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Employment and Community Services

Standards Manual

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CARF International is a group of private, nonprofit companies (including CARF, CARF Canada, and CARF Europe) that accredit health and human services. For more information, please visit www.carf.org.

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INTRODUCTION



CARF International is a private, nonprofit organization that is financed by fees from accreditation surveys, workshops, and conferences; sales of publications; and grants from public entities.

The CARF International group of companies includes:

- CARF
- CARF Canada
- CARF Europe

Since its inception in 1966, CARF has benefited from organizations joining together in support of the goals of accreditation. These organizations, representing a broad range of expertise, sponsor CARF by providing input on standards and other related matters through membership in CARF's International Advisory Council (IAC). A list of current IAC members is available on the CARF website, www.carf.org/members.

Mission

The mission of CARF is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of the persons served.

Vision

Through responsiveness to a dynamic and diverse environment, CARF serves as a catalyst for improving the quality of life of the persons served.

Moral Ownership

The CARF Board of Directors has identified that the persons served, as defined below, shall be the moral owners of CARF.

Persons served are the primary consumers of services. They are the principal decision makers throughout the course of a program/service. Persons served have the right to choose whether members of the family, support system, or advocates may participate in that decision-making process. In circumstances when the person served is unable to exercise self-representation at any point in the decision-making process, *person served* is interpreted to also encompass those persons legally authorized to make decisions on behalf of the person served.

Values

CARF believes in the following core values:

- All people have the right to be treated with dignity and respect.
- All people should have access to needed services that achieve optimal outcomes.
- All people should be empowered to exercise informed choice.

CARF's accreditation, research, continuous improvement services, and educational activities are conducted in accordance with these core values and with the utmost integrity.

In addition, CARF is committed to:

- The continuous improvement of both organizational management and service delivery.
- Diversity and cultural competence in all CARF activities and associations.
- Enhancing the involvement of persons served in all of CARF's activities.

- Persons served being active participants in the development and application of standards of accreditation.
- Enhancing the meaning, value, and relevance of accreditation to persons served.

Purposes

In support of our mission, vision, and values, CARF's purposes are:

- To develop and maintain current, field-driven standards that improve the value and responsiveness of the programs and services delivered to people in need of life enhancement services.
- To recognize organizations that achieve accreditation through a consultative peer-review process and demonstrate their commitment to the continuous improvement of their programs and services with a focus on the needs and outcomes of the persons served.
- To conduct accreditation research emphasizing outcomes measurement and management and to provide information on common program strengths as well as areas needing improvement.
- To provide consultation, education, training, and publications that support organizations in achieving and maintaining accreditation of their programs and services.
- To provide information and education to persons served and other stakeholders on the value of accreditation.
- To seek input and to be responsive to persons served and other stakeholders.
- To provide continuous improvement services to improve the outcomes for organizations and the persons served and their community of influence.

Development of the Standards

The CARF standards have evolved and been refined over 55 years with the active support and involvement of providers, consumers, and purchasers of services. The standards are maintained as international consensus standards. The standards define the expected input, processes, and outcomes of programs for persons served. CARF recognizes and accepts its responsibility to assess and review the continuing applicability and relevance of its standards. CARF convenes its International Advisory Council; advisory committees; and regional, national, and international focus groups to systematically review and revise CARF's standards and develop standards for new accreditation opportunities. Composed of individuals with acknowledged expertise and experience, these committees and groups, including persons served, make recommendations to CARF concerning the adequacy and appropriateness of the standards. This work is viewed as a starting point in the process of standards development and revision. Recommendations from this input are used to develop proposed new and revised standards, which are then made available for review by the public, persons served, organizations, surveyors, national professional groups, advocacy groups, third-party purchasers, and other stakeholders. This input from the field is carefully scrutinized by CARF and results in changes to the standards.

Applying the Standards

The organization is expected to demonstrate conformance to the **applicable standards** during the site survey so that the survey team can determine the organization's survey findings and, ultimately, allow CARF to determine the accreditation decision. On subsequent surveys, the organization is expected to demonstrate continuous conformance from any previous period of CARF accreditation.

Some sections of the standards, such as the ASPIRE to Excellence® section which relates to the overall business practices of the organization, are applicable regardless of the programs or services for which the organization is seeking accreditation. The standards in other sections are applicable in accordance with instructions in those sections.

Some standards have **intent statements** that help to explain, clarify, and provide additional information about the standard. When there is an intent statement, it immediately follows the standard to which it relates.

Some intent statements are followed by **examples** that illustrate potential ways an organization may demonstrate conformance to the standard.

Some standards may suggest **resources** that an organization may find helpful in implementing or conforming to the standards. Resources may include references to websites, organizations, or publications that provide information or assistance relevant to topics or areas included in the standard.

NOTE: *Before initiating the self-evaluation process or applying for a survey, an organization should contact CARF to discuss the programs and services it intends to include in the accreditation process. This step helps determine which standards will be applicable. If an organization provides a program or service that is not listed in this manual, the organization should also contact CARF for more information.*

Blended Surveys

Some organizations may want to become accredited for programs or services included in different standards manuals. This is possible using what CARF terms a “blended” survey. Blending allows an organization to seek accreditation through one survey for programs or services with applicable standards in more than one manual. For example, services found in the *Employment and Community Services Standards Manual* can be blended into a survey using the *Medical Rehabilitation Standards Manual*. The primary manual (i.e., the one into which other standards are blended) is determined by the predominant focus of the programs or services for which the organization is seeking accreditation. Factors that CARF considers when blending programs include the integrity of the programs and services and whether to incorporate standards from a related program or service section, such as the rehabilitation process or quality services for the persons served.

For more information please contact CARF, as specific guidelines are used for blended surveys. It is important to make this contact early in the accreditation preparation process.

CARF Publications

CARF offers publications and products through the online store at www.carf.org/catalog. Publications are available in alternative formats to accommodate persons with disabilities. Please contact CARF's Publications department at (888) 281-6531 for assistance.

Organizations are encouraged to call CARF toll free with any questions regarding which manual to use, which standards apply, interpretation of the standards, and clarification of the survey process. It is important to access CARF resources throughout the preparation process. Following is a list of CARF's customer service units (CSUs) and the publications related to each.

Customer Service Unit	Standards Manuals and Related Publications
Aging Services	■ Aging Services Standards Manual ■ Aging Services Survey Preparation Workbook* ■ Continuing Care Retirement Community Standards Manual ■ Continuing Care Retirement Community Survey Preparation Workbook* ■ Standards Manual Supplement for Networks**
Behavioral Health	■ Behavioral Health Standards Manual ■ Behavioral Health Survey Preparation Workbook* ■ Opioid Treatment Program Standards Manual ■ Opioid Treatment Program Survey Preparation Workbook* ■ Standards Manual Supplement for Networks**
Child and Youth Services	■ Child and Youth Services Standards Manual ■ Child and Youth Services Survey Preparation Workbook* ■ Standards Manual Supplement for Networks**
Employment and Community Services	■ Employment and Community Services Standards Manual ■ Employment and Community Services Survey Preparation Workbook* ■ Standards Manual Supplement for Employment Service Centres in Canada** ■ Standards Manual Supplement for Networks**
Medical Rehabilitation	■ Medical Rehabilitation Standards Manual ■ Medical Rehabilitation Survey Preparation Workbook* ■ Standards Manual Supplement for Networks**
Vision Rehabilitation Services	■ Vision Rehabilitation Services Standards Manual with Survey Preparation Questions ■ Standards Manual Supplement for Networks**
*CARF recommends using the companion survey preparation workbook for your standards manual. The workbook assists in conducting a self-evaluation in preparation for the accreditation survey. **Supplements for the standards manuals are available for download in the Customer Connect portal (customerconnect.carf.org).	

NOTE: Standards manuals become effective on July 1, 2023, to allow organizations sufficient time to incorporate changes into their operations.

ACCREDITATION POLICIES AND PROCEDURES



These accreditation policies and procedures relate to the site survey, accreditation process, and continuation of accreditation. Because all aspects of the accreditation process are reviewed regularly for appropriateness, these policies and procedures may be changed or supplemented between standards manual publication dates. Notification of changes, additional information, and clarification can be obtained at the CARF website or by contacting CARE.

The submission of a survey application constitutes the organization's agreement to adhere to the CARF policies and procedures that are in effect on the date on which the survey application is submitted to CARF and to all subsequent changes as they become effective. The review and appeal process set forth in these policies and procedures, as amended from time to time, shall be the organization's sole remedy with respect to the survey, accreditation decision, and continuation or termination of accreditation. By submitting the survey application, the organization expressly waives and releases CARF from any and all claims, demands, actions, lawsuits, and damages that may arise from or relate to, directly or indirectly, the survey, accreditation decision, and continuation or termination of accreditation.

Accreditation Conditions

The following Accreditation Conditions must be satisfied in order for an organization to achieve or maintain accreditation by CARF:

1. **For a minimum of six months prior to the site survey, each program/service for which the organization is seeking accreditation must demonstrate:**
 - a. **The use and implementation of CARF's organizational and service standards applicable to the program/service.**
 - b. **The direct provision of services to the persons served.**

Intent Statements

This timeframe is required to ensure that the CARF survey process is not merely a paper review, but that the service seeking accreditation is actually having an impact on the persons served. In addition, this timeframe allows for the collection of sufficient historical data, information, and documentation to assess the organization's conformance to the standards.

It is also expected that services will have been provided for at least six months prior to the site survey. This condition applies to organizations that have newly initiated program(s)/service(s) and to those that have ongoing program(s)/service(s) that are provided sporadically. Therefore, in the six months prior to the survey, the organization should have served at least one person in each service seeking accreditation.

In a network, direct services are provided by its participants.

2. **The organization must provide such records, reports, and other information as requested by CARF.**

Intent Statements

It is the responsibility of the organization to provide evidence to the survey team to demonstrate conformance to the standards.

This condition also applies to information requested by CARF prior to, during, and after the site survey. The intent of this condition is

for CARF to have access to all information deemed necessary to assess conformance to the standards. Access to stakeholders, including persons served, is also covered by this condition, as is access to all documents, including but not limited to files of persons served (active and closed), human resource files, strategic plans and reports, and financial statements. In certain circumstances, unavailability of key organizational staff necessary to demonstrate conformance to standards at the site survey may be grounds for Nonaccreditation.

3. **A Quality Improvement Plan (QIP) must be submitted within 90 days following notice of accreditation. This plan shall address all recommendations identified in the report.**

Intent Statements

CARF will provide the organization with the format to use for this plan with its notification of the accreditation decision.

If consultation in completing the QIP is needed, the organization is encouraged to contact CARF.

If an organization requests review of an accreditation decision and the outcome of that review is a One-Year, Provisional, or Three-Year Accreditation decision, the QIP must be submitted to CARF within 45 days of notice of the outcome of that review or appeal.

4. **An organization that achieves a Three-Year Accreditation must submit a signed Annual Conformance to Quality Report (ACQR). The report is submitted in each of the two years following the Three-Year Accreditation.**

Intent Statements

In order to maintain accreditation, organizations are expected to operate in conformance to CARF's standards and comply with CARF's policies and procedures on an ongoing basis. They must incorporate changes to the standards, accreditation conditions, and policies and procedures as they are published and made effective by CARF.

CARF will provide the organization with the format for this report, which must be completed and returned.

NOTE: *If any of these conditions are not met, CARF will determine the appropriate course of action, which may include denial or withdrawal of accreditation.*

Accreditation Decisions

To be accredited by CARF, an organization must satisfy each of the CARF Accreditation Conditions and demonstrate through a site survey that it meets the standards established by CARF. While an organization may not be in full conformance to every applicable standard, the accreditation decision will be based on the balance of its strengths with those areas in which it needs improvement.

CARF uses the following guidelines to determine each accreditation decision:

Three-Year Accreditation

The organization satisfies each of the CARF Accreditation Conditions and demonstrates substantial conformance to the standards. It is designed and operated to benefit the persons served. Its current method of operation appears likely to be maintained and/or improved in the foreseeable future. The organization demonstrates ongoing quality improvement and continuous conformance from any previous period of CARF accreditation.

One-Year Accreditation

The organization satisfies each of the CARF Accreditation Conditions and demonstrates conformance to many of the standards. Although there are significant areas for improvement in relation to the standards, there is evidence of the organization's capability to improve and commitment to progress toward their improvement. On balance, the services benefit those served, and the organization appears to protect their health, welfare, and safety.

An organization may be functioning between the level of a Three-Year Accreditation and that of a One-Year Accreditation. In this instance, accreditation will be issued for one year. An organization will not be issued a second consecutive One-Year Accreditation.

Provisional Accreditation

Following the expiration of a One-Year Accreditation, Provisional Accreditation is issued to an organization that is still functioning at the level of a One-Year Accreditation. A Provisional Accreditation is issued for a period of one year. An organization with a Provisional Accreditation must be functioning at the level of a Three-Year Accreditation at its next survey or it will receive an accreditation decision of Nonaccreditation.

Nonaccreditation

The organization has major areas for improvement in several areas of the standards; there are serious questions as to the benefits of services or the health, welfare, or safety of those served; the organization has failed over time to bring itself into substantial conformance to the standards; or the organization has failed to satisfy one or more of the CARF Accreditation Conditions.

Preliminary Accreditation

Prior to the direct provision of services to persons served, the organization demonstrates substantial conformance to applicable standards. There is evidence of processes and systems for service and program delivery designed to provide a reasonable likelihood that the program(s)/service(s) will benefit the persons served. A Preliminary Accreditation is issued to allow new organizations to establish demonstrated use and implementation of standards.

A full follow-up survey is conducted approximately six months following the initiation of services to persons served, at which time a Three-Year Accreditation, One-Year Accreditation, or Nonaccreditation decision is issued. If this follow-up survey has not been applied for and scheduled within twelve months of the first survey, the Preliminary Accreditation will expire.

NOTE: *Some of the accreditation policies and procedures are supplemented, revised, or not applicable for organizations seeking Preliminary Accreditation. Please contact CARF for details.*

Overview of the Steps to Accreditation

The table below provides an overview of the steps to accreditation. These steps are explained in more detail in the sections following the table.

STEP 1 Consult with a designated CARF resource specialist.	An organization contacts CARF, and a resource specialist is designated to provide guidance and technical assistance. ■ For an organization preparing for its first survey, it is important to make this contact early in the process. The resource specialist is available to answer questions in preparation for a survey and throughout the term of the accreditation. ■ For an organization preparing for a resurvey, the designated resource specialist may already be known. It is suggested that contact still be made early in the reaccreditation process to verify relevant organizational or program/service information. ■ The resource specialist provides the organization access to Customer Connect (customerconnect.carf.org), CARF's secure website for transmitting documents and maintaining ongoing communication with accredited organizations and organizations seeking accreditation. Customer Connect is CARF's primary means of transmitting certain documents, such as the survey fee invoice and quality improvement plan. These documents are posted to Customer Connect and an email is sent to the individual identified as the organization's Survey Key Contact. Organizations should use Customer Connect regularly to view accreditation- and survey-related documents and to keep CARF informed of any changes in the name or email address of the key contact person. ■ The organization orders the standards manual in which its program(s)/service(s) best fit. Visit www.carf.org/catalog. ■ The <i>CARF Accreditation Sourcebook</i>, which explains the accreditation process, and other publications are also available to assist the organization in the preparation process. ■ The organization maintains ongoing contact with CARF for assistance.
STEP 2 Conduct a self-evaluation.	The organization conducts a self-study and evaluation of its conformance to the standards using the standards manual and its companion publication, the survey preparation workbook. The self-evaluation is part of the organization's internal preparation process and is not submitted to CARF.

STEP 3 Submit the survey application.	The organization submits the survey application via Customer Connect, customerconnect.carf.org. ■ The survey application requests detailed information about leadership, program(s)/service(s) that the organization is seeking to accredit, and the service delivery location(s). ■ The organization submits the completed survey application, required supporting documents, and a nonrefundable application fee at least three full calendar months before the two-month timeframe in which it is requesting a survey. Organizations undergoing resurvey submit their survey application on the date that corresponds with their accreditation expiration month (see page 12). ■ The submission of the completed survey application indicates the organization's desire for the survey and its agreement to all terms and conditions contained therein. ■ If any information in the survey application changes after submission, the organization should notify CARF immediately.
STEP 4 CARF invoices for the survey fee.	After reviewing all information in the survey application, CARF invoices the organization for the survey fee. The survey fee invoice is posted to the Customer Connect website and an email notification is sent to the organization's key contact person. Scheduling of the survey begins immediately upon invoicing. Any changes in problem dates must be communicated in writing to CARF by this time. The fee is based on the number of surveyors and days needed to complete the survey.
STEP 5 CARF selects the survey team.	CARF selects a survey team with the appropriate expertise. ■ Surveyors are selected by matching their expertise, field experience, and other relevant factors with the organization's unique characteristics. ■ CARF notifies the organization of the names of team members and the dates of the survey at least 30 days before the survey.
STEP 6 The survey team conducts the survey.	The survey team assesses the organization's conformance to all applicable standards through the observation of services, interviews with persons served and other stakeholders, and review of documentation. ■ Surveyors also provide consultation to organization personnel. ■ The organization is informed of the survey team's findings related to the standards at an exit conference before the team concludes the survey. The survey team submits its findings to CARF, but the team does not determine the accreditation decision.

STEP 7 CARF issues the accreditation decision.	CARF reviews the survey findings and issues one of the following accreditation decisions: ■ Three-Year Accreditation ■ One-Year Accreditation ■ Provisional Accreditation ■ Nonaccreditation Approximately six to eight weeks after the survey, the organization is notified of the accreditation decision and receives a written report. Within 60 days of the decision, the organization receives a certificate of accreditation that lists the program(s)/service(s) included in the accreditation.
STEP 8 Submit a Quality Improvement Plan.	Within 90 days after notification of accreditation, the organization fulfills an accreditation condition by submitting to CARF a Quality Improvement Plan (QIP) outlining the actions that have been or will be taken in response to all recommendations identified in the report.
STEP 9 Submit the Annual Conformance to Quality Reports.	An organization that achieves a Three-Year Accreditation submits a signed Annual Conformance to Quality Report (ACQR) to CARF on the accreditation anniversary date each year during the term of accreditation. This is a condition of accreditation. ■ CARF notifies the organization approximately ten weeks before it is due that the report is available for submission via Customer Connect. ■ The ACQR reaffirms the organization's ongoing conformance to the CARF standards.
STEP 10 CARF maintains contact with the organization.	CARF maintains contact with the organization during the term of accreditation. Organizations should also contact CARF as needed to help maintain conformance to the standards and keep CARF informed of administrative or other items. ■ CARF offers publications to help organizations provide quality program(s)/service(s). ■ CARF's public website, www.carf.org, and its secure customer website, Customer Connect (customerconnect.carf.org), provide news, information, and resources. ■ CARF seminars and conferences are excellent ways to receive updates and other information about the accreditation process and the standards.

CARF Events

CARF sponsors a series of educational and training sessions to assist organizations to prepare for CARF accreditation, help them remain current with changes in the standards, present new standards, and discuss field practices. CARF also offers web-based educational events. To obtain the dates and locations of all events, visit www.carf.org/events or contact the Education and Training Department at (888) 281-6531, ext. 7114.

Steps to Accreditation

Step 1. Consult with a designated CARF Resource Specialist

The first step in the accreditation process is to contact CARF. When an organization contacts CARF, a dedicated resource specialist is assigned to provide guidance and technical assistance regarding the appropriate standards manual, program(s)/service(s) to be accredited, interpretation and application of standards, and accreditation process. The resource specialist is available to answer questions both in preparation for a survey and throughout the entire term of accreditation.

After initial contact with a resource specialist, the organization orders the standards manual in which its program(s)/service(s) best fit. The *CARF Accreditation Sourcebook*, which explains the accreditation process in detail, and other publications are also available to assist the organization in the preparation process. The manual and other publications can be ordered at www.carf.org/catalog.

Step 2. Conduct a self-evaluation

To earn accreditation, an organization must meet Accreditation Conditions 1 and 2 and demonstrate that it meets the applicable CARF standards. The starting point is an assessment by the organization of its current practices against the applicable standards set forth in the appropriate standards manual. The organization conducts a self-study and evaluation of its conformance

to the standards using the appropriate standards manual and its companion publication, the survey preparation workbook. Depending on the level at which the organization initially assesses its conformance, a number of successive assessments may be appropriate. The organization's designated resource specialist is available to provide free technical assistance during the self-evaluation process.

The self-evaluation is part of the organization's internal preparation process, and there is no requirement for it to be submitted to CARF or shared with the surveyors. However, some organizations find it useful to share the self-evaluation with the survey team during the site survey.

Step 3. Submit the survey application

The survey application is completed and submitted online via Customer Connect. After preparing under the appropriate standards manual, an organization seeking accreditation for the first time requests access to the survey application for completion and submission to CARF. Resurvey organizations are notified of the survey application automatically.

The survey application is submitted with the nonrefundable application fee when the organization is ready for survey dates to be established in accordance with the accompanying chart. It generally takes two to three months for a survey to be scheduled after submission of the survey application.

Survey Timeframe At a Glance

An organization seeking accreditation for the first time uses the due date corresponding to its preferred timeframe.

Resurvey organizations use the due date corresponding to expiration month, not preferred timeframe. This lead time is needed for timely scheduling and issuing of a new decision before expiration of the current accreditation.

*Expiration Month	**Survey application due to CARF no later than	Preferred Timeframe
Aug	Feb 28	*Jul/Aug
Sept	Feb 28	*Jul/Aug
Oct	Apr 30	Aug/Sept
Nov	May 31	Sept/Oct
Dec	Jun 30	Oct/Nov
Jan	Jul 31	Nov/Dec
Feb	Aug 31	Dec/Jan
Mar	Sept 30	Jan/Feb
Apr	Oct 31	Feb/Mar
May	Nov 30	Mar/Apr
Jun	Dec 31	Apr/May May/Jun
*CARF does not issue July expirations as the standards manuals become effective on July 1 of each year. **CARF may request organizations with large surveys to submit their applications early. NOTE: Actual survey timeframes are assigned by CARF based upon surveyor availability.		

Please note that a survey application received after the due date is at risk for a delay in survey timeframe. Organizations are encouraged to submit their survey application at least ten business days before the indicated due date. Submission of the completed survey application confirms the organization's agreement to all terms and

conditions contained therein. If any information in the survey application changes after submission, CARF should be notified in writing immediately.

Selection of Program(s)/Service(s) to be Surveyed

In the survey application, the organization identifies the program(s)/service(s) it desires to have surveyed by CARF, the site(s) where they are provided (including administrative locations), and any program(s)/service(s) delivered via information and communication technologies. The number and expertise of surveyors and the length of survey required are based on information in the survey application and will be determined at CARF's sole discretion. Additional information, such as the organization's budget, brochures, and other materials, must be submitted with the survey application.

An organization has the right and responsibility to choose the program(s)/service(s) to be accredited. However, all locations that offer any of the program(s)/service(s) must be included in the application. CARF will not accredit a program or service if only a portion of it is submitted for accreditation.

CARF does not consider the funding or referral entities as differentiating a program/service so as to exclude portions of it from being included in the accreditation. If the organization needs assistance in interpreting or applying this policy, it should contact CARF.

CARF may change the size and/or scope of any accreditation survey or decision as it deems appropriate.

Organizations with Multiple Program(s)/Service(s)

If one survey includes multiple program(s)/service(s) or sites for accreditation, and any one program/service or site is operating at a lower level of conformance to the standards than the others, the level of accreditation issued for that survey will be the level of the lowest-conforming program, service, or site.

An organization may submit more than one survey application if it wants to have separate surveys for different program(s)/service(s) or

sites that it operates. In separate surveys, each accreditation decision is independent and based solely on the individual survey and the level of conformance demonstrated by the organization and the program(s)/service(s) or sites that are part of that survey. In this case, different decisions may be issued as appropriate.

Step 4. CARF invoices for the survey fee

After reviewing the survey application and other materials to determine the number of surveyors and days needed to conduct the survey, CARF invoices the organization for the survey fee.

CARF's survey fee applies to any type of site survey conducted by CARF—an initial survey, resurvey, or special visit (e.g., a supplemental survey or a One-Year, Provisional, or Nonaccreditation review). Any part of a day that a surveyor spends on survey, including the last day, is billed as a whole day.

The survey fee must be paid in full within 30 calendar days of the invoice date. Any public agency for which advance payment of the survey fee is not legally permissible must submit, at least 30 days prior to the survey, a binding purchase order for the full amount of the survey fee. The survey fee becomes nonrefundable, in whole or in part, five days prior to the survey.

CARF reserves the right to cancel or change the timeframe of any survey if the fee is not paid by the survey fee due date.

Please contact CARF for current fees.

Outstanding Debt

All survey and other fees referenced in this manual shall be paid when due. CARF will not accept a survey application from any organization that has an outstanding past due debt to CARF until that debt has been paid. CARF also reserves the right to withhold an accreditation decision or issue a Nonaccreditation if an outstanding debt remains. CARF may modify an organization's existing accreditation, up to and including termination of accreditation, in the event any fees are not paid in a timely manner.

Step 5. CARF selects the survey team

Surveyors are assigned to surveys based on a number of factors, the most important of which is the surveyors' experience with the types of program(s)/service(s) being surveyed. Other considerations include but are not limited to experience with characteristics of the persons served, availability, and the need to avoid conflicts of interest.

The organization may request a change of any surveyor assigned to conduct the survey in the event of a bona fide conflict of interest. CARF must receive the request for a surveyor change in writing within 14 calendar days of the date on which CARF transmits notification of surveyor assignment. A change in surveyor assignment is made when just cause, as determined by CARF, has been presented.

The organization may be required to provide language interpreters at its expense to assist the surveyors; please contact CARF for details.

Scheduling the Survey Dates

Survey dates are established by CARF based on the survey application and in consultation with surveyors. A timeframe of no fewer than four weeks within a specific period of two consecutive months is required for scheduling. CARF must be advised at the time of submission of the survey application if there are days during the designated timeframe that will pose problems for the organization. Examples of such days may include community events, religious holidays, and vacation plans. A survey is scheduled during the organization's workweek and hours of operation stated in the application. The use of weekends as survey days is limited to organizations that provide services on those days and only with prior approval from the organization.

Cancellation and Rescheduling

Best efforts are made to notify the organization of the specific survey dates at least 30 calendar days prior to the survey. An organization is considered scheduled for a survey on the date the scheduling notification is sent. The dates established by CARF are final. A cancellation/rescheduling fee, plus all related nonrefundable

travel expenses, will be assessed if an organization requests any change affecting the scheduled dates or configuration of its survey, whether cancellation, postponement, or other date change, or if the survey is cancelled by CARF due to fees not timely paid.

It should be noted that CARF does not wait for receipt of the survey fee to schedule the survey. Therefore, to avoid a cancellation/rescheduling fee, the organization must notify CARF in writing of any changes in available survey dates prior to CARF's notice of established dates.

When CARF is unable to schedule a survey in the designated timeframe, the organization's current accreditation will not lapse but will be extended until notification of the next accreditation decision.

Step 6. The survey team conducts the survey

Involvement of the Persons Served

CARF considers the involvement of the persons served vital to the survey process. As such, persons served are involved in a variety of ways prior to, during, and after the survey.

Before the survey, persons served are notified of the pending survey and may submit comments about the organization's performance and their satisfaction with services. During the survey, the organization identifies persons served for interview by the survey team; however, the surveyors may also select additional persons served in each program or service area for interviews.

Some of the persons interviewed may be those who contacted CARF prior to the survey. The surveyors may conduct some of the interviews in a focus group forum or via telephone. After the survey, the persons served are encouraged to continue to provide CARF with feedback about the services provided at any organization with accredited program(s)/service(s).

A person served is the preferred person to be interviewed. A family member, guardian, or significant other may, as appropriate, be interviewed instead of or in addition to a person served during the survey process. Community

members, employers, and others may also be interviewed. All interviews are confidential.

Before the Survey

Preparation

In conjunction with the appropriate standards manual, the organization should use CARF's other publications to adequately prepare for the site survey. Many of these publications have been written to help an organization prepare for a survey. CARF is also available to provide organizations seeking accreditation with complimentary technical assistance, by email and telephone, about the accreditation process and standards interpretation.

During an original survey, the organization is expected to demonstrate, for standards that specify an activity be conducted on or within a specific time period (e.g., at least quarterly, at least annually), that the activity has occurred at least once within such period prior to the survey. During a resurvey, the organization is expected to demonstrate conformance to all applicable standards since its last survey.

If an organization is a unit or department within a larger entity that develops and/or controls any policies, procedures, plans, or practices relevant to the survey, the organization should be prepared to demonstrate to the survey team how it and its program(s)/service(s) seeking accreditation implement such policies, procedures, plans, and practices.

The survey poster

At least 30 days prior to the survey, the organization must display a poster announcing the pending survey and the survey dates. This poster can be downloaded in various languages from the Resources section of Customer Connect (customerconnect.carf.org) in an editable format so that organizations may make adjustments (such as font, color, and size) to ensure the poster is accessible for all persons served. This poster must remain conspicuously posted and readily available to all persons until the survey concludes. Information on the poster includes a description of CARF as a review organization and instructions for interested persons to contact CARF to submit comments

about the organization's performance and their satisfaction with services. These comments can be submitted through a toll-free phone number or via email, fax, or letter. Information received by CARF may be sent to the surveyors. During the survey, the survey team may interview persons who have submitted comments or contacted CARF prior to the survey. All interviews are confidential.

Pre-survey contact

Approximately three weeks before the survey, one or more survey team members will contact the organization to discuss logistics and answer questions the organization may have regarding scheduling interviews and other items. The survey team may request that nonconfidential information be made available the night before an on-site survey via CARF's secure electronic platform. While provision of such information in advance of the on-site survey is at the discretion of the organization, it can help facilitate an efficient and consultative on-site survey.

Assemble or arrange access to records

Records needed to substantiate conformance to the CARF standards should be assembled in one room of the organization to be available for surveyor use throughout the survey, or arrangements should be made for surveyor access to electronic records. Many of these items are listed as documentation examples in the survey preparation workbook.

Third-party representatives

Each organization is required to have at least one representative of a major purchaser or user of its services available, either in person or by other means, to be interviewed by the survey team. CARF also routinely requests information prior to the survey about an organization from the governmental oversight agency and funding or referral sources. Although the organization generally chooses the individuals to be interviewed during the survey, the survey team may select other stakeholders to interview. An organization has the option of inviting third-party representatives to observe the orientation and exit conferences. Observations of interviews and survey team meetings, however, are prohibited

because of the confidential nature of the matters discussed.

The Survey

NOTE: *The daily schedule of a survey will vary for each organization. The following is only a sample.*

First Day

Opening of business

The survey team conducts an orientation conference with the leadership, personnel, and others invited by the organization. The orientation conference provides the opportunity for the surveyors to clarify the purpose of the site survey, how the team will conduct the survey, and verify the program(s)/service(s) and sites to be surveyed. The organization should be prepared to provide the team with a brief overview of its operations, including the population served, the program(s)/service(s) provided, the programmatic objectives of the organization, and other important areas.

After the orientation conference

The survey team is given a brief tour of the physical facilities. Some team members may start directly with community sites that are a part of the survey rather than participate in the tour.

Mid-morning to late afternoon

The survey team meets to coordinate efforts and proceed with survey activities. The organization is asked to schedule interviews with any persons identified, based on their availability. Every effort is made to minimize disruption to ongoing operations. If the organization has any question about the scheduling of interviews, these should be addressed with the survey team coordinator.

With a short lunch break, the team spends the rest of the day observing the program(s)/service(s) being surveyed; interviewing various personnel, persons served, leadership, funding source representatives, community members, and others; and reviewing documents such as records of the persons served, fiscal reports, administrative records, and other materials. Records for review shall be selected by the survey team. A responsible person from the

organization should be available at all times to facilitate the process and answer questions for the team; however, this person should not attend individual interviews or survey team meetings.

Evening

The survey team reviews findings relative to conformance to the standards. If the organization offers residential programs, community housing, or supported living services, evening hours may also be used to tour sites.

The work that the survey team must do in the evenings prior to the last day of the survey is quite extensive. Therefore, the organization should never schedule any social activity that would involve surveyors.

Second or Last Day

If the survey involves more than two days, the following schedule applies to the last survey day. The other day(s) will be used for further observation, interviews, and documentation review.

Opening of business

The survey team obtains additional information, continues its interviews, reviews documents, and performs other survey activities. The organization's personnel may be asked for assistance in locating information to show conformance in specific areas.

Late Morning

The survey team meets to compile its findings and prepare for the exit conference. A pre-exit meeting may be requested with or by the organization to summarize the findings and/or discuss any areas still to be resolved.

Early Afternoon

The exit conference, which is approximately one hour in length, is conducted by the survey team with those invited by the organization. The organization may record the exit conference. The purpose of the conference is for the survey team to provide feedback concerning the strengths of the program(s)/service(s) and operations in relation to the standards, identify

areas for improvement, and offer suggestions and consultation.

The organization may question any areas identified for improvement by the survey team at the exit conference, or immediately after the exit conference, and present further evidence of conformance to the standards before the surveyors conclude the survey. Once the survey team concludes the survey, the organization may not contribute any further information to demonstrate conformance to the standards. The survey typically concludes no later than 3:00 p.m.

NOTE: *If any issues or questions arise before or during the survey that the organization cannot resolve with the surveyors, the organization is encouraged to call CARF for guidance and resolution prior to completion of the survey.*

After the Survey

After the survey has ended, all questions or concerns should be directed to the CARF office rather than to members of the survey team.

Step 7. CARF issues the accreditation decision

The survey team reports its findings to CARF for review and determination of the accreditation decision. After the accreditation decision has been made, a written accreditation report is sent to the organization. The length of time from the site survey to the organization's notification of the decision is approximately six to eight weeks.

The report contains the accreditation decision and identifies recommendations for standards that were not fully met. When the organization is resurveyed, it is held accountable for follow up on the recommendations in the previous report and for evidence of conformance to standards throughout the term of accreditation, and for all applicable standards in the current standards manual.

NOTE: *CARF personnel, acting during the course and within the scope of their employment, are the only persons authorized to officially represent CARF in interpreting its policies, procedures, standards, and accreditation conditions.*

Step 8. Submit a Quality Improvement Plan

Within 90 days of notification of the accreditation decision, the organization submits to CARF a Quality Improvement Plan (QIP) in which it outlines the actions that have been or will be taken in response to the recommendations identified in the accreditation report. The QIP form with instructions is posted on Customer Connect (customerconnect.carf.org) at the time of the accreditation decision. CARF may be contacted for assistance if any recommendations require further explanation or if the organization needs assistance in determining whether its planned action may demonstrate conformance to the CARF standards. Submission of the completed QIP is required by Accreditation Condition 3 in order to maintain accreditation.

If an organization requests a review of a One-Year or Provisional Accreditation decision, the QIP must be submitted to CARF within 45 days following notice of the outcome of the review.

If an organization requests a review of a Non-accreditation decision and the outcome of that review is a Provisional, One-Year, or Three-Year Accreditation, the QIP must be submitted to CARF within 45 days of notice of the outcome of that review or appeal.

Step 9. Submit the Annual Conformance to Quality Reports

As part of the commitment to ongoing performance excellence that all CARF-accredited organizations are expected to demonstrate, each organization that achieves a Three-Year Accreditation must submit an Annual Conformance to Quality Report (ACQR) to CARF via Customer Connect for each year of its accreditation. The report is due on the first and second anniversary dates. Through the ACQR, the organization certifies that it at all times conforms to the standards, satisfies the Accreditation Conditions, and complies with CARF's policies and procedures as changes are published and made effective from time to time. Submission of the completed ACQR is required by Accreditation Condition 4 in order to maintain accreditation.

Step 10. CARF maintains contact with the organization

Ongoing Communication of Administrative Items and Significant Events

During the term of accreditation, the organization must provide timely information to CARF about certain events that occur within or affect the organization or its accredited program(s)/service(s). Some situations may require further actions to be taken. (e.g., see the "Supplemental Surveys" and "Allegations, Suspensions, and Stipulations" sections.) Information about the events listed below must be communicated to CARF within 30 days of their occurrence:

- Change in leadership.
- Change in ownership (e.g., asset transfer, statutory merger, consolidation, or stock or membership transfer).
- Change in organization name.
- Change in mail and/or email address.
- Relocation, expansion, or elimination of an accredited program or location.
- Financial distress.
- Investigation.
- Material litigation.
- Catastrophe.
- Sentinel event.
- Bans on admission, fines, penalties, or other governmental sanctions.

Changes in ownership and/or leadership and the addition of a site to an existing accreditation, mergers, consolidations, joint ventures, and acquisitions involving accredited program(s)/service(s) may require the payment of an administrative fee or a supplemental survey.

Forms for reporting administrative items and significant events

Forms for reporting administrative items and significant events are available in the Resources section of Customer Connect (customerconnect.carf.org). Please contact CARF for more details.

Falsification of Documents

The information provided by an organization seeking CARF accreditation is a critical element in the accreditation process and in determining the organization's conformance to the standards. Such information may be obtained via interviews or direct observation by surveyors or may be provided through documents reviewed by the survey team or submitted to CARF.

CARF presumes that each organization seeking accreditation is doing so in good faith and that all information is accurate, truthful, and complete. Failure to participate in good faith, including CARF's reasonable belief that any information used to determine conformance to CARF's standards during or subsequent to the survey has been falsified, may be grounds for Nonaccreditation or modification of existing accreditation up to and including termination.

In the event that an organization loses accreditation or is not accredited because of CARF's reasonable belief of falsification of documents or information, CARF will not accept a survey application from the organization for a period of at least twelve months. CARF may also notify the appropriate governmental agencies.

Public Information

Identification of Accreditation by the Organization

CARF accreditation is issued to an organization for identified program(s)/service(s). An organization that has achieved accreditation should identify this achievement publicly, and use of the CARF logo by an accredited organization for this purpose is encouraged. The CARF logo is available on Customer Connect (customerconnect.carf.org). All references to CARF accreditation by the organization must clearly identify the accredited program(s)/service(s), unless all program(s)/service(s) offered by the organization are accredited by CARF.

CARF personnel and surveyors may not be referred to or quoted in any public release involving accreditation without prior approval from CARF. An organization may, however, disseminate or quote from the accreditation report.

Certificate of Accreditation

Within 60 days of issuance of accreditation, the organization is provided with one complimentary certificate of accreditation, which is suitable for framing. Additional certificates are available for purchase on Customer Connect. This certificate identifies the organization that submitted the survey application, the level of accreditation, the program(s)/service(s) for which the organization is accredited, and the month and year in which the accreditation expires. For each year that an organization meets the annual requirements for continuing conformance, CARF will provide a seal to affix to the certificate indicating continued accreditation.

An organization may use or display its certificate of accreditation to demonstrate conformance to the CARF standards, but it may not use or display the certificate in any manner that is inconsistent with the purposes of CARF and its accreditation function or that misrepresents the availability or quality of the program(s)/service(s) offered by the organization. The certificate should never be used either explicitly or implicitly as a claim, promise, or guarantee of successful service. Accreditation indicates an organization's demonstrated use of professionally approved standards and practices in connection with particular program(s)/service(s), and the certificate is regarded as providing information and guidance for the public at large and for persons considering services.

An accreditation applies only to the organization's specific program(s)/service(s) surveyed by CARF. The certificate may be displayed only by that organization. If an organization closes one or more of its accredited program(s)/service(s) and other program(s)/service(s) remain accredited, the certificate should be returned to CARF and a revised certificate will be issued free of charge.

Upon dissolution of the organization or loss of accreditation for any reason, each unexpired certificate must be returned to CARF and the organization must refrain from representing itself or its program(s)/service(s) as accredited and must cease to use or display the certificate or the CARF logo in any manner. Similarly, if accreditation is suspended, the organization must not represent itself or its program(s)/service(s) as accredited or use or display the certificate or the CARF logo until and unless accreditation is restored.

Release of Information by CARF

To enhance the value of accreditation to persons served and other stakeholders, CARF may release information related to an organization and its accreditation to the extent that it is not confidential or protected by law, including, but not limited to:

1. Whether CARF has received a survey application from a specific organization.
2. Scheduled survey dates for a specific organization.
3. Whether a survey has been completed.
4. The date of expiration of accreditation of a particular organization.
5. An organization's accredited program(s)/service(s).
6. An organization's accreditation decision and status.
7. Whether an organization has requested review of a One-Year Accreditation, Provisional Accreditation, or Non-accreditation decision.
8. Whether an organization is involved in appealing or may still appeal a Nonaccreditation decision.
9. As required by law or contract.

