or Personal Outcome Measures [®] Reference	Case Management Monitoring Questions for Consideration:
<p>42 CFR 441.301(c)(4)(i): The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community</p>	<p>S.C. Code Ann. § 44-20-20:* It is the purpose of [all DDSN services] to assist persons with intellectual disability, related disabilities, head injuries, or spinal cord injuries by providing services to enable them to participate as valued members of their communities to the maximum extent practical and to live with their families or in family settings in the community in the least restrictive environment available.</p> <p>DDSN Residential Habilitation Standard - 3.0: People are supported and encouraged to participate and be involved in the life of the community by:</p> <ul style="list-style-type: none"> • Receiving information about opportunities for community participation. • Participating in the development of activity schedules. • Active involvement in community activities. <p>DDSN Residential Habilitation Standards - 3.1: People are supported to maintain and enhance links with families, friends, or other support networks.</p> <p>DDSN Day Services Standards - 22: Within 30 calendar days of the first day of attendance into a DDSN Day Service an assessment will be completed. For those receiving Career Preparation, Employment Service through a Mobile Work Crew or Enclave, Community Service, or Day Activity, annually, an assessment will be completed that identifies the abilities/strengths, interests/preferences and needs of the individual in the following areas:</p> <ul style="list-style-type: none"> • Self-Advocacy/Self Determination • Self-Esteem • Coping Skills • Personal Responsibility • Personal Health and Hygiene • Socialization • Community Participation • Mobility and Transportation • Community Safety • Money Management • Pre-Employment (Career Prep and Employment Services) • Job Search (Career Prep and Employment Services) 	<p>Basic Assurances[®]</p> <ul style="list-style-type: none"> > 2d: Supports and services enhance dignity and respect. <p>Personal Outcome Measures[®]</p> <ul style="list-style-type: none"> > 17. People choose where and with whom to live > 9. People live in integrated environments > 10. People interact with other members of the community > 11. People participate in life in the community 	<p>Ask the person:</p> <ul style="list-style-type: none"> • How often do you go out and take part in activities in your community? • How and when do you get to talk and spend time with your family and friends when you want to? • Do they come visit you, do you call them, or do you get to go visit with them? <p>Ask the staff:</p> <ul style="list-style-type: none"> • What leisure activities does the person attend in settings used by others in community? • What activities does the person participate in that promote integration in the community? • Does the person work in a building where people in the community work? • How do you encourage him/her to contact family/friends? • Is the person able to access all areas of the community? <ul style="list-style-type: none"> • If not, why? Are there restrictions specifically for this person or are there group restrictions? Have these restrictions been addressed through HRC and is there a time limit?

<p>42 CFR 441.301(c)(4)(i): include[es] opportunities to seek employment and work in competitive integrated settings</p>	<p>DDSN Directive 700-07-DD: Employment Services - Individual, provided in integrated settings, is the first and preferred Day Service option to be offered to working age youth and adults [.]</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 2e: People have meaningful work and activity choices. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 5. People exercise rights > 18. People choose where they work 	<p>Ask the person:</p> <ul style="list-style-type: none"> • Has anyone ever given you choices of where you could work or helped you with finding a job? • Is this what you want to do? Do you enjoy doing this type of work?
<p>42 CFR 441.301(c)(4)(i): engage in community life</p>	<p>S.C. Code Ann. § 44-26-90: Rights of client not to be denied. Unless a client has been adjudicated incompetent, he must not be denied the right to: (6) marry or divorce; (7) be a qualified elector if otherwise qualified. The county board of voter registration in counties with department facilities reasonably shall assist clients who express a desire to vote to: (a) obtain voter registration forms, applications for absentee ballots, and absentee ballots; comply with other requirements which are prerequisite for voting; vote by absentee ballot if necessary; (8) exercise rights of citizenship in the same manner as a person without intellectual disability or a related disability.</p> <p>DDSN Residential Habilitation Standards - 3.0: People are supported and encouraged to participate and be involved in the life of the community.</p> <p>DDSN Residential Licensing Standard - 2.14: The setting is located among other private residences, businesses, and/or community resources.</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 2d: Supports and services enhance dignity and respect. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 18. People choose where they work > 8. People use their environments > 9. People live in integrated environments > 10. People interact with other members of the community > 11. People participate in the life of the community > 19. People choose services 	<p>Ask the person:</p> <ul style="list-style-type: none"> • What types of activities would you like to participate in with others in the community? • Do you take part in a lot of activities in your community? Do you always go with your house-mates or can you go with other people? <p>Ask the staff:</p> <ul style="list-style-type: none"> • What opportunities does the person have to interact with other members of the community? • How do you provide information on available options in the community? • Are there any barriers prohibiting the individual from participating in the community? • Have these barriers been addressed?
<p>42 CFR 441.301(c)(4)(i): control personal resources</p>	<p>S.C. Code Ann. § 44-26-90: Rights of client not to be denied. Unless a client has been adjudicated incompetent, he must not be denied the right to:</p> <ol style="list-style-type: none"> (1) dispose of property, real and personal; (2) execute instruments; (3) make purchases; (4) enter into contractual relationships (5) hold a driver's license <p>DDSN Day Standard - 14: Individuals are expected to manage their own funds to the extent of their capability.</p> <p>DDSN Residential Habilitation Standard - 2.0: People are supported to manage their own funds to the extent of their capability.</p> <p>DDSN Directive 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs.</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 2d: Supports and services enhance dignity and respect. > 1c: Staff recognize and honor people's rights. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 5. People exercise rights > 18. People choose where they work 	<p>Ask the person:</p> <ul style="list-style-type: none"> • Do you pay your own bills? • Are you able to buy things that you want? • Can you go to the bank and get money out of your account, as needed? • When you go out, do you have your money with you or does staff keep it for you? • If you want to buy something, how long do you have to wait to get the money? <p>Ask the staff:</p> <ul style="list-style-type: none"> • What training is in place that will enable the person to take control of

