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Applicability: DDSN Sponsored Residential Services Including ICF/IID
DDSN Sponsored Day Services, DDSN Sponsored In Home Services

PURPOSE:

To establish procedures to ensure supervision needs are identified, documented and an appropriate supervision plan is implemented.

BALANCING THE NEED FOR SUPERVISION WITH RIGHTS AND PERSONAL CHOICE

People should live and work in the most natural and normal environments that support and respect their dignity and rights. Any support system that enables the person to be in those environments must be structured to manage the risks while facilitating self-determination, personal choice and responsibility.

When risks are identified and supervision is required to balance those risks, the supervision provided must be at the least intrusive/disruptive level possible that is effective in meeting

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identified needs. Supervision that is more restrictive than warranted is a violation of the person's right to freedom of movement.

The degree of supervision provided must be based on the person's needs, not fear of what may happen. While health and safety must be assured, care must be taken to see that fear does not become an excuse for not affording someone basic dignity, respect, freedom and personal responsibility.

Supervision plans must be based on each person's assessed strengths and needs and take into account any equipment, etc., that may lessen the need for human supervision or other restriction. All assessment information must be thoroughly considered; particularly risks identified by sexual assessments such as a history of sexual assault or sexual crime convictions. In addition, people receiving supervision must receive interventions directed toward reducing or eliminating the specific need for supervision when possible.

Except in life-threatening situations, intrusive plans of supervision must be reviewed and approved by the Human Rights Committee prior to implementation and at least annually thereafter. Intrusive plans of support are defined as any level of supervision requiring arm's length proximity, continuous visual supervision or any plan that the person believes to be intrusive. Documentation of this review and approval or documentation that the person does not find the degree of supervision to be intrusive must be placed in the person's record.

STAFF RESPONSIBILITY:

Staff are responsible for providing appropriate supervision for people receiving services who are assigned to them. Prior to assuming responsibility for the supervision of a consumer, staff must be trained in the specific expectations of that person's supervision plan. Consideration must be given to the total supervisory responsibilities of a given staff (e.g., it would not be appropriate for one staff to supervise eight (8) consumers who require direct continuous visual supervision).

The service provider agency must have a system in place for assuring the supervision plan is adhered to at all times. This system must specify frequency of the documentation of accountability checks.

For new admissions, prior to entry into a program, an interim plan of supervision must be established in consultation with the person/family and/or staff from another program as well as a review of pertinent available written information/assessments. Within 30 days of admission to the program area, thorough assessments must be completed and the interim plan adjusted, as needed to reflect the ongoing degree of supervision to be provided.

SUPERVISION PLANS

Decisions regarding plans of supervision and support must be both balanced and defensible. It is a professional judgment based on the collective wisdom of those who know the person best and

must be made in a decision-making framework which allows the weighing of reasonable vs. unreasonable risk. The “Balancing the Right of Consumers to Choose with the Responsibility of Agencies To Protect” guidelines (Attachment A) provides such a framework and is recommended for use by teams when determining the degree of supervision needed.

The supervision plan, like other plans, should be periodically evaluated and adjusted according to the risk presented, trust gained and responsibility assumed by the person. This should occur as needed, including in response to incidents of assault, suicide attempts, elopement, arrest, identification of swallowing issues, and increased frequency of falls, but at a minimum on an annual basis.

The supervision appropriate to the risk level presented during the times below shall be described in explicit behavioral terms (Guidance-Attachment B) and included in the person’s plan.

The supervision plan is not required to be a separate plan document. It may be included as a section in the annual plan or the interim plan for new admissions.

- Awake – specific to location if warranted (i.e., at work, home, in the yard, the neighborhood, in the community, on the van, etc.)
- Sleeping
- Bathing
- Dining

The plan must specify:

- How often staff must account for the person (15 min., hourly, daily, etc.)
- Method(s) that must be used to account for the person (visual check, phone call, etc.)
- Documentation required
- Frequency of documentation
- Whether or not the person may be in their home without staff on site and if so, under what conditions, guidelines
- Whether or not Human Rights Review and Approval is required. If Human Rights review is not required, an explanation of why not should be included

In an actual or potential life threatening situation, 1:1 supervision may be implemented with the approval of the program administrator/manager (i.e., residential coordinator, day program manager, etc.). This is the most intrusive and restrictive level of supervision, therefore the use of 1:1 must be reviewed and approved within 24 hours by The Human Rights Committee and the Executive Director/Facility Director or his/her designee. The review of the use of 1:1 emergency supervision must include:

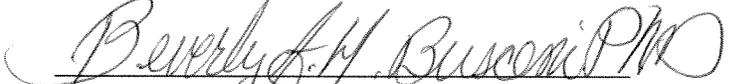
- 1) description of events warranting use of 1:1 supervision
- 2) schedule of activities for person while on 1:1 supervision
- 3) plan to reduce level of supervision

- 4) review of frequency of use of 1:1 over the previous six (6) months.

Note: Repeated use of emergency 1:1 requires additional intervention such as development or modification of a behavior support plan. Documentation of this review and approval must be placed in the person's record.



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To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

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| Attachment A: | Balancing the Right of Consumers to Choose with the Responsibility of Agencies to Protect |
| Attachment B: | Supervision/Guidance |
| Attachment C: | Sample Supervision Plans |
| Attachment D: | Home without Staff on Site Guidance |
| Attachment D1: | Home without Staff on Site Plan |