For convenient access to information, CARF includes on its website a searchable list of organizations with accredited program(s)/service(s), including identifying information such as name, address, and telephone number. This posting allows the public to review an organization's accredited programs at any time.

Subsequent Surveys

Depending on the circumstances, CARF may conduct three types of surveys of the organization's programs following the initial survey. These survey types are described below.

Resurveys

To maintain accreditation beyond the expiration date of its current accreditation, an organization's program(s)/service(s) must be resurveyed or be in the process of a resurvey by the expiration date. CARF notifies an organization of the need for a resurvey approximately seven months before expiration of its accreditation.

The resurvey process is the same as the initial survey process in that a completed survey application is required and all applicable standards are applied. During a resurvey, however, the organization is expected to be able to demonstrate conformance during the entire period since its last survey. Also, special attention is given to implementation of changes made in response to the Quality Improvement Plan from the previous survey.

If new program(s)/service(s) are being added or the mission and focus of the organization or its program(s)/service(s) or locations have changed since the previous survey, it is suggested that the organization contact its CARF resource specialist.

Supplemental Surveys

The main objective of a supplemental survey is to recognize the dynamic status of organizations and permit changes in accreditation between surveys. Supplemental surveys may be required under two circumstances:

1. **When an organization changes its leadership or ownership or engages in a merger, consolidation, joint venture, or acquisition transaction.**

When an organization's leadership or ownership changes after the survey is conducted, it may be necessary to conduct a supplemental survey of conformance to the standards applicable to the organization's administration and program(s)/

service(s). For the same reasons, a supplemental survey may also be required when an organization is party to a merger, consolidation, joint venture, or acquisition involving accredited program(s)/service(s).

2. When an organization wishes to add a new program, service, or location to an existing accreditation.

An organization with currently accredited program(s)/service(s) may be required to have a supplemental survey for the purpose of adding a new location to its existing accreditation. CARF will determine the need for a supplemental survey once the organization notifies CARF, in writing, of the changes in the organization. CARF will contact a representative of the organization to get more details, if required.

A supplemental survey is always required if an organization wants to add a new program or service that is not currently accredited.

If a supplemental survey is required, the organization must submit a completed survey application to CARF with a nonrefundable application fee. A survey fee for a supplemental survey is assessed for the number of days and surveyors required.

The maximum term of the accreditation of the new program, service, or location added will be the remaining term of the current accreditation. If during the supplemental survey the program, service, or new location is found to be functioning at a lower level of accreditation than the program(s)/service(s) currently accredited, the result will be a reduction in the level and term of the entire accreditation decision.

A supplemental survey focuses on the program, service, or location being added. The standards that are applied may vary in accordance with the length of time since the previous survey. Organizations seeking to add a program, service, or location to their current accreditation should contact CARF for instructions regarding the applicable standards.

Monitoring Visits

CARF may conduct announced or unannounced monitoring visits of organizations with accredited programs/services. A monitoring visit may be conducted any time CARF receives information that an organization may no longer be conforming to the standards. The organization's accreditation may be modified as a result of a monitoring visit, and submission of a new Quality Improvement Plan may be required. A monitoring visit may consist of a partial or full survey team depending on the nature of the information received. The cost of a monitoring visit is covered by CARF.

Extension of Accreditation

Extensions of accreditation may be granted at CARF's sole discretion. Any organization seeking an extension should submit its written request prior to timely submission of its resurvey application. While no request for extension will be approved prior to submission of the application, organizations are advised to contact CARF in advance for guidance regarding the likelihood that an extension will be granted under the circumstances. Extensions are generally not granted for more than three months or to organizations with One-Year or Provisional Accreditation.

Every extension request must include a sufficiently detailed explanation of the supporting rationale for CARF to give it reasonable consideration. Unless otherwise instructed by CARF, any request for an extension greater than three months must also include:

- Copies of the most recent performance analyses, as specified in Standards 1.N.1. and 1.N.2. in this manual.
- An update of the Quality Improvement Plan.
- Communication regarding any unreported administrative items or significant events required by these accreditation policies and procedures, if applicable.
- Letter from a funding agency or referral entity that supports the extension request, if appropriate.

If an extension is granted, only those program(s)/service(s) that are currently accredited and listed in the submitted resurvey application will be included in the extension. The resurvey following an extension will be conducted using the standards manual in effect on the date of the survey, and the extension will be disregarded when issuing the new expiration date.

Organizations that submit a resurvey application or request for extension after the application due date risk a lapse in accreditation.

Allegations, Suspensions, and Stipulations

Upon being informed by any source of a change in an organization's conformance to the CARF Accreditation Conditions, standards, or policies and procedures, CARF, at its sole discretion, may attach stipulations and/or modify the organization's accreditation status up to and including revocation of accreditation. During suspension or following any revocation, the organization is not accredited and may not communicate to third parties that it is CARF accredited. CARF may request an immediate response from the organization, the submission of documents and other information, and/or information from external organizations and individuals. CARF may also perform a monitoring visit. Refusal to respond or unsatisfactory response to any CARF inquiry may result in modification of accreditation status. When a change in status is deemed warranted, CARF will notify the organization of this action.

If an allegation is received after a survey but before the accreditation report and accreditation decision are released, CARF may withhold the release of the report and decision until such time as CARF may determine.

Disputed Accreditation Decisions

An organization issued a One-Year or Provisional Accreditation or Nonaccreditation from an original survey, resurvey, or supplemental

survey ("Survey") may request a site review ("Review").* Any Review is subject to the process set forth below for either Review of One-Year or Provisional Accreditation Decisions or Review and Appeal of Nonaccreditation Decisions, as applicable.

**If the accreditation decision is based on failure to satisfy one or more of the CARF Accreditation Conditions or unavailability of key organizational staff during the Survey, as determined in CARF's sole discretion, the accreditation decision is final and the review and appeal processes do not apply.*

Review of One-Year or Provisional Accreditation Decisions

1. Request for Review. CARF must receive a written request for a Review from the organization ("Request") within 30 calendar days of the date of the letter that communicates the accreditation decision from the Survey. The Request must clearly identify each specific recommendation disputed by the organization ("Disputed Recommendation") and a detailed explanation of the rationale for the dispute with respect to each Disputed Recommendation.
2. Review Fee. CARF shall determine the number of surveyors and days for the Review and issue an invoice for the nonrefundable Review fee, which is equal to CARF's current survey fee. The fee is due and payable by the organization within ten calendar days of the invoice date.
3. Scheduling. Following payment of the Review fee, CARF shall contact the organization to obtain days to avoid in scheduling. CARF shall make reasonable efforts to schedule the Review within 60 calendar days of receipt of payment. Once scheduled, CARF shall notify the organization of the date(s) of the Review and the assigned survey team.
4. Review. The Review shall be conducted using the standards applied on the Survey. The Review survey team shall conduct interviews, review documents, and otherwise gather information to determine findings as of the date(s) of the Review ("Findings"); however, it is the responsibility of the organization to

provide information to the survey team that demonstrates conformance to the applicable standards. While the Disputed Recommendations are the focus of the Review, any standard applied on the Survey may be applied on the Review.

5. **Accreditation Decision.** CARF shall issue an accreditation decision, with or without stipulations, based on its on-balance consideration of the Findings and any recommendations from the Survey not identified in the Request.
6. **Miscellaneous.** If CARF does not timely receive a Request or full payment of the Review fee, such shall constitute the organization's knowing and intentional waiver of this review process. All CARF policies and procedures are applicable to this review process to the extent not inconsistent herewith. The Findings, accreditation decision, and all other matters related to the Review are final. All decisions and determinations related to and interpretations of this review process shall be determined at CARF's sole and binding discretion.

Review and Appeal of Nonaccreditation Decisions

Review

1. **Request for Review.** CARF must receive a written request for a Review from the organization ("Request") within 30 calendar days of the date of the letter that communicates the accreditation decision from the Survey.
2. **Review Fee.** CARF shall determine the number of surveyors and days for the Review and issue an invoice for the nonrefundable Review fee, which is equal to CARF's current survey fee. The fee is due and payable by the organization within ten calendar days of the invoice date.
3. **Scheduling.** Following payment of the Review fee, CARF shall contact the organization to obtain days to avoid in scheduling. CARF shall make reasonable efforts to schedule the Review within 60 calendar days of receipt of payment. Once scheduled, CARF shall notify the organization of the date(s) of the Review and the assigned survey team.

4. **Review.** The Review shall be conducted using the standards applied on the Survey. The Review survey team shall conduct interviews, review documents, and otherwise gather information to determine findings as of the date(s) of the Review ("Findings"); however, it is the responsibility of the organization to provide information to the survey team that demonstrates conformance to the applicable standards. A Review is intended to be a full survey; accordingly, all standards applied on the Survey may be applied on the Review.
5. **Accreditation Decision.** CARF shall issue an accreditation decision, with or without stipulations, based on its on-balance consideration of the Findings.
6. **Miscellaneous.** If CARF does not timely receive a Request or full payment of the Review fee, such shall constitute the organization's knowing and intentional waiver of this review process. All CARF policies and procedures are applicable to this review process to the extent not inconsistent herewith. The Findings, accreditation decision, and all other matters related to the Review, are final; provided, however, that if the result of the Review is Nonaccreditation, the organization may be entitled to appeal pursuant to the process set forth below. All decisions and determinations related to and interpretations of this review process shall be determined at CARF's sole and binding discretion.

Appeal

1. **Notice of Appeal.** An organization issued a Nonaccreditation from a Nonaccreditation Review is entitled to a videoconference hearing before an appeal panel ("Panel") if CARF receives written notice of appeal from the organization ("Notice") within ten calendar days of the date of the letter that communicates the accreditation decision from the Review. The sole issue on appeal shall be whether the Review was conducted in a manner consistent with CARF's published review process; that is, whether the Review survey team conducted interviews,

reviewed documents, and otherwise gathered information to determine Findings (“Issue”).

2. **Materials and Election.** CARF must receive from the organization within ten calendar days of the Notice date all written materials it shall present at the hearing (“Materials”) or a written statement that no materials shall be presented (“Statement”).
3. **Scheduling.** Following receipt of the Materials or Statement, CARF shall contact the organization to obtain days to avoid in scheduling the hearing. CARF shall make reasonable efforts to schedule the hearing within 60 calendar days of receipt of the Materials or Statement. Once scheduled, CARF shall notify the organization of the date of the hearing and the designated Panel.
4. **Appeal Hearing.** During the hearing, the organization shall have up to one hour to present the previously submitted Materials, if any, and any unwritten information it believes support a determination that the Review survey team did not conduct interviews, review documents, and otherwise gather information to determine Findings. Thereafter, the Panel may pose questions to the organization and to the Review survey team. Finally, the organization shall have up to 20 minutes to provide any concluding remarks. The organization and survey team shall not question each other.
5. **Irrelevant Information.** Any information deemed irrelevant to the Issue may be excluded from the hearing and/or not considered by the Panel. The Panel shall under no circumstances consider the Findings.
6. **Accreditation Decision.** CARF shall affirm the Nonaccreditation or issue another accreditation decision, with or without stipulations, based on consideration of the relevant information received by the Panel at the hearing.
7. **Miscellaneous.** If CARF does not timely receive Notice or the Materials or Statement, or if the organization fails to present relevant information at the scheduled hearing, such shall constitute the organization’s knowing and intentional waiver of this appeal process. The accreditation decision and all other

matters related to the appeal are final and not subject to review or appeal. All decisions and determinations related to and interpretations of this appeal process shall be determined at CARF’s sole and binding discretion.

CHANGES IN THE 2023 MANUAL



The purpose of this section is to identify notable changes that have been made in the standards in this manual compared to the previous year's manual. Please be aware that some standards may have minor revisions that do not change the requirements of the standard and are not listed here.

In addition to the changes noted in this section, throughout the manual the Intent Statements, Examples, Resource listings, and other supporting content have been revised and updated to remain current and/or to clarify the intent or requirements of the standards. Changes in the Accreditation Policies and Procedures, program descriptions, applicable standards information, and reference materials are also not listed here.

NOTE: *CARF makes every effort to list all significant changes in the standards; however, not all changes are included. All sections that are applicable to an organization should be thoroughly reviewed to ensure that the current standards are implemented in the organization's accredited programs and services and those seeking accreditation.*

Section 1. ASPIRE to Excellence®

1.F. Financial Planning and Management

- Standard 1.F.9. has been revised and restructured.

1.H. Health and Safety

- Standard 1.H.1. has been revised to address *ongoing attention to the health and safety of the environment.*

1.J. Technology

- In Standard 1.J.2.. element e. has been modified to require review of the technology and system plan *at least annually.*

1.K. Rights of Persons Served

- In Standard 1.K.1., element e. has been modified to include *withdrawal of consent.*

Section 2. Quality Individualized Services and Supports

2.D. Employment Services Principle Standards

- In Standard 2.D.8. wording of the stem was modified to be *if the organization is the employer of record* and element b.(3) is new.

2.F. Service Delivery Using Information and Communication Technologies

- The description and standards in this section have been revised and updated in their entirety based on input from the field.

SECTION 1



ASPIRE to Excellence®

ASPIRE to Excellence® is a framework of standards introduced by CARF that specifically addresses business practice quality improvement.

This quality framework focuses on integrating all organizational functions while effectively engaging input from all stakeholders, including persons served. It provides a logical, action-oriented approach to ensure that organizational purpose, planning, and activity result in the desired outcomes.

Using these standards will help an organization's ability to identify and implement change and to maintain sustainability. The standards are organized into the following areas:

Assess the Environment. Environmental assessment and analysis are necessary to guide all organizational planning and action. Assessments are conducted within the context of an organization's location; sphere of influence; and purpose, vision, and mission. Social, economic, competitive, legal, regulatory, and political environments in which an organization operates are also evaluated. The role of leadership is critical to environmental assessment.

Set Strategy. Setting strategy means recognizing organizational competencies, identifying opportunities and threats, and articulating a high-level plan to sustain and advance an organization's purpose. Strategy translates the environmental assessment factors into usable planning assumptions, sets goals and priorities, and aligns resources to achieve performance targets.

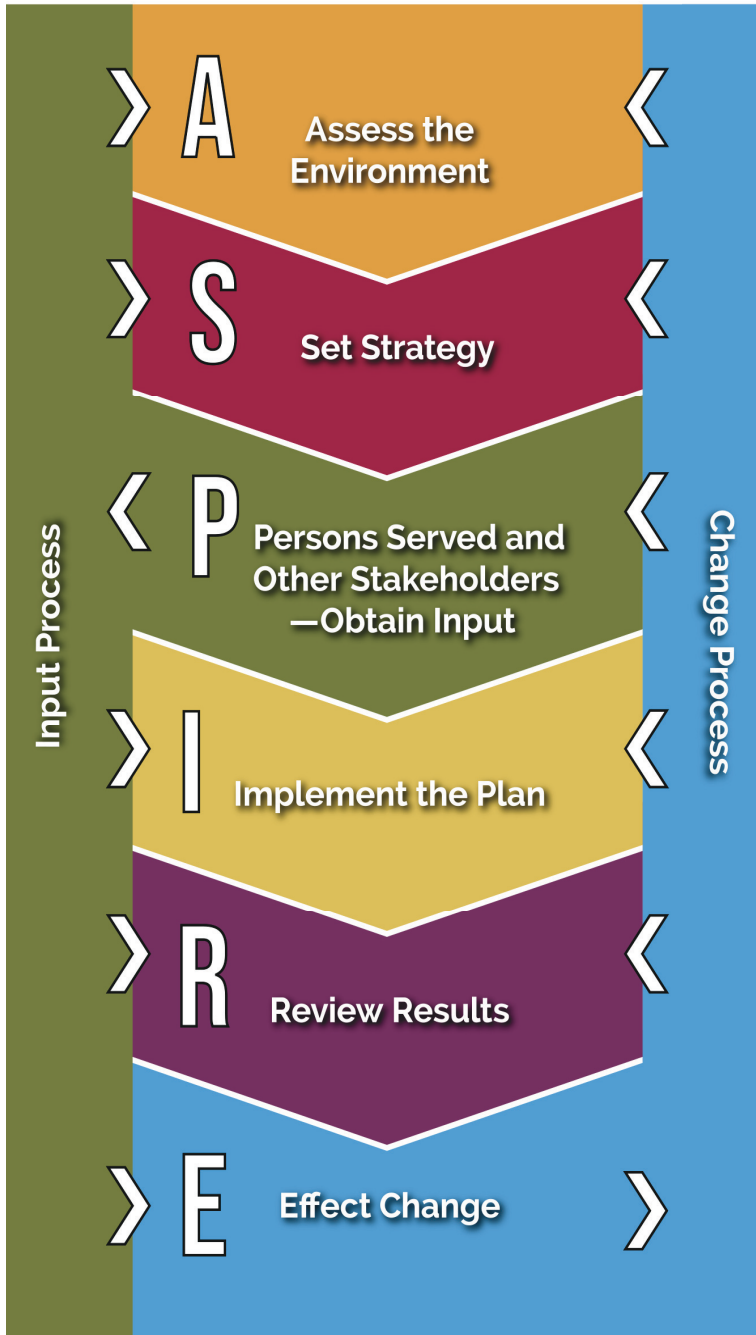
Persons Served and Other Stakeholders—Obtain Input. This input process engages all stakeholders to promote long-term organizational excellence. In a service environment, organizational success cannot be achieved or sustained without success for the persons served. Actively engaging the persons served as part of the planning and service processes has been demonstrated to result in better outcomes.

Implement the Plan. Implementation means translating strategic goals into tangible action. Sound implementation requires a solid foundation of service delivery, business practices, and organizational resources—including personnel, technology, and assets.

Review Results. Setting specific, measurable goals and indicators allows an organization to track its performance and outcomes. Appropriate personnel and stakeholders must review and analyze results in order to determine areas for improvement. These activities position an organization to develop and initiate quality improvement changes.

Effect Change. Effecting change means translating the results analysis into focused actions. An organization may renew or revise its strategy and tactics to improve performance against targets. Achieving excellence requires disciplined continuous improvement.

ASPIRE to Excellence® Quality Framework



Assess the Environment

A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

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- 1.A. **1. The organization identifies:**
- a. Its leadership structure.**
 - b. The responsibilities of each level of leadership.**

Examples

The leadership structure can be documented in the form of an organizational chart, table of organization, or narrative description of the positions and lines of authority within the organization. Responsibilities of leadership might be described in job descriptions, bylaws, policies, or narrative descriptions. For small organizations it is common to see a short narrative description of positions, responsibilities, and lines of authority as there are typically few staff members covering all areas of responsibility. For very small organizations, the job descriptions may be sufficient to identify this information. The survey team verifies that whomever is identified fulfills the responsibilities of leadership.

The governance authority and chief executive or management demonstrate knowledge of this relationship.

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- 1.A. **2. A person-centered philosophy:**
- a. Is demonstrated by:**
 - (1) Leadership.**
 - (2) Personnel.**
 - b. Guides the service delivery.**
 - c. Is communicated to stakeholders in an understandable manner.**

Intent Statements

The organization's person-centered philosophy should be evident in the development and delivery of services, systems, approaches, and interventions. Implementation of this philosophy from the unique perspectives of the leadership, personnel, and persons served is addressed during the survey process.

See the Glossary for the definition of *stakeholders*.

Examples

The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations, and are relevant to their maximum participation in the environments of their choice. The organization is committed to a system that nurtures personal growth and dignity of persons served, which is emphasized during orientation and ongoing personnel training. This might be demonstrated by services being provided in a setting that provides the best access and is during hours most preferred by persons served. It could be demonstrated by persons served being supported to direct and manage their services to the extent they wish.

2.c. The person-centered philosophy could be communicated a number of ways, including:

- Posting it on the walls or website of the organization.
- Incorporating it into materials that are distributed to stakeholders, such as orientation handbooks for the persons served and their families, personnel, volunteers, and advisory and governing boards; fact sheets, plans, and performance reports; and marketing brochures and pamphlets.
- Articulating it during tours of the organization; presentations, such as orientation and training for personnel, volunteers, and advisory and governing boards; community education sessions; meetings and forums to

seek input from stakeholders; and recorded messages, such as the voice response system.

The organization demonstrates respect for the persons served and other stakeholders through the materials and graphics selected to communicate its person-centered philosophy, the provision of materials in different languages, and consideration of literacy levels in the intended audience.

- 1.A. 3. The identified leadership guides the following:**
- a. Establishment of the:**
 - (1) Mission of the organization.
 - (2) Direction of the organization.
 - b. Promotion of value in the programs and services offered.**
 - c. Achievement of outcomes in the programs and services offered.**
 - d. Balancing the expectations of the persons served and other stakeholders.**
 - e. Financial solvency.**
 - f. Risk management.**
 - g. Ongoing performance improvement.**
 - h. Development of corporate responsibilities.**
 - i. Implementation of corporate responsibilities.**
 - j. Compliance with:**
 - (1) All legal requirements.
 - (2) All regulatory requirements.
 - k. Ongoing review of the organization's policies in accordance with organizational needs.**
 - l. Health and safety.**
 - m. Succession planning.**
 - n. Strategic planning.**
 - o. Technology planning.**

Intent Statements

3.k. Review of the organization's policies addresses all policies specific to the program(s) seeking accreditation and policies that directly relate to or impact the program(s). Through an ongoing systematic review of its policies an organization can address in real time the

relevance, pertinence, and necessity of existing policies as well as the need for updates or new policies to guide its operations and practices.

3.m. Succession planning identifies actions to be taken by the organization should key personnel be unavailable to perform their duties due to retirement, resignation, serious illness, death, or other reasons. Succession planning may be formal or informal depending on the needs of the organization. See Standards 1.l.3.g. and 1.l.11. in Section 1.I. Workforce Development and Management.

3.o. The leadership is actively engaged in planning related to the organization's implementation of technology systems and solutions that support and enhance its business and service delivery practices.

Examples

The delegation of activities, the feedback and collaboration of various levels of the leadership, and the checks and balances that the leadership has created are evident. This may be observed; heard in interviews; or read in minutes, reports, and orientation materials for boards and management.

3.a.–c. The leadership ensures that specific activities are conducted to guide the organization ethically, effectively, and efficiently in achieving its mission. As the organization's mission influences service delivery, the achievement of outcomes, and strategic planning activities, a regular review of the mission statement assesses and reinforces the vision of personnel and board members regarding the outcomes for persons served and focuses efforts toward achieving agreed-upon outcomes.

Input from the persons served and other stakeholders influences the mission as their needs, desired outcomes, and other factors change over time.

3.c. Leadership works together to achieve and improve identified outcomes, and these efforts and achievements are documented. The outcomes performance report is used to guide these efforts; for example, through the strategic planning process.

3.d. The organization is responsive to its environment and conducts planning to position itself

strategically. In strategic planning, the organization may begin by doing an environmental scan and asking all its stakeholders for input.

3.e. Leadership takes a proactive role by ensuring that specific activities, such as approval of the budget and review of the independent financial examination, are conducted at least annually to protect the organization's assets, maintain its viability, and move it forward as the stakeholder environment changes.

3.f. Leadership guides planning to manage risk and reduce the severity of any potential threats to its people, property, income, goodwill, and ability to accomplish goals. One component of this is arranging for insurance coverage, which can protect many of the assets of the organization. A review of coverage is conducted with the assistance of someone qualified to provide guidance about insurance needs and types of coverage.

3.h.–i. These standards relate to the organization's responsibility to be prepared to respond to questions from the public regarding its accredited services. Questions that might be expected include, but are not limited to, those about its CARF survey results and the accreditation report, the quality and effectiveness of services, descriptions of services and persons served, performance outcomes of the services, satisfaction of persons served and other stakeholders with services, and other information that persons may use to make informed choices about services and service providers. Some organizations may post their annual report on their website to share information.

The organization might inform the public of its policy and procedure for responding to requests for information through such means as a brochure, newsletter, public service announcement, newspaper article, or information posted on its website.

See also Standard 1.A.6. in this section regarding corporate responsibility.

3.j. The organization demonstrates its implementation of applicable laws and regulations. The organization has a system that ensures that it receives information about and complies with changes in these. An organization might become

a member of a trade association as one way to stay abreast of regulatory and legal requirements.

3.k. Leadership may delegate responsibility for review as it chooses. In some organizations, such as those operated by governmental or public agencies, personnel and other policies may be established by the agency and not by the organization. Human resources policies may also include union contracts or may be identified in statute, administrative rule, or other governmental document. The expectation is that the organization reviews the policies to ensure continued relevancy and attainability and brings forward suggested changes to provide input for consideration in policy revisions.

Systemwide policies that directly impact the programs seeking accreditation may be reviewed by the program leadership and suggestions for revisions forwarded for consideration to the departments responsible for the specific policies.

3.m. Succession planning might identify which employees within the organization could move into key positions, consider how to develop employees to fill leadership positions, and highlight the need or opportunity to identify potential leaders external to the organization or even external to the field.

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- 1.A. 4. The leadership of the organization is accessible to:**
- a. Persons served.**
 - b. Personnel.**
 - c. Other stakeholders.**

Examples

Management and governance authorities are available to and communicate with the persons served, personnel, and other stakeholders. Persons served, personnel, and other stakeholders know and feel that the organization's leadership is available to them should they have any issues, concerns, etc.

For example, there could be meetings and events where stakeholders have access to the organization's leadership.

1.A. 5. The organization implements a cultural competency, diversity, and inclusion plan that:

- a. Addresses:**
 - (1) **Persons served.**
 - (2) **Personnel.**
 - (3) **Other stakeholders.**
- b. Is based on consideration of the diversity of its stakeholders in the following areas:**
 - (1) **Culture.**
 - (2) **Age.**
 - (3) **Gender.**
 - (4) **Sexual orientation.**
 - (5) **Spiritual beliefs.**
 - (6) **Socioeconomic status.**
 - (7) **Language.**
 - (8) **Race.**
 - (9) **Other factors, as relevant.**
- c. Includes actions to be taken.**
- d. Is reviewed at least annually for relevance.**
- e. Is updated as needed.**

Intent Statements

The organization demonstrates an awareness of, respect for, and attention to the diversity of the people with whom it interacts (persons served, personnel, families/support systems, and other stakeholders) that are reflected in attitudes, organizational structures, policies, procedures, and services.

The organization's cultural competency, diversity, and inclusion plan addresses how it will respond to the diversity of its stakeholders as well as how the self-awareness, knowledge, skills, and behaviors will allow personnel to work effectively cross culturally by understanding, appreciating, respecting, and responding to differences and similarities in beliefs, values, and practices within and between cultures.

Knowledge of and response to aspects of diversity are critical components in providing quality services to the persons served. This includes the design and delivery of services in a manner that will be most effective given the cultures of the

persons served and the local community and that promote comfort, trust, and familiarity.

Cultural competency is a broad concept that encompasses more than facts about various cultures. It is an ongoing learning process that fosters acceptance, inclusion, and respect for diversity in all forms.

See the Glossary for definitions of *cultural competency* and *culture*.

Examples

The organization gains awareness and knowledge through its assessment of the diversity of its stakeholders, including persons served, personnel, and others.

Diversity awareness and knowledge might include areas such as spiritual beliefs; observances and holidays; dietary regulations or preferences; clothing; attitudes toward impairment and disability; attitudes toward behavioral health; language; how and when to use interpreters; health beliefs; the role of family members in decision making; experiences of bias; attitudes about sexual orientation, gender identity, and gender expression; and overall acculturation.

The organization may gain knowledge of the diversity of its stakeholders through a review of the demographics of persons served compared to the demographics of the organization's personnel, leadership, board, and local community. Any trends identified through the data may be used by the organization as a reference in building and revising its cultural competency, diversity, and inclusion plan.

Workforce training and education, which may be offered directly by the organization, by community resources, or through web-based resources, promotes the ability to recognize, respect, and address each person's unique values, beliefs, customs, and communication style. It could include topics such as internal and external bias; cultural humility, which includes both knowledge about various cultures and self-reflection to discover how one's own biases and perceptions may affect interpersonal relationships; and intersectionality, which speaks to the overlap or combination of various social factors noted in the standard to create disadvantages or advantages for people.

The organization should be prepared to discuss its plan, including what it has learned about the diversity of its stakeholders and actions taken or planned, e.g.:

- Consideration of diversity and inclusion in person-centered planning.
- Modified educational materials for persons served and families/support systems.
- Incorporation of spiritual beliefs and practices into service delivery options.
- Personnel training.
- Changes in experience with services and satisfaction of persons served and other stakeholders.
- How it has considered diversity and inclusion in organizational plans such as the strategic plan and in workforce recruitment, board member selection, community outreach, etc.

5.b.(3) Gender may include both gender identity and gender expression.

5.b.(9) The organization might consider whether it serves diverse groups such as veterans or active duty military, persons who are involved in the criminal justice system, and persons who are part of the Deaf community.

Organizations that are located in a community with a high population of persons who recently came from other countries may look beyond language accessibility to how that group of persons views the need for services and how they might feel most comfortable accessing and participating in the services offered.

Organizations that serve specialty populations such as infants and young children, young adults, children who have medically complex conditions, persons or families experiencing homelessness, persons involved in gang activity, veterans, or those whose diagnosis may be associated with negative social stigma, e.g., sex offenders, and substance use disorders, might want to consider how persons served and personnel interact with one another, especially when their time overlaps and physical space may be shared.

For organizations that serve children/youth and families involved in the child welfare system and/or the juvenile justice/criminal justice system, racial disproportionality exists. Assessing

whether the organization's personnel and leadership are representative of the population served may be a factor in development of the cultural competency, diversity, and inclusion plan.

Resources

Many professional, education, and advocacy organization websites provide information related to cultural competency, diversity, and inclusion. These include:

- National Center for Cultural Competence: nccc.georgetown.edu
- U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA): www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/culture-language-and-health-literacy
- U.S. Department of Health and Human Services Think Cultural Health: www.thinkculturalhealth.hhs.gov
- National Institutes of Health Cultural Respect: www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/cultural-respect
- A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities: www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf
- Human Rights Campaign Tools for Equality and Inclusion: www.hrc.org/resources
- SAMHSA Treatment Improvement Protocol (TIP) 59 Improving Cultural Competence: <https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>
- National Council of Nonprofits Why Diversity, Equity, and Inclusion Matter for Nonprofits: <https://www.councilofnonprofits.org/tools-resources/why-diversity-equity-and-inclusion-matter-nonprofits>
- The Society for Human Resource Management has information about diversity training on its website at www.shrm.org that might be helpful, including views of disability and its

causes, and the influence of culture on service delivery and predicted outcomes.

- Canadian Centre for Diversity and Inclusion: <https://ccdi.ca/home>
- Cultural Competence A Guide to Organizational Change: <https://albertahumanrights.ab.ca/Documents/CulturalCompetencyGuide.pdf>
- Locking in your Leadership: Toolkit for developing a Diversity and Inclusion Strategy: <https://ccdi.ca/media/1075/20140910-ccdi-report-di-strategy-toolkit.pdf>
- University of Alberta Indigenous Canada, a free course that explores Indigenous histories and contemporary issues in Canada: <https://www.ualberta.ca/admissions-programs/online-courses/indigenous-canada/index.html>
- Indigenous Cultural Safety Collaborative Learning Series: www.icscollaborative.com

1.A. 6. Corporate responsibility efforts include, at a minimum, the following:

- a. **Written ethical codes of conduct in at least the following areas:**
 - (1) **Business.**
 - (2) **Marketing.**
 - (3) **Contractual relationships.**
 - (4) **Conflicts of interest.**
 - (5) **Use of social media.**
 - (6) **Service delivery, including:**
 - (a) **Exchange of:**
 - (i) **Gifts.**
 - (ii) **Money.**
 - (iii) **Gratuities.**
 - (b) **Personal fundraising.**
 - (c) **Personal property.**
 - (d) **Setting boundaries.**
 - (e) **Witnessing of legal documents.**
 - (7) **Professional responsibilities.**
 - (8) **Human resources.**

(9) **Organizational fundraising, if applicable.**

(10) **Prohibition of:**

- (a) **Waste.**
- (b) **Fraud.**
- (c) **Abuse.**
- (d) **Other wrongdoing.**

b. **Written procedures to deal with allegations of violations of ethical codes, including:**

- (1) **A no-reprisal approach for personnel reporting.**
- (2) **Timeframes that:**
 - (a) **Are adequate for prompt consideration.**
 - (b) **Result in timely decisions.**

c. **Education on ethical codes of conduct for:**

- (1) **Personnel.**
- (2) **Other stakeholders.**

d. **Advocacy efforts for the persons served.**

e. **Corporate citizenship.**

Intent Statements

Corporate responsibility demonstrates what an organization stands for, including its ethical, social, and environmental values. It involves creating, communicating, and balancing value for all stakeholders.

Corporate responsibility assists in:

- **Advocating for the persons served.**
- **Promoting ethical business practices.**
- **Developing efficiency as an organization.**
- **Considering the impact of organizational activities on persons served, personnel, other stakeholders, and the environment.**

Examples

6.a. The organization identifies, develops, and documents its required ethical practices, mission, and values. Although these statements may be found in any of a number of various written materials, such as personnel policies and operations manuals, many organizations find it helpful to include this information in one set of documents for use in personnel and board member

training. Personnel and members of the governance authority are knowledgeable of and follow the organization's required codes of practices and values. This is evident in its daily operations.

Values are the core beliefs that guide attitudes and actions. A written ethics code states the major philosophical beliefs, principles, and values of an organization. Codes should be designed to promote the kind of relationship within which services/supports can best be carried out and to give guidance in decision-making situations.

The codes of ethical conduct can be developed using information from such sources as practice acts for the various disciplines/professions involved in services; the codes of professional associations for the various disciplines/professions involved in services; the codes of business, marketing, human resources management associations, and organizations that evaluate charities; and the organization's own mission and core values statements.

6.a.(4) Examples of conflicts of interest might include:

- Referral fees, self-referrals, and fee splitting.
- Accepting gifts or money from a vendor who does or is trying to secure business with the organization.
- Preferential treatment of an individual or entity due to a personal relationship with someone in the organization.
- Use of confidential information for one's own advantage.
- Employment by more than one organization resulting in competing interests.
- A board member who also serves on the board of a competitor organization.

6.a.(5) This standard relates to Standard 1.G.3. on media relations and social media in the context of risk management. With the ubiquity of social media, it is increasingly important that organizations address related risks and ethical considerations as part of their codes of conduct. Topics an organization might address include acceptable use of social media by personnel as it relates to the organization, such as posts that positively reflect on the organization and its activities; privacy and confidentiality

considerations, such as seeking permission from persons served for posts or pictures that include them and not sharing information about persons served in personal posts; how an organization's social media will be monitored for adherence to its expectations and how violations will be dealt with; and engagement on social media during work hours. Additionally, the organization may address how it uses social media searches as part of its applicant vetting process.

6.a.(6)(b) Examples of personal fundraising that may be addressed in an organization's written code of ethical conduct include personnel soliciting funds on behalf of a personal cause; selling cookies, candy, or wrapping paper for a child's school or scout program; persons served selling items on behalf of the organization; and allowing persons served to raise funds by appeals to personnel or other persons served.

6.a.(6)(c) Ethical conduct might include respect for and safeguarding of the personal property of persons served, visitors, and personnel and property owned by the organization.

6.a.(6)(d) The code of ethical conduct might address relationship issues, such as personnel dating other personnel at the organization or persons served, sexuality, and boundaries in the relationships between providers and the persons served.

6.a.(6)(e) Examples of legal documents that personnel may be asked to witness include powers of attorney, guardianship, and advance directives.

6.a.(10) Government has made a sizable commitment to the elimination of healthcare fraud, waste, and abuse. Organizations are subject to audits of how funds they have received are used. Organizations can encourage their personnel to maintain high ethical standards by making organizational commitment to such standards abundantly clear.

6.b. The organization has a mechanism in place to follow up and address all allegations of violations of its ethical codes. An organization could use an ethics committee to investigate and act on allegations of violations of ethical conduct. It could also use the same or a similar mechanism to address allegations of violations of both ethical conduct and rights.

The organization can demonstrate, possibly by written records, how it has addressed allegations of violations, if any, and how and when they were resolved. Confidentiality of any records is maintained.

6.d. Leadership promotes full program and service access for all persons. One way advocacy might be demonstrated is by ensuring that language and cultural differences are not barriers to participating in services.

Advocacy also involves promoting the recruitment of qualified persons with disabilities; providing reasonable accommodations to promote equal opportunities for participation throughout all levels of the organization; and providing access or referral to social, legal, or economic advocacy resources.

An organization may also demonstrate advocacy through the incorporation of its values related to diversity, equity, and inclusion in its person-centered philosophy; organizational plans; and workforce development and management practices.

6.d.–e. Examples of advocacy and corporate citizenship efforts could be:

- Positions on local boards that address accessibility, housing, leisure pursuits, and employment for persons in need of human services.
- Educational events for communities on caregiver issues.
- Educational events for schools on safety issues, such as wearing helmets while riding bikes.
- Drug and alcohol programs.
- Education on health issues.
- Employment opportunities.
- Active involvement in community organizations and service groups, such as chambers of commerce, rotary clubs, governor councils, advisory committees, and meals on wheels.
- Providing reasonable accommodations to promote equal opportunities for participation throughout all levels of the organization.

- Providing access or referral to social, legal, or economic advocacy resources.
- Involvement in projects and programs to inform, educate, protect, and promote a healthy and sustainable environment, such as recycling, use of environmentally friendly products, reduction of consumption in the areas of water and energy, or reduction of greenhouse gas emissions.

Advocacy efforts for the person served could include the organization conducting or participating in public education or activities that promote the elimination of discrimination and stigma for the persons served. These activities could include participation in a variety of public education efforts, community boards and committees, newspaper articles, and radio and television presentations. The organization can directly provide these sessions or actively participate in them. Maintaining a log or file of the activities in which the organization is involved can be helpful in demonstrating conformance. A method of demonstrating internal conformance to this standard would be the use of person-first language in the organization's publications, operations, and activities.

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- 1.A. 7. An organization in the United States receiving federal funding demonstrates corporate compliance through:**
- a. Implementation of a policy on corporate compliance that has been adopted by the organization's leadership.**
 - b. Implementation of written procedures that address exclusion of individuals and entities from federally funded healthcare programs.**

- c. **Designation of a staff member to serve as the organization's compliance officer:**
 - (1) **That is documented.**
 - (2) **Who:**
 - (a) **Monitors matters pertaining to corporate compliance.**
 - (b) **Conducts corporate compliance risk assessments.**
 - (c) **Reports on matters pertaining to corporate compliance.**
- d. **Training of personnel on corporate compliance, including:**
 - (1) **Role of the compliance officer.**
 - (2) **The organization's procedures for allegations of fraud, waste, abuse, and other wrongdoing.**
- e. **Internal auditing activities.**

Intent Statements

The acceptance of federal funding requires acceptance of the responsibility and accountability for tracking the funds and determining and overseeing how funds are being used and reported. Receiving federal funding includes direct and indirect federal funding. The receipt of federal funding may occur in a variety of ways, including, but not limited to, the direct receipt of Medicaid or Medicare funding, funding through another entity (such as a block grant or funds received through a vocational rehabilitation or other state agency contract), or funding through being a federally funded network.

7.b. The Office of Inspector General has the authority to exclude individuals and entities from federally funded healthcare programs. Hiring an individual or entity on the List of Excluded Individuals/Entities (LEIE) may subject an organization to monetary penalties. Written procedures address the organization's process and timeframes for verifying that personnel are not on the LEIE and actions to be taken in response to the information received. For further information, see <https://oig.hhs.gov/exclusions/index.asp>.

7.e. Internal auditing activities include audits that would reasonably uncover improper conduct and/or billing errors.

Examples

Under corporate compliance systems, organizations develop and implement processes to assess compliance issues, take corrective measures, and continually monitor compliance in all areas including administration and service provision. These systems should be guided by regulations provided by the Centers for Medicare and Medicaid Services (CMS), and consistent with Section 6401 of the Patient Protection and Affordable Care Act of 2010.

Generally, the term *compliance* is used to describe the act of complying with or acting in accordance with a set of standards or expectations mandated by an outside entity and is frequently used in conjunction with regulatory reviews, licensing audits, etc.

The organization, by assigning an individual to ensure that these business practices are followed, demonstrates that it can be a responsible agent.

With these responsibilities, the organization is committed to protecting its personnel when actions of the organization are being put under scrutiny. Personnel will be given assistance during any investigative process.