			<p>their finances?</p> <ul style="list-style-type: none"> • Who manages the person's money? • How is this determined? Did the person have a choice?
<p>42 CFR 441.301(c)(4)(i): receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>DDSN Day Services Standards (All Services): Community Services provides individuals the opportunity to maximize their exposure, experience and participation within their local community. Through this process, the individual will gain access to inclusive citizenship and social capital.</p> <p>DDSN Residential Habilitation Services: People should be present in the community and actively participate using the same resources and doing the same activities as other citizens.</p> <p>DDSN Residential Licensing Standards:</p> <p><u>2.12:</u> The setting is free from a surrounding high wall, fence, closed gate, or locked gate.</p> <p><u>2.13:</u> The setting is free from locked doors, gates, or other barriers which inhibit entry to or egress from the location.</p> <p><u>2.14:</u> The setting is located among other private residences, businesses, and/or community resources.</p> <p><u>2.15:</u> The setting is not on the grounds of, nor adjacent to, either a public institution or building where inpatient facility that is financed and operated by a county, state, municipality, or other unit of government.</p> <p><u>2.16:</u> The setting is the only location operated by the provider in the immediate area.</p> <p><u>2.17:</u> The setting is the only one of its type located in the immediate area.</p> <p><u>2.18:</u> The setting is free from postings of employee information (such as labor standards and minimum wage posters) in common areas and visible to residents.</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 2d: Supports and services enhance dignity and respect. > 2e: People have meaningful work and activity choices. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 17. People choose where and with whom they live > 18. People choose where they work > 19. People choose services > 8. People use their environments > 9. People live in integrated environments 	<p>Ask the person:</p> <ul style="list-style-type: none"> • Are you able to get to all areas of your home and in your community? (Accessibility to all entrances, able to ambulate stairs, bathrooms, laundry, etc) • Do you have any problems getting to different stores or places you want to go in the community? • Are there any places that you are unable to get to? <p>Ask the staff:</p> <ul style="list-style-type: none"> • Are any modifications required for accessibility? • Are there any limitations to the person's access to areas others use?
<p>42 CFR 441.301(c)(4)(ii): The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting.</p>	<p>Beneficiaries have an array of services and supports to choose from and offered to them during the development of their person-centered service plan (see DDSN Case Management Standards)</p> <p>DDSN Residential Habilitation Standard - 1.2: Individuals choose where they live from a variety of options.</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 2b: The organization respects people's concerns and responds accordingly. > 2c: People have privacy. > 2d: Supports and services enhance dignity and respect. > 2e: People have meaningful work and activity choices. > 6a: The organization provides individualized safety supports. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 17. People choose where and with whom to live. > 18. People choose where they work. 	<p>Ask the person:</p> <ul style="list-style-type: none"> • Have you been provided with information about other living options and providers? • Who decided with whom and where you live? • Do you like living here? Has anyone told you about other places that you could live? <p>The Case Manager should consider:</p> <ul style="list-style-type: none"> • Has the person been provided with alternative residential options? • If alternative living arrangements are desired, are there supports in place for the person to meet the goal?

<p>42 CFR 441.301(c)(4)(ii): The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Beneficiaries must be given freedom of choice when selecting services and providers which is documented in their Support plan. (see DDSN Case Management Standards)</p> <p>DDSN Residential Habilitation Standard - RH4.1: Each individual must have a residential plan:</p> <ul style="list-style-type: none"> • Developed within 30 days of admission to the setting. • Implemented within 10 working days of development. • Re-developed every 365 days. <p>RH4.2: A comprehensive functional assessment:</p> <ul style="list-style-type: none"> • Must be completed prior to the development of the initial plan. • Must be updated as needed to insure accuracy. <p>RH4.3: A comprehensive functional assessment must identify the abilities/strengths and needs of the person in the following areas:</p> <ol style="list-style-type: none"> a) Self-care. b) Activities of daily living. c) Communication. d) Personal Health (including Self-administration of medication). e) Self-preservation (fire evacuation, severe weather, general safety, etc.) f) Self-supervision at all times. g) Rights. h) Personal finances/money. i) Community involvement. j) Social Network/Family Relationships k) Personal property maintenance/management. <p>The person's preferences and goals must be the focus of the planning process. Priorization of training on assessed needs as well as personal goals should reflect the preferences of the person.</p> <p>DDSN Residential Licensing Standard - 2.11: Sufficient staff shall be available 24 hours daily to respond to the needs of the residents and implement their programs.</p> <p>DDSN Administrative Agency Standard - 408: The Agency promotes consumer choice and decision making in service delivery.</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 6a: The organization provides individualized safety supports. > 8a: People's individual plans lead to person-centered and person-directed services and supports. > 9b: The organization implements sound fiscal practices. > 1e: Decision-making supports are provided to people as needed. > 2e: People have meaningful work and activity choices. 	<p>Ask the person:</p> <ul style="list-style-type: none"> • When you have your Plan meetings do you tell others what goals you want to work on and what it is you want to do? • How does staff help support you with meeting goals that you set? • How do you decide when and who comes to your meeting? <p>Ask the staff:</p> <ul style="list-style-type: none"> • Has the person expressed any desires or set goals that they want to accomplish? • Is there adequate staff to help meet these needs and goals?
<p>42 CFR 441.301(c)(4)(iii): Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>S.C. Code Ann. § 44-26-1609: (A) No client residing in an intellectual disability facility may be subjected to chemical or mechanical restraint or a form of physical coercion or restraint unless the action is authorized in writing by an intellectual disability professional or attending physician as being required by the habilitation or medical needs of the client and it is the least restrictive alternative possible to meet the needs of the client. (B) Each use of a restraint and justification for it must be entered into the client's record [.] (C) No form of restraint may be used for the convenience of staff, as punishment, as a substitute for a habilitation program or in a manner that interferes with the client's habilitation program. [...]</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 1a: The organization implements policies and procedures that promote people's rights. > 1b: The organization supports people to exercise their rights and responsibilities. > 1c: Staff recognize and honor people's rights. > 1d: The organization upholds due process requirements. 	<p>Ask the person:</p> <ul style="list-style-type: none"> • What rights are important to you? • Do you feel your rights are being taken away? • How do you feel you are respected? • How do you know what the different types of abuse are? Do you know what to do if you feel you are abused?