7.a. A policy on corporate compliance typically articulates the organization's strong ethical culture and commitment to compliance with all applicable laws, regulations, and requirements. The role of the compliance officer may be defined, including the compliance officer's access to top-level leadership and/or the governing board.

7.b. Organizations providing a SSVF program under the VA's supportive services grant, seeking accreditation for an ECS Rapid Rehousing and Homelessness Prevention program, are not required to meet this element of the standard.

7.c.(2)(a) The compliance officer may perform compliance-related activities or monitor activities delegated to other personnel.

7.c.(2)(b) Compliance risk assessment activities can be included in the organization's risk management activities.

7.c.(2)(c) The compliance officer reports to top-level leadership regarding compliance-related activities; results of internal auditing activities; and results of investigations from reports of

suspected fraud, waste, and abuse from organizational personnel.

7.e. The internal auditing activities should be designed to evaluate the organization's compliance with federal requirements as well as determining the effectiveness of the compliance program.

A corporate compliance program must be "effective" as defined by the U.S. sentencing guidelines and be "...reasonably designed, implemented, and enforced so that it generally will be effective in preventing and detecting criminal conduct." Perhaps the most practical benefit of having an effective corporate compliance program in place is the mandatory reduction in any monetary fines and penalties ordered by a judge who imposes a sentence on an organization. The implementation of a corporate compliance program establishes an atmosphere that prompts early detection of any wrongdoing before it becomes too serious and/or before it is detected through a regulatory or governmental audit or survey. Additional benefits of an effective corporate compliance program are:

- Reducing the likelihood of a violation occurring.
- Reducing the likelihood of civil liability, which comes chiefly in the form of demands for return of overpayments, civil money penalties, and whistle-blower lawsuits.
- Providing management with a different and generally more accurate view of the organization.
- Establishing a structure of information relevant to the compliance program.
- Establishing a structure to maximize the right of confidentiality under the attorney-client privilege.

The seven fundamental elements of an effective compliance program are to:

1. Implement written policies, procedures, and standards of conduct.
2. Designate a compliance officer and compliance committee.
3. Conduct effective training and education of all personnel.

4. Develop effective lines of communication.
5. Conduct internal monitoring and auditing.
6. Enforce standards through well-publicized disciplinary guidelines.
7. Respond promptly to detected offences and undertake corrective action.

Resources

- Office of Inspector General, U.S. Department of Health and Human Services:
 - <https://oig.hhs.gov>
 - <https://oig.hhs.gov/compliance/101/index.asp>
 - <https://oig.hhs.gov/compliance/compliance-guidance/>
 - <https://exclusions.oig.hhs.gov>
- System for Award Management Exclusions: <https://sam.gov/content/exclusions>
- CMS regulations and guidance: www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp
- CMS outreach and education: www.cms.gov/Outreach-and-Education/Outreach-and-Education.html
- Federal Register (final rulings for regulations): www.federalregister.gov
- U.S. Department of Health and Human Services Office for Civil Rights: www.hhs.gov/ocr/office/index.html
- U.S. Department of Health and Human Services Health Information Technology for Economic and Clinical Health (HITECH) Act: www.hhs.gov/ocr/privacy/hipaa/administrative/enforcementrule/hitech-enforcement-rule.html
- Americans with Disabilities Act (ADA): www.ada.gov
- Social Security (Title XIX, grants to states for medical assistance programs): www.ssa.gov/OP_Home/ssact/title19/1900.htm

- 1.A. 8. Leadership provides resources and education for personnel to stay current in the field in order to demonstrate program strategies and interventions that are based on accepted practices in the field and current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus.**

Intent Statements

Leadership support is critical to the ability of personnel to learn and implement current strategies and interventions.

Examples

Examples of resources that leadership might provide include journal subscriptions, online access to learning opportunities and reference materials or journals, guest speakers, sponsoring educational events at the organization, inservice programs, journal clubs, collaborative resource or education efforts with other area providers of services, financial support, and/or time off to participate in special interest groups or to attend conferences.

Resources

Professional associations are frequently used resources for information on evidence-based practices, clinical practice guidelines, accepted practices in the field, and peer-reviewed publications. Additional resources for information on research and evidence-based practice include:

- National Rehabilitation Information Center: www.naric.com
- Center on Knowledge Translation for Disability and Rehabilitation Research (KTDRR): <http://ktddr.org/resources/index.html>
- U.S. Department of Veterans Affairs Rehabilitation Research and Development Service: www.rehab.research.va.gov
- Center for International Rehabilitation Research Information and Exchange (CIRRIE): <http://cirrie-sphhp.webapps.buffalo.edu/>
- National Institute for Health and Care Excellence: www.evidence.nhs.uk

Applicable Standards

Standard 1.A.9. applies to organizations that directly solicit charitable financial support in connection with any program seeking accreditation. It does not apply to organizations whose fundraising is conducted by a foundation, third party, or other separate legal entity, or in connection with programs not seeking accreditation.

- 1.A. 9. To demonstrate accountability, an organization that engages in fundraising:**

- a. Implements written procedures that address, at a minimum:**
 - (1) Oversight.
 - (2) Donor:
 - (a) Solicitation.
 - (b) Communication.
 - (c) Recognition.
 - (d) Confidentiality.
 - (3) Valuing of donations.
 - (4) Use of donations in accordance with donor intent.
 - (5) Documentation and recordkeeping.
 - (6) Use of volunteers in fundraising efforts, if applicable.
- b. Provides training related to fundraising written procedures to appropriate personnel, including:**
 - (1) Initial training.
 - (2) Ongoing training.

Intent Statements

To aid in success of fundraising initiatives, many individuals and organizations want to direct funds with confidence toward programs and organizations that demonstrate well-managed fundraising efforts. Organizations may engage in fundraising endeavors using various solicitation approaches such as letters, phone calls, email, social media, or in-person events. To reduce risk and ensure the integrity of its fundraising programs, it is important that organizations establish and assign responsibility and authority for their fundraising functions and activities.

9.a.(2) Engaging donors is key to an organization's fundraising efforts. A variety of mechanisms allow an organization to reach and establish relationships with donors based on their connection to the organization's mission, services, results, or other factors.

9.a.(4) Donors want to know that their donations make an impact for the persons served and that donations made to a specific fund or toward a specific purpose are actually used for that purpose. Organizations demonstrate fiscal responsibility and transparency regarding their use of funds for identified purposes.

Examples

9.a.(1) Written procedures might address which individual, committee, or department has authority and responsibility for the organization's fundraising activities; how the individual, committee, or department responsible for oversight fits into the larger organizational structure; and requirements for reporting.

9.a.(2)(a) Written procedures might address the mechanism(s) for and frequency of donor solicitation, what groups or individuals (e.g., persons currently participating in a program) can or cannot be solicited), and any state/provincial or other type of registration required to conduct certain charitable solicitations.

9.a.(2)(b) Written procedures might address how the organization will communicate with donors (e.g., in person or by mail, email, telephone, or social media channels), at what frequency, and what information will be exchanged. Written procedures might also include how the organization will handle requests to discontinue or restart communication with a donor and how it will maintain the currency of its records used for communication; e.g., relocation or death of a donor.

9.a.(2)(c) Written procedures might address the recognition of donors by name, donation amounts or other descriptors, and matching donations.

9.a.(2)(d) Written procedures might address how the organization will maintain the confidentiality of donors in accordance with applicable laws and regulations, such as HIPAA or PIPEDA, and

donor wishes; e.g., a donor who wants to remain anonymous.

9.a.(3) Written procedures might address how the fair market value of noncash donations such as clothing, electronics, furniture, and other goods or services is determined and who may make such determinations; and what to do if a donor requests a receipt for a higher value than the donation is worth.

9.a.(4) Written procedures might address how funds or other donations will be applied in accordance with donor intent, such as a capital campaign to fund a new building or renovations; a golf tournament, casino night, or auction to fund the purchase of a vehicle to transport persons served or new equipment that will be used by persons served; or ongoing efforts to raise funds to support services for persons who would otherwise be unable to participate in the organization's programs/services.

9.a.(5) Written procedures might address what documentation is required to comply with legal and regulatory requirements and/or to satisfy the organization's requirements; how long documentation is retained; how documentation regarding fundraising and donors is kept separate from other administrative recordkeeping; and whether information such as credit card and bank account numbers is kept on file.

9.a.(6) Written procedures might address in what capacity volunteers may be involved in fundraising activities and what the expectations are of those roles, recruitment of volunteers, use of persons served as volunteers, training and supervision of volunteers, dismissal of volunteers, and background checks if necessary.

9.b.(2) Ongoing training may be provided when there is a change in fundraising procedures or practices, a change in the scope of an organization's fundraising efforts, or a change in the legal or regulatory requirements related to fundraising to which the organization is subject.

Resources

- Charity Watch: www.charitywatch.org/home
- Charities Review Council: www.smartgivers.org

- Charity Navigator:
www.charitynavigator.org
- Certified Fund Raising Executive (CFRE) International: **www.cfre.org**
- Association of Fundraising Professionals:
www.afpnet.org
- IRS Tax Exempt Organization Search:
www.irs.gov/charities-non-profits/tax-exempt-organization-search
- Charities Institute Ireland Guidelines for Charitable Organisations Fundraising from the Public: **<https://www.charitiesinstituteireland.ie/pages/guidelines-for-charitable-organisations>**
-  Government of Canada Fundraising by Registered Charities: **www.canada.ca/en/revenue-agency/services/charities-giving/charities/policies-guidance/fundraising-registered-charities-guidance.html**

9.a.(3) Resources related to valuing of donations include:

- Goodwill IRS Guidelines: **www.amazing-goodwill.com/donating/IRS-guidelines**
- Salvation Army Donation Value Guide: **<http://satruck.org/Home/DonationValueGuide>**
- IRS Determining the Value of Donated Property: **www.irs.gov/uac/about-publication-561**
-  Government of Canada: Determining Fair Market Value of Non-Cash Gifts: **www.canada.ca/en/revenue-agency/services/charities-giving/charities/operating-a-registered-charity/issuing-receipts/determining-fair-market-value-gifts-kind-non-cash-gifts.html**

9.a.(5) IRS information on documentation of charitable contributions:

- **www.irs.gov/charities-non-profits/contributors/returns-and-reports-required-to-substantiate-charitable-contributions-of-donated-property**
- **<https://www.irs.gov/charities-non-profits/contributors/cash-donations>**

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Organizational chart
- Policy on corporate compliance, if applicable
- Documented designation of staff member to serve as the organization's corporate compliance officer
- Written ethical codes of conduct
- Mission and values statements
- A budget
- A strategic plan
- Program outcomes
- Current information on file pertaining to applicable legal and regulatory requirements
- Information related to advocacy activities
- Information related to obtaining input from the persons served
- Surveys, assessments, or reports of input gathered from the persons served, personnel, and other stakeholders
- Written procedures to deal with allegations of violations of ethical codes
- Written procedures related to organizational fundraising, if applicable
- Written procedures that address exclusion of individuals and entities from federally funded healthcare programs
- Succession planning information
- Evidence of review of organization's policies
- Cultural competency and diversity plan
- Management/leadership meeting minutes
- Minutes from governance meetings, if applicable
- Governing documents (bylaws, articles of incorporation, etc.), if applicable

B. Governance (Optional)

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Applicable Standards

These governance standards may be applied, at the option of the organization, if the organization has a corporate governing board. The organization must indicate on its survey application that it wishes to have the governance standards applied.

When elected, these standards apply only to the board vested with legal authority to direct the business and affairs of the organization's corporate entity. These standards may not be applied to bodies lacking governance authority granted by state or provincial corporation laws, such as advisory and community relations boards and management committees.

For more information, please contact your customer service unit.

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- 1.B. 1. **The board implements governance policies that:**
- a. **Facilitate ethical governance practices.**
 - b. **Assure stakeholders that governance is:**
 - (1) **Active in the organization.**
 - (2) **Accountable in the organization.**
 - c. **Meet the legal requirements of governance.**

Intent Statements

The board should clearly document its approach and duties related to governance, including its compliance with applicable statutes and provisions of articles of incorporation and bylaws. Board members are subject to three basic legal duties in performing their responsibilities: duty of care, duty of loyalty, and duty of obedience. Accountability requires that oversight mechanisms be in place, such as meetings, reports, and timely reviews of corporate performance.

Examples

Examples could include:

- Documented governance policies.
- Annual review of bylaws (legal requirements).
- Delegation of authority to executive leadership with defined limits, such as financial limits.
- Assurance that internal control and risk management systems, delegated to executive leadership, are in place.
- Timely reviews of corporate performance (e.g., quarterly).
- Annual reports to stakeholders.
- Input meetings with stakeholders.
- How board members understand the organization's fundraising goals and strategies, identify prospective donors, and engage with donors.

- 1.B. 2. Governance policies address:
- a. The selection of the board, including:
 - (1) Board membership criteria.
 - (2) Selection process.
 - (3) Exit process.
 - b. Board member orientation.
 - c. Board development.
 - d. Board education.
 - e. Board leadership, including selection of:
 - (1) Board chair.
 - (2) Committee chairs.
 - f. Board structure, including:
 - (1) Board size.
 - (2) Board composition.
 - (3) Definition of independent, unrelated board representation.
 - (4) Duration of board membership.
 - g. Board performance, including:
 - (1) Financial matters, if any, between the organization and individual board members, including:
 - (a) Compensation.
 - (b) Loans.
 - (c) Expense reimbursement.
 - (d) Stock ownership.
 - (e) Other matters of financial interest.
 - (2) Use of external resources, including, as applicable:
 - (a) External auditors.
 - (b) Executive compensation advisors.
 - (c) Other advisors, as needed.
 - (3) Self-assessment of the entire board at least annually.
 - (4) Periodic self-assessment of individual members.
 - (5) Written conflict-of-interest declaration that is signed at least annually.

(6) **Written ethical-code-of-conduct declaration that is signed at least annually.**

(7) **External interactions.**

Intent Statements

2.a. The board has sole responsibility to determine appropriate skills and characteristics required for a competent and contributing board member. Each organization and its board must consider and identify its own member criteria (such as skills, diversity, representation of person served) and follow a selection process that accounts for the perceived needs of the board at the time of selection, attracting board members who have the time to devote to board activities to advance the organization's purpose. Establishing membership criteria and defining a selection process should attract board members with the necessary skills and knowledge to do their job well.

The board should also manage its own governance performance by reviewing the collective board and individual members. In the event that performance issues arise with any specific board member (such as not attending meetings or lack of meaningful participation) the board must clearly identify its protocol to discharge a board member in a defined exit process.

2.b. Board member orientation usually requires that both the board and executive leadership conduct a comprehensive orientation process to ensure that the board member becomes familiar with the organization's vision, mission, strategic direction, values, ethics, financial matters, governance practice, and policies in keeping with legal and/or other reporting requirements (e.g., annual tax filings).

2.c.–d. The organization should continually make efforts to build governance capacity through ongoing education. Rather than specifically relying on the individual expertise of a particular board member, the organization should make a concerted effort to advance the skills of the entire board, as the whole board is ultimately accountable, speaking with one voice.

2.e. The board should act freely to select a chair who is best for the board and organization at a given time. With respect to selecting the board chair or specific committee chairs, the

organization should identify those criteria and selection processes.

2.f.(1)–(4) Good governance means performing effectively in clearly defined roles and functions. The structure of governance—board size, mix, and terms—are all decisions unique and specific to each organization.

Each organization should assess the optimum number of board members it needs with the requisite skills to thoroughly exercise governance oversight. It is the board's responsibility to decide how it should strike a balance between the broad-based skills and experiences necessary for the board, with the pragmatic consideration of managing the structure and process of a larger board. Although larger boards may bring diverse skills, they do not necessarily bring better governance.

The approach an organization takes regarding the term of board membership is also subject to board deliberation and decision. No term limits, with acceptable board performance, ensures continuity in knowledge and community relationships. Natural attrition and term limits bring renewal and new vigilance by virtue of new skills and experiences of new members. Boards that frequently turn over tend to create organizational instability as both knowledge and experience are lost to the organization. The board must determine its approach in the context of the organization.

Board member independence and unrelatedness to executive leadership allow the board to act without undue influence from management. Further, when selecting a qualified candidate for board membership, a mix of members who have no ties or relationships to the organization is one way of ensuring independence. This effort can be satisfied through *at-large* members who can balance the varied interests of board members. Independent and unrelated board members may sometimes lead the governance management or executive compensation committees to enhance accountability.

2.g.(1) The board must set the ethical tone in the organization and model integrity in its conduct. In the case of publicly traded or other for-profit organizations, the board may receive compensation and other forms of financial incentives. In not-for-profit organizations, there may be other

financial links not directly apparent. Board policy should address these issues, supported by signed conflict of interest and ethical code of conduct declarations.

2.g.(2) Many governance decisions are complex and significant; therefore, the board should seek expert advice. Although expert advice can be provided through the organization's internal experts, the board should seek external professional advice on complex legal and financial issues as necessary. Access to external expert advice can be coordinated and supported by the organization's executive leadership.

2.g.(3)–(4) The board as a whole should continuously assess its performance in an effort to determine its effectiveness in governing the organization. This assessment ensures that the board is fulfilling its duties and evolving within the context of challenges the organization may face. Assessing board achievement and opportunity to improve will facilitate an evolving governance model to ensure that its activities remain relevant and effective on behalf of owners/stakeholders. This concept also applies to individual board members.

2.g.(7) Outside parties may include advisors, regulators, investors, press, persons served, and other stakeholders.

Examples

2.e. A selection criterion for the finance/audit committee chair could ideally be a board member with a finance background.

2.g.(2) Examples of situations in which the use of external advisors or resources would be appropriate could include:

- Seeking financial or legal advice on a merger or acquisition.
- Getting advice from an expert on corporate risk management.
- Getting advice from a financial expert on organization investment policies.

2.g.(3) Whole board assessment strategies can include:

- Completing meeting questionnaires (e.g., questions rated *strongly agree*, *agree*, *neutral*, *disagree*, or *strongly disagree*).
 - *We (the board) spent our time on the most important governance topics.*
 - *We used our time effectively.*
 - *The meeting was chaired effectively.*
- Discussing the board's effectiveness at the conclusion of each board meeting, rolled into a year-end review documented in board minutes.
- Completing a year-end questionnaire tallied for board discussion. The following are sample questions, which can be rated by board members as *Excellent*, *Good*, *Fair*, *Poor*, or *N/A*:
 - Legal Frameworks:
 - *Statements in the governing documents (e.g., bylaws, policies) setting forth the board's function and duties are:*
 - Board Structure:
 - *The board's size in relation to the organization's needs is:*
 - *The board's spread and balance in regard to expertise, age, diversity, interest, and points of view are:*
 - Board Comprehension:
 - *The board's comprehension of the interests of various constituencies (funders, persons served, and advocates) with which the organization deals is:*
 - Board Practices:
 - *The board's orientation to the organization is:*
 - *The frequency of board meetings in relation to organizational needs is:*
 - *The board's practices with regard to amendments of bylaws are:*
 - *The board's practices with regard to election of officers are:*
 - *The board's practices with regard to establishing committees and their mandates are:*

– Board Performance:

- *The board's performance in formulating the organization's long-term goals is:*
- *The board's ability to monitor its own accomplishments and progress is:*
- *Performance standards expected by the board for attending all regularly scheduled meetings are:*
- *Performance standards expected by the board for committee participation are:*
- *Performance standards expected by the board for referral of prospective board members are:*

– Relations with Executive Leadership:

- *The board's working relationship with the chief executive officer is:*
- *The definitions of the roles of the chief executive officer and board are:*

2.g.(4) Individual board member self-assessment can include:

- A yearly self-assessment questionnaire and resulting discussion with the board chair. The following are sample questions, which can be rated by board members as *Excellent*, *Good*, *Fair*, *Poor*, or *N/A*:
 - *My understanding of the organization's mission, vision, and core values is:*
 - *My understanding of the legal requirements and stipulations under which the board acts is:*
 - *When outside auditors present the financial statements, my understanding of those documents is:*
 - *My understanding of the community in which the organization serves is:*
 - *My attendance at board meetings is:*
 - *My preparedness for board and committee meetings is:*
 - *My working relationship with other board members is:*

- 1.B. **3. The board's relationship with executive leadership includes:**
- a. Delegation of:**
 - (1) **Authority to executive leadership.**
 - (2) **Responsibility to executive leadership.**
 - b. As appropriate, access to personnel.**
 - c. Support of governance by the organization.**

Intent Statements

See the Glossary for the definition of *executive leadership*.

3.a. Determining the relationship between the board and the organization's executive leadership requires significant thoughtfulness and diligence to be clear about the functions of governance versus the duties delegated appropriately to the organization's management. Although each organization determines appropriate roles, generally boards ensure that the organization has a vision for its future via goals, aims, missions, or ends and that management work is conducted legally, ethically, and with integrity to achieve those goals. The board's accountability to its stakeholders is achieved by holding the organization's management accountable for performance. The board delegates authority to management to conduct business via resource use (e.g., money, people, technology) and ensures that executive leadership develops plans and acts to achieve organizational goals. This delegation and review process is a continuous oversight mechanism, culminating in a review at least annually of the organization's (and therefore, the executive leadership's) success.

This delegation of authority differentiates between the authority of the executive leadership and the authority of the board.

3.b. From time to time, the board may need access to varied management and staff in carrying out its governing duties. So as not to cross into management authority, the board should be clear on when and how it may consult with other management/staff to enhance its governance duties. This relationship is established between the board and executive leadership so that managerial operations are maintained as a

priority for those assigned to that responsibility. The organization should ensure that the board has appropriate administrative support.

Examples

3.c. The organization may show support of the governing body by how it shares information with members of the governing body; how time and space are provided in support of governance-related work; the types of resources made available to the board for educational purposes such as orientation to the organization, memberships in professional associations in the field, or membership in an organization such as Boardsource® (www.boardsource.org), which promotes effective governance practices.

- 1.B. **4. Board processes include:**
- a. Agenda planning.**
 - b. Developing meeting materials.**
 - c. Distributing meeting materials.**
 - d. Overseeing the following committee work, as applicable:**
 - (1) **Governance development.**
 - (2) **Governance management.**
 - (3) **Financial audit.**
 - (4) **Executive compensation.**
 - (5) **Other pertinent activities, as defined by the board.**

Examples

4.d.(2) Governance management would be demonstrated by the operational implementation of the governance policies of the board. Is the "work" of the board being managed to be timely, in accord with its policies, and accountable to the organization? Consider things such as how the selection process of new members is handled; evaluating board performance (the self-assessment process both of the board and individual members); and addressing any perceived deficiencies, ensuring that meeting protocols are properly followed and that activities such as signing of conflict of interest and ethical code of conduct declarations are completed at least annually. Many of these would be demonstrated by what is recorded in board minutes and actual documents that were completed. The board might have a schedule or calendar of when

specific things such as the self-assessments are to be completed and ensures that they are.

- 1.B. **5. Governance policies address executive leadership development and evaluation, including:**
- a. A formal written review of executive leadership performance:**
 - (1) At a frequency determined by the governance.
 - (2) In relation to:
 - (a) Overall corporate performance versus target.
 - (b) Individual performance versus target, if applicable.
 - (c) Professional development.
 - (d) Professional accomplishments.
 - (e) Professional opportunities.
 - b. An executive leadership succession plan that is:**
 - (1) Reviewed at least annually for relevance.
 - (2) Updated as needed.

Intent Statements

Evaluation of executive leadership is an essential part of performance management and should include opportunities for continued growth and development.

5.b. Succession planning for executive leadership ensures continuity of leadership due to the planned or unplanned departure of the chief executive. To manage associated risks of unplanned leadership vacancies, the board should have a plan for this. Details of such a plan vary by organization and often the current executive leadership is charged with providing this plan to the board annually.

Examples

5.b. The succession plan for review may include a letter from the executive leadership to the board identifying two internal candidates who can fill the position on a temporary or permanent basis. Often, this leads the board into a joint discussion with executive leadership on the skills, capacity, and depth of leadership potential in the organization.

A thorough competency-based succession program should assess competencies necessary for organizational leadership positions, match against a 360 review of potential internal candidates, and identify promotion or development opportunities.

- 1.B. **6. Governance policies address executive compensation, including:**
- a. A written statement of total executive compensation philosophy.**
 - b. Review by an authorized board committee composed of independent, unrelated board members.**
 - c. Defined total compensation mix, up to and including, as warranted:**
 - (1) Base pay.
 - (2) Incentive plans.
 - (3) Benefit plans.
 - (4) Perquisites.
 - d. Total compensation references to:**
 - (1) Market comparator data.
 - (2) Functionally comparable positions.
 - e. A documented process that outlines:**
 - (1) Terms of compensation arrangements.
 - (2) Approval date.
 - (3) Names of board members on the committee who approved the compensation decision.
 - (4) Data used in the compensation decision.
 - (5) Disclosures of conflict of interest, if any.
 - (6) Review of executive compensation records at least annually.
 - (7) Authority of board members to exercise executive compensation actions.

Intent Statements

The board's role in determining executive compensation remains a high-profile task for the governing board whether organizations are for profit or not for profit. A board-endorsed compensation philosophy is intended to provide a

broad-based foundation for designing an effective compensation and performance management plan for executive leadership. It should be broad enough to provide an enduring foundation, yet be specific enough for the board to make compensation decisions at least annually on an informed and reasonable basis. A compensation plan must attract and retain leadership talent, yet respond to market trends, reflecting the value of the functional demands of executive work and rewarding performance results. Further, tests of reasonableness regarding executive pay also place board members at potential personal risk. That risk is minimized by ensuring that executive compensation decisions are independently approved by the governing board or committee acting on behalf of the board in a non-conflict-of-interest position. Further, appropriate practice would also involve using comparability data before approving a compensation arrangement, followed by documenting the process that supports that decision.

Examples

As a general guide, publicly traded for-profit companies have models of executive compensation programs/approaches or protocols that detail the principles and philosophies of various compensation models. These, with modification, could be used by not-for-profit organizations.

Comparison to or benchmarking of total compensation plans can include many sources: salary surveys (regional/national), profit versus non-profit, functional responsibility of leadership regardless of tax status, and comparators or comparator mixes that can establish a policy line for executive leadership pay.

Resources

For U.S. nonprofits, Section 53.4958-6 of the Treasury Regulations also outlines a process that a board of a tax-exempt entity should follow to reduce exposure to penalties in relation to unreasonable compensation.

🍁 The Canadian Society of Association Executives may be a useful resource for information on executive compensation.

Examples

Examples of how to conduct this review may include a review of policies by a board committee with the review documented in meeting minutes, or a staff liaison to the board may help to facilitate this review with the board.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Board organizational chart
- Ethical practices policy
- Board selection and composition policies
- Board leadership policies
- Board structure and performance policies
- Documentation of board self-assessment at least annually
- Individual board member self-assessment documentation
- Conflict-of-interest declarations signed at least annually
- Ethical code of conduct declarations signed at least annually
- Sample board meeting agendas/meeting minutes
- Sample meeting materials
- Executive leadership development and evaluation policies
- Executive compensation policies
- Executive leadership succession plan, reviewed at least annually
- Formal written review of executive leadership performance
- Evidence of review of governance policies at least annually

1.B. 7. The governing board reviews its governance policies at least annually.

Set Strategy

C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

- 1.C. 1. The ongoing strategic planning of the organization considers:
- Expectations of persons served.
 - Expectations of other stakeholders.
 - The competitive environment.
 - Financial opportunities.
 - Financial threats.
 - The organization's capabilities.
 - Social determinants of health.
 - Demographics of the service area.
 - The organization's relationships with external stakeholders.
 - The regulatory environment.
 - The legislative environment.
 - The use of technology to support:
 - Efficient operations.
 - Effective service delivery.
 - Performance improvement.
 - Information from the analysis of performance.

Intent Statements

1.g. The World Health Organization describes social determinants of health as the conditions in which people are born, grow, live, work, and age. According to Healthy People, these conditions can affect a wide range of health, functioning, and quality-of-life outcomes and risks. Through consideration of the demographics of the service area, an organization may identify social determinants of health that can impact results for the

persons served and the durability of outcomes they achieve. Strategic planning may include efforts to improve those conditions and reduce barriers for the persons served.

1.I.(1)–(3) Technology has an ever-increasing role and presence in today's human services environment. Although the use of technology and the sophistication of that technology will vary among organizations, each organization considers current literature and professional consensus in determining its current and future technology needs and identifies the resources needed to advance its use of technology to support operations, effective service delivery, and performance improvement.

This standard relates to Standards 1.J.1. and 1.J.2. See the Glossary for the definition of *strategic planning*.

Examples

1.f. Capabilities can include areas such as human resources, research and development, and succession planning for key positions in administration, finance, and service delivery.

1.g. Examples of social determinants of health include, but are not limited to:

- Availability of transportation options.
- Availability of affordable, accessible, safe housing and utilities.
- Availability of nutritious food, clean water, and toxin-free environments.
- Socioeconomic conditions such as poverty.
- Access to healthcare services.
- Access to social support.
- Exposure to trauma, violence, or crime.
- Social support and community inclusivity.
- Recreation and leisure activities.

- Availability of community-based resources in support of community living.
- Access to educational, economic, and job opportunities.

1.h. Consideration of your community demographics is important in planning as changes in demographics directly impact the population your programs serve. Consider as an example an organization that was started more than 30 years ago in a very rural area, which has become industrial or has experienced a settlement of a large immigrant population. Such a demographic change affects many areas, including finances and expectations of the community members.

1.i. External stakeholders may include educational institutions.

1.k. An organization evaluates changes in public funding from legislation, such as the Patient Protection and Affordable Care Act and Medicaid waivers, and integrates the information into the planning process.

1.l.(1)–(2) Some organizations have found that providing community-based personnel with laptop computers or tablets increases the amount of time they can spend providing services as it reduces the travel time of having to go to an administrative site to complete notes and reports.

Resources

1.g. Resources related to social determinants of health include:

- Healthy People Social Determinants of Health:
www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
- Centers for Disease Control and Prevention Social Determinants of Health: Know What Affects Health:
www.cdc.gov/socialdeterminants/index.htm
- Centers for Disease Control and Prevention Data and Benchmarks:
www.cdc.gov/publichealthgateway/cha/data.html
- Kaiser Family Foundation Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity:

www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/



■ Government of Canada Social Determinants of Health And Health Inequalities:
www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html

1.l.(1)–(2) TechSoup Nonprofit Marketplace:
www.techsoup.org

1.C. 2. The organization implements a strategic plan that:

- a. Is developed with input from:
 - (1) Persons served.
 - (2) Personnel.
 - (3) Other stakeholders.
- b. Reflects the organization's financial position:
 - (1) At the time the plan is written.
 - (2) At projected point(s) in the future.
 - (3) With respect to allocating resources necessary to support accomplishment of the plan in the following areas:
 - (a) Financial.
 - (b) Workforce.
- c. Sets:
 - (1) Goals.
 - (2) Priorities.
- d. Is reviewed at least annually for relevance.
- e. Is updated as needed.

Intent Statements

The strategic plan sets forth an organizational roadmap for the future in consideration of relevant business, environmental, and other factors. Because sound business practice demands that the plan be used as a dynamic tool, it should be reviewed at least annually and modified as appropriate.

Examples

The strategic plan addresses the programs/ services seeking accreditation. If the programs/ services are part of a larger organization and not specifically addressed in its strategic plan, the programs/ services may establish a separate plan or generate a supplement to the organization's plan that addresses input, financial position, and goals and priorities pertinent to the programs/ services.

2.a. Input used is directly related to Standard 1.D.1. in which input is gathered from all stakeholders using a variety of mechanisms. Input might include information from input forums, surveys, and performance improvement activities.

2.b.(2) An organization is better able to define success with proactive long-term financial planning measures. As the future financial position of an organization is impacted by ever-changing marketplace factors, such as billing, payment, reimbursement methodologies, and costs, the strategic plan might include information reflecting long-term financial planning to support the goals and priorities identified. Points in the future might be one year, two years, or other points in time depending on regulatory and business factors impacting the organization.

2.d.–e. An organization determines the method of review and update. As environmental factors play an important role, if there are significant changes, this could prompt leadership to consider updating more often than annually to maintain the relevance of the plan to current conditions.

it considers confidential and critical to its positioning.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Strategic plan
- Strategic planning documents
- Leadership or management meeting minutes, where strategic planning was discussed
- Financial reports
- Input received from persons served, personnel, and other stakeholders
- Meeting agendas or minutes where strategic plan has been shared with personnel

-
- 1.C. 3. The strategic plan is shared, as relevant to the needs of the specific group, with:**
- a. Persons served.**
 - b. Personnel.**
 - c. Other stakeholders.**

Examples

An annual report might include information on the strategic direction and achievement of an organization's strategic objectives. It is not expected that an organization share information

Persons Served and Other Stakeholders—Obtain Input

D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

-
- 1.D. **1. The organization demonstrates that it obtains input:**
- a. On an ongoing basis.**
 - b. From:**
 - (1) **Persons served.**
 - (2) **Personnel.**
 - (3) **Other stakeholders.**
 - c. Using a variety of mechanisms.**

Intent Statements

Input is requested and collected to help determine the expectations and preferences of the organization's stakeholders and to better understand how the organization is performing from the perspective of its stakeholders. The input obtained relates to the persons served and the organization's service delivery and business practices. The organization identifies the relevant stakeholders, in addition to the persons served and personnel, from whom it solicits input and strives to be inclusive by making a variety of opportunities and mechanisms for input accessible to all stakeholders.

Examples

1.a. It is important to not only use a variety of mechanisms to collect information but also to collect information throughout the year. Simply having an annual public forum would not meet the intent of this standard because the standard requires ongoing collection of information.

1.b.(3) Please refer to the Glossary for the definition of *stakeholders*.

1.c. There are a variety of mechanisms to solicit and collect information, which may range from the informal to the formal.

Mechanisms may include:

- Advisory groups, forums of persons served, or focus groups.
- Telephone or online surveys.
- Social media.
- Conferences.
- Suggestion boxes.
- Complaint or incident summaries.
- Performance improvement activities.
- Environmental scans for strategic planning.

Mechanisms to solicit and collect input may also consider language/communication preferences, literacy levels, cultural preferences for communication, and access to technology to participate versus in-person opportunities.

Please see the Glossary for the definition of *strategic planning*.

-
- 1.D. **2. The leadership:**
- a. Analyzes the input obtained.**
 - b. Uses the input in:**
 - (1) **Program planning.**
 - (2) **Performance improvement.**
 - (3) **Strategic planning.**
 - (4) **Organizational advocacy.**
 - (5) **Financial planning.**

(6) Resource planning.**(7) Workforce planning.****Intent Statements**

The input is continually analyzed, and the analysis is integrated into the business practices of the organization. The input is analyzed to help determine if the organization is:

- Meeting the current needs of the persons served and other stakeholders.
- Offering services/products that are relevant to the persons served and other stakeholders.
- Identifying potential new opportunities for the growth and development of programs and services.

Examples

Input can be used in various ways: changing service delivery designs; developing, improving, or eliminating services; developing short- and long-range planning; and identifying personnel training needs.

The organization uses stakeholder input to direct ongoing quality improvement. This process is a continuous cycle of quality improvement in which the organization seeks and uses the input it gets from its stakeholders.

During the survey, the organization might share how it has analyzed the input it has obtained and used that analysis for program planning, performance improvement, strategic planning, organizational advocacy, financial planning, resource planning, and workforce planning. For example, the organization might have started providing Employer of Record services to families of persons who are in self-directed services and have asked for this assistance, or offering a specialized employment support program to serve persons with autism because key funding sources have indicated a need.

2.b.(4) Organizational advocacy may be defined as intentional and possibly ongoing activities of personnel/leadership intended to enhance the achievement and well-being of the persons served by the organization. These activities are also referred to as social accountability. Examples include having the organization engaged in legislative advocacy for research on conditions impacting persons served, increased funding for

services, greater availability of on-demand transportation services, or employment-related issues that may impact the workforce of the organization. It might also relate to neighborhood safety or zoning-related topics.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Leadership and other meeting minutes, including meetings with persons served
- Written surveys and results
- Strategic planning documents
- Surveys on experience with services from persons served and other stakeholders, such as families/support systems, personnel, board members, funder and referral sources, and other community members
- Information regarding community input and input from persons served

Implement the Plan

E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

- 1.E. 1. **The organization demonstrates a process to comply with the following obligations:**
- a. **Legal.**
 - b. **Regulatory.**
 - c. **Confidentiality.**
 - d. **Reporting.**
 - e. **Licensing.**
 - f. **Contractual.**
 - g. **Debt covenants.**
 - h. **Corporate status.**
 - i. **Rights of the persons served.**
 - j. **Privacy of the persons served.**
 - k. **Employment practices.**
 - l. **Mandatory employee testing.**

Intent Statements

The organization should engage in activities designed to promote awareness, understanding, and satisfaction of its various obligations at all times. Satisfaction of obligations is necessary for the organization's success, sustained existence, and ability to positively affect the lives of persons served. Failure to satisfy obligations may result in monetary or other penalties, potentially impacting the viability of the organization and harm to those the obligations are intended to protect. The organization should monitor its environments for new and revised obligations and utilize knowledgeable resources to become familiar with obligations and the requirements to meet them.

Examples

This standard encourages organizations to comply with legal and regulatory requirements and to maintain and update its policies and practices to reflect changes. Often, professional associations can be excellent resources for guidance and updates.

Systems are in place for ongoing review and monitoring of legal and regulatory requirements to ensure compliance. Policies, procedures, and practices are revised to reflect changes in requirements. Information on legal/regulatory topics is provided to personnel through trainings, meetings, alerts, or other communications to ensure accurate knowledge and compliance.

1.a. All U.S. employers must complete and retain a Form I-9 for each individual they hire for employment in the U.S. This includes citizens and noncitizens. On the form, the employer must examine the employment eligibility and identify documents an employee presents to determine whether the documents reasonably appear to be genuine and relate to the individual and record the document information on Form I-9. This list of acceptable documents can be found on the last page of the form. Forms are available in English and Spanish. For more information and forms, see www.uscis.gov/i-9 and www.uscis.gov/files/form/m-274.pdf. It is suggested that the I-9 forms not be kept in the personnel files.

The organization ensures compliance with other legal authorities, as applicable, including the Federal Exclusions List. The Office of Inspector General has the authority to exclude individuals and entities from federally funded healthcare programs and maintains a current List of Excluded Individuals and Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties. For more information, refer to <https://oig.hhs.gov/exclusions/index.asp>.

1.a.–e. With regard to fundraising practices, compliance with legal, regulatory, confidentiality, reporting, and licensing requirements may include valuing donations according to guidelines, annual tax filings, documentation provided to donors, and obtaining the required licenses to conduct fundraising activities and events.

1.b. Regulatory requirements would include registration and licensing of organization-owned vehicles.

Regulatory requirements for organizations providing direct personal care supports may include bonding or other mechanisms for protecting assets of the person served.

1.i. The organization ensures that the rights of persons served are promoted and protected. Procedures and practices of personnel demonstrate compliance with all applicable laws. Policies regarding the human rights and dignity of the persons served have been written and communicated to personnel through the organization's code of ethics and to the persons served in a manner understandable to them. A good practice an organization may follow is to include this information in its employee handbook or present it through audio recordings, videos, pictures, and other media.

1.l. Local health and licensing agencies can provide guidance in this area.

-
- 1.E. 2. The organization implements written procedures to guide personnel in responding to:**
- a. Subpoenas.**
 - b. Search warrants.**
 - c. Investigations.**
 - d. Other legal action.**

Examples

With these responsibilities, the organization is committed to protecting its personnel when actions of the organization are being put under scrutiny. Personnel will be given assistance during any investigative process.

-
- 1.E. 3. Policies and written procedures are implemented that address:**
- a. Confidential administrative records.**
 - b. The records of the persons served.**
 - c. Security of all records.**
 - d. Confidentiality of records.**
 - e. Compliance with applicable laws concerning records.**
 - f. Timeframes for documentation in the records of the persons served.**

Intent Statements

In order to protect the privacy of all stakeholders and any confidential information that its records may contain, an organization ensures that it addresses the applicable legal and regulatory requirements concerning privacy of health information and confidential records. Security includes such things as storage, protection, retention, and destruction of records. Safeguards such as reasonable protection against fire, water damage, and other hazards do not need to be described in writing.

This standard applies to current and historical records and to hard copy records as well as electronic records.