	<p>(F) The appropriate human rights committees must be notified of the use of emergency restraints.</p> <p>(G) Documentation of less restrictive methods that have failed must be entered into the client's record when applicable.</p> <p>DDSN Directive 535-02-DD: Human Rights Committees</p> <p>DDSN Day Services Standard - 13: Individuals receiving a DDSN Day Service are free from abuse, neglect and exploitation.</p> <p>DDSN Day Services Standard - 14: Each individual's right to privacy, dignity and confidentiality in all aspects of life is recognized, respected and promoted. Personal freedoms are not restricted without due process.</p> <p>DDSN Residential Habilitation Standards: Despite the presence of disabilities, people retain the same human, civil and constitutional rights as any citizen. People receiving Residential Habilitation Services rely on their services for support and encouragement to grow and develop, to gain autonomy, become self-governing and pursue their own interests and goals. Effective Residential Habilitation programs take positive steps to protect and promote the dignity, privacy, legal rights, autonomy and individuality of each person who receives services.</p> <p>DDSN Residential Licensing Standards: <u>2.2</u>: CTH bedrooms shall have: a) At least 100 square feet for a single occupancy, or 160 square feet for a double occupancy; b) A clean, comfortable bed, (including appropriately sized bed frame and mattress) pillow, and linen appropriate to the climate; c) Operable lighting; d) Operable window; and e) Sufficient lockable and non-lockable storage space. <u>2.6</u>: CTH sites shall be: a) Free from obvious hazards; b) Clean; c) Free of litter/rubbish; d) Free of offensive odors; e) Equipment in good working order. <u>2.7</u>: Supervised Living settings shall afford residents basic comfort. <u>2.8</u>: Supervised living settings shall afford residents basic safety. <u>2.9</u>: Supervised living settings shall have sufficient space for privacy. <u>2.12</u>: The setting is free from a surrounding high wall, fence, closed gate, or locked gate. <u>2.13</u>: The setting is free from locked doors, gates, or other barriers which inhibit entry to or egress from the location. <u>2.14</u>: The setting is located among other private residences, businesses, and/or community resources.</p>	<ul style="list-style-type: none"> > 2a: People are treated as people first. > 2c: People have privacy. > 2d: Supports and services enhance dignity and respect. > 3d: The organization facilitates each person's desire for natural supports. > 8a: People's individual plans lead to person-centered and person-directed services and supports. > 8d: The organization treats people with psychoactive medications for mental health needs consistent with national standards of care. > 8e: People are free from unnecessary, intrusive interventions. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 2. People are free from Abuse and Neglect. > 5. People exercise rights > 7. People are respected > 21. People realize personal goals 	<p>Ask the staff:</p> <ul style="list-style-type: none"> • How does the person learn what their rights are? • Are there any rights limitations? <ul style="list-style-type: none"> • What is the reason for the limitations? • How was it decided the limitations were necessary? • Who reviewed the limitations? • How long will the limitations be in place? • What alternatives were tried and found to be unsuccessful prior to the limitations? • What support is staff providing to ensure individuals' rights are exercised? • Is staff trained on abuse, know the different types, and how to report?
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	<p><u>3.0:</u> Medications, including controlled substances and medical supplies, shall be managed in accordance with local, state and federal laws and regulations.</p> <p><u>3.1:</u> Medications in an SLP-II shall be stored in the resident's apartment unless there are documented reasons as to why this would present a health and safety issue.</p> <p>DDSN Administrative Agency Standard - 404: When the Agency provides residential services, the Agency's upper level management staff will conduct quarterly, unannounced visits to all residential settings, to assure that the staffing is sufficient and supervision is provided.</p> <p>DDSN Administrative Agency Standards - 407: The Agency uses positive approaches in all service and support activities.</p>		
<p>2 CFR 441.301(c)(4)(iv): Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>DDSN Day Services Standards - 18: Individuals receiving DDSN Day Service are supported to make decisions and exercise choice regarding the specific DDSN Day services provided.</p> <p>DDSN Residential Habilitation Standards - RH2.1: People are supported to make decisions and exercise choices regarding their daily activities</p> <p>DDSN Administrative Agency Standards - 408: The Agency promotes consumer choice and decision making in service delivery</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 1e: Decision-making supports are provided to people as needed. > 2d: Supports and services enhance dignity and respect. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 5. People exercise right > 19. People choose services. 	<p>Ask the person:</p> <ul style="list-style-type: none"> • How do you decide what you do daily? • How does staff provide information on upcoming things to do in the community? • How do you decide the things that you want to work on? • What are some goals that you want to work towards? • What goals have you met that was important to you? • Are you able to do things that you want to do? <p>Ask the staff:</p> <ul style="list-style-type: none"> • How does staff provide information on upcoming activities in the community? • What opportunities are there for the individual to make friends and gain support outside of the organization? • What kind of support does staff provide to help meet these goals? • Has he/she expressed any interest in participating in other activities in the community? • What personal goals has the person set and met in the past? •

<p>42 CFR 441.301(c)(4)(v): Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>DDSN Day Services Standards - 18: Individuals receiving DDSN Day Service are supported to make decisions and exercise choice regarding the specific DDSN Day services provided.</p> <p>DDSN Residential Habilitation Standards - 1.2: Individuals choose where they live from a variety of options.</p> <p>DDSN Administrative Agency Standard - 408: The Agency promotes consumer choice and decision making in service delivery.</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 1e: Decision making supports are provided to people as needed. > 7d: The organization implements systems that promote continuity and consistency of direct support professionals. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 17. People choose where and with whom to live. > 18. People choose where they work. > 19. People choose services. 	<p>Ask the person:</p> <ul style="list-style-type: none"> • How did you get to choose the services that you are receiving? • What type of things do you do? Do you take part in activities outside of your home? • Who chooses the provider for services you are receiving? <p>Ask the staff:</p> <ul style="list-style-type: none"> • How do you help ensure the person is able to do things he/she wants to do? • What support is provided if he/she states interest in doing something with other individuals?
<p>42 CFR 441.301(c)(4)(vi)(A): The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State[.]</p>	<p>DDSN Residential Habilitation Standard - 1.3: A legally enforceable agreement (lease, residency agreement, or other form of written agreement) is in place for each person in the home setting within which he/she resides. The agreement provides protections that address eviction process and appeals comparable to those provided under South Carolina's Landlord Tenant Law. (S.C. Code Ann. § 27-40-10 et. seq.)</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 1a: The organization implements policies and procedures that promote people's rights. > 1b: The organization supports people to exercise their rights and responsibilities. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 17. People choose where and with whom to live. 	<p>Ask the person:</p> <ul style="list-style-type: none"> • Did you sign a paper agreeing to live here? Was it explained to you? • Do you understand what you signed and what it means? <p>Ask the staff:</p> <ul style="list-style-type: none"> • How is the lease enforced? • Does the person have to abide by any requirements within the home that are not a part of the lease?
<p>42 CFR 441.301(c)(4)(vi)(B): Each individual has privacy in their sleeping or living unit</p>	<p>DDSN Residential Licensing Standard - 2.9: When occupied by more than one (1) resident the setting must afford each resident sufficient space and opportunity for privacy including bathing/toileting facilities behind a lockable door, lockable doors on bedroom/sleeping quarters and lockable storage.</p> <p>DDSN Residential Habilitation Standard - 2.5: Each resident must be provided with a key to his/her home.</p> <p>DDSN Residential Licensing Standard - 2.2: CTH bedrooms shall have:</p> <p>a) At least 100 square feet for a single occupancy, or 160 square feet for a double</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 2c: People have privacy. > 7d: The organization implements systems that promote continuity and consistency of direct support professionals. 	<p>Ask the person:</p> <ul style="list-style-type: none"> • Can you be alone or to yourself if you want? • If you want to go in your room or to the bathroom can you lock the door? • Do you have a key to your home and bedroom? • Are you allowed privacy?

	<p>occupancy;</p> <p>b) A clean, comfortable bed, (including appropriately sized bed frame and mattress) pillow, and linen appropriate to the climate;</p> <p>c) Operable lighting;</p> <p>d) Operable window; and</p> <p>e) Sufficient lockable and non-lockable storage space.</p>	<p>Personal Outcome Measures®</p> <p>> 5. People exercise rights.</p> <p>> 7. People are respected.</p>	<p>Ask the staff:</p> <ul style="list-style-type: none"> • If the person doesn't have a key has the person been through HRC for review of this? • How does staff ensure each person's ability to have privacy? • Are there any policies or practices in place?
<p>42 CFR 441.301(c)(4)(vi)(B) (1): Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p>DDSN Residential Habilitation Standards - 2.4: Each resident must be provided with a key to his/her bedroom. Only appropriate staff on duty should have access to keys.</p> <p>DDSN Residential Habilitation Standards - 2.5: Any reason a provider believes a resident should not receive a key must go through the Human Rights Committee before withholding a key.</p> <p>DDSN Residential Licensing Standard - 2.2: CTH bedrooms shall have:</p> <p>a) At least 100 square feet for a single occupancy, or 160 square feet for a double occupancy;</p> <p>b) A clean, comfortable bed, (including appropriately sized bed frame and mattress) pillow, and linen appropriate to the climate;</p> <p>c) Operable lighting;</p> <p>d) Operable window; and</p> <p>e) Sufficient lockable and non-lockable storage space.</p>	<p>Basic Assurances®</p> <p>> 2c: People have privacy.</p> <p>Personal Outcome Measures®</p> <p>> 5. People exercise rights</p>	<p>Ask the person:</p> <ul style="list-style-type: none"> • Are you able to lock your doors if you want to? • Is staff able to unlock your door without you telling them it's okay? • Who has keys to your door? <p>Ask the staff:</p> <ul style="list-style-type: none"> • Who has keys to the doors? • How is it determined who needs a key? • If a person does not have a key, did the agency present the justification to the Human Rights Committee?
<p>42 CFR 441.301(c)(4)(vi)(B) (2): Individuals sharing units have a choice of roommates in that setting.</p>	<p>DDSN Administrative Agency Standard - 408: The Agency promotes consumer choice and decision making in service delivery.</p> <p>DDSN Residential Habilitation Standards - 1.4: People who share a bedroom, have a choice of roommates in that setting.</p> <p>DDSN Residential Habilitation Standards - 1.5: People sharing apartments have a choice of roommates in that setting.</p>	<p>Basic Assurances®</p> <p>> 2c: People have privacy.</p> <p>> 8a: People's individual plans lead to person-centered and person-directed services and supports.</p> <p>Personal Outcome Measures®</p> <p>> 17. People choose where and with whom to live.</p>	<p>Ask the person:</p> <ul style="list-style-type: none"> • Did you get to choose your roommate? • If someone moves out who decides the new person that moves in? • Do you get along with your roommates? • Who chooses the staff that works here? <p>Ask the staff:</p> <ul style="list-style-type: none"> • How are roommates/ housemates chosen? • What is the process for hiring staff?
<p>42 CFR 441.301(c)(4)(vi)(B) (3): Individuals have the freedom to furnish and</p>	<p>DDSN Administrative Agency Standard - 408: The Agency promotes consumer choice and decision making in service delivery.</p>	<p>Basic Assurances®</p> <p>> 2d: Supports and services enhance dignity and respect.</p> <p>> 2e: People have meaningful work and activity choices.</p>	<p>Ask the person:</p> <ul style="list-style-type: none"> • Did you help decorate your home? • Who chose the decoration in your room?