Organizations are encouraged to review current provisions of legislation on freedom of information and protection of privacy (such as HIPAA and Health Information Technology for Economic and Clinical Health [HITECH] in the U.S. and Personal Information Protection and Electronic Documents Act [PIPEDA] in Canada), for potential impact on the maintenance and transmission of protected health information. Of particular note are provisions related to information security, privacy, and electronic data interchange.

Examples

Security and confidentiality can be addressed through mechanisms such as having designated personnel who are responsible for records maintenance and control, limiting access to confidential records to authorized personnel only, protecting records from permanent loss or damage, ensuring that electronic records have regular backup, and clearly defining and implementing timeframes and procedures for retention and destruction of records.

3.a. Confidential administrative records could include personnel records, contracts, budgets, billing information, legal information, records of donations and/or donors, and other protected or sensitive information and records.

3.b. Records are not required to be kept in a single location. However, if they are kept in several locations, they may be controlled from a central location by a designated staff member, with the location of each file readily identified. If records are stored in locations other than the central location, safeguards for each of these locations are in place. It would also be the responsibility of an organization to determine what the content of its records will include or exclude.

3.c. Protection of records from permanent loss or damage includes protection from fire and water damage and recovery of records in the event of damage.

3.c.–d. Safeguards can include:

- Limited access, including to electronic records.
- Storage under lock (in a locking drawer or a room that is locked when unattended).
- Storage in a portable case that can be locked. This is particularly necessary for case managers and other service providers who use records in the field, while conducting home visits, or at satellite offices used for periodic service delivery.
- Appropriate protection against fire, water damage, and theft. This is particularly important if records are not returned to the central records area for overnight storage.
- Fireproof file cabinets are not required; however, organizations without complete fire protection of records may choose to provide off-site storage of duplicated critical data.
- Backup of electronic systems may occur to a server that is located in another building, to a network system, or through contracting with a specialized service that provides internet-based backup services.

3.f. An organization would establish its own timeframes for entries into records which could include timeframes for entering critical incidents or interactions into the records of the persons

served and timeframes for entering confidential data into administrative records.

Funding or regulatory agencies may identify specific timeframes that must be followed, especially regarding critical incidents.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Reports from regulatory agencies
- Reports associated with legal actions
- Reports associated with contractual relationships
- Policies and written procedures regarding administrative records and records of the persons served
- Personnel policies
- Written procedures for responding to various legal actions
- For organizations in the U.S., I-9 information, if applicable

F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

- 1.F. **1. The organization's financial planning and management activities are designed to meet:**
- a. Established outcomes for the persons served.**
 - b. Organizational performance objectives.**

Examples

The organization is knowledgeable of and reviews all indirect and direct costs of providing a specific service. Its strategic planning and financial planning are integrated to ensure that initiatives or changes in programs are adequately funded and supported to maximize success. Some of the ways the organization may address cost-effectiveness include using natural supports and other generic community services. Contracting and networking with other agencies can be an effective means for efficient service provision.

1.a. This may tie to Section 1.M. Performance Measurement and Management standards on identifying and measuring service delivery performance indicators such as results achieved for the persons served, experience of services and other feedback, efficiency, and service access.

1.b. The organization's performance objectives may include, but are not limited to areas of potential financial risk such as reductions in funding or new regulations that might impact services or expand the population to be served. This may tie to Standard 1.M.9. related to setting

and measuring performance indicators for business function improvement.

- 1.F. **2. Budgets:**
- a. Are prepared prior to the start of the fiscal year.**
 - b. Reflect:**
 - (1) Input from various stakeholders, as required.**
 - (2) Comparison to historical performance.**
 - (3) Consideration of necessary cash flow.**
 - (4) Consideration of external environment information.**
 - c. Document:**
 - (1) Reasonable projections of:**
 - (a) Revenues.**
 - (b) Expenses.**
 - (c) Capital expenditures.**
 - (2) Approval by the identified authority.**
 - d. Are disseminated, as appropriate, to:**
 - (1) Personnel.**
 - (2) Other stakeholders.**

Examples

The annual budget reflects projected income and expenses, and the organization regularly monitors its performance against the budget. Leadership reviews the budget at least annually. The timeframe for approval of the budget may be dictated by funders' and organizational requirements and contracting processes. Input from professional and administrative personnel in budget development demonstrates the organization's intent to anticipate its fiscal needs. Input from persons served can be gathered by a variety of means. For example:

- Formal meetings to discuss the budget.
- Informally, via ongoing conversations with personnel.
- Through participation on the board or advisory groups.

2.c.(2) Approval of the budget could be conducted by an owner, executive leadership,

governing board, or other authority. If an organization is dependent on funding from an external entity's budget that has not been finalized prior to the beginning of the fiscal year, an organization may adopt a provisional budget until the final budget is approved for the year.

- 1.F. 3. Actual financial results are:**
- a. Compared to budget.**
 - b. Reported, as appropriate, to:**
 - (1) Personnel.**
 - (2) Persons served.**
 - (3) Other stakeholders.**
 - c. Reviewed at least monthly.**

Examples

Summary reports are generated on a regular basis and are reviewed by management and leadership. These reports include information on actual and budgeted income and expenses on a monthly and year-to-date basis, with variances and a balance sheet. The level of detail corresponds to the size of the organization's budget and to its fiscal constraints. Management and leadership use these reports as tools to plan for maintaining financial stability.

Financial records and reports should also include those necessary to retain charitable status, as appropriate, such as the charitable information return to the Canada Revenue Agency.

3.b.(2) Persons served may be interested in the financial status, stability, or viability of an organization for a variety of reasons; e.g., they are personally responsible for the payment of fees; they anticipate being engaged with the organization for an extended period of time; they are seeking new or enhanced equipment, technology, facilities, or programs/services and want to know whether the organization's budget will support these; they are considering donating to or investing in the organization; etc.

Nonprofit organizations are subject to reporting requirements, including financial reporting, with information publicly available. In some settings, a contract for services between an organization and a person served may include requirements for reporting specified information. An organization may publish annual reports, performance

reports, newsletters, or news releases, or it may post information on a website that reflects its overall status and plans, including the finances needed to support them.

3.c. The review of actual financial results may be conducted by program management, finance personnel, or the governing board.

- 1.F. 4. The organization:**
- a. Identifies and reviews, at a minimum:**
 - (1) Revenues.**
 - (2) Expenses.**
 - (3) Internal:**
 - (a) Financial trends.**
 - (b) Financial challenges.**
 - (c) Financial opportunities.**
 - (d) Management information.**
 - (4) External:**
 - (a) Financial trends.**
 - (b) Financial challenges.**
 - (c) Financial opportunities.**
 - (d) Industry trends.**
 - b. Identifies areas needing improvement.**
 - c. Implements actions to address the improvements needed.**
 - d. Reviews financial solvency, with the development of remediation plans if appropriate.**

Examples

4.a.(3)–(4) An organization could demonstrate that consideration of these items occurred through meeting minutes or during interviews with a surveyor in which the process of how these were considered is described.

Once collected, this information is incorporated into the organization's strategic and financial planning processes.

4.a.(3)(d) Management information includes items such as:

- Percentage of private pay versus Medicare/Medicaid or pay from other public funds.
- Staff turnover trends that may impact revenue.

- Preparing for the financial impact of contract/grant sunsets (grants with ending dates).
- Time spent on billable versus non-billable activities.
- Caseload size.

4.a.(4) External events that have a financial impact on the organization include items such as:

- Changes in reimbursement rates.
- Competition in the marketplace.
- Changes in preferences of the persons served.
- Regulatory and legislative changes.
- Changes/impacts of interest revenue.

4.a.(4)(d) Industry trends may include items such as:

- Information that may be at a national, regional, or other level. This could be a comparison to providers of similar services throughout the region at the time or it could also mean comparison to similar business activities that are operated. An organization may operate a large recycling center, industrial laundry, box factory, restaurant, or other business and might be looking at the industry trends in the region for comparable businesses, such as an increase in state industrial/safety regulations for the particular type of business, an increase in sales tax, or a change in environmental protection regulations.
- Practices in service delivery or business management that are becoming more widespread and could impact the program.
- Legislative changes and impact on nonprofit reporting and operations.

4.d. Financial solvency could be described as the ability of an organization to meet its financial obligations, to meet long-term expenses, and to accomplish long-term expansion and growth.

The organization demonstrates good business practices and complies with applicable legal requirements to maintain and retain financial stability. The organization provides written documentation of its plans to maintain and retain financial solvency, if appropriate. Attention to environmental trends, such as financial trends, funding guidelines, and legislative changes, is

important to maintaining financial solvency and planning proactively to retain it. Guidance for financial stability can be established with the assistance of local United Way organizations, auditors, funding sources, and other agencies.

-
- 1.F. 5. If the organization has related entities, it documents:**
- a. The types of relationships.**
 - b. Financial reliance on related entities.**
 - c. Responsibilities between related entities and the organization, including:**
 - (1) Legal.**
 - (2) Contractual.**
 - (3) Other.**
 - d. Any material transactions.**

Intent Statements

Full disclosure of relationships demonstrates an organization's commitment to excellence and transparency. The organization discloses information to persons served and other stakeholders that explains its assets and liabilities, reflects the position and responsibilities of any parent or sponsoring organizations, and discloses any material and legal relationships with other entities.

Examples

Organizations often form strategic relationships with other entities to share financial and non-financial resources or to guarantee debt. At times, organizations benefit from a third-party revenue source. The relationship of this revenue source and the risks or value of this relationship should be disclosed.

Examples of relationships include:

- Parent-subsidiary structures.
- Affiliations.
- Alliances.
- Guarantees.
- Limited partnerships.
- Other third-party operating support.
- Material contracts such as food services, pharmacy, and therapy.
- Financial support from related foundations.

Disclosure of these relationships can be accomplished through:

- Audited financial statements.
- Annual reports distributed to residents and persons served.
- Marketing materials.
- Tax report filings.

5.d. Material, when used in accounting, is defined as the magnitude of an omission or misstatement of accounting information that makes it probable that the judgment of a reasonable person relying on that information would have been changed or influenced by the omission or misstatement. When used in finance, it refers to the magnitude of the financial impact on an organization. If the magnitude of the items relative to the whole organization is significant, then it is material. For example, a company with \$2,000 of total assets has \$1,000 worth of investments, the investment is material. A \$1,000 impact on a \$500 million total asset corporation is immaterial.

1.F. 6. The organization:

- a. Implements fiscal policies and written procedures, including internal control practices.**
- b. Provides training related to fiscal policies and written procedures to appropriate personnel, including:**
 - (1) Initial training.**
 - (2) Ongoing training.**

Intent Statements

To reduce risk, it is important that the organization, regardless of size, establish who has responsibility and authority in all financial activities, such as in purchasing materials and capital equipment, writing checks, making investments, fundraising, and billing.

Examples

The sophistication of the system of internal controls is based on the sophistication of the organization's fiscal activities.

6.a. Policies and written procedures may address methods for receiving cash, checks, donations, or other financial instruments; disbursing funds,

including petty cash, other cash, checks, or other financial instruments; managing the use, receipt, or disbursement of funds through purchase orders, invoices, organizational credit/debit cards and lines of credit with outside vendors; managing donations; and investing funds.

The organization may want to seek guidance from a source with the expertise to confirm that it is in accord with legal requirements and following generally accepted accounting principles.

1.F. 7. If the organization bills for services provided, it conducts a documented review of a representative sample of bills of the persons served:

- a. At least quarterly.**
- b. That addresses:**
 - (1) Whether bills are accurate.**
 - (2) Trends.**
 - (3) Areas needing improvement.**
 - (4) Actions to be taken.**

Intent Statements

A review of bills of the persons served to determine that they are accurate is a proactive method for an organization to help reduce or eliminate costly audit exceptions. This review and corresponding action will assist in that process.

Refer to the Glossary for the definition of *representative sample*.

Examples

This review focuses specifically on the appropriateness of billing and coding practices.

The review is conducted by persons trained to compare the dates and service codes on the organization's billing system to the dates, units, and types of services provided to the persons served and, if possible, by someone not involved with the original billing to protect integrity of the process. This type of review is often conducted by trained support staff.

This type of review may be required by some funding or regulatory sources, but it is also a good practice to incorporate into a fiscal management program to ensure that services are being billed appropriately.

Although only a quarterly review is required, as part of risk management an organization may choose to conduct this review more frequently, such as when billing or coding procedures are revised, new personnel are hired or new information systems are implemented, or to determine accuracy of billing following corrective training.

7.b.(3)–(4) Actions to be taken address the areas identified as needing improvement. For example, errors in billing may be addressed with education for billing personnel on why bills were rejected or declined, training on proper coding, issuing corrected bills, or return of overpayments to persons served or payers. Service delivery personnel may be trained on requirements for documentation in the records of persons served that justifies the billing.

1.F. 8. The organization, if responsible for fee structures:

- a. Identifies the basis of the fee structures.**
- b. Demonstrates:**
 - (1) Review of fee schedules.
 - (2) Comparison of fee schedules.
 - (3) Modifications when necessary.
- c. Discloses to the persons served all fees for which they will be responsible.**

Intent Statements

An accountable organization assists the persons served in understanding the fee structure and whether there might be any additional charges to the individual.

Examples

On a regular basis, the organization can evaluate its current fee structure to ensure that the fees are adjusted as necessary to reflect changes in services, the cost of delivering services, third-party/funder rate adjustments, and the local market.

8.b. The organization may demonstrate this in different ways. It might include dates on documents or mention this activity in meeting minutes, various personnel could discuss how this process occurred, etc.

8.b.(2) Comparison of fee schedules could be with what it has charged before and what new analysis might show is needed; it could be comparing to fee schedules from the funding source. It does not require that it be external to the organization.

8.c. Upon entry to the program, persons served are provided with an explanation of the fees for which they are responsible; and when changes in fees are necessary, the organization shares this information also.

1.F. 9. The organization:

- a. Obtains annual review or audit of its financial statements conducted by an independent accountant authorized by the appropriate authority.**
- b. Provides documentation of:**
 - (1) The results of annual financial statement review or audit, including any resulting recommendations.
 - (2) Management's response to recommendations, if applicable, resulting from annual financial statement review or audit, including corrective actions taken or reasons why corrective actions will not be taken.

Intent Statements

An *accountant authorized by the appropriate authority* means a CPA in the U.S.; in countries outside the U.S., the terminology for a similar accountant qualified to conduct a review or audit would be used. The CPA, chartered accountant, or similar accountant retained must be independent of the organization; i.e., may not be contracted with the organization for its regular accounting needs, represent the organization's funding sources, or be a member of the governance authority.

It is important for the organization to determine that its financial position is accurately represented in its financial statements. Accountants may typically undertake three types of engagements: audit, review, and compilation. Each is described in more detail below, but in summary,

the audit is the most extensive effort and accordingly the highest cost to the organization.

An audit requires an examination of the financial statements in accordance with generally accepted auditing standards, including tests of the accounting records and other auditing procedures as necessary. An audit will result in a report expressing an opinion as to conformance of the financial statements to generally accepted accounting principles.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an examination using generally accepted auditing standards. Typically, a review will result in a report expressing limited assurance that there are not material modifications that should be made to the statements.

As part of a compilation engagement, an accountant will compile the financial statements based on management representations without expressing any assurance on the statements. A compilation will not meet this standard.

The scope of this independent examination may vary based on the accounting requirements to which the organization is subject. For CARF either a full audit or a review is acceptable. A compilation will not meet this standard. An organization should always be sure it is meeting other applicable requirements.

Examples

For a governmental entity, such as the Veterans Administration, this standard may be met by review within its own system of oversight.

Some states' Boards of Accounting may authorize a different level of accountant (in lieu of a CPA) to conduct a review or audit.

9.a. An organization that is part of a larger entity may be included in the audit or review of the larger entity. In addition to documentation of the audit or review, the organization is expected to provide evidence that it was included in the process of the larger entity. This may be demonstrated through financial reports, subsidiary agreements, annual reports, or other business-related documents that provide evidence of the relationship of the organization to the larger entity.

- 1.F. 10. If the organization takes responsibility for the funds of persons served, it implements written procedures that address:**
- a. Identification of the role of the organization.**
 - b. How the persons served will give informed consent for the expenditure of funds.**
 - c. How the persons served can access their funds.**
 - d. How funds will be segregated for accounting purposes.**
 - e. Safeguards in place to ensure that funds are used for the designated and appropriate purposes.**
 - f. When interest-bearing accounts are used, how interest will be credited to the accounts of the persons served.**
 - g. How account reconciliation is provided to the persons served at least monthly.**
 - h. How funds will be returned to the persons served upon transition/exit from the program.**
 - i. Communication of these procedures to the persons served.**

Intent Statements

If the organization serves as a representative payee for the persons served, is involved in managing the funds of the persons served, receives benefits on behalf of the persons served, or temporarily safeguards funds for the persons served, it demonstrates that it has a system in place to protect the fiscal interests of the persons served.

Personnel and persons served, including, if applicable, those persons legally authorized to make decisions on behalf of the person served, are informed of the practices in place.

Examples

The organization may function in an official capacity such as a representative payee or other formally appointed representative with financial responsibility for the person served, or it may safeguard funds as a courtesy to the persons served; e.g., holding money in a bank account or keeping money or credit cards in a secure

place for use by or on behalf of the persons served.

Guidance may be obtained from providers of legal assistance and/or public and private human rights and advocacy agencies.

In the context of expending or investing funds, consent may be required for the following:

- Limiting the amount of funds expended or invested in a specific instance.
- Designating the funds to be expended or invested for a specific purpose.
- Establishing timeframes for expending or investing funds.
- Designating responsibility for expending or investing funds.
- Providing evidence that funds were expended or invested in the manner authorized.

10.d.–e. Methods employed may include a system to identify the purposes for which the funds are expended. This system may include accounting codes or line items to identify the reasons for expenditures of funds of the persons served. The organization is not required to establish separate bank accounts or other physically separate accounts for the funds of the persons served.

- Fee schedules, if applicable
- Results of annual financial statement review or audit, including, if applicable, resulting recommendations and management's response
- Cost analysis of services provided
- Financial reports
- Cash management policies
- Documented review of accuracy of billing for the services provided, if applicable

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Annual approved budgets
- Reviews of financial results
- Financial audits or reviews
- Written procedures for handling the funds of the persons served, if applicable
- Documented reviews of records of persons served
- Fiscal policies and written procedures
- Documentation of related entities, if applicable
- Financial remediation plans, if appropriate

G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, good-will, and ability to accomplish goals.

- 1.G. 1. **The organization implements a risk management plan that:**
- a. **Includes:**
 - (1) **Identification of loss exposures.**
 - (2) **Analysis of loss exposures.**
 - (3) **Identification of how to rectify identified exposures.**
 - (4) **Implementation of actions to reduce risk.**
 - (5) **Monitoring of actions to reduce risk.**
 - (6) **Reporting results of actions taken to reduce risks.**
 - (7) **Inclusion of risk reduction in performance improvement activities.**
 - b. **Is:**
 - (1) **Reviewed at least annually for relevance.**
 - (2) **Updated as needed.**

Intent Statements

The risk management plan is designed to manage risk and reduce the severity of a loss if one were to occur.

Examples

There will be a range of risks in all organizations, regardless of whether they are a for-profit or a nonprofit organization. Risk management focuses on an in-depth assessment of these risks and what must or can be done as preventive measures, coping measures should the risk occur, measures to protect the organization and prevent loss, and corrective measures to prevent the risk of further occurrence.

1.a.(1) Identifying exposure highlights those risks that may cause a loss and those resources of value that may be affected. Take inventory of

threats to all areas of the organization, including personnel, property, reputation, income, and ability to accomplish mission and goals. These areas include internal or external events that could expose the organization to litigation, government sanction, property loss, or business interruption. Potential risks may include changes in funding, new or growing populations, problems with the organization's facilities or grounds, newly identified security issues, or internal procedures.

1.a.(2) Analyzing exposure (risk analysis) determines the potential frequency and severity of any identified risk, as well as the overall financial burden of aggregate losses. Consider the nature of each area of risk. What is the likelihood of an adverse event occurring? If an event were to occur, how would it impact the organization? Are there certain areas of the organization or programming where the risk is greatest? What factors cause or contribute to increased risk exposure?

1.a.(3) Pinpoint actions that can be taken to mitigate, reduce, or eliminate risks. Such actions could include policies and procedures, staff education and training, practices of verifying credentials, safety and performance improvement initiatives, reporting processes, and maintenance of adequate insurance coverage. There are several methods available to deal with the potential loss:

- Risk control through avoiding the exposure altogether (if possible), reducing the probability of loss, reducing the severity of the consequences if a loss were to occur, and/or transferring the loss to another organization through a contractual transfer.
- Risk financing is done by either assuming the financial responsibility for the loss (through self-insurance) or by transferring it to an outside organization (through insurance).

1.a.(4) Implement actions, develop timelines, and identify the individual(s) responsible for carrying out the actions. This will lend accountability for the implementation of risk-reduction strategies. Consider tracking methods to assist in verifying implementation of the strategies.

1.a.(5) Monitoring measures and comparing actual versus planned performance of the

selected techniques enables the organization to evaluate the plan and determine whether different options may be necessary. Who is responsible for monitoring various areas of risk? What types of events should be reported and to whom should reports be submitted? Are individual incidents reported, or are indicators tracked monthly or quarterly?

1.a.(6) Determine if the actions taken to reduce risk have been effective. Based on information received through the established monitoring processes, are there any positive or negative trends in risk exposure? How and to whom is this information communicated?

1.a.(7) Areas of risk could be periodically reviewed as part of continuous performance improvement. When the desired or necessary results are not achieved, the organization can complete a new analysis of risk, add new or change existing strategies to rectify risk, monitor the effects of the changes, and report the new results.

-
- 1.G. 2. As part of risk management, the insurance package of the organization:**
- a. Is reviewed:**
 - (1) For adequacy.
 - (2) At least annually.
 - b. Protects assets.**
 - c. Includes:**
 - (1) Property coverage.
 - (2) Liability coverage.
 - (3) Other coverage, as appropriate.

Intent Statements

When effectively managed, insurance, whether third-party or self-insurance, can cover many tangible risks an organization faces. The organization's insurance package includes appropriate coverage for any services it may provide in more than one state/province or other jurisdiction.

Examples

The organization recognizes that although insurance is only one aspect of an organization's overall risk management strategy, adequate insurance coverage is essential. Insurance policies provide types of coverage for all aspects of the

organization's operations and protect and defend persons, such as personnel and board members, volunteers, and persons served, against reasonable claims due to adverse events for which the organization is liable. Types of coverage include vehicles, workers' compensation, directors' and officers' liability, errors and omissions, professional liability, business interruption, cybersecurity, property, and casualty.

The organization conducts a regular review of its insurance coverage with the assistance of someone who is trained in insurance needs and types of coverage. This person may be an experienced insurance broker who is informed of the needs, risks, and assets of the organization.

-
- 1.G. 3. The organization implements written procedures regarding communications that address:**
- a. Media relations.**
 - b. Social media.**

Examples

Media relations procedures might include who may or may not talk to the media, whom to notify of requests for interviews, whom to contact after hours, use of press releases, or media relations philosophy.

Social media procedures might address the organization's definition of social media; e.g., Facebook, Twitter, blogs, message boards; acceptable uses of social media; who has access and authority to post or modify information; privacy settings; parameters for communicating with persons served and prospective persons served; protection of health information; and how violations of the procedures will be managed.

- 1.G. 4. **If any of the services delivered by the program seeking accreditation are provided under contract with another organization or individual, documented reviews of the contract services:**
- Assess performance in relation to the scope and requirements of their contracts.**
 - Ensure that they follow all applicable policies and procedures of the organization.**
 - Ensure that they conform to CARF standards applicable to the services they provide.**
 - Are performed at least annually.**

Intent Statements

This standard relates to Standard 2.A.1. in Section 2 on scope of services and applies to contracted personnel, the contracting of any part of an accredited program, and all other contracted services related to service delivery to the persons served by the program(s) seeking accreditation. Refer to the Glossary for the definition of *contract*.

The organization complies with all applicable legal and regulatory requirements relative to the management of its workforce. This standard applies to independent contractors, as defined by the Internal Revenue Service (www.irs.gov/businesses/small-businesses-self-employed/independent-contractor-self-employed-or-employee), the Canada Revenue Agency (www.canada.ca/en/revenue-agency/services/forms-publications/publications/rc4110/employee-self-employed.html), or similar entities in other countries.

Examples

Reviews of contract services may be conducted by leadership, a contract manager/management office, risk management, human resources, etc.

4.a. When contracted personnel are involved in service delivery for the persons served, assessment of performance may include whether they have satisfied their responsibilities as identified in the individual plans of the persons served.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Risk management plan
- Reports from regulatory agencies
- Reports associated with legal actions
- Performance improvement plans
- Personnel policies manual
- Insurance policies
- Financial reports
- Risk analysis reports
- Written procedures regarding media relations and social media
- Reviews of contracted services

H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Applicable Standards

When determining applicability, please refer to the Glossary for the definitions and clarification of all *italicized* terms.

Standards in this subsection apply to all locations of an organization that meet the following descriptions, unless an identified exception applies:

- Locations owned/leased by the organization that are:
 - Used for delivery of the programs or services seeking accreditation.
 - or
 - *Administrative locations* where personnel related to the programs or services seeking accreditation are located.
- *Donated locations/spaces* that are *controlled/operated* by the organization and are:
 - Used for the delivery of the programs or services seeking accreditation.
 - or
 - *Administrative locations* where personnel related to the programs or services seeking accreditation are located.

Identified exceptions:

Standards 1.H.4.–1.H.9. and 1.H.12.–1.H.16. are not applied to programs that regularly use information and communication technologies (ICT) for all components of service delivery, if no physical locations are used by the organization for administration or delivery of any services.

Standards 1.H.5., 1.H.7., 1.H.14., and 1.H.15. are not applied to locations that meet any of the following criteria:

- *Private homes* of persons served.
- *Community settings* that are not owned/leased or *controlled/operated* by the organization.
- Used solely by an *employee-owner* for administration and no other persons or personnel are located, meet, or are served at the location.
- Used by the organization for service delivery one hour or less in any week.
- Used by the organization for administration by less than the equivalent of one full-time employee in any week.

If the organization provides any services in locations that it does not own/lease or control/operate, Standard 1.H.8. applies.

Please contact your CARF resource specialist if you have questions or need further clarification.

1.H. 1. The organization demonstrates ongoing attention to the health and safety of the environment.

Intent Statements

The organization demonstrates an overall concern for the health and safety of the persons served and personnel including ongoing attention to safe practices and reduction of health and safety risks in the environment and consideration of any applicable health and safety requirements of local or other governmental authorities. Documentation of daily maintenance tasks is not required.

1.H. 2. The organization implements written procedures to promote the safety of:

- a. Persons served.
- b. Personnel.

Intent Statements

Regardless of setting, the organization must demonstrate satisfactory efforts to provide services as safely as possible and promote a safe work environment.

Examples

Written procedures could include the identification of personnel responsible for implementation of health and safety procedures.

1.H. 3. Persons served receive education designed to reduce identified physical risks.

Examples

When safety concerns are identified for persons served, information and training relative to that risk are offered as a means to reduce risk and promote safety.

In exclusively virtual programs/services, education may address how persons served should prepare or arrange their physical space to be conducive to and safe for service delivery. Depending on the type of program/service being delivered this could include attending to the cleanliness of the space, reducing clutter or trip hazards, setting up equipment used for service delivery, identifying space away from other persons or pets that could interfere with service delivery, or soliciting others to assist when needed.

1.H. 4. Personnel receive documented competency-based training:

- a. At orientation in the following areas:**
 - (1) Health and safety practices.
 - (2) Identification of unsafe environmental factors.
 - (3) Emergency procedures.
 - (4) Evacuation procedures, if appropriate.
 - (5) Identification of critical incidents.
 - (6) Reporting of critical incidents.
 - (7) Medication management, if appropriate.
 - (8) Reducing physical risks.
 - (9) Workplace violence.
- b. At least annually in the following areas:**
 - (1) Health and safety practices.
 - (2) Identification of unsafe environmental factors.
 - (3) Emergency procedures.

- (4) Evacuation procedures, if appropriate.
- (5) Identification of critical incidents.
- (6) Reporting of critical incidents.
- (7) Medication management, if appropriate.
- (8) Reducing physical risks.
- (9) Workplace violence.

Intent Statements

See the Glossary for the definition of *competency-based training*.

Examples

The organization provides comprehensive training so that personnel can demonstrate their competency in health and safety. Ways to structure trainings so that they are competency based may include “demonstration and return demonstration” in which the trainer demonstrates a skill (such as using a fire extinguisher or other equipment) and the trainee performs the same skill in return to ensure competency. Another technique might be to have a written quiz or assessment following a training presentation to ensure that key concepts are understood. Verbal quizzes in which the trainee describes to the trainer the expected response in an emergency may also be useful in assessing competencies.

Content of the education and training may vary with the required competencies, job duties, and responsibilities of the personnel. In addition to training on health and safety in an organization setting, training is provided on an ongoing basis regarding the potential risks involved in working in community settings or a person’s home when applicable to the services provided. Training includes, but is not limited to, identification of potential risks, ways to prevent or minimize risks, and emergency procedures.

It may be helpful to begin by assigning responsibility for developing a training program. The training and information needs of personnel and those with an emergency response role are identified. These might be included in the health and safety program planning:

- Who will be trained.
- Who will do the training.

- What training will take place.
- When and where each session will take place.
- What the outcomes of each session will be.
- How the session will be documented and evaluated.

Reviews are conducted after each training activity. Training participants are involved in the evaluation process.

Some training activities that organizations may consider using are:

- **Orientation and Education Sessions**—These are regularly scheduled to allow discussion, provide information, answer questions, and identify needs and concerns.
- **Tabletop Exercise**—Members of the emergency management group meet in a conference room setting to discuss their responsibilities and how they would react to emergency scenarios. This is a cost-effective and efficient way to identify areas of overlap and confusion before conducting more demanding training activities.
- **Walk-Through Drill**—The emergency management group and response teams actually perform their emergency response functions. This activity generally involves more people and is more thorough than a tabletop exercise.
- **Functional Drills**—These drills test specific functions such as medical response, emergency notifications, and warning and communication procedures and equipment, though not necessarily at the same time. Personnel are asked to evaluate the systems and identify problem areas.
- **Evacuation Drills**—Personnel walk the evacuation route to a designated area where the procedures for accounting for all persons are tested. As they evacuate, personnel are asked to note things that might become possible hazards during a real emergency evacuation, such as stairways cluttered with debris or inadequate lighting in the hallways.
- **Full-Scale Exercise**—A real-life emergency situation is simulated as closely as possible. This exercise involves the organization's emergency response personnel, other employees,

persons served, the management, and community response organizations.

General training for all employees addresses:

- Individual roles and responsibilities.
- Individualized needs of persons served.
- Information about threats, hazards, and protective actions.
- Notification, warning, and communication procedures.
- Continuation/contingency for essential services and supports.
- Means for locating family members in an emergency.
- Emergency response procedures.
- Evacuation, shelter, and accountability procedures.
- Emergency shutdown procedures.

The scenarios developed during vulnerability analysis can serve as the basis for training events.

4.b. Training at least annually helps to ensure that all personnel are kept current on changes in policies and procedures.

4.a.(1) and 4.b.(1) Training is provided at orientation and on an ongoing basis regarding the potential risks involved in settings appropriate to services provided, which might include working in community settings or a person's home. Training includes, but is not limited to, identification of potential risks, ways to prevent or minimize risks, and emergency procedures. The organization determines which employees will be mandated to receive specific training applicable to their position as detailed in their job description. The training might include CPR, first aid, preventive disease control, physical and verbal interventions, medication awareness, safety awareness, and any specialty training, including physical restraint training, specific to the safety of a particular population. It is suggested that the organization maintain documentation of each employee's recertification in applicable courses (including courses that do not require recertification at least annually) so that review of this might coincide with annual performance evaluations. For training that does not require a certification process at least annually, the organization would

include review of the procedure in its own training program.

4.a.(2) and 4.b.(2) The organization trains personnel to identify unsafe environmental factors and determines personnel competency in this area at least annually (such as post-tests and employee evaluations).

4.a.(3)–(4) and 4.b.(3)–(4) The organization's procedure to train personnel on emergency and evacuation procedures includes the method the organization uses to ensure proficiency of personnel (e.g., mock drills, post tests, and employee evaluations). The emergency and evacuation procedures include the plans for fires, bomb threats, natural disasters, utility failures, medical emergencies, and safety during violent or other threatening situations. Personnel skill in implementing these procedures is reviewed.

4.a.(5)–(6) and 4.b.(5)–(6) The organization's procedure for training personnel in the identification and reporting of critical incidents/serious occurrences (terminology used in Canada may be *serious occurrences*) includes how the organization ensures skill in this area; e.g., core training and inservice training. A record of the successful completion of this training may be kept in each employee's confidential file or in training records.

4.a.(7) and 4.b.(7) Training on medication management would be included if the organization has a role in either medication management or monitoring, as described in Section 2.C. of this manual.

4.a.(9) and 4.b.(9) Training might include what types of behaviors, actions, or communication constitute workplace violence; e.g., bullying; intimidation; sexual harassment; disruptive behavior; assaultive behavior; or unauthorized possession and/or use of a weapon such as a gun, knife, Taser, or bomb. Training may also include actions to take under such circumstances; e.g., communication with the offending party, the mechanism to seek assistance within the organization, and reporting requirements.

1.H. 5. There are written emergency procedures:

a. For:

- (1) Fires.
- (2) Bomb threats.
- (3) Natural disasters.
- (4) Utility failures.
- (5) Medical emergencies.
- (6) Violent or other threatening situations.

b. That satisfy:

- (1) The requirements of applicable authorities.
- (2) Practices appropriate for the locale.

c. That address, as follows:

- (1) When evacuation is appropriate.
- (2) Complete evacuation from the physical facility.
- (3) When sheltering in place is appropriate.
- (4) The safety of all persons involved.
- (5) Accounting for all persons involved.
- (6) Temporary shelter, when applicable.
- (7) Identification of essential services.
- (8) Continuation of essential services.
- (9) Emergency phone numbers.
- (10) Notification of the appropriate emergency authorities.
- (11) Communication with relevant stakeholders.

Intent Statements

Established emergency procedures that detail appropriate actions to be taken, including communication with relevant stakeholders, consider any unique needs of persons served, and are appropriate and specific to the service delivery site or location promote safety in all types of emergencies.

Being prepared and knowing what to do help the persons served and personnel to respond in all emergency situations, especially those requiring evacuation. The evacuation procedure guides personnel to assess the situation, to take appropriate planned actions, and to lay the foundation for continuation of essential services.

Examples

Depending on the type of emergency, the procedure could include immediate response, evacuation, use of appropriate suppression techniques, notification of the proper authorities, sheltering in place, and reporting requirements.

In developing emergency procedures the organization identifies critical products, services, and operations that may be impacted in an emergency and backup systems, internal capabilities, and external resources that may be needed or accessed.

Considerations for emergency management planning may include:

- A. Establishing a planning team or health and safety committee that initiates planning steps, such as:
 1. Establishing a policy and procedure to demonstrate the organization's commitment to emergency management.
 2. Meetings with providers of utilities, such as the electric company, and community organizations, such as the Red Cross, community emergency management, the fire department, and law enforcement to identify potential emergencies and procedures.
 3. Identifying applicable governmental regulations, such as fire codes, zoning regulations, and occupational health and safety regulations.
 4. Identifying critical products, services, and operations for potential emergencies and backup systems.
 5. Identifying internal resources and capabilities that the organization would need in case of an emergency, such as equipment, evacuation plans, and arrangements for backup systems for payroll, communications, emergency power, and information systems support.
6. Identifying external resources that the organization may need in an emergency, such as the fire department, hospitals, law enforcement, utilities, insurance carriers, suppliers of emergency equipment, hazardous materials response organizations, and existing county or other disaster preparedness plans.
- B. Analyzing potential hazards and the organization's capabilities and addressing them with internal plans. Documentation for analysis may include such things as evacuation procedures, security procedures, drills, employee manuals, insurance programs, hazardous materials information, a facility closing policy, safety assessments, and risk management plans.

5.a.(1) Fires.

In developing comprehensive procedures to respond to fires, consider:

- Training and use of primary exits and alternative routes, fire extinguisher use and location, and the primary place of safety in the event of an emergency.
- Training and use of the evacuation plans and the responsibilities of participants.
- Needs of persons participating who are deaf or hard of hearing; are blind or have low vision; or have mobility impairments, speech impairments, or intellectual or developmental disabilities.
- Personnel orientation and training requirements and schedules.

5.a.(2) Bomb threats.

The organization adopts specialized procedures to prepare for bomb threats to ensure the safety of persons served and personnel. If your bomb threat procedure includes a site for temporary evacuation, then a letter of agreement with the site's owner might be written and regularly reviewed. Another critical feature to incorporate into the emergency plan for bomb threats is training of personnel who would likely receive the threatening call. (A sample of a checklist that could be used for such a call may be requested from CARE.)

The emergency plan for bomb threats might also identify the process for exploring with local law enforcement and the local telephone company the resources available for tracing repeated phone threats.

5.a.(3) Natural disasters.

The organization evaluates safety concerns related to possible natural disasters and their potential effects on the organization's personnel, the persons served, and property and develops procedures detailing action to be taken in the event of a natural disaster. Possible natural disasters are those typical of your particular geographic location. They might include tornadoes, severe rainstorms, hurricanes, floods, earthquakes, blizzards, ice storms, snowstorms, landslides, and volcanic eruptions.

To be prepared in the event of a natural disaster, the organization considers:

1. Storing basic emergency supplies (e.g., drinking water, food, flashlights, batteries, battery-operated radios, a first aid kit, electrical generators, clothing, bedding, cellular phones, vital documentation, and money), which would be needed for sheltering in place.
2. Availability of medications and medical devices for persons served.
3. Collaboration with community resources to assist with priority needs.

5.a.(4) Utility failures.

To be prepared in the event of a utility failure, such as electrical, water, gas, sewer, telephone, or internet, the organization considers:

1. Health risks for persons served.
2. The cooking and eating requirements for persons served, if applicable.
3. The preparation of an emergency kit, including flashlights, radios, food, canned meat, utensils to open food containers, electrical generators, batteries, and chafing dishes.
4. Extra battery packs for electric wheelchairs, breathing devices, and other electric life devices.
5. Plans for a primary location for persons served.

6. Prearranged community resources for support.
7. Checking properties for potential hazards and effecting preventive measures when possible, such as tree trimming, as trees may cause a disruption of power lines.

5.a.(5) Medical emergencies might include someone unable to get up from a fall; a severe cut or allergic reaction; loss of consciousness due to a change in blood pressure, stroke, cardiac event, or medication misuse; or suicidal ideation.

To prepare for medical emergencies, the organization considers:

1. Thorough individualized documentation of medical needs and histories.
2. Immediate responses and responsible persons (e.g., identifying who is trained in CPR and defibrillation).
3. Emergency on-call plans.
4. Persons to notify in case of an emergency.
5. Hospital plans for persons served.

5.a.(6) Violent or other threatening situations.

Violent or other threatening situations may include explosions, biochemical threats, acts of terrorism, use of weapons, and aggressive or assaultive behaviors of persons served or visitors.

To ensure safety in the event of a violent or other threatening situation, the organization considers:

1. Training requirements for personnel.
2. Training requirements for persons served.
3. Identification of risk factors in relation to the facility.
4. Assessment and identification of the individualized needs of persons served.
5. A plan that is communicated to community resources for priority needs.
6. Training and drill documentation at staggered time periods.
7. Safe areas and evacuation procedures.

5.c.(1)–(11) Evacuation may be addressed in a separate procedure or incorporated into relevant emergency procedures, such as those for fire.

Regardless of the type of emergency evacuation, all plans for evacuation include clear procedures.

Best practices for an evacuation plan may have various exits for different types of emergencies. The routes for evacuation consider speed and special considerations for persons based upon their needs. Procedures include a predetermined site that is safe to the extent possible from environmental conditions such as extreme weather or traffic for gathering of all individuals upon evacuation. It may be helpful to have an outside authority (e.g., the fire marshal, risk manager, or other) evaluate the designated routes and assembly points to determine viability and practicality. The evacuation plan considers not only the possible physical barriers of the facility, but also the individualized needs of those to be evacuated, such as persons with mobility impairments who will need assistance or persons with low vision or who are hard of hearing. How many persons with mobility impairments will need assistance? Can a wheelchair be used to facilitate quicker egress? Are ramps needed and in place at evacuation sites? Are flashing lights needed to alert persons who are deaf or hard of hearing or are Braille strips to mark routes needed for persons who are blind or have low vision?

The procedures for evacuation identify the responsibilities of all personnel who might assist in the process of evacuation. Evacuation assignments are a part of the plan. Emergency roles include identification of personnel responsible for taking attendance rosters to the designated assembly area to ensure that all persons are accounted for. Procedures include the process for notifying personnel if individuals are not present. An attendance monitoring system would prevent personnel from mistakenly assuming that a person was lost when in fact the person is at home with family, at a doctor's appointment, or elsewhere. Good practice would establish an attendance system that accounts for all persons served on a regular basis throughout the course of a given day.

In establishing a predetermined assembly area, thought is given to whether the area provides for rapid exit and avoids interference with emergency personnel, such as the fire department or law enforcement, who may need access to the physical facility. Is the site far enough away from the emergency to ensure safety? The procedures

address the entire spectrum of an evacuation, including an evacuation when evacuees cannot return to the facility. Procedures identify protocol to follow in the event that an incident may require movement to a temporary shelter. Procedures address the process for transportation, communication, and the inclusion of emergency information for all persons served. Procedures may include protocols that provide direction to personnel if services will be curtailed. Written agreements with potential shelters are in place. The temporary shelter considers the unique health, safety, and accessibility needs of persons served, to the extent possible.

Procedures take into account the essential services and supports that the organization provides (e.g., medical, behavioral, dietary, transportation, and communication services). Procedures identify personnel, both internal and external, who would be required for the continuation of essential services. Procedures may include a vulnerability analysis to determine potential threats that might necessitate evacuations. The analysis may include a historical analysis of what has occurred in the community in the past, a geographic analysis of the location of the facility, a technological analysis in the event of a systems failure, and an analysis of potential human error, such as incidents caused by untrained employees or recipients of services and supports.

The procedures may outline supporting documents that could help in evacuation and emergency situations. Supporting documents include blueprints of the facility with sufficient detail to guide emergency personnel to exits, water shutoffs, stairways, gas valves, air conditioning ducts, storm drains, electrical shutoffs, etc. Procedures also identify the individuals designated to maintain and implement emergency contact lists of essential internal and external personnel, parents/guardians, the health department, the fire department, law enforcement, emergency medical resources, local emergency response teams, hospitals, utilities, the phone company, shelters, and the water department.

5.c.(6) Temporary shelter is typically needed if the organization provides a residential/housing program or a program such as respite in which

the persons served remain at the site for extended hours, overnight, or for several days, weeks, or months.

5.c.(7)–(8) Essential services may include the provision of medications, residential or other housing support services, or assistance with daily living requirements, such as personal care supports provided in a private home.

5.c.(11) Managing emergencies may require communication with members of the workforce, such as personnel in other locations or on other shifts, leadership, persons served and members of their families/support systems, and others in the community that may be providing resources or support during the emergency. As part of each of its emergency procedures the organization considers with whom it should communicate under what circumstances, in what timeframes, and through what mechanisms.

Resources

Local Red Cross associations, state/provincial or other jurisdictional regulations, regional disaster preparedness groups, and many websites offer current and useful information in the development of emergency plans.

The Federal Emergency Management Agency (FEMA) is a national resource for education, training, and emergency information in the U.S. FEMA has established an emergency planning guide for business and industry that provides advice for creating and maintaining an overall emergency management plan specific to each organization's corporate culture. Other free emergency procedures that may be incorporated into your plans are also available online. Resources include:

- www.ready.gov/sites/default/files/2019-06/comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans.pdf
- www.ada.gov/emergencyprepguide.htm

Other websites that offer resources for developing emergency procedures include:

- Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers:
 - www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid
 - www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html
 - www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html
 - <https://asprtracie.hhs.gov/cmsrule>
 - <http://ltcombudsman.org/uploads/files/issues/cms-ep-rule-resources-at-your-fingertips.pdf>
- Homeland Security Active Shooter Preparedness: <https://search.dhs.gov/search?query=active+shooter&affiliate=dhs>
- Ready: www.ready.gov
- Emergency Preparedness for Vulnerable Populations: www.ncbi.nlm.nih.gov/pmc/articles/PMC2646456/
- U.S. Department of Labor Occupational Safety and Health Administration: www.osha.gov/SLTC/emergencypreparedness/index.html
- Disaster Resources for People with Disabilities and Others: www.jik.com/disaster.html
- disability911 Disaster Preparedness for People with Disabilities: www.ilru.org/projects/disability911
- Amputee Coalition resources for emergency preparedness: www.amputee-coalition.org/limb-loss-resource-center and www.amputee-coalition.org/resources/when-disaster-strikes

- Tips for Retaining and Caring for Staff after a Disaster: <https://files.asprtracie.hhs.gov/documents/tips-for-retaining-and-caring-for-staff-after-disaster.pdf>
- Capacity-Building Toolkit for Including Aging & Disability Networks in Emergency Planning: www.naccho.org/uploads/downloadable-resources/Capacity-Building-Toolkit-for-Aging-and-Disability-Networks-2-5-19.pdf
- 🍁 ■ Public Safety Canada: www.publicsafety.gc.ca. Provincial or territorial emergency measures organizations can also be used as resources.
- 🍁 ■ Public Safety Canada Your Emergency Preparedness Guide: www.getprepared.gc.ca/cnt/rsrscs/pblctns/yprrdnssgd/yprrdnssgd-eng.pdf
- 🍁 ■ Canadian Centre for Occupational Health and Safety: <https://ccohs.ca/oshanswers/hsprograms/planning.html>

1.H. 6. The organization has evacuation routes that are:

- a. Accessible.**
- b. Understandable to:**
 - (1) **Persons served.**
 - (2) **Personnel.**
 - (3) **Other stakeholders, including visitors.**

Examples

6.a. Evacuation routes refer to the clearly visible and known routes of egress. Signage such as a posted map or diagram is not required. If an organization chooses to use signage, this may be simple Exit signs over doors, Braille representation, diagrams, or directional signs showing corridors and line of travel to exit doors. Accessibility of the signage would consider location, height, and other needs relative to the persons served and other stakeholders. Additionally, the exit ways should have adequate lighting and be clear of obstructions such as equipment, furniture or locked doors. Evacuation routes should not result in individuals getting to an

unsafe location such as ungraded land, a rooftop with no opportunity for egress, or where emergency personnel cannot reach the individuals.

1.H. 7. An unannounced test of each emergency procedure:

- a. Is conducted at least annually:**
 - (1) **On each shift.**
 - (2) **At each location.**
- b. Includes, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill.**
- c. Is analyzed for performance that addresses:**
 - (1) **Areas needing improvement.**
 - (2) **Actions to address the improvements needed.**
 - (3) **Implementation of the actions.**
 - (4) **Necessary education and training of personnel.**
 - (5) **Whether the actions taken accomplished the intended results.**
- d. Is evidenced in writing, including the analysis.**

NOTE: *This standard does not apply to services that are provided in private homes or apartments.*

Intent Statements

It is expected that each emergency procedure addressed in Standard 1.H.5. (fires, bomb threats, natural disasters, utility failures, medical emergencies, and violent or other threatening situations) is tested, analyzed for performance, and documented, including the analysis. Practicing emergency procedures helps the persons served and personnel to better respond in actual emergency situations. Simulated evacuations should be limited to situations where actual evacuations are not possible. Emergency procedure testing is part of an organization's performance improvement activities. Analysis of results of the tests may indicate ways to improve performance.

Examples

Each emergency procedure (e.g., the procedure for fires, bomb threats, natural disasters, utility failures, medical emergencies, and violent or other threatening situations) is tested at least

annually on all shifts and at all locations that pertain to the service seeking accreditation whether they are service sites or administration only, in accord with CARF applicable standards (see page 68). The test or drill should be realistic and occur at random on different shifts, if applicable to the organization.

Emergency tests may be done in a variety of ways. Actual physical tests or drills that move personnel through the procedure allow for practice and provide an indication of how personnel might respond in an actual emergency. All personnel who would be expected to participate in an emergency should be included in the testing. An organization that tests emergency and evacuation procedures at the time of a shift change is cautioned to consider whether that timing provides a realistic representation of the resources that would be available to respond to an emergency during a regular shift. For example, the number of personnel present overnight at a residential program may vary considerably from mid-day, resulting in different expectations of personnel on those shifts in the event of an emergency. The emergency procedure testing is used to improve the knowledge and readiness of personnel and persons served in the event of actual emergency situations. If persons served are not involved in the test, personnel should simulate the types of restrictions that persons served may have during an evacuation when actually moving through the process of evacuation.

Implementation of an emergency procedure in response to an actual emergency and its subsequent documentation may be used in place of a test of an emergency drill.

7.a. Use of a grid to track tests of all emergency procedures may help facilitate completion of all tests at least annually at all locations and on all shifts.

7.c.(1)–(2) An organization may establish a benchmark or target prior to the test. Many times this is met and no improvement is needed. This confirms that current practice is appropriate. However, other times analysis may indicate revision is needed for an improvement to the procedure itself or that additional training of personnel or persons served is needed. When

persons served require additional practice in emergency procedures, consider:

- Assessments that determine the individual needs in the event of an emergency situation of persons served.
- Task analysis of procedures to teach sequencing of steps.
- Assistance from local emergency planning resources.
- Random and shift drills, as determined by the needs of persons served.
- Documentation and reporting regarding exercises and analysis of training drills for modification, if needed.

7.d. Documentation and reporting regarding exercises and analysis of training drills are important to identify modifications, if needed to improve performance.

Evaluation considerations could include:

- Involving a health and safety committee or planning team to evaluate and update the organization's emergency management procedure.
- Identifying need areas and vulnerability and addressing these issues.
- Emergency procedure lessons learned from drills and actual events.
- Ensuring that responsibilities and roles are understood by all persons on the emergency management team.
- Emergency procedures reflecting physical plant or practice changes.
- Up-to-date records.
- Ensuring that outcomes of training objectives are met.
- Ensuring that community resources are consulted and provided with updates at least annually.
- Updating letters of agreement at least annually.

Procedures are considered for evaluation and modification during the following times:

- Training.
- After training drills.

- As risks increase.
- After actual emergencies.
- When responsibility is reassigned.
- When changes are made to the physical plant.
- When changes occur in proximity to the physical plant.
- When a policy or procedure is revised.
- When briefing personnel on emergency plan changes.

1.H. 8. If an organization provides services in locations that are not owned/leased or controlled/operated by the organization, it implements written procedures that address safety at the service delivery site:

- a. For:
 - (1) Persons served.
 - (2) Personnel.
- b. Including:
 - (1) Consideration of any emergency procedures that may already be in place at the service delivery site.
 - (2) The physical environment, including accessibility, of the service delivery site.
 - (3) Basic needs in the event of an emergency.
 - (4) Actions to be taken in the event of an emergency.
 - (5) Provisions for communication by personnel while providing services regarding decisions to continue or discontinue services.

Intent Statements

Please see the Glossary for a definition of *controlled/operated*.

Written procedures address the uniqueness of the settings and types of situations that may be encountered, and when decisions need to be made, potentially on an immediate basis, to ensure the safety of persons served and personnel under a variety of circumstances.

This standard applies to programs that include community outings or community integration

activities for the persons served and to programs that provide all of their services in locations that are not owned/leased or controlled/operated by the organization, including private homes.

8.b.(1) If services are provided in a location that is separately licensed or regulated, there may already be emergency procedures in place. If personnel or persons served are present in the event of an emergency, they would follow those procedures.

Examples

Services may be provided at sites including, but not limited to, a library, school, sports or performing arts venue, movie theatre, volunteer site, job site, private home, etc. Based on the service delivery site, the organization considers actions to be taken in the event of emergencies such as fires, bomb threats, natural disasters, utility failures, medical emergencies, and violent or other threatening situations.

1.H. 9. There is ready access to:

- a. First aid expertise.
- b. First aid equipment.
- c. First aid supplies.
- d. Relevant emergency information on the:
 - (1) Persons served.
 - (2) Personnel.

Intent Statements

It is important to provide a safe setting for the persons served and personnel. The adequacy of first aid expertise reflects the needs of the population served and the service setting. Necessary emergency resources, including people trained to respond and the location of first aid equipment and supplies, are known and quickly available during program hours. First aid supplies are checked for expiration and availability of adequate supply through a systematic process and replenished and replaced as needed.

9.d. The organization has a mechanism in place to ensure that emergency information is kept current on persons served and personnel.

Examples

The adequacy of first aid expertise reflects the needs of the population being served as well as

the service setting and may include first aid, CPR, universal precautions, or other safety training.

9.a. The organization defines how it will have ready access to first aid. This may be accomplished by training key personnel in first aid. It identifies which employees are mandated to receive training in first aid and CPR. The need for this training may be included in the signed job description, indicating that employees have been informed of the need for this training in maintaining their employment. If services are provided in a school or medical setting, personnel within the program/service site could be used to meet the requirement for ready access.

The organization can contact licensing agencies to determine whether there is a mandated time-frame within which employees are expected to complete training in first aid and CPR. A procedure could be put into place to track the completion of mandated training within the specified time period.

9.b.–c. The organization may implement guidelines defined by local health and safety authorities regarding the availability of first aid equipment and supplies. The organization makes first aid supplies easily accessible to personnel at all sites it owns/leases/controls where services or administration are located and in all vehicles in which persons served are transported.

A checklist may be completed periodically by designated personnel documenting that needed items are available and that any outdated supplies are disposed of. The designated person would be responsible for immediately procuring any items needed.

9.d. This standard gives the organization flexibility in determining the most accessible location for emergency information. The location could depend on the size of the program or the organization, staffing patterns, and the type of program or setting. The organization may collect such information in the personnel or administrative files, records of persons served, a notebook, or a special file. In an inpatient or residential setting, it would be appropriate for the information to be in a format that could be removed from the site when an evacuation is necessary.

This is information that might be needed if personnel or a person served has an emergency and may include information on medical conditions, emergency contact persons, a primary care doctor, allergies, or the use of medications or assistive devices. If the persons served are transported for group activities or services, this information is available to the personnel overseeing the outing.

1.H. 10. The organization implements written procedures regarding critical incidents that:

a. Specify the following critical incidents:

- (1) Medication errors.
- (2) Use of seclusion.
- (3) Use of restraint.
- (4) Incidents involving injury.
- (5) Communicable disease.
- (6) Infection control.
- (7) Aggression or violence.
- (8) Use and unauthorized possession of weapons.
- (9) Wandering.
- (10) Elopement.
- (11) Vehicular accidents.
- (12) Biohazardous accidents.
- (13) Unauthorized use and possession of legal or illegal substances.
- (14) Abuse.
- (15) Neglect.
- (16) Suicide and attempted suicide.
- (17) Sexual assault.
- (18) Overdose.
- (19) Other sentinel events.

b. Include:

- (1) Prevention.
- (2) Reporting.
- (3) Documentation.
- (4) Remedial action.
- (5) Timely debriefings conducted following critical incidents.

Intent Statements

Any of the incidents listed above could occur in any organization. In developing its procedures for critical incidents, an organization should consider the persons served, personnel, and other stakeholders, such as visitors to its program. An organization is not required to have a separate procedure for each type of incident; however, the organization's written procedures for prevention, reporting, documentation, remedial action, and timely debriefings should consider the possibility of each type of occurrence.

This standard may relate to other standards on similar topics and how a program/service addresses these circumstances in the context of service delivery, such as how a program manages medication errors when they occur, suspected abuse or neglect, or suicide risk.

Examples

The organization follows legal requirements regarding investigation and the reporting of incidents to the proper authorities. Reporting requirements can be obtained from licensing agencies, protection and advocacy services, and funding sources.

Policy is developed that includes the procedures in place for determining what constitutes a critical incident, how investigations are to be conducted, how documentation is to be completed, who is responsible for completing documentation, who is to be notified, and where written documentation of incidents is to be kept.

Regulations and/or policy may require documentation of what is considered a "near miss," in which serious consequences were avoided, but which would require review in order to promote a safer environment. This is a concept being effectively used by some organizations.

A training system may be put in place to ensure that all personnel are trained in, and aware of, the reporting requirements. Due to the importance of this information, an organization may choose to make this training part of all employees' initial orientation and at least annual training. It may be helpful to document the completion of the training in an employee's personnel file and review the information at the time of the employee's performance review.

The reporting of critical incidents is essential. Reporting ensures that information is communicated and that significant events that could jeopardize the health and safety of participants and personnel are documented. Personnel should be familiar with all circumstances that are considered critical incidents. Although Standards 1.H.10.a.(1)–(19) identify incidents that must be considered critical, it is not an exhaustive list.

A critical incident form can be developed so that all necessary information about the incident is included. Information to include on the incident form includes the date, time, and location of the incident; who was involved; what led to the incident; a description of what happened; the consequences of the incident; witnesses; who was notified; and follow-up recommendations. Personnel completing the form are to provide descriptive and factual information.

The organization determines and develops a policy determining what format and where the documentation of incidents is to be maintained. Licensing agencies view critical incident reports as confidential legal documents and require them to be stored in a secure area. Timelines regarding how long documentation of critical incidents must be kept are also typically set by licensing agencies.

An organization may be required to store incident reports in the records of the persons served, an incident file, etc. An incident log may also be kept to summarize causes and trends of incidents at a glance.

Software programs are being used by some organizations to ensure more consistency in documentation and to facilitate analysis.

As applicable, organizations should note requirements of:

- Child abuse and neglect laws.
- Vulnerable adult regulations.

10.a.(1) Examples may include errors by a provider in prescribing, dispensing, or administering medications; issues related to medication reconciliation, inventory, technology, or spillage; errors by a person served such as taking the wrong dose of a medication, not taking the medication according to the prescribed schedule, storing a medication incorrectly (e.g., not refrigerating a

medication that should be kept at a certain temperature); adverse reactions to a medication, etc.

10.a.(13) This includes use or possession of any illicit substance that is in violation of the organization's policies and procedures.

In its written procedures the organization addresses the possession and use of medical marijuana, including topics such as whether it is legal or illegal, how it is managed, the impact of its use on other persons served, and sharing with or selling to other persons served.

1.H. 11. A written analysis of all critical incidents is provided to or conducted by the leadership:

a. At least annually.

b. That addresses:

- (1) **Causes.**
- (2) **Trends.**
- (3) **Areas needing improvement.**
- (4) **Actions to address the improvements needed.**
- (5) **Implementation of the actions.**
- (6) **Whether the actions taken accomplished the intended results.**
- (7) **Necessary education and training of personnel.**
- (8) **Prevention of recurrence.**
- (9) **Internal reporting requirements.**
- (10) **External reporting requirements.**

Intent Statements

An integrated approach to the management of critical incidents is essential to effective risk management.

Examples

If critical incidents are analyzed at the level of the larger entity or organization, there is still a process to review, analyze, and address the data associated with critical incidents specific to the programs/services seeking accreditation. Analyzing critical incidents at the level of the program/service could identify program/service specific causes, trends, actions, prevention of recurrence, and education needs that may differ from the rest of the organization. The written

analysis might be a separate report or contained within the organizationwide report.

This analysis is a critical component to the concept of prevention in both risk management and performance improvement activities. In order to determine the causes and trends of critical incidents/serious occurrences (terminology which may be used in Canada), an organization implements a process for review at least annually and, based on leadership structure, indicates the persons or positions responsible for the review.

Critical incidents/serious occurrences may be reviewed by leadership or by one or more committees to ensure that a thorough analysis is completed. An organization implements a process for reviewing all incidents involving accidents, injuries, illnesses, and "near miss" events. A well-rounded committee would include members from the administration, transportation, social services, human resources, and training and development departments.

An organization may also develop a human rights committee to review critical incidents/serious occurrences. Effective members of this committee likely have experience in behavior analysis and rights of persons served. This committee would review all critical incidents to determine antecedents, changes in behavior observed during the incident, the influence of personnel interactions and interventions, the need for environmental modifications, that client rights are upheld, and that individuals are treated with dignity and respect.

Regardless of who reviews critical incidents/serious occurrences, a thorough analysis includes the following:

- **11.b.(1)** A determination of the cause of each incident. Did the incident occur as the result of an environmental flaw, a lack of personnel training factors, or a failure to follow the organization's policies and procedures?
- **11.b.(2)** Identification of trends in critical incidents/serious occurrences. Are common themes emerging in the incident reports? An examination of trends evaluates the location of critical incidents, the time of incidents, the personnel involved in incidents, the involvement of persons served in incidents,

the types of incidents, methods of intervention, etc.

11.b.(3)–(6) The purpose of the above analysis is to enable the development of actions for improvement to prevent similar events from occurring in the future. Once an analysis of the incidents has been completed, the committee members are responsible for making recommendations and determining actions that the organization needs to take to improve the areas identified.

Recommendations may include environmental modifications, additional personnel training, changes in policies and procedures, and other actions. The designated committee subsequently revisits recommendations to evaluate the results of the actions taken for improvement, ensuring that the recommended changes that have been made were effective.

Meeting minutes could be used to share information with those in all areas affected by the committee's recommendations to ensure communication of need areas, as well as provide documentation of actions.

11.b.(9)–(10) Requirements with regard to the reporting of an incident to the appropriate personnel and/or authority may vary. Some incidents may involve issues that are internal to the operation of the organization and that are reported only to the appropriate supervisors. However, incidents of neglect, abuse, or death must be reported to the appropriate external authorities, as required by regulation or law. CARF requires reporting of sentinel events to the organization's designated resource specialist at CARF within 30 days of their occurrence. A form for reporting these is available online.

(4) Investigation.

(5) Control/mitigation.

b. That include training on the procedures for:

(1) Persons served.

(2) Personnel.

(3) Other stakeholders.

Intent Statements

The organization takes a comprehensive approach to prevention and management of infections and communicable diseases. This includes consideration of legal and regulatory requirements to which the organization is subject, which may vary by state/province or other jurisdiction as well as type of organization, and relevant training for persons served, personnel, and other stakeholders.

🍁 **12.a.(1)** In Canada this may be referred to as *routine practices*.

Examples

Written procedures consider facility- or program-acquired infections and community-acquired infections.

Programs that serve children/youth are aware of common illnesses and diseases that are easily transmitted between children/youth, such as pink eye, lice, chicken pox, strep or staph infections, mononucleosis, and venereal and other sexually transmitted diseases.

The organization might identify an infection control officer or partner with an infection preventionist to lead its efforts.

If the organization identifies infection control as a priority it could incorporate these activities into its performance measurement and management plans.

Protocols address the occupational health needs of personnel such as immunizations and post-exposure evaluation, care, and operational strategies including quarantine or isolation.

Organizations providing residential services may benefit from developing a bed bug management plan. It is suggested that the process for managing bed bugs include defining responsibilities; training and education for personnel and persons served; identification and detection;

1.H. 12. The organization implements written procedures regarding infections and communicable diseases:

a. That address:

(1) Prevention, including appropriate use of standard or universal precautions.

(2) Identification.

(3) Reporting.

documentation of infestations, including mitigation activities and infestation treatment; health and safety, which can include personal protective equipment and disinfecting facilities; acting promptly on reports of possible infestations; eradication processes; and preventive measures. Further information can be found on the U.S. Environmental Protection Agency website at www.epa.gov/bedbugs and the Centers for Disease Control and Prevention website at www.cdc.gov/parasites/bedbugs.

12.a.(1) Procedures may address a variety of prevention techniques, such as isolation precautions, guidelines for visitors, and sterilization or cleaning of equipment.

12.a.(2)–(4) Epidemiological and other essential data are tracked and reported as required by local health departments and state/provincial and federal guidelines or regulations.

12.a.(2) Identification could include the use of screening protocols, testing, and diagnosis, with an emphasis on early detection and management.

12.a.(3) As appropriate, reporting considers critical incident reporting requirements and processes. In an effort to be transparent, reporting activities also include timely communication of key information to personnel, persons served, families/support systems, and other stakeholders.

12.a.(4) Investigation may include activities such as contact tracing.

12.a.(5) In some settings, antibiotic and antimicrobial stewardship might be considered in procedures for control/mitigation. Written procedures for control/mitigation may also include protocols for outbreak management, and the organization may incorporate tests of those protocols into its schedule of emergency procedures testing, allowing it to assess their effectiveness and identify areas for improvement.

Control/mitigation measures related to the physical facility may address ventilation/filtration systems, modifications to accommodate social distancing, sanitizing strategies, installation of physical barriers, accessibility of infection control devices, temperature checks, restricting doors for entry or exit only, etc.

12.b. Training for the persons served is based on individual needs and risks and could be provided

during orientation, in individual or group sessions, and through the provision of printed materials. The organization considers the need for supplemental or enhanced training during an outbreak or seasonal peaks such as flu season.

Personnel training includes standard or universal precautions, proper hand washing technique, the use and disposal of personal protective equipment and supplies, the use of alternative cleansing solutions, and the use of aseptic techniques.

Posted signs, items in a newsletter, or other means could be used to educate family members, volunteers, and other visitors about precautions and preventing the spread of infections and communicable diseases.

Resources

- Centers for Disease Control and Prevention Infection Control: www.cdc.gov/infection-control/index.html
- Association for Professionals in Infection Control and Epidemiology: www.apic.org
- U.S. Department of Labor Occupational Safety and Health Administration Infectious Diseases: <https://www.osha.gov/healthcare/infectious-diseases>
- U.S. Department of Health and Human Services COVID-19 Information, including Guidance for Your Community, COVID-19 Toolkit, Long COVID, and Services and Supports for People Experiencing Long COVID: www.COVID.gov
- State/provincial or other jurisdictional departments of health outbreak manuals
- 🍁 ■ Public Health Agency of Canada: www.phac-aspc.gc.ca
- 🍁 ■ Infection Prevention and Control Canada: www.ipac-canada.org

Resources specific to hand hygiene include:

- Infection Prevention and You: <https://infectionpreventionandyou.org/>
- Centers for Disease Control and Prevention Hand Hygiene in Healthcare Settings: www.cdc.gov/handhygiene/index.html

Applicable Standards

Standard 1.H.13. applies only to programs that provide transportation for the persons served.

NOTE: *This standard does not apply to vehicles used only for transporting materials.*

- 1.H. 13. When transportation is provided for persons served there is evidence of:**
- a. Appropriate licensing of all drivers.**
 - b. Regular review of driving records of all drivers.**
 - c. Insurance covering:**
 - (1) Vehicles.**
 - (2) Passengers.**
 - d. Safety features in vehicle(s).**
 - e. Safety equipment.**
 - f. Accessibility.**
 - g. Training of drivers regarding:**
 - (1) The organization's transportation procedures.**
 - (2) The unique needs of the persons served.**
 - h. Written emergency procedures available in the vehicle(s).**
 - i. Communication devices available in the vehicle(s).**
 - j. First aid supplies available in the vehicle(s).**
 - k. Maintenance of vehicle(s) owned or operated by the organization according to manufacturers' recommendations.**
 - l. If services are contracted, a documented review of the contract at least annually against elements a. through k. of this standard.**

Intent Statements

Transportation for the persons served is provided in a safe manner consistent with the regulations of the local authorities. This standard will apply when any vehicle, including a personal vehicle, is used to provide transportation for persons served.

13.j. First aid supplies are checked for expiration and availability of adequate supply through a

systematic process and replenished and replaced as needed.

13.l. See the Glossary for the definition of *contract*.

Examples

This standard is not applied to transportation services such as a citywide system, taxis, Uber, Lyft, etc., that provide services to those who participate in the program as well as others in the general population. The organization may have a phone available for persons served to arrange these types of services to facilitate their transportation needs.

This standard applies when transportation is provided either on a regular or an occasional basis for persons served.

13.a.–b. The licensing requirements of drivers are regulated by state/province or other jurisdiction, and the organization complies with any special licensing requirements needed to operate a particular vehicle. Organizational procedures may require that the individual personnel file contain a copy of the driver's license (if regular or occasional driving is part of the job description); a safe driving record check completed at the time of hire; and any additional certificates, insurance, or licenses applicable to the individual's position. The organization may implement a policy that authorizes it to have access to driving and insurance records and obligates the employee to notify the employer immediately of any driving violations, restrictions placed on a driver's license, or changes in insurance coverage.

Regulations the organization is subject to may include identified criminal record checks on persons providing transportation for children, adolescents, or vulnerable adults in addition to the review of driving records. The organization sets its own parameters regarding acceptability of driving records and determines the most opportune time to secure this information. It should, however, adhere to a timeframe to ensure that regular review occurs.

13.c. Insurance guidelines and minimum requirements are established by the state/province or other jurisdiction and by the provider agreement. Generally the insurance policy will list all vehicles utilized, owned, or leased,

along with the name and driver's license identification number of each operator. Insurance information is kept in the vehicle. When an employee uses a personal vehicle for transporting persons served, it is suggested that the organization keep a copy of the employee's vehicle insurance on file and update it at renewal.

13.d.–e. A paramount objective of the organization is ensuring the safety and welfare of those it serves, personnel, and drivers. Most vehicles have standard safety features and devices. Prior to the operation of a vehicle, the brakes, horn, lights, mirrors, windshield wipers, tires, and other features are checked as being in satisfactory operating condition. A daily written log indicating good working order is one way to operationalize this. In addition, seat belts and, when indicated, child restraint seats are standard equipment. If an organization transports infants and children, this includes the use of age-appropriate restraining devices to be secured in the vehicles. Height, weight, cognition, etc., need to be taken into consideration.

Safety experts suggest that any road hazard equipment in a van be safely secured in a specific location in the vehicle. Equipment might include a flashing light, portable red/yellow reflector warning device, or a road sign that can be placed outside the vehicle.

13.g. Drivers are trained in assisting passengers who have a variety of needs in order to make the vehicles accessible to them. This may include training in wheelchair management, needs of the blind, provision of seating assistance, and securing of passengers, once in the vehicle. Most vehicles with special restraints and lifts have training programs and videos.

Training drivers in the organization's requirements takes place prior to any driver operating a vehicle. The training might include vehicle operations, rules and regulations for the drivers, equipment usage, safety procedures, procedures for reporting incidents and accidents, what to do and who to contact in the event of an accident, and passenger assistance techniques. It is a good practice when a new driver assumes operation of the vehicle that someone who knows the route and passengers goes along until the new driver has attained proficiency. Keeping an information

log of the route and passengers is also beneficial, especially when photos of the passengers are kept with their personal information.

Skill training in passenger assistance and information on the unique transportation needs of each individual are provided. Orientation of passengers and documentation of their unique transportation needs are accomplished prior to first providing transportation. The driver is trained to identify and provide assistance to persons with orthopedic and neurological conditions, sensory impairments, and seizure or behavior disorders if such information is needed for the safety of persons served. Knowledge of the passengers' special needs and the assistance they require will reduce injuries and help prevent emergency situations.

Some organizations have implemented the innovative practice of providing defensive driver training to personnel whose responsibilities include transportation. Some insurance companies even offer such training online.

13.h. Written emergency procedures are developed. The written procedures for handling emergencies include roadside emergencies and individual emergencies that may occur during operation of the vehicle. The plans are kept in the vehicles, and all drivers are trained on the procedures. Emergency plans could include severe weather conditions, evacuation procedures, vehicle fires, and accidents.

13.i. The organization may have a cell phone or two-way radio available for drivers, or drivers may use a personal cell phone for communication.

13.l. If an organization contracts with another entity to provide transportation, the agreement contains clauses that ensure that all service and performance standards are being met. These contracts are reviewed and updated at least annually. Each contract specifies the provider's responsibilities, compliance assurances, quality of services, fare structure and conditions, insurance requirements, assignment clauses, and termination provisions.

As this standard does apply when personal vehicles of staff members are used to provide transportation for persons served, it is advisable

to maintain safety supplies and equipment in personal vehicles that are regularly used to do so. For a staff member who infrequently may transport persons, stocking a “ready-to-go” safety bag or kit with supplies that could be picked up whenever a personal vehicle is used might suffice. If personal vehicles are used to transport persons served or other personnel, the organization and other personnel must review this activity with their insurance carriers.

Resources

- National Aging and Disability Transportation Center: www.nadtc.org

1.H. 14. Comprehensive health and safety self-inspections:

- a. Are conducted at least semiannually on each shift.
- b. Result in a written report that identifies:
 - (1) The areas inspected.
 - (2) Recommendations for areas needing improvement.
 - (3) Actions taken to respond to the recommendations.

Intent Statements

Regular self-inspections help personnel to internalize current health and safety requirements into everyday practices. Self-inspections must include all facilities regularly utilized by the organization.

Examples

A self-inspection is defined as one that is conducted by individuals or groups within the organizational structure. This includes professional personnel or internal groups who have received training in conducting inspections. Internal groups include safety committees, safety circles, or operation teams. Anyone within the organizational structure, such as managers, supervisors, direct service employees, persons served, and maintenance personnel, may participate in a self-inspection.

The purpose of self-inspections is to identify and correct existing workplace hazards and to determine whether regulatory standards are being

met. A good practice for self-inspection is to use the same format and criteria as the external authority. A self-inspection can also be used to keep the organization ready for compliance inspections by external regulatory agencies. Ongoing evaluations are the key to continuous improvement. Because personnel are more readily available than outside parties to participate in ongoing evaluation, self-inspections figure prominently in the overall organizational health and safety audit plan and schedule.

The self-inspections cover all applicable areas, including as appropriate:

- Heating and cooling systems.
- Electrical systems.
- Emergency warning devices.
- Walking and working surfaces.
- Ingress and egress.
- Health and sanitation related to:
 - Food preparation.
 - Eating areas.
 - Restrooms.
- Structural integrity of facility.
- Storage of hazardous materials.
- Fire protection systems and equipment.
- Air contaminants and ventilation.
- Air protection systems or warning devices, such as carbon monoxide detectors.
- Safety devices installed on equipment.
- Other protective devices.
- Recreation/visitation areas.
- Other areas appropriate to the services provided.

A small site may be fully evaluated in a single inspection, while inspection of a larger facility might need to be conducted in phases. Health and safety inspections are scheduled for the entire workplace twice a year on each shift.

Knowing when, where, and how specific safety policies and procedures are succeeding or failing is crucial to continuous improvement. Thorough and objective evaluation of the overall health and safety program requires that an inspection be completed on each shift with a sample of staff

members. Management should identify if employees and persons served are adhering to established health and safety policies and procedures. Regular inspections help determine if safety practices are being followed at each site and on each shift.

Any inspection process is incomplete until its findings have been reported to and acted on by management in a timely and meaningful manner. Management establishes standards for inspection reports and procedures for follow-up that facilitate improvement. Each inspection process concludes with documentation that identifies areas covered in the inspection. Reported areas of noncompliance cite regulatory standards and describe the physical hazard, unsafe work practice, or other area for improvement in specific terms.

Good documentation goes beyond the description of inspection details. It includes the factors causing each deficiency, an evaluation of when and where similar hazards or deficiencies may exist, and guidelines for responding to them, which could include interim corrective measures.

Management or the designated personnel then assign a person or group as responsible and accountable for completion of corrective action.

Management requires verification of completion from the accountable personnel. Evaluation and assessment of the outcomes of corrective actions are monitored so that the desired goals are being attained.

1.H. 15. Comprehensive health and safety inspections:

a. Are conducted:

- (1) **At least annually.**
- (2) **By a qualified external authority.**

b. Result in a written report that identifies:

- (1) **The areas inspected.**
- (2) **Recommendations for areas needing improvement.**
- (3) **Actions taken to respond to the recommendations.**

Intent Statements

External inspections are completed at least annually to enhance and maintain the organization's health and safety practices. External inspections must include all facilities regularly utilized by the organization.

15.a.(1) This inspection may be conducted in a single, uninterrupted process that moves methodically and comprehensively through an entire program area or physical location, or the organization may have several external inspections conducted that together constitute a comprehensive inspection of all areas relevant to the operation of its programs or services.

Examples

The inspections cover all applicable areas, including as appropriate:

- Heating and cooling systems.
- Electrical systems.
- Emergency warning devices.
- Walking and working surfaces.
- Ingress and egress.
- Health and sanitation related to:
 - Food preparation.
 - Eating areas.
 - Restrooms.
- Structural integrity of facility.
- The working environment, including:
 - Illumination.
 - Noise.
 - Air contaminants.
 - Ventilation.
- Storage of hazardous materials.
- Fire protection systems and equipment.
- Air protection systems or warning devices, such as carbon monoxide detectors.
- Safety devices installed on equipment.
- Other protective devices.
- Recreation/visitation areas.
- Other areas appropriate to the services provided.

When the program is provided by a unit of a larger entity, such as a hospital, the larger entity's

safety engineers or other personnel are not considered external authorities. External means external to the entire system, not just to a unit of the organization. Exceptions include settings such as Veterans Health Administration or Veterans Affairs Canada sites, other federal or tribal programs, and government-owned organizations where certain functions may be conducted by departments within the larger organization. In these instances, the organization should contact CARF for assistance identifying who may conduct the inspection.

Any external authority used by the organization (e.g., a representative of a licensure body) should be recognized and credentialed as such (e.g., a licensed or registered safety engineer or risk management authority).

The externally conducted inspections may include inspections of:

- Emergency warning devices, means of egress, and emergency plans.
- Operations involving hazardous materials and processes, including the safe and effective management of biohazardous materials.
- Heating and cooling systems.
- Walking and working surfaces.
- Electrical systems.
- Health and sanitation provisions with regard to food preparation, eating areas, and air contaminants.
- The working environment, including ventilation, illumination, noise, and air contaminants.
- Structural integrity of facility.
- The provisions for fire protection to ensure that they are in accordance with applicable fire safety requirements.
- Operation of machinery.

- 1.H. 16. The organization implements written procedures concerning hazardous materials that provide for safe:**
- a. Handling.**
 - b. Storage.**
 - c. Disposal.**

Examples

Hazardous materials could include biohazardous substances, bodily fluids, industrial-strength cleaning supplies, oil-based paints, fluorescent light bulbs, copier toner, and computer monitors.

Written procedures may include appropriate labeling of containers to promote safe handling, storage, and disposal of hazardous materials.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Health and safety policies and procedures
- Health and safety training information
- Inspection report from an external authority and corrective actions, if any recommendation were noted
- Self-inspection reports and follow-up, including response to recommendations
- Written emergency procedures
- Written evidence of unannounced tests of emergency procedures and corrective actions, if any recommendations were noted
- Written incident procedures and copies of incident reports
- Written procedures that address safety of persons served and personnel when services are provided in locations that are not owned/leased or controlled/operated by the organization
- Documentation showing all incidents are reviewed and analyzed to identify trends and an action plan established to reduce risks
- Records of training for personnel on incident reporting
- Written procedures regarding infections and communicable diseases
- Medication management procedures, if applicable

- Procedures for the use of standard or universal precautions
- Documentation of provision of competency-based safety training for personnel
- Minutes of safety committee meetings
- A list of personnel trained in safety techniques
- A list of personnel and others on the safety committee
- Information on vehicles and drivers, if applicable
- Copies of licenses and certificates when applicable
- Accident reporting requirements
- Written emergency procedures available in vehicles that are used to transport persons served, if applicable
- Transportation procedures, if applicable
- Reviews of contracted transportation services, if applicable
- Documentation of safety training for persons served
- Written procedures for safe handling, storage, and disposal of hazardous materials

I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

-
- 1.I. **1. The organization documents the composition of its workforce, including all human resources involved in the delivery, oversight, and support of the programs/services seeking accreditation.**

Intent Statements

A written description of the composition of the workforce provides the basis for subsequent standards in this section. It is not expected that the organization provide specific numbers or percentages, but rather a general description of the groups that comprise its workforce. Such groups include full-time employees, part-time employees, contractors, independent contractors, per diem workers, remote workers, volunteers, peer support specialists, students, and any other groups or categories of workers involved in the delivery, oversight, and support of the programs/services seeking accreditation.

-
- 1.I. **2. Workforce development and management practices reflect the organization's:**
 - a. Mission.
 - b. Culture.

- c. **Person-centered philosophy.**
- d. **Performance measurement and management system.**
- e. **Risk management plan.**
- f. **Strategic plan.**

Intent Statements

A strategic approach to workforce development and management contributes to organizational effectiveness. For an organization to implement its mission, strategy, and philosophies, as well as practice within its culture, it requires a workforce that is committed to these concepts. Selection and orientation of the workforce and its development and management are all critical to the overall success of the organization.