<p>decorate their sleeping or living units within the lease or other agreement.</p>	<p>DDSN Residential Habilitation Standard - 1.6: People have the freedom to furnish and decorate their sleeping or living units within the lease/other agreement.</p>	<p>> 9c: Business, administrative and support functions promote personal outcomes.</p> <p>Personal Outcome Measures®</p> <p>> 17. People choose where and with whom to live.</p>	<ul style="list-style-type: none"> • Do you get to pick things that you like to go in your home? <p>Ask the staff:</p> <ul style="list-style-type: none"> • How is the home furnished and decorated?
<p>42 CFR 441.301(c)(4)(vi)(C): Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	<p>DDSN Residential Habilitation Standards - RH2.1: People are supported to make decisions and exercise choices regarding their daily activities.</p> <p>DDSN Residential Habilitation Standard - RH2.3: Community Training Homes must be open to the resident at all times.</p> <p>DDSN Residential Habilitation Standard - 1.7: Individuals have access to food at all times.</p> <p>DDSN Day Services Standard - 18: Individuals receiving DDSN Day Service are supported to make decisions and exercise choice regarding the specific DDSN Day services provided</p>	<p>Basic Assurances®</p> <p>> 2d: Supports and services enhance dignity and respect.</p> <p>> 2e: People have meaningful work and activity choices.</p> <p>> 9c: Business, administrative and support functions promote personal outcomes.</p> <p>Personal Outcome Measures®</p> <p>> 5. People exercise rights</p> <p>> 6. People are treated fairly</p> <p>> 7. People are respected</p> <p>> 19. People choose services.</p>	<p>Ask the person:</p> <ul style="list-style-type: none"> • Do you make your own schedule? • Do you get to choose the activities you do? • Can you go in the refrigerator or cabinet if you want something to eat? • If you buy snacks do you have to share them with others? Can you get to them when you want them? <p>Ask the staff:</p> <ul style="list-style-type: none"> • How does staff provide support and opportunities for different kinds of activities? • How do you know what the person wants to do? • How does staff ensure each individual has these rights?
<p>42 CFR 441.301(c)(4)(vi)(D): Individuals are able to have visitors of their choosing at any time.</p>	<p>DDSN Residential Habilitation Standards:</p> <p>RH 1.9: Individuals are allowed to have visitors at any time.</p> <p>RH 1.91: Guests of individuals may visit announced or unannounced.</p> <p>RH 1.92: Individuals must have a way to allow guests entry without assistance from staff.</p> <p>RH 1.93: Individuals may have overnight guests. Prior notice is not required.</p> <p>DDSN Residential Habilitation Standards - RH 2.0: Personal freedoms, such as the right to make a phone call in private, to decide to have a friend visit, choices as to what to have for a snack, etc. are not restricted without due process. S.C. Code Ann. § 44-26-100 [2] Receive visitors. A facility must have a designated area where clients and visitors may speak privately.</p>	<p>Basic Assurances®</p> <p>> 1b: The organization supports people to exercise their rights and responsibilities.</p> <p>> 3a: Policies and practices facilitate continuity of natural support systems.</p> <p>Personal Outcome Measures®</p> <p>> 5. People exercise rights</p> <p>> 13. People have friends.</p> <p>> 12. People are connected to natural support networks.</p>	<p>Ask the person:</p> <ul style="list-style-type: none"> • Did you help come up with the house rules? • Can you have visitors over whenever you choose? • Do your visitors have to sign in and out? • Can visitors spend the night? • Do you have to let someone know when visitors are coming? • Can you let your visitors in and out on your own? <p>Ask the staff:</p> <ul style="list-style-type: none"> • Do individuals have to sign visitors in and out? • How were the rules for the home created?

<p>42 CFR 441.301(c)(4)(vi)(E): The setting is physically accessible to the individual</p>	<p><u>DDSN Residential Habilitation Standards:</u> Residential Habilitation services demonstrate due regard for the health, safety and well-being of each person when they: Meet or exceed applicable federal, state and local fire, health and safety regulations, policies and procedures. See also <u>DDSN Directive 700-02-DD</u> Compliance with the ADA</p> <p><u>DDSN Residential Licensing Standards:</u> 2.6: CTH sites shall be: a) Free from obvious hazards. b) Clean. c) Free of litter/rubbish. d) Free of offensive odors. e) Equipment in good working order. 2.7: Supervised Living settings shall afford residents basic comfort.</p> <p><u>DDSN Day Services Standards - 11:</u> Programs must be: a) Free from obvious hazards. b) Clean. c) Free of litter/rubbish. d) Free of offensive odors. e) Equipment in good working order. f) Accessible to participants and staff.</p>	<p>Basic Assurances® > 6a: The organization provides individualized safety supports. > 6b: The physical environment promotes people's health, safety and independence.</p> <p>Personal Outcome Measures® > 8. People use their environments</p>	<p>Ask the person:</p> <ul style="list-style-type: none"> • Are you able to get to all areas of your home? • Can you get in and out of all entrances and exits? • Do you feel safe? • Were any changes made so you can get to all areas of your home safely (bathroom, bedroom, ramps, etc.)? <p>Ask the staff:</p> <ul style="list-style-type: none"> • Have there been any home modifications for the individual? • Are there any safety hazards?
<p>42 CFR 441.301(c)(4)(vi)(F): Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan.</p>	<p><u>DDSN Directive 535-02-DD:</u> The Human Rights Committee is to safeguard and protect the rights of individuals receiving services to ensure that they are treated with dignity and respect in full recognition of their rights as citizens as opposed to their rights as consumers.</p> <p><u>DDSN Administrative Agency Standards - 407:</u> The Agency uses positive approaches in all service and support activities.</p> <p><u>DDSN Residential Habilitation Standards:</u> RH5.1: Prior to the development to of a Behavior Support Plan, indirect assessment must be conducted by the Intensive Behavioral Intervention provider. RH5.2: Direct Assessment must be conducted by the Intensive Behavioral Intervention provider to verify the indirect assessment information. RH5.3 Behavior Support Plans must contain: a) Description of the person: 1) Name, age, gender, residential setting; 2) Diagnoses (medical and psychiatric); 3) Intellectual and adaptive functioning; 4) Medications (medical and psychiatric); 5) Health concerns; 6) Mobility status; 7) Communication skills; 8) Daily living skills 9) Typical activities and environments 10) Supervision levels</p>	<p>Basic Assurances® > 1b: The organization supports people to exercise their rights and responsibilities. > 8a: People's individual plans lead to person-centered and person-directed services and supports.</p> <p>Personal Outcome Measures® > 5. People exercise rights > 6. People are treated fairly > 7. People are respected</p>	<p>Ask the person:</p> <ul style="list-style-type: none"> • Do you have a behavior support plan (BSP)? • Do you know what's in the BSP? • Did you have any say about what is in your BSP? • What happens if you do something staff feels you shouldn't do? • Have you been to a Human Rights Committee Meeting when staff told you that you could not do something you wanted to do? <p>Ask the staff:</p> <ul style="list-style-type: none"> • How does staff document incidents and interventions used? • Is staff comfortable implementing and following the BSP? • Is staff familiar with the BSP and how to address targeted behaviors?