This standard relates to a number of others in Section 1 including, but not limited to, Standard 1.A.2. on person-centered philosophy; 1.A.3.a. on establishment of the organization's mission and direction; 1.A.5. on cultural competency and diversity; 1.C.1.–3. on strategic planning; 1.G.1.–4. on risk management; and 1.M.1.–10. and 1.N.1.–4. on performance measurement, management, and improvement.

2.b. Culture relates to the diversity of the workforce and the culture of the organization as a whole.

Examples

Discussions of the organization's mission, culture, philosophy, and plans are embedded throughout its workforce development and management practices. As important cornerstones of the organization, these topics are reinforced throughout:

- Recruitment, selection, orientation, and ongoing training and development activities.
- Written and verbal communications.
- Efforts to seek input and feedback from persons served, the workforce, and other stakeholders for planning and improvement purposes.
- Knowledge of how each individual contributes to decreasing risks, increasing the value of the services delivered, and advancing the organization's strategic direction.

-
- 1.I. 3. **Ongoing workforce planning includes:**
- a. **Workforce analysis.**
 - b. **Written job descriptions.**
 - c. **Review and update of written job descriptions in accordance with organizational needs and/or the requirements of external entities.**
 - d. **Recruitment.**
 - e. **Selection.**
 - f. **Retention.**
 - g. **Succession planning.**

Intent Statements

Workforce planning is the strategic alignment of an organization's workforce with its goals and operational plans. Regardless of the size of the organization, the purpose of workforce planning is to ensure that the organization has the right people with the right skills at the right time.

3.a. Workforce analysis is the process of analyzing the current workforce: determining future workforce needs: identifying the gaps between the present and the future; and implementing solutions that will allow the organization to accomplish its mission, goals, and objectives.

3.b. Job descriptions outline duties, responsibilities, competencies, and requirements of a particular job. They are essential in the development of programs to recruit, select, compensate, train, and assess the performance of current and future members of the workforce.

3.c. The organization determines the frequency at which job descriptions are reviewed and updated based on the needs of the organization or other external requirements. Members of the workforce are aware of their job descriptions and may provide input into changes.

3.d. Recruitment is the activity of identifying and soliciting individuals, either from within or outside of the organization, to fill current vacancies or areas of anticipated growth. Individuals with knowledge of the position(s) being recruited for have input into recruitment plans and activities.

Often considered part of recruitment, sourcing is proactive searching for qualified job candidates for current or planned open positions at an organization. Sourcing may identify and collect relevant information on candidates who are

actively searching for jobs (active job seekers) and candidates who are not actively looking for job opportunities (passive job seekers).

3.e. Selection involves activities related to choosing people who have the right qualifications to fill a current or future job opening.

3.f. Retaining a qualified and engaged workforce has a direct impact on the organization's ability to achieve its mission. Retention programs play an important role in attracting and retaining key members of the workforce and in reducing turnover and its related costs.

3.g. Succession planning identifies actions to be taken by the organization should key members of the workforce be unavailable to perform their duties due to retirement, resignation, serious illness, death, or other reasons. Succession planning may be formal or informal depending on the needs of the organization.

Examples

Efforts to recruit, select, retain, and promote members of the workforce may consider the diversity of the persons and communities served.

3.d. Job seekers might be located by sourcing job boards, social media sites, and alumni associations and through all types of networking; e.g., relationships with high schools, colleges, and professional associations.

3.f. Retention strategies may include a culture that values the workforce; competitive wages; career ladders; opportunities to participate in special projects; offering activities and resources that are meaningful to the workforce, such as wellness programs, child care, elder care, and continuing education/tuition support; flexible scheduling; and telecommuting.

- 1.I. **4. The organization implements written procedures that address:**
 - a. Verification of:**
 - (1) Backgrounds of the workforce in the following areas, if required:**
 - (a) Criminal checks.**
 - (b) Immunizations.**
 - (c) Fingerprinting.**
 - (d) Drug testing.**

(e) Vulnerable population checks.

(f) Driving records.

(2) The credentials of all applicable workforce (including licensure, certification, registration, and education):

(a) With primary sources.

(b) In all states/provinces or other jurisdictions where the workforce will deliver services.

(3) Fitness for duty, if required.

b. Actions to be taken in response to the information received concerning:

(1) Background checks.

(2) Credentials verification.

(3) Fitness for duty.

c. Timeframes for verification of backgrounds, credentials, and fitness for duty, including:

(1) Prior to the delivery of services to the persons served or to the organization.

(2) Throughout employment.

Intent Statements

The organization is prepared to demonstrate how each of the areas listed is verified. CARF expects that the organization will follow all of the procedures and timeframes that the organization has established and that it will comply with all applicable legal requirements in determining its procedures.

4.a.(1) The organization is aware of and adheres to any external requirements (e.g., of funders, regulatory entities, contractual agreements, etc.) for background checks of its workforce and any requirements it may have established internally. The organization determines whether it will conduct background checks in more than one state/province or jurisdiction for all or select members of the workforce.

Related to background checks for organizations in the U.S. that receive federal funding, Standard 1.A.7.b. addresses implementation of a procedure to identify exclusion of individuals and entities from federally funded healthcare programs.

4.a.(2)(a) Primary source verification can occur when credentials are initially earned; at the time of hire; or, for existing members of the workforce, prior to an accreditation survey. Verbal, written, or electronic confirmation of credentials (including degrees) from state/provincial or other jurisdictional boards, schools or institutions, and/or trade associations or verification through a credentials verification organization is required. Copies of credentials provided directly by personnel do not meet the primary source verification requirement.

High school diplomas do not need primary source verification, but college degrees, when required for the position, would need to be verified with primary sources. When a licensing authority requires and verifies the education required for the license, evidence of licensing from the licensing authority as the primary source will also serve as evidence that the education has been verified.

4.a.(2)(b) If services are delivered in more than one state/province or jurisdiction, the organization is knowledgeable about reciprocity of credentials such as licensure, certification, or registration; how credentialing requirements may differ from one state/province or jurisdiction to another; and how this would impact in-person service delivery or service delivery via information and communication technologies.

4.a.(3) A fitness-for-duty exam is a medical examination used to determine whether a worker is physically or psychologically able to perform the essential functions of the job.

4.b. The organization has procedures in place in the event that backgrounds, credentials, or fitness for duty cannot be verified.

4.c. Timeframes are established by external authorities or, in their absence, by the organization.

Examples

4.a.(1)(a) CARF standards require criminal background checks for members of the workforce providing direct services to children or adolescents.

4.a.(1)(e) Vulnerable population checks might include verifications through an elder abuse database, adult protective services, child protective services, or a sex offender registry.

4.a.(1)(f) Verification might address:

- Whether a driver's license is current.
- Whether a driver's license is the right classification for the vehicle and type of driving the person will be doing for the organization; e.g., transporting persons served, driving to deliver services in the homes of persons served or in the community or to meet stakeholders, and driving the organization's vehicle or the person's own vehicle.
- Whether there are violations on the driving record.
- Proof of insurance.

4.a.(2) Procedures may include use of a standard form or checklist to document verification of credentials and other relevant information about an individual. Documentation obtained by the organization may include:

- An original letter or copy of a letter from the appropriate credentialing, licensing, or certification board.
- A copy of the license or certification provided by the credentialing organization.
- A phone log or other notation made by an individual responsible for conducting primary source verification.
- A copy of a webpage listing (for situations where verification is completed online by checking a listing of licensed/certified personnel).

4.c.(2) The organization may conduct verifications throughout employment at times such as transfer to a new position, the addition of new job responsibilities, pending expiration of a current license or certification, newly acquired credentials, or return to work after an injury or illness.

Resources

A resource for information on medical license portability in the U.S. is Interstate Medical Licensure Compact www.imlcc.org. National Conference of State Legislatures Universal Licensure Recognition: <https://www.ncsl.org/research/labor-and-employment/universal-licensure-recognition.aspx>

1.I. 5. Onboarding and engagement activities include:

- a. Orientation that addresses the organization's:**
 - (1) **Mission.**
 - (2) **Culture.**
 - (3) **Person-centered philosophy.**
 - (4) **Performance measurement and management system.**
 - (5) **Risk management plan.**
 - (6) **Strategic plan.**
 - (7) **Other organizational planning efforts.**
 - (8) **Workforce policies and procedures.**
- b. On-the-job training.**
- c. Position roles and responsibilities.**
- d. Position performance expectations.**
- e. Communication systems and expectations.**

Intent Statements

5.a. This standard addresses organization-level orientation topics, which are typically supplemented by program/service and/or position-specific topics addressed in other sections of the standards manual.

Examples

5.a.(4) Orientation to performance measurement and management might address:

- The terminology of performance measurement and management.
- Roles and responsibilities in implementing the performance measurement and management system, such as completing assessment tools from which data are gathered, collecting data, analyzing data, participating on performance improvement teams, or working in a quality department that has overall responsibility for performance management and quality.
- How performance information is used by the organization, including to review implementation of its mission and core values, improve the quality of its programs and services, facilitate organizational decision

making, review and update its strategic plan, and communicate business and service results to stakeholders.

5.a.(7) To the extent that the organization expects workforce engagement in various organization-wide planning and implementation efforts, orientation may also address topics such as accessibility; cultural competency, diversity, and inclusion; finance; technology; and succession.

5.b. On-the-job training may include mentoring for individuals who have limited or no experience in a program area by more experienced individuals. Such collaboration focuses on activities designed to facilitate learning of the required competencies. Consideration is given to the intensity of the collaboration (e.g., side-by-side collaboration, on-site collaboration, collaboration via telephone), the length of the collaboration (e.g., one week, one month, several months), and whether it is necessary to have the collaboration conducted by an individual of a specific discipline.

5.d. Position performance expectations could relate to the competencies required of the position; scheduling expectations, such as working weekends or rotating shifts; supervision of others, such as new team members, students, or volunteers; business travel; or use of technology.

5.e. Communication systems and expectations might address:

- Mechanisms used throughout an organization, such as an intranet system used to communicate policies, procedures, and job aids; personal use of organizational email; appropriate use of the organization's social media channels; and use of personal devices to access organizational information and resources.
- Mechanisms used to communicate information about the persons served. Refer to Standard 2.A.6.
- Expectations for maintaining confidentiality and privacy.
- Expectations for maintaining current personal and emergency contact information.

- 1.I. **6. The organization promotes engagement through respect for all individuals in the workforce, including:**
- a. Open communication.
 - b. A value-driven focus.
 - c. Initiatives that address:
 - (1) Recognition.
 - (2) Compensation.
 - (3) Benefits.
 - d. Policies and written procedures that:
 - (1) Address, at a minimum:
 - (a) Mechanism(s) to provide favorable and constructive feedback.
 - (b) Mechanism(s) to address concerns.
 - (c) Job postings.
 - (d) Promotion.
 - (e) Disciplinary action.
 - (f) Separation.
 - (g) Labor relations, if applicable.
 - (h) Prevention of harassment.
 - (2) Are accessible to the workforce.

Intent Statements

Workforce engagement refers to the level of an individual's commitment and connection to an organization. High levels of engagement promote workforce retention, foster loyalty, and improve organizational performance and value.

6.a. Open communication is characterized by a mutual exchange of information and ideas, transparency, and access to people and information.

6.b. Refer to the Glossary for a definition of *value*.

6.d. This standard does not require that each individual be given a copy of the policies and written procedures, but it does require that each individual has access to the policies and written procedures and that there is notification of when there are changes to policies and procedures that the workforce should be aware of. Evidence that the policies and written procedures are provided or available does not have to be in writing.

Review of the workforce policies is part of the review of the organization's policies addressed in Standard 1.A.3.k.

6.d.(1)(b) The intent of this standard is that all individuals in the workforce have access to an identified mechanism through which they may express concerns.

6.d.(1)(c)–(d) When a job is available, individuals in the workforce know where it will be posted and are clear on whether there is a possibility of promotion from within the organization.

Examples

6.a. Open communication in an organization may be demonstrated through regular meetings at which important topics and updates are shared, newsletters, suggestion boxes, management rounds, open-door policies, and opportunities to provide input into the plans and activities of the organization.

6.c.(1) Examples of recognition initiatives include employee of the month or year awards, opportunities to earn additional time off or entry into a gift drawing as incentives to complete certain activities, participation in special projects, career ladders, goal-sharing programs, and personal recognitions on anniversaries or for a job well done.

6.c.(3) An organization might also consider benefits that address the unique and diverse characteristics of its workforce, such as floating holidays that personnel may use as they choose.

6.d.(1) Policies and written procedures might address:

- Mechanisms to provide feedback, such as a suggestion box, forums with leadership, an open-door policy of leadership, or an annual workforce satisfaction survey.
- Workforce grievance procedures; how to deal with allegations of violations of ethical codes (related to Standard 1.A.6.b.); and how to deal with allegations of waste, fraud, abuse, and other wrongdoing (related to Standard 1.A.7.d.).
- Conflict resolution, mediation, and collective bargaining agreements.

6.d.(1)(h) Harassment in the workplace might include unwelcome physical or verbal behavior such as offensive jokes, belittling comments, slurs, epithets, name calling, physical threats or assaults, ridicule or mockery, insults, offensive

objects or pictures, or other interference with work performance that creates an intimidating or hostile work environment. Harassment can also include sexual harassment such as unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.

6.d.(2) When there are new policies and written procedures, or changes to existing policies and procedures, the workforce might be notified via departmental, team, or one-on-one meetings; posting notices in a common area of the building; email; the organization's intranet system; or dissemination of a form requesting verification by individuals that they have completed a regular review of specified documents.

- 1.I. 7. Workforce development activities include:**
- a. Documentation of competencies:**
 - (1) To support the organization in the accomplishment of its mission and goals.
 - (2) To meet the needs of the persons served.
 - b. Documented assessment of competencies.**
 - c. Documentation of timeframes/frequencies related to the competency assessment process.**
 - d. Competency development, including the provision of resources.**
 - e. Performance appraisal.**
 - f. Education and training.**

Intent Statements

Refer to the Glossary for a definition of *competency*.

Examples

7.a. This may include competencies specific to a position, such as service delivery or clinical competencies, and competencies related to customer service, person-centered approaches to service delivery, communication with stakeholders, etc.

7.d. Competency development may occur through opportunities on the job and externally. Resources to develop competencies might

include journal subscriptions, online access to learning opportunities and reference materials or journals, access to evidence-based practice databases and reviews, guest speakers, sponsoring educational events at the organization, inservice programs, journal clubs, collaborative resource or education efforts with other area providers of services, and financial support and/or time off to participate in special interest groups or to attend courses or conferences.

- 1.I. 8. The organization implements written procedures for performance appraisal that address:**
- a. The identified workforce.**
 - b. The criteria against which people are being appraised.**
 - c. Involvement of the person being appraised.**
 - d. Documentation requirements.**
 - e. Timeframes/frequencies related to the performance appraisal process.**
 - f. Measurable goals.**
 - g. Sources of input.**
 - h. Opportunities for development.**

Intent Statements

Organizations vary in their preferences and approaches to performance appraisal. For some, a traditional approach suits their needs, while others are evolving to a more fluid process that may look different for different members of the same workforce. To meet this standard the organization demonstrates implementation of a performance appraisal process that includes all of the elements of the standard as they apply to the groups that comprise its workforce (as documented in Standard 1. in this section). This allows the organization flexibility to determine what meets its needs relative to appraisal of employees, contractors, students, volunteers, etc.

Examples

8.b. Criteria might be included in a performance appraisal tool, job description, behavior attributes, expectations established through goal setting, employee handbook, etc.

8.d. This refers to documentation requirements of the performance appraisal process, such as

whether a certain form is to be used, what elements are to be addressed, where documentation of performance appraisals is maintained, and at what intervals documentation is required.

8.f. A measurable goal describes an expected outcome, result, or output, which could be qualitative or quantitative, and has a timeline associated with reaching it. In addition, effective goals may be characterized as participative; reasonable; specific; challenging but attainable; flexible; easily monitored for progress; and in alignment with an organization's mission, strategy, and goals. They may be individual, team-based, or project-based.

One approach to establishing goals is SMART goals—goals that are specific (simple, sensible, significant), measurable (meaningful, motivating), achievable (agreed, attainable), relevant (reasonable, realistic, and resourced, results based), and time bound (time based, time limited, time/cost limited, timely, time sensitive). For more information, visit www.mindtools.com/pages/article/smart-goals.htm.

8.g. Sources of input to the performance appraisal might include the person being appraised, supervisors, peers, persons served, families/support systems, external stakeholders, etc.

8.h. Opportunities for development may include supervisory/management training; clinical training to develop expertise in a particular practice, technique, or piece of equipment; training to move into another area of a continuum of services; and precepting students or responsibility for a student internship program.

- 1.I. **9. There is an adequate workforce to:**
- a. Implement the plans of the persons served.
 - b. Ensure the safety of persons served.
 - c. Manage unplanned absences.
 - d. Meet the performance expectations of the organization.

Intent Statements

This standard relates to the organization's performance measurement and management; i.e., the collection, analysis, and use of data in areas such

as finance, risk management, human resources, health and safety, service delivery, etc. Whether or not performance targets are met in these areas may reflect the adequacy of the workforce to meet the needs of the organization and the persons served.

No ratios are established by CARF for the number of persons served to the number of personnel. During a survey, the organization is able to articulate its strategy to determine what workforce is necessary to meet ongoing needs and to minimize the impact of absences and vacancies in its workforce.

Examples

9.a. Indications that the workforce is not adequate to implement the plans of the persons served may include wait lists or delays for specific services the program indicates in its scope that it can provide, turning potential persons served away, lacking specific types of providers to fulfill individual plans, inconsistent assignment of individuals in the workforce, and persons served not accomplishing their goals or the expected outcomes established by the team.

Maintaining a staffing pattern that is too low for the numbers or needs of persons served or having personnel who lack the training, education, and experience to intervene safely without using seclusion or restraint may also reflect a workforce that is not adequate to implement the plans of the persons served.

- 1.I. **10. As applicable, the organization demonstrates a process to address the provision of services by the workforce consistent with relevant:**
- a. Regulatory requirements.
 - b. Licensure requirements.
 - c. Registration requirements.
 - d. Certification requirements.
 - e. Professional degrees.
 - f. Training to maintain established competency levels.
 - g. On-the-job training requirements.

Intent Statements

The organization is knowledgeable about and ensures that services are provided in accordance

with external and internal requirements and education relevant to its workforce.

Examples

10.a. Regulatory requirements may specify a certain credential for a position, a number of hours of service delivery, a number of hours of inservice training, etc.

- 1.I. **11. The organization's succession planning addresses, at a minimum:**
- a. Its future workforce needs.**
 - b. Identification of key positions.**
 - c. Identification of the competencies required by key positions.**
 - d. Review of talent in the current workforce.**
 - e. Identification of workforce readiness.**
 - f. Gap analysis.**
 - g. Strategic development.**

Intent Statements

This standard relates to Standards 1.A.3.m. and 1.B.5. on succession planning.

An organization relies on its workforce to carry out its mission, provide programs and services, and meet organizational goals. Important to any size organization, succession planning helps an organization prepare to support program and service continuity when key individuals leave, either planned or unexpectedly.

11.b. Key positions include those requiring specialized skills or levels of experience and those that may be difficult to replace.

11.d. A review of talent involves assessment of the current workforce with the goal of identifying those who have the skills and knowledge or the potential along with the desire to be promoted to existing and new positions.

11.e. Identification of workforce readiness considers the skills and knowledge already present in members of the workforce who have been identified for promotion to existing or new positions and the skills and knowledge that may need development.

11.f. Once an organization has identified positions that may be vacated due to retirements, are difficult for which to recruit, or require extended training, etc., it assesses the current workforce to

determine whether there are candidates with the skills, knowledge, and potential to fill those positions or whether it needs to recruit and/or train candidates for those positions. Gap analysis identifies disparities between what is needed in the workforce and what is available.

Examples

Succession planning considers planned and unplanned departures from key positions in the organization.

An organization determines whether it will fill a position on an interim basis until it can be filled on a permanent basis.

In its succession planning an organization may identify whether internal candidates or external candidates are more suitable to fill specific roles.

Succession planning that includes identification of internal candidates and the provision of development opportunities considers the candidates' expectations regarding guaranteed advancement into the positions for which they are being prepared.

Additional Resources

- Society for Human Resource Management: www.shrm.org
- HR Business and Legal Resources: <https://hr.blr.com>
- Association for Talent Development: www.td.org
- O*Net Online: www.onetonline.org
- U.S. Office of Personnel Management: www.opm.gov
-  Government of Canada Job Bank Employer Resources: www.jobbank.gc.ca/content/pieces-eng.do?cid=3264#HR_needs
-  Government of Canada Work in Canada: <https://www.canada.ca/en/immigration-refugees-citizenship/services/work-canada.html>

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Documented description of the composition of the workforce
- Written job descriptions
- Written procedures that address verification of backgrounds; credentials; fitness for duty, if required; timeframes; and actions to be taken in response to information received
- Workforce policies and written procedures
- Documentation of competencies, competency assessments, and associated timeframes
- Written procedures for performance appraisals
- Succession planning information

J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

-
- 1.J. 1. **To identify gaps and opportunities in the use of technology, leadership supports ongoing assessment of:**
- a. **The organization's current use of technology and data, including:**
 - (1) **Hardware.**
 - (2) **Software.**
 - (3) **Communication technologies.**
 - (4) **Sensitive data.**
 - (5) **Services purchased or contracted.**
 - (6) **Assistive technology.**
 - b. **Input on the organization's use of technology from:**
 - (1) **Persons served.**
 - (2) **Personnel.**
 - (3) **Other stakeholders.**

Intent Statements

The leadership is knowledgeable about the organization's technology systems and is actively involved in its technology planning, rather than it being considered the sole responsibility or purview of information and technology personnel.

Examples

Ongoing assessment of gaps and opportunities relies, in part, on consistent management of the organization's existing technology and data assets. This includes tracking of the lifecycle of

assets and, in advance of those timeframes, assessing the best course of action. For example:

- Cell phones used by personnel have an upgrade option at an appropriate interval. Ahead of that time, the organization considers any input it has received from personnel on the utility and performance of the phones and assesses whether it will upgrade the phones, whether it will change cell phone plans, whether it will continue with the same cell phone carrier, etc.
- Laptop computers used by personnel average a five-year life expectancy before needing replacement. The organization periodically assesses new models, accessories, software upgrades, and alternatives such as tablets and establishes a plan for laptop replacement.
- The organization has software maintenance contracts and cloud subscriptions that require regular renewal. Throughout the periods of those contracts, the organization is assessing whether the services are meeting its needs, whether resolution of issues has been adequate, costs of renewal, duration of the contracts, and whether it will renew or seek new options.

Other components of ongoing assessment might include:

- Patching and malware prevention, including regular assessment of the organization's operating systems and application updates. Often updates are released to patch security vulnerabilities in the operating system or software. Anti-malware/anti-virus software should be updating regularly; typically updates are automatic and multiple times a day. It is also good practice to keep the firmware of network switches and routers up to date.
- Perimeter security, which includes firewall/intrusion prevention; documentation of rules regarding what resources are open externally and why; keeping firmware/operating systems up to date; making sure that updates for malicious prevention are occurring and working; and checking log files for indications of problems, errors, failures, and traffic that has been prevented. The organization might use free

online security testers to evaluate the security settings of its web servers.

- Data security, which includes patching and software updates and controlling input to prevent database server exploitation.
- Network diagrams, which include keeping up-to-date diagrams of local and wide area network infrastructure, including equipment information such as make/model and routing and network addressing. This may also include mapping of application interactions, data repository, and flow.
- Asset list, which includes tracking what assets (hardware/software/systems) are in use and retired. This helps an organization know what it has, what it needs to keep patched, what has been stolen or destroyed, what has warranties and when they expire, what needs to be insured, what needs to be replaced and when, etc.
- Risk assessment, which helps the organization think about what risks exist, what can be fixed easily or not, what is high risk and worth fixing, etc. Frequently revisiting risks and remediation helps ensure that risk assessment and remediation planning stay relevant.

Through close tracking the organization minimizes its risks related to technology and data assets, assets continue to effectively and efficiently serve the intended purpose, and it has ample opportunity to consider and plan for updates and upgrades.

1.a.(3) Communication technologies might include telecommunications systems, websites, and social media.

1.a.(4) Sensitive data might include confidential corporate information and personal data about persons served or personnel that are protected by data privacy laws.

1.a.(5) This might include services provided by vendors such as technology consulting; software development and support; desktop, network, or other hardware support; website maintenance; and cloud services.

1.a.(6) The organization's use of technology includes assistive technology that may be used by persons served and personnel to improve

functional capabilities and independence. To support effective service delivery for the persons served, programs/services may address assistive technology in the individual plans of persons served, make a variety of assistive technology available to try, partner with suppliers or other assistive technology resources in the community, etc. Examples of assistive technology that may be utilized by persons served include screen reading software, adaptive telephones, augmentative communication devices, adaptive mouse devices for using computers, environmental controls, wander management equipment, and voice recognition software.

1.b.(1) The organization may seek input from persons served on the ease with which they can use the technology available or the technology they would like to see implemented in the future. For example:

- Searching the organization's website for locations, contact information, services available, hours of operation, or performance and outcomes information.
- A portal through which they could schedule, submit insurance information, pay bills, email a provider, or download records.
- Information and communication technologies that would allow persons served to consult specialists, receive services remotely, or submit data collected by the persons served to their providers; e.g., weight, blood pressure, or glucose levels.
- A voice response system that they can easily navigate to reach someone at the organization or to bypass information they are already familiar with.

The organization also considers input from persons served regarding potential barriers to implementation of technology, e.g., the use of portals or apps or involvement in telehealth options by those who do not have the technology needed to participate (such as a smart phone, laptop, or reliable internet) or who are less tech savvy.

1.b.(2) Personnel may provide input on technology they use to perform their job duties, such as:

- Electronic medical record systems.
- Mobile technology that can be used for communication, documentation, etc.
- Billing software and systems.
- Remote access to the organization's systems and resources.
- Intranet that provides access to policies and procedures, databases, reporting, etc.

1.b.(3) The organization may have requirements from external stakeholders such as funders who require electronic exchange of information about persons served or electronic claims submission.

-
- 1.J. 2. The organization implements a technology and system plan that:**
- a. Is based on:**
 - (1) Its current use of technology and data.
 - (2) Identification of gaps and opportunities in the use of technology.
 - b. Includes:**
 - (1) Goals.
 - (2) Priorities.
 - (3) Technology acquisition.
 - (4) Technology maintenance.
 - (5) Technology replacement.
 - (6) Resources needed to accomplish the goals.
 - (7) Timeframes.
 - c. Supports:**
 - (1) The business processes of the organization.
 - (2) Protection of sensitive data.
 - (3) Efficient operations.
 - (4) Effective service delivery.
 - (5) Access to services.
 - (6) Performance improvement.
 - d. Aligns with the organization's strategic plan.**
 - e. Is reviewed at least annually for relevance.**
 - f. Is updated as needed.**

Intent Statements

The technology and system plan addresses the programs/services seeking accreditation. If the programs/services are part of a larger organization and not specifically addressed in its technology and system plan, the programs/services may establish a separate plan or generate a supplement to the organization's plan that addresses the elements in this standard.

- 1.j. **3. The organization implements policies and procedures in the following areas:**
- a. Acceptable use.**
 - b. Backup/recovery.**
 - c. Business continuity/disaster recovery.**
 - d. Security, including:**
 - (1) Access management.**
 - (2) Audit capabilities.**
 - (3) Data export and transfer capabilities.**
 - (4) Decommissioning of physical hardware and data destruction.**
 - (5) Protection from malicious activity.**
 - (6) Remote access and support.**
 - (7) Updates, configuration management, and change control.**

Examples

3.a. Acceptable use policies and procedures might address authorized use of organization-issued technology, such as computers, tablets, cell phones, and USB drives, and use of email, the internet, information systems, networks, etc., including what a user is and is not allowed to do with those resources, such as whether an organization-issued laptop may be taken off the premises, whether personnel can use the internet for personal purposes during breaks, and whether printing of personal documents is allowed. Policies and procedures may also address the use of personal devices and technology for business operations.

3.b. Backup/recovery refers to the process of backing up data and setting up systems that allow data recovery in case of data loss or corruption. Policies and procedures might address the type of backup used; e.g., on site (backing up data onto a

local storage device, such as a tape drive or another server's hard drive) or off site (backing up data to a remote location or a co-location facility, or using an online cloud backup service); regular monitoring and testing of backup and restore processes to verify they function as expected; data retention timeframes; the need for multiple copies of data; and distribution of data in backup and recovery planning. An organization will want to broadly consider its use of technology for both business processes and service delivery in establishing adequate procedures and what could be at risk should data be lost from systems such as payroll; billing; scheduling; medical records; or portable devices used for communication, documentation, or other transfer of data about persons served.

3.c. Business continuity/disaster recovery is a set of processes used to help an organization recover from a disaster and continue or resume routine business operations. Business continuity addresses the availability of essential business functions and processes during and after a disaster and may include the replacement of personnel, service availability issues, business impact analysis, and change management. Disaster recovery processes may include server and network restoration, copying backup data, and provisioning backup systems.

3.d.(1) Access management refers to identification and management of access to and use of technology and information resources, including authorization and de-authorization or deactivation, physical access, and electronic access. User authorization and de-authorization may address password settings; e.g., complexity, expiration, use of temporary passwords; what happens when someone begins or leaves employment; supervisor access to confidential records of their employees; etc.

3.d.(2) Audit capabilities refers to a record or audit log showing who has accessed a computer system and what operations the person has performed during a given period of time.

3.d.(3) Data export and transfer capabilities may include defining what data are proprietary and secure, how data may be exported or transferred (e.g., email, on a flash drive, etc.), and whether data can be transferred to personal devices and

back to organization-owned equipment. For example, an organization may have a policy that electronic medical records are not to be transferred via email or accessed from/stored on personal devices.

3.d.(4) Decommissioning of physical hardware and data destruction refers to the removal of hardware from active status and how that hardware will be disposed of without risking access to data; e.g., what an organization does with hard drives and backup tapes that are no longer used.

3.d.(5) Protection from malicious activity addresses protection from malicious software such as worms, viruses, trojans, spyware, adware, rootkits, etc., that accesses protected data, deletes data, or adds software not approved by the organization or user. Protection may be accomplished by firewalls, spam filtering, and other systems designed to prevent abuse or unauthorized use of systems.

3.d.(6) Remote access is the ability to access a computer or network from a separate location; e.g., someone at a branch office, a telecommuter, and/or someone traveling who may need access to the organization's network or resources. Procedures may address who can remotely access organization information and technology and for what purpose, what equipment can be used to perform the remote access (organization-owned devices vs. personal devices), whether access is temporary or ongoing or limited to specific days or hours, and how access is accomplished. Remote access can be set up using a local area network (LAN), wide area network (WAN), or a virtual private network (VPN) so that resources and systems can be accessed remotely.

3.d.(7) Configuration management tracks an organization's hardware, software, and related information; e.g., software versions and updates installed on the organization's computer systems, network addresses belonging to the hardware devices used, etc. Change control is a systematic approach to modifying software applications or systems, patch installation, or network upgrades. Change control reduces the risk when introducing new technology (hardware or software) or changes to existing technology (e.g., software changes, operating system updates, firmware updates) by ensuring that testing and analysis

are performed to understand the impacts of the change and by having procedures defined for the deployment of changes to ensure an orderly transition.

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- 1.J. **4. A test of the organization's procedures for business continuity/disaster recovery:**
- a. Is conducted at least annually.
 - b. Is analyzed for:
 - (1) Effectiveness.
 - (2) Areas needing improvement.
 - (3) Actions to address the improvements needed.
 - (4) Implementation of the actions.
 - (5) Whether the actions taken accomplished the intended results.
 - (6) Necessary education and training of personnel.
 - c. Is evidenced in writing, including the analysis.

Intent Statements

These tests are similar in nature to the tests of emergency procedures required in Standard 1.H.7. and are intended to assist in determining if the procedures function as expected to protect the organization's technology and data assets and identifying any areas where performance improvement is needed.

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- 1.J. **5. The organization provides documented training to personnel:**
- a. On cybersecurity.
 - b. On the technology used in performance of their job duties.
 - c. Including:
 - (1) Initial training.
 - (2) Ongoing training.

Examples

5.a. This training will help ensure that personnel are familiar with the organization's information security procedures, understand what information is sensitive and vulnerable, and are trained on steps to take to protect data assets.

Additional Resources

- International Organization for Standardization—ISO/IEC 27000 Family –Information Security Management:
www.iso.org/iso/iec-27001-information-security.html
- Healthcare Information and Management Systems Society:
www.himss.org/resources-cybersecurity-and-privacy
- National Institute of Standards and Technology (NIST) Computer Security Resource Center: <https://csrc.nist.gov/publications/sp>
- SysAdmin, Audit, Network, Security (SANS) Institute Security Policy Templates:
www.sans.org/security-resources/policies
- U.S. Department of Health and Human Services CyberSecurity Awareness Training:
www.hhs.gov/sites/default/files/fy18-cybersecurityawarenesstraining.pdf

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Technology and system plan
- Policies and procedures on technology use, backup/recovery, business continuity/disaster recovery, and security
- Documentation of business continuity/disaster recovery tests and analyses
- Documentation of training provided to personnel
- Evidence of ongoing assessments of the organization's use of technology and data
- Input from persons served, personnel, and other stakeholders regarding the organization's use of technology

K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and supports and ongoing interactions with the persons served.

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- 1.K. 1. The organization implements policies promoting the following rights of the persons served:**
- a. Confidentiality of information.**
 - b. Privacy.**
 - c. Freedom from:**
 - (1) Abuse.
 - (2) Financial or other exploitation.
 - (3) Retaliation.
 - (4) Humiliation.
 - (5) Neglect.
 - d. Access to:**
 - (1) Information pertinent to the person served in sufficient time to facilitate the person's decision making.
 - (2) Their own records.
 - e. Informed consent or refusal or expression of choice and withdrawal of consent regarding:**
 - (1) Service delivery.
 - (2) Release of information.
 - (3) Concurrent services.
 - (4) Composition of the service delivery team.
 - (5) Involvement in research projects, if applicable.
 - f. Access or referral to:**
 - (1) Legal entities for appropriate representation.
 - (2) Self-help support services.
 - (3) Advocacy support services.

- g. Adherence to research guidelines and ethics when persons served are involved, if applicable.**
- h. Investigation and resolution of alleged infringement of rights.**
- i. Other legal rights.**

Intent Statements

To demonstrate relevant service delivery and appropriate ongoing communication with the persons served, the organization implements a system of rights that nurtures and protects the dignity and respect of the persons served. All information is transmitted in a manner that is clear and understandable.

Examples

The organization is an advocate for and ensures that the rights of persons served are protected. Procedures and practices of personnel demonstrate compliance with all applicable laws. Policies regarding the human rights and dignity of the persons served have been written, adopted, and communicated to personnel through the organization's code of ethics and training and to persons served in a manner understandable to them. A good practice an organization may follow is to include this information in its employee handbook.

1.a. The policies address the sharing of confidential billing, utilization, clinical and other administrative and service-related information, and the operation of any online services/supports that may exist. Information that is used for reporting or billing is shared according to confidentiality guidelines that recognize applicable regulatory requirements such as HIPAA and the Health Information Technology for Economic and Clinical Health (HITECH) Act in the U.S.

🍁 In Canada, the regulatory requirements may be found in:

- The federal Personal Information Protection and Electronic Documents Act (PIPEDA). In some provinces and territories, for example British Columbia, Alberta, and Quebec, the federal government has exempted organiza-

tions from PIPEDA because substantially equivalent provincial legislation is in place.

- Provincial legislation dealing with freedom of information and protection of personal information in the public sector.
- Legislation that deals specifically with health information in those provinces and territories that have such legislation.

The parameters of confidentiality may identify items that may or may not be disclosed without authorization for the release of information as well as those areas identified in mandatory disclosure laws and regulations. Confidentiality may be limited in such settings as criminal justice or when providing services to someone who demonstrates a risk to self or others. When developing its confidentiality policy, the organization takes into consideration staff use of email, texting, blogging, and common forums such as Facebook and Twitter for work or work-related communication.

Confidentiality means limited access and that only those staff members who have a need to know information have access to that information. Local guidance can usually be obtained from funding and referral sources. This standard applies to information in all forms, including the use of electronic/computer records related to the persons served.

This standard is relevant to aspects of the organization's ethics policy (Standard 1.A.6.a.) relating to its staff, its governance authority, and its treatment of the persons served. Organization policies address the protection, privacy, and security of records.

The organization may establish a documentation system for anyone who accesses a file. Unless legal guardianship is assigned, parents and family members may not automatically have access to records of persons served.

See also Standards 2.A.1.–8. if services are provided via the internet.

1.c. The organization ensures that the person served is protected from physical, sexual, psychological, and fiduciary abuse; harassment and physical punishment; and humiliating, threatening, or exploiting actions. Sexual abuse or harassment may include any gestures, verbal

or physical, that reference sexual acts or sexuality or objectify the individual sexually. Fiduciary abuse refers to any exploitation of the persons served for financial gain. This abuse could include misuse of the funds of the persons served.

1.d. The persons served are provided with information pertaining to immediate, pending, and potential future service/support needs. Information is offered in a manner that is clear and understandable, with risks identified when applicable. In short-term service settings, the information may be provided verbally, with some written information available. In longer-term programs, the information may be provided verbally and through educational or wellness workshops/sessions, written materials, and active participation in team meetings and individual service planning.

1.d.(2) The persons served know how to access their records.

An organization does not prohibit the persons served from having access to their own records, unless a specific state/provincial law indicates otherwise. Some information within the file may not be released to the individual unless authorization has been given by the originating individual, such as the psychologist in the case of an individual's evaluation.

A good practice is to put the policy and procedures in a handbook for persons served, orientation materials, etc. Notes in individual records may show that persons served have used the procedure to gain access to their own records.

Depending on the individual, *access* may mean that a person might need assistance from a staff member or an advocate to understand the information contained in the record. Some organizations make the person's file available at planning meetings so that the contents may be reviewed at that time.

1.e. When consent is required, there is also discussion of informed refusal. A person served may refuse to sign a consent form, but with that refusal, the organization is committed to explaining the risks and adverse consequences of the refusal.

1.f. Information may be provided through service directories or a handbook for persons served as part of the orientation of the person served, on posted listings, or through direct interaction with program personnel.

1.K. 2. The rights of the persons served are:

a. Communicated to the persons served:

- (1) In a way that is understandable.**
- (2) Prior to the beginning of service delivery or at initiation of service delivery.**
- (3) At least annually for persons served in a program longer than one year.**

b. Available at all times for:

- (1) Review.**
- (2) Clarification.**

Intent Statements

To ensure that the persons served have a clear understanding of their rights, the organization communicates and shares these rights in a manner that is understandable to the persons served.

Examples

Rights information might be shared during individual service planning meetings, meetings/councils of persons served, etc. The method used for communication should reflect the needs of the person served and may include verbal presentation, large print, translation into a different language, or use of a representative for the person served. A good practice is to include rights information in a handbook for persons served or present it through audio recordings, video recordings, pictures, and other formats.

2.a.(3) It is important that programs providing services in a continuing relationship of longer than one year establish a process to ensure that rights are reviewed with the person at least annually. Some programs choose to do so along with the service plan review and update.

1.K. 3. The organization:

- a. Implements a policy and written procedure by which persons served may formally complain to the organization that specify:**
 - (1) Its definition of a formal complaint.
 - (2) That the action will not result in retaliation or barriers to services.
 - (3) How efforts will be made to resolve the complaint.
 - (4) Levels of review, which include availability of external review.
 - (5) Timeframes that:
 - (a) Are adequate for prompt consideration.
 - (b) Result in timely decisions for the person served.
 - (6) Procedures for written notification regarding the actions to be taken to address the complaint.
 - (7) The rights of each party.
 - (8) The responsibilities of each party.
 - (9) The availability of advocates or other assistance.
- b. Makes complaint procedures and, if applicable, forms:**
 - (1) Readily available to the persons served.
 - (2) Understandable to the persons served.
- c. Documents formal complaints received.**

Intent Statements

The organization identifies clear protocols related to formal complaints, as defined by the organization.

Examples

Local authorities and funding sources are good references for a model of guidelines on prudent and responsible practices. Elements of best practices are in plans developed by the government, school districts, protection and advocacy groups, employment agencies, funding sources, and businesses.

Written guidelines for practices include procedures for levels of review and the rights and responsibilities of each party involved. These procedures are explained to personnel and persons served in a way that meets their needs. This explanation may include a video or audio recording, a handbook, interpreters, advocates, etc.

3.b.(1) Complaint procedures and forms (if used) could be provided to the persons served in information or orientation packets, posted on an organization's website, or made available at a central office or upon request to personnel.

1.K. 4. An analysis of all formal complaints:

- a. Is conducted at least annually.**
- b. Is documented, including:**
 - (1) Whether formal complaints were received.
 - (2) Trends.
 - (3) Areas needing performance improvement.
 - (4) Actions to address the improvements needed.
 - (5) Implementation of the actions.
 - (6) Whether the actions taken accomplished the intended results.

Intent Statements

An analysis of formal complaints can give the organization valuable information to facilitate change that results in better customer service and results for the persons served.

Examples

Because complaints may be part of risk management in some organizations, this information may be evidenced in a variety of reports and used for a variety of different purposes. This analysis can be helpful to an organization in identifying changes to make in service delivery and business operations, determining the effectiveness of changes it has made, and risk analysis and management.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Policies promoting the rights of the persons served
- Policy and procedures for formal complaints
- Definition of a formal complaint
- Information regarding personnel training on rights of persons served, informed consent, complaint/grievance procedures, etc.
- Handbook for persons served, orientation materials, updated information regarding rights
- Records of the persons served showing informed consent
- Conflict resolution information
- Grievance and appeal process
- Documentation of formal complaints received
- Documentation showing review and analysis of formal complaints at least annually
- Action plan or changes made to improve performance and to reduce complaints
- External and internal investigation reports and related corrective action plans
- Documentation that rights of persons served are reviewed at least annually with the persons served, if applicable.

L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

-
- 1.L. 1. The organization's leadership:**
- a. Assesses the accessibility needs of the:**
 - (1) Persons served.
 - (2) Personnel.
 - (3) Other stakeholders.
 - b. Implements an ongoing process for identification of barriers in the following areas:**
 - (1) Architecture.
 - (2) Environment.
 - (3) Attitudes.
 - (4) Finances.
 - (5) Employment.
 - (6) Communication.
 - (7) Technology.
 - (8) Transportation.
 - (9) Community integration, when appropriate.
 - (10) Any other barrier identified by the:
 - (a) Persons served.
 - (b) Personnel.
 - (c) Other stakeholders.

Intent Statements

The leadership has a working knowledge of what should be done to promote accessibility and remove barriers. Organizations address accessibility issues in order to:

- Enhance the quality of life for those served in their programs and services.
- Implement nondiscriminatory employment practices.
- Meet legal and regulatory requirements.
- Meet the expectations of stakeholders in the area of accessibility.

The leadership should address how input was solicited from the persons served, personnel, and other stakeholders to assist in the identification of barriers and take into consideration any accessibility needs—physical, cognitive, sensory, emotional, or developmental—that may hinder full and effective participation on an equal basis with others.

Examples

Evidence of accessibility planning may be found in minutes of meetings where analysis, action planning, and goals are established; conversations with stakeholders; minutes of focus groups and council meetings; community events in which the organization participates; surveys; affirmative action plans; building or remodeling plans; grant applications; ADA plans; etc.

To develop an accessibility plan, an organization first identifies barriers within the organization itself and in the community. A self-evaluation is conducted regularly by the organization. In the U.S., an ADA checklist may be helpful in conducting this evaluation. For organizations in Canada, accessibility issues are addressed by federal and provincial acts on accessibility, human rights, and employment. Surveys of persons served may also help identify barriers. Agencies have written documentation of potential barriers to services/supports, and these barriers are addressed in the accessibility plan.

1.b.(1) Architectural or physical barriers are generally easy to identify and may include steps that prevent access to a building for an individual who uses a wheelchair, narrow doorways that need to be widened, bathrooms that need to be made accessible, the absence of light alarms for individuals who are deaf or hard of hearing, and the absence of signs in Braille for individuals who are blind.

1.b.(2) Environmental barriers can be interpreted as any location or characteristic of the setting that compromises, hinders, or impedes service delivery and the benefits to be gained. Some service sites may be located in areas where the persons served and/or personnel do not feel safe or feel that confidentiality may be risked. In addition to such external environmental barriers, internal barriers may include noise level, lack of

soundproof counseling rooms, highly trafficked areas used for service delivery, or type or lack of furnishing and décor that impact the comfort level of the persons served and personnel. In a work environment, lighting may be a barrier if, for instance, fluorescent lighting is used and the flicker precipitates seizure activity in an individual. The physical office environment could present a barrier if it is noisy or is a very open structure and an individual is easily distracted by activity. Fragrances in the workplace may trigger physical reactions impacting health or ability to optimally perform job functions.

Many popular computer head pointers, which control the cursor on a computer, use infrared signals to transmit the movements of the user's head to the computer and these systems may have trouble operating under some lighting conditions, such as direct sunlight. In these environments, a head pointer that uses a different technology to operate, such as microgyroscope technology that senses head movements and transmits those movements to the computer using radio frequency signals, would overcome the environmental barrier.

Environmental barriers in a person's home environment might be addressed, for example, by installing computer controls for temperature, lights, window shades, etc., that are activated by a puff straw.

1.b.(3) The organization evaluates any preconceived opinions that its personnel and other stakeholders may have of persons with disabilities, as these can impact access to services/supports or benefits to be gained. Attitudinal barriers may include, but are not limited to:

- Terminology and language that the organization uses in its literature or when it communicates with persons with disabilities, other stakeholders, and the public (e.g., whether the organization uses person-first language).
- How persons with disabilities are viewed and treated by the organization, their families, and the community (e.g., dependent versus independent or interdependent, not valuable versus valuable).

- Whether input of persons served is solicited and used.
- Whether the eligibility criteria of the organization create barriers for individuals with specific types of disabilities.

1.b.(4) Financial barriers include insufficient funding for services/supports, and the organization might be an advocate at a legislative level for increased funds, or it might promote activities to directly raise money for the support of a service or a person served.

1.b.(5) Providing flexibility in the workplace, such as considering requests for flex time, job sharing, part-time work, or compressed work schedules, can help many persons with disabilities better manage their needs. These low- and no-cost arrangements are also found in lists of what it takes for businesses and employers to be more family-friendly. With appropriate use, these practices can lead to more productive workplaces for employers and more satisfying settings for all employees.

Tools and technology that were once only used by persons with a disability are now being used to help anyone complete tasks more effectively and efficiently. Voice recognition technology is a good example of an aid that has become a regular part of the work environment.

1.b.(6) Communication barriers include the absence of a teletype machine (TTY) or the absence of materials in a language or format that is understood by the persons served. If an organization has a website, it could request assistance from technical centers to evaluate its website to ensure the clarity of the site and ease of accessing information. In 1996, a U.S. Department of Justice ruling stated that the ADA applied to the internet as well as to more physical realms. Depending on the stakeholders of the organization and others who access the website, alternative formats could be developed.

Developing a user-friendly interface is an ongoing process that is best measured by how easy it is for any user to navigate throughout the site without getting lost. Every web developer has a different sense of style, but style should not be equated with user-friendliness. Ask your team a few important questions to measure the

friendliness of your site. Does your site make sense to people who are new to the site? Do you ask for input on how users experience the site? What kind of input have you received or responded to? Is this a priority for the organization at this time, or does the site serve its purpose adequately? If time permits upgrading of the site now, then what can be done to make the site better? Are you addressing your needs or changes in your technology plan?

Information should be provided in an accessible and understandable format for the person served. For example, if the individual is blind, the information might be provided in an electronic format that is accessible to computer screen readers.

1.b.(8) Transportation barriers include persons being unable to reach service locations or being unable to participate in the full range of services/supports and activities offered.

1.b.(9) Barriers to community integration include any barrier that would keep the persons served from returning to full participation in their community of choice. For example, participation in sports may be limited by the lack of a lift at the public swimming pool for access by persons served with limited mobility or the lack of scheduling availability of the local gym for an adaptive sports program, or accommodations may be needed for the persons served to return to previous volunteer activities with the community food bank. Another barrier to community integration might be involvement of the persons served in the criminal justice system, which could impact employment, housing, etc.

1.b.(10) Other barriers to services/supports identified by the persons served or other stakeholders would also be addressed. These could include those raised by evolving technology, the upkeep of equipment/assistive technology, and issues more specific to the populations served. Stakeholder experience surveys may help identify other barriers.

Through an understanding of the diversity of its stakeholders (as identified in its cultural competency, diversity, and inclusion plan), the organization may reduce barriers to accessibility across a number of the areas listed in this standard and enhance outcomes for the persons

served. For example, an organization that serves a culturally diverse population may not only address communication barriers e.g., through the use of translators and provision of information and materials in different languages, but also consider how those cultures view health and disability to understand and address potential attitudinal barriers to accessing services. Similarly, an organization's understanding of the socioeconomic diversity of the community it serves may lead it to exploring resources for transportation, childcare, or supplemental assistance programs that would support persons served in attending the programs/services to which they are referred.

Resources

Information on the ADA is provided by the U.S. Department of Justice: www.ada.gov.

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 Government of Canada Towards an Accessible Canada: <https://www.canada.ca/en/employment-social-development/programs/accessible-canada.html>

1.b.(6) Resources on accessibility and health literacy include:

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 Shirley Ryan AbilityLab Health Literacy: www.sralab.org/lifecenter/resources/health-literacy-using-plain-language-health-communications
- 
 U.S. Department of Health and Human Services Agency for Healthcare Research and Quality: www.ahrq.gov/topics/health-literacy.html
- 
 Center for Plain Language: www.centerforplainlanguage.org
- 
 World Wide Web Consortium Web Accessibility Initiative: www.w3.org/WAI
- 
 Color Contrast Accessibility Validator: <https://color.a11y.com/?wc3>
- 
 ABC Life Literacy Canada: www.literacy.ca/?q=literacy/clearwriting
- 
 LiteracyBC: <https://www.literacybc.ca/>
- 
 Resources of the Language Portal of Canada: www.noslangues-ourlanguages.gc.ca

- 
 Canadian Public Health Association Plain Language Service: www.cpha.ca/plain-language-service

- 1.L. 2. The organization implements an accessibility plan that:**
- a. Includes, for all identified barriers:**
 - (1) Actions to be taken.
 - (2) Timelines.
 - b. Is reviewed at least annually for relevance, including:**
 - (1) Progress made in the removal of identified barriers.
 - (2) Areas needing improvement.
 - c. Is updated as needed.**

Intent Statements

There may be barriers identified that the organization does not have the authority or resources to remove; effective accommodations may be the appropriate action to be taken in those circumstances.

2.a. "All identified barriers" refers to the barriers identified in Standard 1.L.1.

Examples

The organization develops a plan that meets the accessibility needs of persons served, personnel, and other stakeholders. The plan identifies areas for improvement in accessibility and includes a schedule for improvement. In its planning, an organization may identify short- and long-range actions to be taken. Barrier removal that is not currently achievable may be achievable later when the organization has more resources. The organization's planning may have options for referral to and the use of other generic services and networks that may be more accessible.

Creating an accessibility plan is one of the best ways to ensure barrier removal. Identification of the persons responsible for correcting identified barriers to services/supports is not required by the standard; however, many organizations find it helpful to include this in the plan.

At a minimum, the plan:

- Lists the barriers that limit access to programs and services.
- Provides a detailed outline of the methods to be used in removing barriers.
- Develops a schedule for taking necessary steps to achieve a barrier-free environment. If the time period for achieving compliance is lengthy, the plan could identify interim steps to be taken to provide program access and progress toward removal of barriers.
- May identify person(s) responsible for implementing the plan.

The plan is not difficult to craft if a few easy steps are followed. The organization can:

Step 1: Designate a responsible person as access coordinator. It helps if this person has an interest and experience in disability issues.

Step 2: Consult with persons with disabilities who are trained in accessibility. The involvement of trained persons is important because, in addition to helping identify barriers, they can often provide creative and practical solutions to address the barriers.

Step 3: Complete checklists for physical, program, employment, and communication access. These checklists may be adapted from several published guides.

Step 4: Develop an access plan. The plan will identify the barriers and solutions; establish priority for each item; project the costs associated with each item; and identify funding sources, target completion dates, and the person responsible for each item. (See the items in the example that follows Step 5.)

Step 5: Establish a system for evaluating progress and updating the accessibility plan. It is essential to integrate this accessibility plan into the organization's budgeting process as well as its strategic plans. The plan should be reviewed by the access coordinator and the organization's decision makers. Progress is monitored regularly and the status updated at least annually.

The organization may use one of several published models for an accessibility plan. The following illustrates how tasks in a sample plan might be listed.

Example of an access plan:

- Physical access
 - Barrier: Second-floor water fountain spout too high
 - Solution: Install paper cup dispenser at wheelchair level
 - Priority: B (next year)
 - Cost: \$40
 - Funding source: Unrestricted funds
 - Due date: November
 - Responsible person: Program manager
- Program access
 - Barrier: Written materials not understandable to many applicants
 - Solution: Provide materials in a variety of formats (audio recording, video)
 - Priority: A (this year)
 - Cost: \$300
 - Funding Source: RSA, Center for Independent Living
 - Due date: April
 - Responsible person: Executive director/speech-language pathologist

Resources

Some resources for accessibility-related information are:

- ADA Information and Technical Assistance: www.ada.gov/ta-pubs-pg2.htm
- Checklist for Readily Achievable Barrier Removal: www.usdoj.gov/crt/ada/check-web.htm is a downloadable checklist prepared by Adaptive Environments Center, Inc. and Barrier Free Environments, Inc.
- Virginia Commonwealth University Rehabilitation Research and Training Center provides information, resources, and research about work and disability issues: www.worksupport.com
-  Government of Canada Towards an Accessible Canada: <https://www.canada.ca/en/employment-social-development/programs/accessible-canada.html>

- 1.L. **3. Requests for reasonable accommodations are:**
- a. Identified.**
 - b. Reviewed.**
 - c. Decided upon.**
 - d. Documented.**

Intent Statements

The organization evaluates and carefully considers the merits of all requests for accommodation to determine whether any remedial actions are appropriate.

Please see the Glossary for a definition of *reasonable accommodations*.

Examples

The organization may want to include in its process of self-evaluation a system for review of reasonable accommodations. One of the ways that this can be accomplished is by asking individuals with disabilities how the work environment or community resources can be designed or changed in such a way so as to enable them to accomplish the same tasks or activities as those without disabilities.

A questionnaire used by the organization to gather input from persons served, personnel, or other stakeholders can also be an excellent tool to get information from individuals about the need for reasonable accommodations.

Standing committees, such as safety, advocacy for persons served, and admissions, can be given the additional tasks of reviewing the accommodation needs of individuals in the work environment, their residences, and the community. Additionally, these committees can be trained in the use of and advances in assistive technology.

The organization may want to develop a specific budget to assist in implementing identified reasonable accommodations. Perhaps there is potential assistance from, or alternatives may be identified by, other resources such as funders, advocacy groups, service organizations, family members, and other providers.

A request for a reasonable accommodation does not automatically require that the organization meet the request. There should be an investigation of the request. How is the organization

alerted to the need for a reasonable accommodation? What is the review process? Who is responsible for approving or denying the request? What are the decision-making criteria? When agreement has been reached to provide the accommodation, the steps to accommodation may be made part of the person's plan.

When an accommodation cannot be made, the organization demonstrates a referral system that assists the persons served, personnel, or other stakeholders in the use of other resources that are accessible. Processes can be different for requests from persons served versus those made by personnel.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Written accessibility plan
- Identification of accessibility barriers
- Review of accessibility plan at least annually
- Requests for reasonable accommodations
- Documentation regarding reasonable accommodations that have been provided
- Meeting minutes
- Information regarding leadership advocacy activities
- If virtual access to services is provided, policies/procedures to ensure accessibility and accommodations

Review Results

M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

NOTE: Please refer to the Glossary for definitions of the following terms used throughout this section: person served, family/support system, stakeholders, performance indicator, performance target, effectiveness, efficiency, service access, validity, reliability, and value.

-
- 1.M. 1. The leadership demonstrates accountability for performance measurement and management in:
- a. Service delivery.
 - b. Business functions.

Intent Statements

To survive and thrive in today's environment, health and human services providers must produce value. Through service delivery and business practices that are ethical, state of the art, and durable, organizations strive to meet the needs of their stakeholders, sustain their programs/services, and support growth. Leadership accountability is demonstrated through engagement in and support of the organization's performance measurement and management activities and effective utilization of the information produced to improve the quality of programs/services; make decisions; uphold the organization's mission; and objectively demonstrate value to persons served and their families/support systems, other stakeholders, and the organization itself.

Examples

The leadership may review established objectives, performance indicators, and measures to confirm that the information being gathered can be used to answer questions from a variety of stakeholders, guide the organization, and identify areas for improvement.

There may be leadership representation on quality committees, performance improvement teams, and in meetings with stakeholders to gather input and suggestions about the organization's performance management activities and plans.

The leadership may hold forums to seek input and insight into topics that could be incorporated into and addressed in the performance measurement and management plan.

There may be an ongoing, open exchange with internal stakeholders via an intranet to ensure that items measured are addressing areas that are critical to the organization and meeting stakeholder needs.

There may be a variety of mechanisms used to exchange information with stakeholders, such as town hall meetings; on-line surveys; members of the leadership team meeting with small groups of persons served, personnel, or other stakeholders; etc.

The leadership supports and may participate with personnel in training on assessment tools being used and methods to ensure data integrity.

The governance board may establish a quality committee that reviews performance reports on a regular basis.

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- 1.M. 2. The organization identifies gaps and opportunities in preparation for the development or review of a performance measurement and management plan, including consideration of:**
- a. Input from:**
 - (1) **Persons served.**
 - (2) **Personnel.**
 - (3) **Other stakeholders.**
 - b. The characteristics of the persons served.**
 - c. Expected results.**
 - d. Extenuating and influencing factors that may impact results.**
 - e. The comparative data available.**
 - f. Communication of performance information.**
 - g. Technology to support implementation of the performance measurement and management plan.**

Intent Statements

An analysis of gaps and opportunities provides an organization with essential information in preparation for developing a performance measurement and management plan for the first time or reviewing it for continued relevance and/or necessary changes. Input from persons served, personnel, and other stakeholders about what they want to know about the organization

and its programs/services guides the selection of objectives, performance indicators, and measures and positions the organization to later share performance information that meets stakeholder needs. A meaningful performance measurement and management plan elevates an organization's accountability for and knowledge and understanding of the results of its service delivery and business practices.

Through the analysis of gaps and opportunities it may be determined that changes are indicated not only in the performance measurement and management plan but also in areas such as strategic planning, person-centered practices, advocacy for persons served, corporate responsibilities, etc.

Examples

2.b. Characteristics include a wide variety of data that reflect relevant information about the persons served, such as age, gender, ethnicity, race, education levels, living arrangements, primary language, impairment, and activity limitation. In the context of performance management this information can be used to analyze performance relative to specific groups of persons served who share similar characteristics.

Similarly, there are characteristics or conditions in the environment that may be shared by a group of persons or a population served. These are referred to as social determinants of health (SDOH)—conditions in the environments in which people are born, live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH such as income and social status, employment and working conditions, education and literacy, physical environments, social supports and coping skills, health behaviors, and access to health services may also impact the results that can be achieved for the persons served by a program. For example, in an area where the unemployment rate is high, job placement for persons served may be more challenging or return-to-work rates may be lower; in an area where there is limited public transportation, persons served may have difficulty attending the program or following through with transition/discharge recommendations; in an area where there is limited affordable housing, the discharge

or placement options for persons served may be limited. All of these SDOH may impact the results the program can achieve for the persons served and may also be considered in establishing the program's performance targets.

2.d. Examples of extenuating or influencing factors that could impact performance include a change in leadership, relocation of an organization or program, reductions in budget, personnel shortages, new regulations, changes in the geographic area where services are offered such as a housing shortage, financial challenges in the community such as high unemployment, poor public transportation, a natural disaster such as a hurricane or earthquake, and individuals entering the programs/services with more co-morbidities or co-occurring conditions.

Resources

2.b. A variety of resources on social determinants of health can be found under Standard 1.C.2.

- 1.M. 3. The organization implements a performance measurement and management plan that:**
- a. Addresses:**
 - (1) Collection of relevant data on the characteristics of the persons served.**
 - (2) For each program/service seeking accreditation, identification of measures for service delivery objectives, including, at a minimum:**
 - (a) Results achieved for the persons served (effectiveness).**
 - (b) Experience of services received and other feedback from the persons served.**
 - (c) Experience of services and other feedback from other stakeholders.**
 - (d) Resources used to achieve results for the persons served (efficiency).**
 - (e) Service access.**

- (3) The collection of data about the persons served at:**
 - (a) The beginning of services.**
 - (b) Appropriate intervals during services.**
 - (c) The end of services.**
 - (d) Point(s) in time following services.**
- (4) Identification of priority measures determined by the organization for business function objectives.**
- (5) The extent to which the data collected measure what they are intended to measure (validity).**
- (6) The process for obtaining data:**
 - (a) In a consistent manner (reliability).**
 - (b) That will be complete.**
 - (c) That will be accurate.**
- (7) Extenuating and influencing factors that may impact results.**
- (8) Timeframes for the:**
 - (a) Analysis of data.**
 - (b) Communication of results.**
- (9) How:**
 - (a) Data are collected.**
 - (b) Data are analyzed.**
 - (c) Performance improvement plans are developed.**
 - (d) Performance improvement plans are implemented.**
 - (e) Performance information is communicated.**
- b. Is reviewed at least annually for relevance.**
- c. Is updated as needed.**

Intent Statements

3.a.(1) Characteristics include a wide variety of data that reflect relevant information about the persons served. As data are collected and aggregated at the level of each program/service seeking accreditation, the identification and analysis of any significant performance differences of the program/service in serving relevant

groups ties into later being able to target specific program improvements.

3.a.(4) Measurement of business functions is addressed in a number of related standards throughout Section 1, including, but not limited to, 1.F.3. and 1.F.4. on the analysis of financial performance, 1.H.7. on the testing of emergency procedures, 1.H.11. on the analysis of critical incidents, 1.J.4. on the testing of business continuity/disaster recovery procedures, and 1.K.4. on the analysis of formal complaints. The organization might identify these and/or other priority areas for business function measurement.

3.a.(5)–(6) It is not required that the organization subscribe to a proprietary data vendor in order to achieve data integrity.

Examples

3.a.(2) Community Employment Services Job Development and Employment Supports are considered separate programs seeking accreditation, as are Children and Youth Early Intervention Services and Child and Adolescent Services. Whether the organization identifies the same or different measures, the analysis of service delivery indicators is conducted separately for each service.

3.a.(3)(d) Data may be collected at point(s) in time following services through use of a survey that is mailed or emailed to persons served, phone calls to persons served, or in-person at a follow-up visit to the program/service or to another provider to which the person was referred at transition/discharge.

When the reason for transition/discharge from the program/service is that the person served has died, or this is discovered after the person has left the program/service, follow-up efforts may focus on the family/support system; e.g., whether they were satisfied with the services the person served received, whether they received the support they desired from the program, resources the program can offer to support the family/support system in their grieving process, etc.

3.a.(4) An organization may identify priority business areas based on input from stakeholders or circumstances such as implementation of new program/service, opening of a new location,

turnover in key leadership or management positions, or recent history of a natural disaster.

3.a.(5) The organization chooses indicators, measures, and data elements that measure what it intends to measure.

The analysis of gaps and opportunities addressed in Standard 1.M.2. may identify changes in measures for service delivery objectives that may need to occur because of changes in the environment, legislative or regulatory changes, societal or financial changes, or development or revision of programs/services.

3.a.(5)–(6) There are a variety of ways an organization can demonstrate that it addresses the integrity of the data it uses for performance measurement, management, and improvement and management decision making. These approaches can range from simple to sophisticated.

3.a.(6)(a) The organization takes steps to ensure that data are collected consistently in a way that could be reproduced at another time or by other data gatherers. For example:

- New and existing personnel are trained on recording each data element they are responsible for collecting, and measures or codes are explained and periodically reviewed.
- Inter-rater reliability assessments can be conducted in which different personnel record measures for the same persons served and data are compared statistically to assess whether different personnel arrive at the same ratings for a given individual.
- A potential training opportunity might be for a multi-site organization to have personnel from one location conduct screenings/assessments at other locations to help to increase the reliability of the screening/assessment process.

3.a.(6)(b) The organization takes steps to ensure that the data used for decision making are as complete as possible, no accredited programs are omitted from the information and performance improvement effort, no groups of persons served are omitted from the data gathering or analysis, no data elements or indicators are systematically missing, and any database is checked for completeness of records before final

analyses are run and decisions made. For example:

- The quality council and data managers collaborate on designing an information system regarding the persons served that includes necessary data elements for all programs of the organization. They decide to design an organizationwide system, but identify each record with the particular program in which the person participates so analysis can be done separately for all the programs to be surveyed.
- Personnel training for data-recording activities includes attention to the importance of recording each data field for every person served.
- Complete information on the characteristics of the persons served, for example, is critical to being able to analyze performance related to specific groups or populations served by a program.
- The data manager routinely cross checks the number of records of persons served in the database with the operations officer's report of the number of persons served during a reporting period to ensure that data are available on all persons served before analysis is conducted and reports are generated. Missing records are located and entered into the database before analysis is conducted.

3.a.(6)(c) The organization takes steps to ensure that data are recorded properly and that errors are caught and corrected. For example:

- Spot checks of the records of the persons served are made to ensure that data abstracted from the record are correctly entered into the database.
- The data manager routinely reviews the distribution of values in test data runs and asks the direct care personnel to double check the accuracy of cases that seem to be outside of expectations in terms of maximum or minimum values. (For example, did someone really stay in the program 205 days or was it 20 days?)

1.M. 4. To measure its results achieved for the persons served (effectiveness), each program/service seeking accreditation documents:

- a. An objective(s).
- b. A performance indicator(s), including:
 - (1) To whom the indicator(s) will be applied.
 - (2) The person(s)/position(s) responsible for collecting the data.
 - (3) The source(s) from which data will be collected.
 - (4) Identification of relevant time-frames for collection of data.
 - (5) A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

Intent Statements

4.b.(5) The establishment of a performance target of a level to be achieved is critical. Some organizations develop their own targets by reviewing their historical performance in an identified indicator while other organizations may use standardized tools that already have an established benchmark. A review of the literature and published practices is helpful in this process. The development of a performance target ensures that there will be action for improvement if the target is not met.

When an organization first implements a performance indicator, it may not have a performance history upon which to base a performance target. It may also lack an industry benchmark or a performance target established by a stakeholder. In this case, the organization establishes its own performance target and measures over time to establish its history. Typically, the performance target established is maintained for a period of time in order to establish a foundation rather than changing it each cycle of analysis.

Through its performance measurement and management activities, an organization gains an accurate and complete picture of its performance in critical areas. If it is meeting all of its

performance targets over a period of time the organization will want to consider whether the targets should be adjusted as well as whether there are other indicators that would be meaningful to measure.

Examples

4.b.(4) Measuring change over time is inherent in the measurement of results achieved for the persons served. Data collected at the beginning of services, at specific intervals during services, at the end of services, and/or at a point(s) in time following services allow the program/service to measure change over time. Examples of effectiveness measures include:

- Community integration.
- Community tenure.
- Increased inclusion in community activities.
- Involvement in activities of daily living.
- Increased self-esteem.
- Increased self-direction, self-determination, and self-reliance.
- Improvement in school functioning.
- Employment with benefits.
- Increased hours of work.
- Increased pay.
- Independent living situation.
- Housing status.
- Receipt of entitlement benefits.
- Quality of relationships.
- Health status.
- Attainment of employment.
- Attainment of full-time employment.
- Advancement within an employment setting.
- Reduction of hospitalization.
- Reduction of maladaptive behaviors.
- Gains in daily living skills.
- Acquiring permanent housing/ending homelessness.
- Reduction in dependence on paid supports.
- If services were provided through the use of information and communications technology (ICT), participation in virtual support groups.

-
- 1.M. 5. To measure experience of services received and other feedback from the persons served, each program/service seeking accreditation documents:**
- a. An objective(s).**
 - b. A performance indicator(s), including:**
 - (1) To whom the indicator(s) will be applied.**
 - (2) The person(s)/position(s) responsible for collecting the data.**
 - (3) The source(s) from which data will be collected.**
 - (4) Identification of relevant time-frames for collection of data.**
 - (5) A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.**

Intent Statements

5.b.(5) The establishment of a performance target of a level to be achieved is critical. Some organizations develop their own targets by reviewing their historical performance in an identified indicator while other organizations may use standardized tools that already have an established benchmark. A review of the literature and published practices is helpful in this process. The development of a performance target ensures that there will be action for improvement if the target is not met.

When an organization first implements a performance indicator, it may not have a performance history upon which to base a performance target. It may also lack an industry benchmark or a performance target established by a stakeholder. In this case, the organization establishes its own performance target and measures over time to establish its history. Typically, the performance target established is maintained for a period of time in order to establish a foundation rather than changing it each cycle of analysis.

Through its performance measurement and management activities, an organization gains an accurate and complete picture of its performance in critical areas. If it is meeting all of its

performance targets over a period of time the organization will want to consider whether the targets should be adjusted as well as whether there are other indicators that would be meaningful to measure.

Examples

The perception of the persons served regarding their experience with the program/service provides valuable feedback on how well the program/service is meeting or met their expectations in areas such as service responsiveness, respect, informed choice, participation, and overall value. For example:

- Was the person served treated with dignity and respect?
- Did the program focus on the desires and needs of the person served?
- Were grievances or concerns addressed?
- Overall feelings of satisfaction.
- Use of informed choices about services/supports.
- Satisfaction with physical facilities, fees, access, and results achieved.
- Was the person served given desired supports?
- Did the persons served achieve their desired goals?
- The program demonstrated respect for and understanding of my culture.
- If services were provided through the use of information and communications technology (ICT):
 - Satisfaction with connectivity/quality of platform.
 - Convenience of days and times that services/appointments were available.
 - The services I received through the use of ICT met my needs.
 - When services were provided using ICT did you find them equal to or better than services provided face to face?

The tools used to measure the experience of services received and other feedback are appropriate for the population served in terms of age, developmental level, language, and culture.

Programs/services that serve children often measure experience of services and other feedback from the perspective of members of the family/support system. When analyzing the data gathered, it is important for the program to distinguish whether the data reflect the feedback of the family/support system or feedback that was provided on behalf of the child/youth.

1.M. 6. To measure experience of services and other feedback from other stakeholders, each program/service seeking accreditation documents:

- a. An objective(s).
- b. A performance indicator(s), including:
 - (1) To whom the indicator(s) will be applied.
 - (2) The person(s)/position(s) responsible for collecting the data.
 - (3) The source(s) from which data will be collected.
 - (4) Identification of relevant timeframes for collection of data.
 - (5) A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

Intent Statements

6.b.(5) The establishment of a performance target of a level to be achieved is critical. Some organizations develop their own targets by reviewing their historical performance in an identified indicator while other organizations may use standardized tools that already have an established benchmark. A review of the literature and published practices is helpful in this process. The development of a performance target ensures that there will be action for improvement if the target is not met.

When an organization first implements a performance indicator, it may not have a performance history upon which to base a performance target. It may also lack an industry benchmark or a performance target established by a stakeholder. In this case, the organization establishes its own

performance target and measures over time to establish its history. Typically, the performance target established is maintained for a period of time in order to establish a foundation rather than changing it each cycle of analysis.

Through its performance measurement and management activities, an organization gains an accurate and complete picture of its performance in critical areas. If it is meeting all of its performance targets over a period of time the organization will want to consider whether the targets should be adjusted as well as whether there are other indicators that would be meaningful to measure.

Examples

The perception of stakeholders regarding their experience with the program/service provides valuable feedback on how well the program/service is meeting or met their expectations. For example:

- The information I received from the program met my needs.
- The information I received from the program was useful in my decision making.
- I received information from the program in a timeframe that met my needs.
- I am satisfied with the opportunities available to interact with the team serving my family member.
- I am satisfied with the services/care my family member received from the program.
- I would recommend this program to others.
- I would refer again to this program.
- I am satisfied with the timeframe for admission to services for persons referred.
- I am satisfied with the communication mechanisms to coordinate care for persons served.
- If services were provided through the use of information and communications technology (ICT):
 - I am satisfied with the options offered by the organization for service delivery through the use of ICT.
 - The services delivered by the organization through the use of ICT will positively impact the lives of the persons served.

-
- 1.M. 7. To measure the resources used to achieve results for the persons served (efficiency), each program/service seeking accreditation documents:
- a. An objective(s).
 - b. A performance indicator(s), including:
 - (1) To whom or what the indicator(s) will be applied.
 - (2) The person(s)/position(s) responsible for collecting the data.
 - (3) The source(s) from which data will be collected.
 - (4) Identification of relevant timeframes for collection of data.
 - (5) A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

Intent Statements

7.b.(5) The establishment of a performance target of a level to be achieved is critical. Some organizations develop their own targets by reviewing their historical performance in an identified indicator while other organizations may use standardized tools that already have an established benchmark. A review of the literature and published practices is helpful in this process. The development of a performance target ensures that there will be action for improvement if the target is not met.

When an organization first implements a performance indicator, it may not have a performance history upon which to base a performance target. It may also lack an industry benchmark or a performance target established by a stakeholder. In this case, the organization establishes its own performance target and measures over time to establish its history. Typically, the performance target established is maintained for a period of time in order to establish a foundation rather than changing it each cycle of analysis.

Through its performance measurement and management activities, an organization gains an accurate and complete picture of its performance in critical areas. If it is meeting all of its

performance targets over a period of time the organization will want to consider whether the targets should be adjusted as well as whether there are other indicators that would be meaningful to measure.

Examples

7.b. Efficiency measures address the relationship between resources used and results achieved. Resources may include time, money, personnel, etc. For example:

- Service delivery cost per service unit.
- Direct service hours of personnel.
- Average number of days to accomplish an outcome such as successful employment or securing housing.
- Percent of billable hours provided.
- Average number of days from intake to implementation of individual service plan.
- Maximizing retention rates of service participants.
- If services were provided through the use of information and communications technology (ICT):
 - Number or percentage of sessions that started on time, were completed as scheduled, were delayed/canceled/rescheduled due to technical issues.
 - Retention in services was the same or better than in-person services.
 - The cost of service delivery compared to in-person services.
 - The cost of service delivery versus reimbursement compared to in-person services.

1.M. 8. To measure service access, each program/service seeking accreditation documents:

- a. An objective(s).
- b. A performance indicator(s), including:
 - (1) To whom or what the indicator(s) will be applied.
 - (2) The person(s)/position(s) responsible for collecting the data.

- (3) The source(s) from which data will be collected.
- (4) Identification of relevant time-frames for collection of data.
- (5) A performance target that is based on the organization's performance history or established by the organization or a stakeholder or is based on an industry benchmark.

Intent Statements

8.b.(5) The establishment of a performance target of a level to be achieved is critical. Some organizations develop their own targets by reviewing their historical performance in an identified indicator while other organizations may use standardized tools that already have an established benchmark. A review of the literature and published practices is helpful in this process. The development of a performance target ensures that there will be action for improvement if the target is not met.

When an organization first implements a performance indicator, it may not have a performance history upon which to base a performance target. It may also lack an industry benchmark or a performance target established by a stakeholder. In this case, the organization establishes its own performance target and measures over time to establish its history. Typically, the performance target established is maintained for a period of time in order to establish a foundation rather than changing it each cycle of analysis.

Through its performance measurement and management activities, an organization gains an accurate and complete picture of its performance in critical areas. If it is meeting all of its performance targets over a period of time the organization will want to consider whether the targets should be adjusted as well as whether there are other indicators that would be meaningful to measure.

Examples

8.b. Service access addresses the organization's capacity to provide services to those who desire or are in need of receiving services. For example:

- Convenience of service hours and locations.
- Waiting time for routine or emergency service.
- Time taken to set a first appointment or orientation.
- Waiting list information on persons found ineligible for services.
- The degree to which follow-up occurs on participants formally referred to other services.
- Information and materials available to persons served in their preferred language and through their preferred mode.
- If services were provided through the use of information and communications technology (ICT):
 - Increased engagement of families/support systems in services/decision making/education.
 - Increased availability/convenience of appointments for the persons served.
 - Service delivery via the use of ICT resulted in additional convenience to the persons served, e.g., fewer missed appointments, missed episodes of service provision, less time away from work.

1.M. 9. To measure its business function, the organization documents:

- a. Objectives in priority areas determined by the organization.
- b. For each objective, a performance indicator(s), including:
 - (1) To what the indicator(s) will be applied.
 - (2) The person(s)/position(s) responsible for collecting the data.
 - (3) The source(s) from which data will be collected.
 - (4) Identification of relevant time-frames for collection of data.
 - (5) A performance target that is based on the organization's performance history or established by the organization or a stakeholder or that is based on an industry benchmark.

Intent Statements

Measurement of business functions is addressed in a number of related standards throughout Section 1, including, but not limited to, 1.F.4. on the analysis of financial performance, 1.H.7. on the testing of emergency procedures, 1.H.11. on the analysis of critical incidents, 1.J.4. on the testing of business continuity/disaster recovery procedures, and 1.K.4. on the analysis of formal complaints. The organization might identify these and/or other priority areas for business function measurement.

9.b.(5) The establishment of a performance target of a level to be achieved is critical. Some organizations develop their own targets by reviewing their historical performance in an identified indicator while other organizations may use standardized tools that already have an established benchmark. A review of the literature and published practices is helpful in this process. The development of a performance target ensures that there will be action for improvement if the target is not met.

When an organization first implements a performance indicator, it may not have a performance history upon which to base a performance target. It may also lack an industry benchmark or a performance target established by a stakeholder. In this case, the organization establishes its own performance target and measures over time to establish its history. Typically, the performance target established is maintained for a period of time in order to establish a foundation rather than changing it each cycle of analysis.

Through its performance measurement and management activities, an organization gains an accurate and complete picture of its performance in critical areas. If it is meeting all of its performance targets over a period of time the organization will want to consider whether the targets should be adjusted as well as whether there are other indicators that would be meaningful to measure.

Examples

In the area of financial planning and management, the organization might identify indicators related to expenses, revenues, or other budgetary information; financial reliance on related entities; its review of billing against records of the persons

served; collections on bills for services rendered; or denial rates for billed services.

In the area of accessibility status reports, the organization might identify an indicator related to implementation of its accessibility plan and progress made in the removal of barriers.

In the area of risk management, an indicator might be identified related to the organization's actions to reduce risks, success of a fall prevention program, remediation plans addressing financial stability, number of complaints received, or medication errors.

Human resource indicators might be identified for recruitment, retention, or personnel turnover or the provision of training to personnel.

Health and safety indicators might relate to the analysis of unannounced tests of emergency procedures, critical incidents, infection control, or timeliness of response to maintenance requests for repairs found during external or internal inspections.

If services were provided through the use of information and communications technology (ICT), indicators might address additional hours of technical support needed, expenses related to the purchase or upgrade of software and/or hardware, or changes in staffing to support service delivery related to the revenue generated.

1.M. 10. Personnel are provided with documented education and training in accordance with their roles and responsibilities for performance measurement and management.

Examples

Personnel may have a variety of roles and responsibilities in implementing the organization's performance measurement and management plan, including:

- Completing assessment tools from which data are gathered.
- Collecting data.
- Analyzing data.
- Participating on performance improvement teams or committees.

- Identifying or revising objectives, performance indicators, and performance targets.
- Establishing methods to communicate performance information to persons served, personnel, and other stakeholders.
- Training and/or mentoring peers on the importance of using performance information.
- Working in a quality department that has overall responsibility for performance management and quality.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Performance measurement and management plan
- Business reports and plans; e.g., management reports, strategic plan, budgets and financial reports, accessibility plan, technology plan, risk management plan, health and safety reports
- Demographic information about persons served
- Data collected and collection process
- Follow-up information
- Priority measures for business function objectives, performance indicators, and performance targets
- For each program/service seeking accreditation, identification of measures for service delivery objectives, performance indicators, and performance targets
- Documented personnel education and training that reflect roles and responsibilities for performance measurement and management

Effect Change

N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

- 1.N. 1. **The analysis of service delivery performance:**
- Is documented.**
 - Is completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan.**
 - Addresses service delivery indicators for each program/service seeking accreditation, including, at a minimum:**
 - Results achieved for the persons served (effectiveness).**
 - Experience of services received and other feedback from the persons served.**
 - Experience of services and other feedback from other stakeholders.**

- Resources used to achieve results for the persons served (efficiency).**
 - Service access.**
- d. **Incorporates the:**
- Characteristics of the persons served.**
 - Impact of extenuating or influencing factors.**
- e. **Includes:**
- Comparative analysis.**
 - Identification of trends.**
 - Identification of causes.**
- f. **Is used to:**
- Identify areas needing performance improvement.**
 - Develop an action plan(s) to address the improvements needed.**
 - Implement the action plan(s).**
 - Determine whether the actions taken accomplished the intended results.**

Intent Statements

Through implementation of the standards in Section 1.M., the organization establishes its framework for performance measurement and management, including the identification of objectives, performance indicators, and performance targets related to service delivery. Analyzing each performance indicator in relation to its target, including consideration of the characteristics of the persons served and extenuating or influencing factors that may impact performance, provides the organization with information on areas meeting or exceeding targets and areas in need of improvement. An action plan for improvement can then be developed in accordance with the organization's priorities, resources, and other considerations.