	<ol style="list-style-type: none"> 11) Preferred activities, items, and people; and, 12) Non-preferred activities, items, and people. <ol style="list-style-type: none"> b) Locations where BSP will be implemented and identification of program implementers. c) Description of Problem Behavior and Replacement Behavior are defined in terms that are observable, measurable, and on which two independent observers can agree. d) Summary of direct assessment results. e) Objectives for each problem behavior, including: <ol style="list-style-type: none"> 1) Person's name; 2) Operational, measurable and observable way to describe behavior 3) Conditions under which the behavior occurs or should occur; and 4) Criteria for completion (performance and time). f) Competing Behavior Model for each class of problem behavior that includes function of problem behavior and replacement behavior based on direct assessment. g) Objectives for each replacement behavior, including: <ol style="list-style-type: none"> 1) Person's name; 2) Measurable and observable way to describe behavior; 3) Conditions under which the behavior occurs or should occur; and 4) Criteria for completion (performance and time). h) Support Procedures <ol style="list-style-type: none"> 1) Setting Event/Antecedent Strategies 2) Teaching Strategies 3) Consequence Strategies 4) Crisis Management Strategies 5) Data Recording Method 6) Data Collection Forms <p>DDSN Day Services Standards - 25: The plan must include a description of the interventions to be provided including time limited and measurable goals/objectives when the individual participates in Day Activity, Employment Services, Community Services, and/or Career Preparation.</p>		<ul style="list-style-type: none"> • Are there any restrictions in this person's service plan - documented – that went through the HRC? What are those restrictions?
<p>42 CFR 441.301(c)(4)(vi)(F) (1): Identify a specific and individualized assessed need.</p>	<p>DDSN Residential Habilitation Standard - RH4.3: A comprehensive functional assessment must identify the abilities/strengths and needs of the person in the following areas:</p> <ol style="list-style-type: none"> a) Self-care; b) Activities of daily living; c) Communication; d) Personal Health (including Self-administration of medication); e) Self-preservation (fire evacuation, severe weather, general safety, etc.); f) Self-supervision at all times; g) Rights; h) Personal finances/money; i) Community involvement; j) Social Network/Family Relationships; k) Personal property maintenance/management. <p>DDSN Residential Habilitation Standards - RH5.0: When the person exhibits behavior that:</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 1b: The organization supports people to exercise their rights and responsibilities. > 8a: People's individual plans lead to person-centered and person-directed plans. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 7. People are respected 	<p>Ask the staff:</p> <ul style="list-style-type: none"> • How was the person's needs assessed? • Has the assessed needs been used to develop a plan specific to the individual?

	<p>Poses a risk to him/herself, others, or the environment; Interferes with his/her ability to function in his/her typical environments; Interferes with his/her ability to acquire, gain or maintain skills, abilities and/or independence; and/or Interferes with his/her ability to participate in the life of the community, then the problem behavior must be addressed.</p> <p>DDSN Residential Habilitation Standard - RH6.0: People receive coordinated and continuous health care services based on each person's specific health needs, condition, and desires.</p> <p>DDSN Residential Licensing Standard -3.1: Medications in an SLP-II shall be stored in the resident's apartment unless there are documented reasons as to why this would present a health and safety issue.</p> <p>DDSN Residential Licensing Standard - 3.9: People are supported to:</p> <ol style="list-style-type: none"> a) Shop for groceries; and b) Help prepare meals <p>DDSN Day Services Standards - 22: Within 30 calendar days of the first day of attendance into a DDSN Day Service an assessment will be completed. For those receiving Career Preparation, Employment Service through a Mobile Work Crew or Enclave, Community Service, or Day Activity, annually, an assessment will be completed that identifies the abilities/strengths, interests/preferences and needs of the individual in the following areas:</p> <ul style="list-style-type: none"> • Self-Advocacy/Self Determination • Self-Esteem • Coping Skills • Personal Responsibility • Personal Health and Hygiene • Socialization • Community Participation • Mobility and Transportation • Community Safety • Money Management • Pre-Employment (Career Prep and Employment Services) • Job Search (Career Prep and Employment Services) 		
<p>42 CFR 441.301(c)(4)(vi)(F) (2): Document the positive interventions and supports used prior to any modifications to the person- centered service plan.</p>	<p>DDSN Administrative Agency Standards - 407: The Agency uses positive approaches in all service and support activities.</p> <p>DDSN Residential Habilitation Standard - RH5.3: Behavior Support Plans must contain:</p> <ol style="list-style-type: none"> a) Description of the person: <ol style="list-style-type: none"> 1) Name, age, gender, residential setting; 2) Diagnoses (medical and psychiatric); 3) Intellectual and adaptive functioning; 4) Medications (medical and psychiatric); 5) Health concerns; 6) Mobility status; 7) Communication skills 8) Daily living skills; 	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 8e: People are free from unnecessary, intrusive interventions. > <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 5. People exercise rights > 6. People are treated fairly > 7. People are respected 	<p>Ask the person:</p> <ul style="list-style-type: none"> • Did you have any say on what is in your BSP? • Did you have a say in any other restrictions that you may have? <p>Ask the staff:</p> <ul style="list-style-type: none"> • Is the person on psychotropic medications? • Were alternative interventions attempted prior to being medicated?

	<ul style="list-style-type: none"> 9) Typical activities and environments 10) Supervision levels; 11) Preferred activities, items, and people; and 12) Non-preferred activities, items, and people. <p>b) Locations where BSP will be implemented and identification of program implementers.</p> <p>c) Description of Problem Behavior and Replacement Behavior are defined in terms that are observable, measurable, and on which two independent observers can agree.</p> <p>d) Summary of direct assessment results.</p> <p>e) Objectives for each problem behavior, including:</p> <ul style="list-style-type: none"> 1) Person's name; 2) Operational, measurable and observable way to describe behavior; 3) Conditions under which the behavior occurs or should occur; and, 4) Criteria for completion (performance and time). <p>f) Competing Behavior Model for each class of problem behavior that includes function of problem behavior and replacement behavior based on direct assessment.</p> <p>g) Objectives for each replacement behavior, including:</p> <ul style="list-style-type: none"> 1) Person's name; 2) Measurable and observable way to describe behavior; 3) Conditions under which the behavior occurs or should occur; and, 4) Criteria for completion (performance and time). <p>h) Support Procedures</p> <ul style="list-style-type: none"> 1) Setting Event/Antecedent Strategies; 2) Teaching Strategies; 3) Consequence Strategies; 4) Crisis Management Strategies; 5) Data Recording Method; 6) Data Collection Forms. 		<ul style="list-style-type: none"> • Were there other options that were less intrusive that could have been attempted?
<p>42 CFR 441.301(c)(4)(vi)(F) (3): Document less intrusive methods of meeting the need that have been tried but did not work.</p>	<p>DDSN Administrative Agency Standards - 407: The Agency uses positive approaches in all service and support activities.</p> <p>DDSN Directive 600-05-DD: Behavior Support, Psychotropic Medications, and Prohibited Practices states the following: "Each DSN Board or contracted provider must adopt and implement written policies and procedures governing the assessment, prevention, and management of inappropriate behavior. These policies and procedures must specify all facility or program-approved procedures used for inappropriate behavior. A primary focus is to be on the prevention of problem behavior by using functional assessment data to identify appropriate alternative behaviors to teach and/or reinforce. When consequence-based procedures are to be used, each DSN Board/contracted provider must designate these procedures on a hierarchy, ranging from most positive or least intrusive, to least positive or most intrusive. These procedures must address the following: the use of restraints; the use of medications to manage inappropriate behavior; and the use of aversive consequences."</p> <p>DDSN Residential Habilitation Standards - RH5.0: When the person exhibits behavior that: Poses a risk to him/herself, others, or the environment; Interferes with his/her ability to function in his/her typical environments, Interferes with his/her ability to acquire, gain or maintain skills, abilities and/or independence, and/or Interferes with his/her ability to participate in the life of the community, then the problem behavior must be addressed.</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 8e: People are free from unnecessary, intrusive interventions. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 5. People exercise rights > 6. People are treated fairly > 7. People are respected 	<p>Ask the staff:</p> <ul style="list-style-type: none"> • Is there documentation of less intrusive methods that were used? • What were the results when using those methods? • Were the methods appropriate to meet the need?

	<p><u>RH5.1</u> Prior to the development to of a Behavior Support Plan, indirect assessment must be conducted by the Intensive Behavioral Intervention provider.</p> <p><u>RH5.2</u> Direct Assessment must be conducted by the Intensive Behavioral Intervention provider to verify the indirect assessment information.</p>		
<p>42 CFR 441.301(c)(4)(vi)(F) (4): Include a clear description of the condition that is directly proportionate to the specific assessed need.</p>	<p><u>DDSN Residential Habilitation Standards - RH5.3:</u> Behavior Support Plans must contain:</p> <p>a) Description of the person:</p> <ol style="list-style-type: none"> 1) Name, age, gender, residential setting; 2) Diagnoses (medical and psychiatric); 3) Intellectual and adaptive functioning; 4) Medications (medical and psychiatric); 5) Health concerns; 6) Mobility status; 7) Communication skills; 8) Daily living skills; 9) Typical activities and environments; 10) Supervision levels; 11) Preferred activities, items, and people; and, 12) Non-preferred activities, items, and people. <p>b) Locations where BSP will be implemented and identification of program implementers.</p> <p>c) Description of Problem Behavior and Replacement Behavior are defined in terms that are observable, measurable, and on which two independent observers can agree.</p> <p>d) Summary of direct assessment results.</p> <p>e) Objectives for each problem behavior, including:</p> <ol style="list-style-type: none"> 1) Person's name; 2) Operational, measurable and observable way to describe behavior; 3) Conditions under which the behavior occurs or should occur; and, 4) Criteria for completion (performance and time) <p>f) Competing Behavior Model for each class of problem behavior that includes function of problem behavior and replacement behavior based on direct assessment.</p> <p>g) Objectives for each replacement behavior, including:</p> <ol style="list-style-type: none"> 1) Person's name; 2) Measurable and observable way to describe behavior; 3) Conditions under which the behavior occurs or should occur; and, 4) Criteria for completion (performance and time). <p>h) Support Procedures</p> <ol style="list-style-type: none"> 1) Setting Event/Antecedent Strategies; 2) Teaching Strategies; 3) Consequence Strategies; 4) Crisis Management Strategies; 5) Data Recording Method; 6) Data Collection Forms. 	<p>Basic Assurances®</p> <p>> 1b: The organization supports people to exercise their rights and responsibilities.</p>	<p>Ask the person:</p> <ul style="list-style-type: none"> • Do you know what will happen when you have behaviors? <p>Ask the staff:</p> <ul style="list-style-type: none"> • How does the BSP clearly document when interventions should be used? • Are the behaviors specific and clearly defined?
<p>42 CFR 441.301(c)(4)(vi)(F) (5): Include regular collection and</p>	<p><u>DDSN Residential Habilitation Standard - RH5.5:</u> Progress monitoring by the Intensive Behavioral Intervention provider must occur at least monthly and rely on progress summary notes that include:</p> <p>a) Graphs that are legible and contain:</p> <ol style="list-style-type: none"> 1) Title related to behavior measured; 	<p>Basic Assurances®</p> <p>> 8a: People's individual plans lead to person-centered and person-directed services and supports.</p>	<p>Ask the staff:</p> <ul style="list-style-type: none"> • How does staff document incidents and interventions used?

<p>review of data to measure the ongoing effectiveness of the modification.</p>	<ol style="list-style-type: none"> 2) X- and Y-axis that are scaled and labeled; 3) Labeled gridlines; 4) Consecutive and connected data points; 5) Legend for data points (when more than one type is used); and, 6) Phase lines and labels for changes (i.e., programmatic, environmental, medical, and/or medication changes). <ol style="list-style-type: none"> b) Visual analysis that includes description of the level, trend, and variability of each behavior along with discussion related to programmatic, environmental, medical, and/or medication changes; c) Future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance; and, d) If fidelity procedures reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for three (3) consecutive months, then a meeting with the DSP(s), Intensive Behavioral Intervention provider, and others on the support team as appropriate must be conducted to revisit the Functional Assessment and its summary and to determine the benefits of revisiting, modifying or augmenting BSP procedures or of enhancing DSP training. 	<p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 5. People exercise rights > 6. People are treated fairly > 7. People are respected 	<ul style="list-style-type: none"> • Are behaviors clearly documented and defined to justify the need? • Is there data recorded to support the methods and effectiveness of the plan.
<p>42 CFR 441.301(c)(4)(vi)(F) (6): Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated</p>	<p>DDSN Residential Habilitation Standard - RH5.5: Progress monitoring by the Intensive Behavioral Intervention provider must occur at least monthly and rely on progress summary notes that include:</p> <ol style="list-style-type: none"> a) Graphs that are legible and contain: <ol style="list-style-type: none"> 1) Title related to behavior measured; 2) X- and Y-axis that are scaled and labeled; 3) Labeled gridlines; 4) Consecutive and connected data points; 5) Legend for data points (when more than one type is used); and, 6) Phase lines and labels for changes (i.e., programmatic, environmental, medical, and/or medication changes). b) Visual analysis that includes description of the level, trend, and variability of each behavior along with discussion related to programmatic, environmental, medical, and/or medication changes; c) Future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance; and, d) If fidelity procedures reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for three (3) consecutive months, then a meeting with the DSP(s), Intensive Behavioral Intervention provider, and others on the support team as appropriate must be conducted to revisit the Functional Assessment and its summary and to determine the benefits of revisiting, modifying or augmenting BSP procedures or of enhancing DSP training. 	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 1b: The organization supports people to exercise their rights and responsibilities. > 8a: People’s individual plans lead to person-centered and person-directed services and supports. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 5. People exercise rights > 6. People are treated fairly > 7. People are respected 	<p>Ask the person:</p> <ul style="list-style-type: none"> • Do you have any say on how long you can’t do or have something after having behaviors? <p>Ask the staff:</p> <ul style="list-style-type: none"> • Is the person on psychotropic meds? Were he/she given due process? • How is the BSP reviewed to ensure it is effectively meeting the need? • What are the timelines for the reviews?

<p>42 CFR 441.301(c)(4)(vi)(F)(7): Include the informed consent of the individual</p>	<p>DDSN Administrative Agency Standard - 407: The Agency uses positive approaches in all service and support activities.</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 8a: People’s individual plans lead to person-centered and person-directed services and supports. > 8e: People are free from unnecessary, intrusive interventions. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 5. People exercise rights > 6. People are treated fairly > 7. People are respected 	<p>Ask the person:</p> <ul style="list-style-type: none"> • Did you want and agree to these services and supports? • Were the supports explained to you? • Do you understand why these services are needed?
<p>42 CFR 441.301(c)(4)(vi)(F)(8): Include an assurance that interventions and supports will cause no harm to the individual.</p>	<p>DDSN Administrative Agency Standard - 407: The Agency uses positive approaches in all service and support activities.</p>	<p>Basic Assurances®</p> <ul style="list-style-type: none"> > 8e: People are free from unnecessary, intrusive interventions. <p>Personal Outcome Measures®</p> <ul style="list-style-type: none"> > 5. People exercise rights > 6. People are treated fairly > 7. People are respected 	<p>Ask the person:</p> <ul style="list-style-type: none"> • Have you ever been hurt by any of the methods used to stop behaviors? <p>Ask the staff:</p> <ul style="list-style-type: none"> • Do you have any concerns about any of the behavioral interventions?

*In situations where the person supported provides information that is different from the response provided by staff, the case manager, as an advocate, should attempt to clarify any discrepancies and ensure that the person understands their rights and responsibilities through the HCBS Settings Rule.