The analysis of performance at least annually provides information on value and satisfaction to the persons served and other stakeholders.

The performance analysis reviews data aggregated at a program/service level for each program/service seeking accreditation in order that the action plan(s) can target improvements at the individual program/service level.

Examples

When an organization seeks accreditation for Community Employment Services Job Development and Employment Supports, it is expected that the analysis of service delivery indicators is conducted separately for each service. Likewise, when an organization seeks accreditation for Services for Children and Youth Early Intervention Services and Child and Adolescent Services, it is expected that the analysis of service delivery indicators is conducted separately for each service.

-
- 1.N. 2. The analysis of business function performance:**
- a. Is documented.**
 - b. Is completed at least annually and in accordance with the timeframes outlined in the performance measurement and management plan.**
 - c. Addresses priority business function indicators determined by the organization.**
 - d. Incorporates the:**
 - (1) Characteristics of the persons served, if applicable.**
 - (2) Impact of extenuating or influencing factors.**
 - e. Includes:**
 - (1) Comparative analysis.**
 - (2) Identification of trends.**
 - (3) Identification of causes.**
 - f. Is used to:**
 - (1) Identify areas needing performance improvement.**
 - (2) Develop an action plan(s) to address the improvements needed.**

- (3) Implement the action plan(s).**
- (4) Determine whether the actions taken accomplished the intended results.**

Intent Statements

Through implementation of the standards in Section 1.M., the organization establishes its framework for performance measurement and management, including the identification of objectives, performance indicators, and performance targets related to business functions. Analyzing each performance indicator in relation to its target, including consideration of extenuating or influencing factors that may impact performance and, if applicable, the characteristics of the persons served, provides the organization with information on areas meeting or exceeding targets and areas in need of improvement. An action plan for improvement can then be developed in accordance with the organization's priorities, resources, and other considerations.

The analysis of performance at least annually provides information to aid in the strategic positioning of the organization and builds a stronger business foundation and engaged workforce.

-
- 1.N. 3. The results of performance analysis are used to:**
- a. Improve the quality of programs and services.**
 - b. Facilitate organizational decision making regarding:**
 - (1) Service delivery.**
 - (2) Business functions.**
 - c. Guide changes to the performance measurement and management plan.**

Intent Statements

CARF-accredited organizations use a fact-based decision-making process to identify and respond to organizational and stakeholder needs. Although not every performance indicator that is measured and analyzed may be acted on, the information gleaned from the analysis allows for a fact-based approach to decision making, planning, and performance improvement.

Examples

The organization demonstrates:

- Knowledge of the operational status of the organization, the business strategies it employs to be successful, and how performance improvement is utilized at all levels of the organization.
- How it makes decisions to expand, remodel, open new sites, develop new services, modify a treatment or service approach, or change staffing patterns.
- How it responds to or prepares for changes in regulations, reimbursement, or corporate structure.
- Methods for reaching these decisions, which may include reviews of information, performance management reports, budgets, strategic plans, input forums, gap analyses, and satisfaction surveys.

1.N. 4. In accordance with the performance measurement and management plan, the organization communicates accurate performance information:

a. To:

- (1) **Persons served.**
- (2) **Personnel.**
- (3) **Other stakeholders.**

b. According to the needs of the specific group, including:

- (1) **Content.**
- (2) **Format.**
- (3) **Timing.**

Intent Statements

Sharing performance information with internal and external stakeholders is a vital aspect of continuously improving the programs/services of the organization. CARF-accredited organizations realize the importance of transparency and sharing performance information that is relevant and accurate with the persons served, personnel, and other stakeholders. Stakeholder input guides the content, format, and timing of the information shared so that it meets the needs of stakeholders both internal and external to the organization.

Examples

The content of the information shared is tailored to the needs of the audience and what the specific stakeholder group would like to know about the programs/services. The information is presented in a format and language that is understandable to those with whom it is shared. Format may vary for different stakeholder groups. For example, performance information could be communicated through:

- Annual reports.
- Press releases.
- Newsletters.
- Narrative reports.
- Bulleted summaries or fact sheets.
- Pie charts.
- Bar graphs.
- Balanced scorecards.

Information could be mailed, emailed, posted on the organization's website, displayed in a reception area, audio or video recorded, or presented in person. To further meet the needs of stakeholders, information may be provided in a large font size, using more graphics than text, in various languages, in Braille, or utilizing captioning or interpreters.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Documented analysis of service delivery performance at least annually and in accordance with the timeframes outlined in the performance measurement and management plan
- Documented analysis of priority business function performance at least annually and in accordance with the timeframes outlined in the performance measurement and management plan
- Action plans to address improvements needed

SECTION 1.N. PERFORMANCE IMPROVEMENT

- Management reports or meeting minutes
- Follow-up information
- Dashboards, scorecards, or other performance information provided to stakeholders

SECTION 2



Quality Individualized Services and Supports

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

Applicable Standards

The standards in Section 2 typically apply to all of the programs in Sections 3 and 4; however, some exceptions apply. Please refer to the following grid to determine the standards in Section 2 that are applicable to the programs and services in Sections 3 and 4 for which your organization is seeking accreditation.

NOTE: *All standards in Sections 1.A. and 1.C. through 1.N. apply to all programs/services seeking accreditation. Section 1.B. Governance is optional.*

	2.A. Program/Service Structure	2.B. Individual- Centered Service Planning, Design, and Delivery	2.C. Medication Monitoring and Management	Principle Standards 2.D. Employment 2.E. Community	2.F. Service Delivery Using Inform- ation and Communication Technologies
Section 3. Employment Services					
3.A. Employment Planning Services (EPS)	Apply all	2.B.1. only	Apply according to guidelines in section*	2.D.	Apply all**
3.B. Comprehensive Vocational Evaluation Services (CVE)	2.A.1.-18.	2.B.1. only	Not applicable	2.D.1.-3.	Apply all**
3.C. Employment and Career Centers (ECC)	2.A.1.-8.	2.B.1. only	Not applicable	2.D.1.-5.	Apply all**
3.D. Employee Development Services (EDS)	Apply all	Apply all	Apply according to guidelines in section*	2.D.	Apply all**
3.E. Employment Skills Training Services (EST)	Apply all	Apply all	Apply according to guidelines in section*	2.D.	Apply all**
3.F. Organizational Employment Services (OES)	Apply all	Apply all	Apply according to guidelines in section*	2.D.	Apply all**
*If a program monitors or manages medications for persons served, standards from Section 2.C. must be applied according to the guidelines in Section 2.C. Note: See the table at the beginning of Section 5 for information on optional population designations/enhancements that may be added. **Section 2.F. applies if the program delivers services using information and communication technologies.					

	2.A. Program/Service Structure	2.B. Individual- Centered Service Planning, Design, and Delivery	2.C. Medication Monitoring and Management	Principle Standards 2.D. Employment 2.E. Community	2.F. Service Delivery Using Inform- ation and Communication Technologies
3.G. Community Employment Services (CES)					
3.G. Job Development (CES:JD) 3.G.1.–5.	Apply all	Apply all	Apply according to guidelines in section*	2.D.	Apply all**
3.G. Employment Supports (CES:ES) 3.G.6.–14.	Apply all	Apply all	Apply according to guidelines in section*	2.D.	Apply all**
3.H. Self-Employment Services (SES)	Apply all	Apply all	Apply according to guidelines in section*	2.D.1.–3.	Apply all**
3.I. Affirmative Business Enterprise (ABE)	Not applicable	2.B.1. only	Apply according to guidelines in section*	Not applicable	Apply all**
Section 4. Community Services					
4.A. Services for Children and Youth (SCY)					
4.A. Early Intervention Services (SCY:EIS) 4.A.20.–26. Principle Standards 4.A.1.–19.	Apply all	Apply all	Apply according to guidelines in section*	2.E.1.–4.	Apply all**
4.A. Child and Adolescent Services (SCY:CAS) 4.A.27.–30. Principle Standards 4.A.1.–19.	Apply all	Apply all	Apply according to guidelines in section*	2.E.1.–4.	Apply all**
*If a program monitors or manages medications for persons served, standards from Section 2.C. must be applied according to the guidelines in Section 2.C. Note: See the table at the beginning of Section 5 for information on optional population designations/enhancements that may be added. **Section 2.F. applies if the program delivers services using information and communication technologies.					

	2.A. Program/Service Structure	2.B. Individual- Centered Service Planning, Design, and Delivery	2.C. Medication Monitoring and Management	Principle Standards 2.D. Employment 2.E. Community	2.F. Service Delivery Using Inform- ation and Communication Technologies
4.B. Transition Services (TS)	Apply all	Apply all	Apply according to guidelines in section*	2.E.4.	Apply all**
4.C. Family Services (FS)	2.A.1.-18.	Apply all	Not applicable	2.E.	Apply all**
4.D. Foster Family Services (FFS)	Apply all	Apply all	Apply according to guidelines in section*	2.E.	Apply all**
4.E. Host Family/Shared Living Services (HF/SLS)	Apply all	Apply all	Apply according to guidelines in section*	2.E.	Apply all**
4.F. Respite Services (RS)	Apply all	2.B.1. only	2.C.1.-2. and 2.C.5.-6., if applicable	2.E.4.	Apply all**
4.G. Community Integration (COI)	Apply all	Apply all	Apply according to guidelines in section*	2.E.	Apply all**
4.H. Community Housing (CH)	Apply all	Apply all	Apply according to guidelines in section*	2.E.	Apply all**
4.I. Supported Living (SL)	Apply all	Apply all	Apply according to guidelines in section*	2.E.	Apply all**
*If a program monitors or manages medications for persons served, standards from Section 2.C. must be applied according to the guidelines in Section 2.C. Note: See the table at the beginning of Section 5 for information on optional population designations/enhancements that may be added. **Section 2.F. applies if the program delivers services using information and communication technologies.					

	2.A. Program/Service Structure	2.B. Individual- Centered Service Planning, Design, and Delivery	2.C. Medication Monitoring and Management	Principle Standards 2.D. Employment 2.E. Community	2.F. Service Delivery Using Inform- ation and Communication Technologies
4.J. Services Coordination (SC)	Apply all	Apply all	Apply according to guidelines in section*	2.E.	Apply all**
4.K. Assistive Technology Supports and Services (AT)	2.A.1.-12.	2.B.1. only	Not applicable	Not applicable	Apply all**
4.L. Behavioral Consultation Services (BCS)	Apply all	2.B.1.-2.	Apply according to guidelines in section*	Not applicable	Apply all**
4.M. Comprehensive Benefits Planning (CBP)	2.A.1.-18.	Apply all	Not applicable	Not applicable	Apply all**
4.N. Self-Directed Community Supports and Services: Flexible Supports Planning (SDCSS:FSP)	2.A.1.-12.	2.B.1. only	Not applicable	Not applicable	Apply all**
4.O. Self-Directed Community Supports and Services: Employer of Record for Support Services (SDCSS:EOR)	2.A.1.-12.	2.B.1. only	Not applicable	Not applicable	Apply all**
*If a program monitors or manages medications for persons served, standards from Section 2.C. must be applied according to the guidelines in Section 2.C. Note: See the table at the beginning of Section 5 for information on optional population designations/enhancements that may be added. **Section 2.F. applies if the program delivers services using information and communication technologies.					

	2.A. Program/Service Structure	2.B. Individual- Centered Service Planning, Design, and Delivery	2.C. Medication Monitoring and Management	Principle Standards 2.D. Employment 2.E. Community	2.F. Service Delivery Using Inform- ation and Communication Technologies
4.P. Personal Supports Services (PSS)	Apply all	2.B.1.–2.	Apply according to guidelines in section*	2.E.4. (all programs) 2.E.5. if direct care personal atten- dant services	Apply all** Apply all**
4.Q. Short-Term Immigration Support Services (STISS)	2.A.1.–18.	2.B.1. only	Not applicable	Not applicable	Apply all**
4.R. Mentor Services (MS)	Apply all	2.B.1. only	Apply according to guidelines in section*	Not applicable	Apply all**
4.S. Supported Education Services (SE)	Apply all	Apply all	Apply according to guidelines in section*	2.E.1.–4.	Apply all**
4.T. Rapid Rehousing and Homelessness Prevention Program (RRHP)	Apply all	Apply all	Apply according to guidelines in section*	2.E.	Apply all**
4.U. Centers for Independent Living (CIL)	2.A.1.–18.	2.B.1. only	Not applicable	Not applicable	Apply all**

*If a program monitors or manages medications for persons served, standards from Section 2.C. must be applied according to the guidelines in Section 2.C.
 Note: See the table at the beginning of Section 5 for information on optional population designations/enhancements that may be added.
 **Section 2.F. applies if the program delivers services using information and communication technologies.

	2.A. Program/Service Structure	2.B. Individual- Centered Service Planning, Design, and Delivery	2.C. Medication Monitoring and Management	Principle Standards 2.D. Employment 2.E. Community	2.F. Service Delivery Using Inform- ation and Communication Technologies
4.V. Home and Community Services (HCS)	Apply all	2.B.1.–10. for spe- cialized services; 2.B.1.–2. for other service delivery (see Applicable Standards in Section 4.V.)	Apply according to guidelines in section*	2.E.1.–5. for spe- cialized services; 2.E.4. for other service delivery (see Applicable Standards in Section 4.V.)	Apply all**
*If a program monitors or manages medications for persons served, standards from Section 2.C. must be applied according to the guidelines in Section 2.C. Note: See the table at the beginning of Section 5 for information on optional population designations/enhancements that may be added. **Section 2.F. applies if the program delivers services using information and communication technologies.					

A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Applicable Standards

For information on the applicability of the standards in this section to the services for which your organization is seeking accreditation, please refer to the Applicable Standards statements in the individual services or to the grid beginning on page 130.

- 2.A. 1. **Each program/service:**
- a. **Documents the following parameters regarding its scope of services:**
 - (1) **Population(s) served.**
 - (2) **Settings.**
 - (3) **Hours of services.**
 - (4) **Days of services.**
 - (5) **Frequency of services.**
 - (6) **Payers and funding sources.**
 - (7) **Fees.**
 - (8) **Referral sources.**
 - (9) **The specific services offered, including whether the services are provided directly, by contract, or by referral.**
 - b. **Shares relevant information about the scope of services with:**
 - (1) **The persons served.**
 - (2) **Families/support systems, in accordance with the choices of the persons served.**
 - (3) **Referral sources.**
 - (4) **Payers and funding sources.**
 - (5) **Other relevant stakeholders.**
 - (6) **The general public.**

- c. **Reviews the scope of services at least annually.**
- d. **Updates the scope as necessary.**

Intent Statements

The scope is defined at the level of the program/service. It is not expected that the program/service shares all information listed in 1.a. with every stakeholder, but that it provides the persons served, families/support systems, referral sources, payers and funding sources, and other stakeholders with relevant information that helps them understand what the program/service has to offer and determine whether it will meet the needs of the persons served. If the program is part of a continuum of services, the scope is defined for each program or specialty program within the continuum.

Examples

Taken as a whole, this standard is part of the organization's public information activity. This information can be provided by client/consumer handbook, electronic means, checklists, and/or orientation and intake processes.

1.a. A program/service that uses information and communication technologies (ICT) to deliver services, whether for selected services or exclusively, includes this information in the documentation of its scope.

1.b. Organizations have the responsibility to respond to all requests from the public concerning their accredited services. This responsibility includes providing information defined by some of the CARF standards, information defined by the organization as important, and information in response to questions that may come from the public.

Further guidance can be found in Standard 1.N.4., which addresses sharing useful performance information.

1.b.(1)–(2) The program may include service information such as the various support options and the organization's ethical practices in what is shared. The intent is to provide information for persons to make informed choices.

Resources

1.b. Resources/links for creating printed materials in language that can be understood by persons served include:

- Shirley Ryan AbilityLab: Health Literacy—Using Plain Language for Health Communications:
<https://www.sralab.org/lifecenter/resources/health-literacy-using-plain-language-health-communications>
- Agency for Healthcare Research and Quality: Health Literacy:
www.ahrq.gov/topics/health-literacy.html
- Towards a Common Language for Functioning, Disability and Health (ICF):
<https://www.who.int/publications/m/item/icf-beginner-s-guide-towards-a-common-language-for-functioning-disability-and-health>
- Center for Plain Language:
<https://centerforplainlanguage.org>
- Plain Language Action and Information Network:
<https://plainlanguage.gov/guidelines/>
- World Health Organization Principle: Understandable:
www.who.int/about/communications/understandable/plain-language
- 🍁 ■ Resources of the Language Portal of Canada:
www.noslangues-ourlangues.gc.ca/
- 🍁 ■ Canadian Public Health Association:
www.cpha.ca/search/node?keys=health+literacy
- 🍁 ■ ABC LifeLiteracyCanada:
<https://abclifeliteracy.ca/>
- 🍁 ■ A Plain Language Checklist for Healthcare Professionals:
www.hqontario.ca/Portals/0/Documents/pe/quick-tools-checklist-communicating-clearly-pc.pdf
- 🍁 ■ Government of British Columbia Plain Language Checklist:
<https://www2.gov.bc.ca/gov/content/governments/services-for-government/service-experience-digital-delivery/web-content-development-guides/web-style-guide/writing-guide/plain-language>

2.A. 2. The organization provides the resources needed to support the overall scope of each program/service.

Intent Statements

The ability to provide the program/services defined in the scope statement is evidenced by adequate materials, equipment, supplies, space, finances, training, and human resources.

Examples

The organization is knowledgeable of and reviews all indirect and direct costs of providing a specific service. Its strategic planning and financial planning are integrated to ensure that initiatives or changes in programs are adequately funded and supported to maximize success.

Required and needed staffing levels are maintained and personnel turnover does not have a negative impact on the delivery of quality services and supports. No ratios are established by CARF for the number of persons served to the number of personnel. Sufficient backup is available in the event of personnel absences. The backup personnel plan is sufficient to allow minimal impact on the delivery of services and supports.

The organization's performance outcomes system can be used to measure staffing pattern needs and the adequacy of configurations as they might impact stakeholder satisfaction and achievement of program outcomes. See related standards regarding the collection of effectiveness and efficiency data, the analysis of data for planning implications, and the use of information from performance analysis reports to guide decision making related to resource allocation and personnel development.

2.A. 3. Based on the scope of each program/service provided, the organization documents its:

- a. Entry criteria.
- b. Transition criteria, if applicable.
- c. Exit criteria.

Intent Statements

The organization determines which persons it is qualified and able to serve and identifies

conditions/time/events for transition and/or exit. This includes transitions to other levels of care/services as well as transitions within a program/service. Transition criteria may also address continuing stay criteria. Transition may not always occur based on the nature of the program/service.

Examples

While a program/service may use terms that are different than those above, the concepts are the same.

When providing these, it is important to consider the levels of reading and language skills of those applying and those in services. Written materials in the person's primary language, pictures, large-print written materials, and videos are some of the ways to present information in an understandable manner.

3.a. Entry criteria may also be called admission criteria, enrollment criteria, or move-in criteria. These criteria may be established based on local referral policies and the mission of the organization. Established criteria reduce the possibility that subjective judgment will be used to determine if a service is appropriate to a person's desired outcomes. They ensure fair access to services for all applicants and referrals, in keeping with the organization's commitment to provide accessible services, as identified in Section 1.L.

3.b. Transition criteria may also be called transfer guidelines or something similar. For some programs transition criteria would not be required, such as respite services and short-term services of limited duration such as comprehensive vocational evaluation.

3.c. Exit criteria may also be called agreement termination criteria, contract termination criteria, discharge criteria, move-out criteria, or something similar.

2.A. 4. When a person is found ineligible for services:

- a. The person is informed as to the reasons.
- b. In accordance with the choice of the person:
 - (1) The family/support system is informed as to the reasons.
 - (2) The referral source is informed as to the reasons.
- c. Recommendations are made for alternative services.

Examples

Persons not accepted for services are given the reasons and informed of other services or given resources for this information. In some cases, the referral source may be the more appropriate source for information about alternative services.

Although the person may verbally be given information about alternative services, it is much more customer-friendly to put this information in writing for later use by the person.

Through the organization's performance outcomes system, the organization may gather data on persons ineligible for services and use this information to strategically position the organization to develop services to meet the needs of unserved or underserved populations in the community.

4.b. In some situations, the referral source is providing the information for the screening and will obviously be informed as to reasons for ineligibility without specific consent.

2.A. 5. Service delivery models and strategies are based on accepted practice in the field and incorporate current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus.

Intent Statements

The service delivery model and the strategies used are based on accepted practice, including consideration of areas such as information on the efficacy of specific techniques, pertinent research

findings, protocols published by various professional groups, or approaches receiving professional recognition for achieving successful outcomes.

Examples

The organization uses field-recognized practices and, ideally, incorporates evidence-based or research-supported practices where the evidence and research are available and sound.

Some models may be more commonly accepted by a particular culture or supported by evidence as more effective when used within specific populations.

Evidence of conformance to this standard may be demonstrated through minutes of meetings in which these topics were discussed, literature available to the personnel in a resources area, etc. Resources used in this process might include journal subscriptions, online access to learning opportunities and reference materials or journals, sponsoring educational events at the organization, inservice programs, and collaborative education efforts partnered with other area providers of services.

Resources

Canadian Agency for Drugs and Technologies in Health: <https://cadth.ca/evidence-bundles-view>

-
- 2.A. 6. To facilitate integrated service delivery, each program/service implements communication mechanisms regarding the person served that:**
- a. Address:**
 - (1) Emergent issues.
 - (2) Ongoing issues.
 - (3) Continuity of services, including:
 - (a) Contingency planning.
 - (b) Future planning.
 - (4) Decisions concerning the person served.
 - b. Ensure the exchange of information regarding the person-centered plan.**

Intent Statements

This standard addresses the need for timely communication to ensure that services and programs are consistently provided, whether

provided 24 hours a day, 7 days a week or on a part-time, scheduled basis.

Examples

Communication and collaboration may occur in the program/service through written or oral communication, such as electronic formats, log books, face-to-face meetings, progress notes, specialized communication devices, facilitative communication, handheld devices and computers, videos, audio recordings, and one-on-one teaching.

2.A. 7. The program/service demonstrates:

- a. Knowledge of the legal decision-making authority of the persons served.**
- b. When applicable, the provision of information to the persons served regarding resources related to legal decision-making authority.**

Intent Statements

The persons served may not have the capacity or be of the age to make decisions in their own best interests. An individual may need to be assigned to make decisions regarding healthcare choices, financial decisions, or life care planning. Legal terminology may vary from jurisdiction to jurisdiction; e.g., healthcare power of attorney, power of attorney, and guardianship. The program/service should be able to discuss how it addresses the issue of the legal decision-making authority of the persons served.

7.b. Any limitation on a person's legal decision-making authority should be continued only as long as is appropriate and necessary. The program/service assists the person served and family/support system to access resources, such as attorneys with expertise in this area, who can assist with facilitating changes, if appropriate, in legal autonomy status.

Examples

A provider could demonstrate knowledge of legal decision-making authority through policies that outline levels of legal autonomy, inservices on issues of legal decision-making authority, and materials for personnel and the persons served that explain legal decision-making authority,

such as guardianship and how it might relate to services.

2.A. 8. When services are provided from or within a mobile unit, written procedures are implemented that address, at a minimum, the unique aspects of the following areas related to mobile settings:

- a. Responsibilities of:**
 - (1) Drivers.
 - (2) Service providers.
- b. Confidentiality of:**
 - (1) Records of persons served.
 - (2) Communication.
- c. Privacy related to service delivery.**
- d. Accessibility.**
- e. Availability of information on resources to address needs unable to be met at the mobile setting.**
- f. Security of:**
 - (1) Medications provided from or within the mobile unit, when applicable.
 - (2) Equipment and supplies used in service provision.
 - (3) The mobile unit when not in use.
- g. Safety of:**
 - (1) Records of persons served.
 - (2) Personnel.
- h. Maintenance of:**
 - (1) Equipment.
 - (2) Vehicles.

Intent Statements

Mobile unit services are services provided from a vehicle such as a motor home or van that functions as a site for the program/service seeking accreditation.

Examples

8.b. Written procedures address confidentiality related to the use of mobile technology for documentation and telephonic communication about the persons served.

8.d. The mobile unit:

- Provides adequate space for persons served to approach and move around inside of it.
- Is equipped with a ramp, handrails, and adaptive equipment for use by personnel and/or persons served.
- Operates from a location where there is ample parking.
- Operates from a location that limits exposure to the sun and noise in the environment such as traffic noise.

8.f.(3) Security of the mobile unit when it is not in use might address the location where the unit is parked overnight and/or between stops, locking the unit, protection of records, and the use of security personnel or surveillance systems to monitor the unit.

8.g. Safety considerations might include communication systems available, availability of emergency procedures in the mobile unit, what to do in the event of an emergency situation, determination of the location where the mobile unit provides services, and minimum personnel that must be present during hours of operation.

8.h. Maintenance of mobile units might include keeping logs of mileage, gasoline use, oil changes, and tire wear.

2.A. 9. The organization's policies and procedures for acceptance into services identify:

- a. The acceptance process.**
- b. The position or entity responsible for making acceptance decisions.**
- c. The process that will be followed in the event there is ever a wait list.**

Intent Statements

These policies and procedures reduce the possibility that subjective judgment will be used to determine if a service is applicable to a person's needs and desired outcomes. They ensure fair access to services for all applicants and referrals, in keeping with the organization's commitment to provide accessible services, as identified in Section 1.L. As appropriate, assistive technology is considered.

9.c. The organization's acceptance policies and procedures must include a process for handling a wait list in the event there is ever a need for persons to wait for services, even if the program does not currently have or use a wait list.

Examples

9.a. These policies may be established based on local referral policies and the mission of the organization.

Written materials in the person's primary language, pictures, large-print written materials, and videos are some of the ways to present information in an understandable manner.

2.A. 10. Information about the organization provided to the persons inquiring about services:

a. Includes:

- (1) Its values and mission statement.
- (2) Expected results or outcomes of services.
- (3) Services availability, including possible wait time for services.
- (4) Options for persons served to direct their service design and delivery.
- (5) Organizational certifications, if any, and if applicable to services.

b. Is provided in an understandable format.

c. Is updated as necessary to reflect changes in information provided.

Intent Statements

To be informed, make choices, and be involved, the persons served should be able to easily access accurate and current information about the organization's potential to deliver services relevant to their needs and desires.

Information is provided about the variety of service options available or support approaches to a service need and the volume of services an organization can support, which may be number of persons, geographical coverage, etc.

Examples

This standard is part of the organization's public information activity. This information may be

provided by electronic means, printed brochures, checklists, handbooks, etc. A person who is partially sighted may require materials in large print or an emailed version of the information so that they can enlarge the print on a screen reader, or they might require that information be read to them or explained in plain language.

Organizations have the responsibility to respond to all requests from the public about their accredited services. This responsibility includes providing information defined by some of the CARF standards, information defined by the organization as important, and information in response to questions that may come from the public.

Further guidance can be found in Section 1.N. Standard 4., which encourages sharing useful performance information, and in Section 1.I. Standard 7., which supports current and knowledgeable staff.

2.A. 11. A complete record is maintained for each person served.

Intent Statements

The organization determines what information should be kept in the records of the persons served. The record communicates information that is complete, clear, organized, and current. Funders and referral agencies may require that certain information be maintained. The organization also complies with its own service delivery design for the development of the record. Electronic records are acceptable.

Examples

The record may include demographic data; names of personal representatives, such as parents, guardians, and advocates; intake information; initial orientation to services and rights; referral reports; functional abilities; medical information, such as medications taken and name of physician (Standard 2.C.1.); Do Not Resuscitate (DNR) protocols; individual plans (Standards 2.B.3.–7.); release forms (Standard 2.A.12.); follow-up reports; exit summaries (Standard 2.B.10.); progress reports; and referrals to other resources (Standard 2.B.9.).

The organization may find it helpful to keep an orientation checklist in each person's record so

that documentation can be made when items are shared with the individual, such as responsibilities (Standard 2.B.5.), setting goals and planning services (Standard 2.B.2.), and securing/retaining benefits (Standard 2.B.8.).

Working files can be used if security of files is maintained.

During a survey, surveyors will randomly select a sample of files for review from the different programs and sites, including “closed” records of persons who have exited services.

2.A. 12. Any release of confidential information:

- a. Is authorized by the person served and/or the person’s legal representative.**
- b. Is limited to the specific information identified.**
- c. Has a time limitation.**
- d. Conforms to the guidelines of funders and/or referral sources.**
- e. Complies with applicable laws.**

Intent Statements

Guidelines are in place and followed regarding the sharing of any confidential information about a person served. The procedure complies with all legal regulations governing such release of information [Standard 1.K.1.e.(2)]. The time limitation is specific and not open-ended.

Examples

The records contain signed releases that are specific to the information released and the duration of the release. This does not mean that there must be a separate release for every instance (every phone call, conversation, etc., to the same agency) in which information is released. One release per agency, person, etc., with a time limitation may be sufficient.

This standard does not relate solely to printed information released. The same level of confidentiality should also be observed with regard to verbal information and photographs or video of the person served.

A good resource is to “mirror” the guidelines of local funding and referral sources.

Employee orientation and training reinforce the meaning and importance of confidentiality and the organization’s codes of ethical conduct reinforce it as well (Standard 1.A.6.a.).

2.A. 13. If behavioral change approaches are used, positive behavioral interventions:

- a. Are implemented prior to the use of restrictive procedures.**
- b. Continue to be used in conjunction with any restrictive procedures.**

Intent Statements

The organization demonstrates a commitment to a system that nurtures personal growth and dignity, and it supports the use of positive approaches and supports. Even when other approaches have not been successful and a short-term restrictive procedure is determined to be needed, positive interventions continue to be used in conjunction with any restriction and constitute the main approach.

Examples

This commitment is emphasized during orientation and ongoing staff training. The organization’s policies, procedures, and staff members deal with maladaptive or inappropriate behaviors without undue force that could lead to the injury of a person served.

2.A. 14. When applicable, there are policies and written procedures that address the program’s use of positive interventions, including:

- a. An emphasis on building positive relationships with persons served.**
- b. Evaluation of:**
 - (1) The environment.**
 - (2) Personal stressors.**
- c. Appropriate interaction with staff to promote:**
 - (1) Prevention of unsafe behavior.**
 - (2) De-escalation.**
 - (3) Socially acceptable behavior.**
- d. Empowering persons served to change their own behavior.**

Intent Statements

The organization's policies and procedures support the use of positive alternatives to behavioral interventions such as redirecting and de-escalation in its effort to empower the persons served to effect positive behavioral changes. The policies and procedures should reflect the use of positive approaches prior to the implementation of restrictions. The organization demonstrates commitment to a system that nurtures personal growth and dignity, and it supports the use of positive approaches and supports. This standard would apply to any program that deals with persons with a history of behavioral problems (e.g., anger, PTSD) or where the goal is to help the persons served change their behavior.

Examples

Records of persons served for whom any restrictions have been implemented show specifics about the restrictions as well as detailed information about the positive interventions being used concurrently, such as identifying personal stressors and approaches to de-escalation to be used.

2.A. 15. Personnel providing services are trained in the use of positive interventions:

- a. Initially.
- b. At least annually.

Intent Statements

The use of positive interventions is emphasized in policies and procedures and through regular provision of training.

NOTE: *This standard applies even if the program/service does not use behavioral change approaches as identified in Standard 2.A.13.*

Examples

In providing training on positive interventions, organizations also typically provide training to clarify and recognize actions that constitute restrictions on rights and any prohibited practices (such as the use of squirt bottles, use of noxious stimulants, splints, mitts, time out procedures, etc.)

2.A. 16. If restrictions are placed on the rights of a person served:

- a. The organization ensures that its policies are in compliance with funding guidelines and governmental regulations.
- b. The organization follows its policies and written procedures.
- c. Prior to implementation:
 - (1) The organization obtains informed consent of the person served.
 - (2) Service personnel are trained in the use of restrictive procedures.
- d. The organization:
 - (1) Implements methods to reinstate rights as soon as possible.
 - (2) Monitors the effectiveness of these methods to reduce rights restrictions.

Intent Statements

Policies and procedures are in place and staff is trained to ensure that informed consent is obtained prior to any restrictions and that rights are reinstated as soon as possible.

Examples

Legal guidelines are carefully followed regarding the use of rights restrictions.

Specific measurable objectives, methods, and techniques should be identified, as called for in Standard 2.B.5.b.(2)–(3). A good practice is for an organization to develop its own human rights committee involving community members outside the organization as a quality element. Agencies such as Protection and Advocacy may also perform this function.

When rights are restricted, prior informed consent of the persons served is evident.

The individual planning process and the procedures used reflect the integration of methods to remove restrictions on rights. A good practice is for the organization to ensure that any restriction on a person's rights is subject to frequent and planned reviews by advocates. The method used should ensure that rights are reinstated as soon as possible in all cases.

2.A. 17. The organization implements a policy for each program that identifies:

- a. How it will respond to unsafe behaviors of the persons served.**
- b. Whether, and under what circumstances:**
 - (1) Seclusion is used.**
 - (2) Restraint is used.**

Intent Statements

Each program seeking accreditation must have a policy that outlines its position on the use of seclusion and/or restraint. Personnel and the persons served understand the program's policy and position on the use of seclusion and restraint, and it is clearly understood under what circumstances, if any, seclusion or restraint would be used. There may be separate policies for each program seeking accreditation within an organization if variances exist between how programs respond to unsafe behaviors of the persons served and/or whether and under what circumstances seclusion or restraint is used.

Examples

Unsafe behaviors are typically those characterized as dangerous and causing potential harm to self or others. Unsafe behaviors may include impulsive and chronic physical aggression toward others including threats of violence and possessing and utilizing weapons, cutting or other forms of self-mutilation, and destructive behaviors toward property.

2.A. 18. When services are provided to a person placed in services through an arrangement with a court or criminal justice system, the organization:

- a. Provides information to the person served concerning the relationship between the criminal justice entity and the organization.**
- b. Maintains, when and as required by governmental authorities, a record of the person's criminal history.**
- c. Coordinates services with other systems, as needed and/or required.**

Intent Statements

This standard applies only to persons who are in an active relationship with a court system or other criminal justice entity. The organization follows the specific requirements it must meet in providing services to this population.

Examples

Before providing such services, it is suggested an organization check with governmental and legal authorities so it can establish procedures to ensure that it is in compliance with all regulations. The information provided to the person served is an important extension of informed consent and should be given before services begin.

2.A. 19. The organization has a policy that identifies whether or not it has any role related to medications that are used by the persons served in the programs seeking accreditation, including whether or not it directly provides:

- a. Medication monitoring.**
- b. Medication management.**

Intent Statements

The organization clearly identifies whether or not it has any role in medications for persons served in order that personnel, persons served, and other stakeholders understand and comply.

If an organization's policy has identified a role related to medications used by persons served in the program seeking accreditation, Section 2.C. Medication Monitoring and Management must be applied. See the Glossary for the definitions of *medication monitoring* and *medication management*.

Examples

An organization might use the terms medication management and monitoring in its policy, or it might use equivalent terms such as prescribing, dispensing, administering, or physical control of medications that persons served self-administer.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Documented scope of services for each program
- Client/consumer handbook
- Records of the persons served, both open and closed
- Acceptance policies and procedures
- Entrance, transition, and exit criteria
- Policy for the order of acceptance
- Individual service plans
- Release-of-information forms
- Referral information
- Exit summary report
- Policies and written procedures regarding the use of positive interventions and limitations on use of restrictive procedures
- Evidence of staff training regarding the use of positive interventions and limitations on use of restrictive procedures
- Policy on responding to unsafe behaviors of the persons served and identifying whether, and under what circumstances, seclusion and/or restraints are used in all programs seeking accreditation
- Policy on whether the organization has any role related to medications in the program seeking accreditation (if Standard 2.A.19. is identified as applicable to the program)

B. Individual-Centered Service Planning, Design, and Delivery

Description

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

NOTE: *Throughout this section reference is to the person/persons served. Please refer to the Glossary definition of person served for understanding of when this might include other individuals acting on behalf of the primary consumer, such as family members.*

Applicable Standards

For information on the applicability of the standards in this section to the services for which your organization is seeking accreditation, please refer to the Applicable Standards statements in the individual services or to the grid beginning on page 130.

- 2.B. 1. **Prior to the planning of services, information is gathered from a new person entering services about the person's desired outcomes from services.**

Intent Statements

Before actual planning of services, an informal discussion with persons about goals or outcomes they desire from services gives guidance to personnel regarding service planning. This standard

does not require the use of a formal assessment document or instrument.

Examples

Information may be gathered from face-to-face meetings, telephone interviews, or by other technological means.

There may be instances where the information gathered indicates an immediate goal for which only minor assistance is needed and that therefore does not require development of an individualized plan. Some examples of this would be:

- The person wants assistance with developing a résumé for job seeking.
- The person wants to be able to conduct job search on a computer and simply needs access or a basic orientation to doing so.

2.B. 2. The persons served are given information about:

- a. Their role in setting their individual service goals.
- b. How service planning is conducted.
- c. Requirements for their continued participation in services.

Intent Statements

The result is that the persons served are knowledgeable about the individual service-planning process and their active role in or direction, if desired, of the process.

Examples

Services demonstrate a focus on the importance of input from the persons served throughout the planning process and the importance of their role in making decisions. The persons and/or families served participate in making decisions about their services including:

- The expected results of the services for the individuals.
- How the design of the services meets their identified needs.
- How the services will be delivered.
- The expected duration of the services, if applicable.

- Possible alternatives for services within the organization and in the community.
- How results will be evaluated.
- Futures planning.

Surveyors will want to verify this by talking with persons served. Some questions may be asked of persons about satisfaction with their involvement in the process.

Information might be presented to persons in a handbook or video and also be included as an orientation item. As required by funding sources and for legal reasons, signed informed consent for services may be obtained and retained, but this is not required by CARE. Organizations are encouraged to check with local authorities regarding legal requirements to determine when signed informed consent is required. Staff members are familiar with and comply with informed consent procedures and requirements when this is required.

For example, in an employment program the person served is involved in making informed employment-related decisions, including the expected outcomes for services and the person's role and responsibilities related to achieving desired employment outcomes. Informed choice is reflected in the individual planning process through full disclosure of the capabilities of the organization to meet the person's outcomes expectations, needs, and understanding of the person's responsibilities. Decision making based on informed choice may be reflected in:

- The scope, duration, and expected outcomes of the employment services.
- Employment choices, plans, and options, including:
 - Paid or unpaid work.
 - Work settings.
 - Career development and/or training activities.
 - Career advancement opportunities.

2.c. Requirements for continued participation in services at this point of orientation to services are likely generalized and not specific to individual plans, because these have not been developed yet.

Examples of requirements or expectations for participation in services might be:

- Regular attendance.
- Punctuality.
- Appropriate clothing for work or function.
- Good personal hygiene.

2.B. 3. An individualized service plan is developed based on the person's:

- a. Strengths.**
- b. Abilities.**
- c. Preferences.**
- d. Desired outcomes.**
- e. Other issues, as identified by the person served.**

Intent Statements

Plans are highly individualized, reflecting the diversity of the persons served.

Examples

When indicated through discussion with the person served that the desired outcomes of services are such that an individualized service plan is appropriate, plan development is begun.

The organization may use consumer self-assessments and/or person-centered planning as ways to obtain this information. Individual service plans may be under the authority of a referral agency. In these cases, the organization demonstrates how it accesses these plans and how it uses them to achieve individualized services and person-focused outcomes. Even when an external authority is responsible for plan development, the organization must ensure that plans meet all CARF standards. If necessary the program may need to develop an addendum to the plan to supplement missing items.

Staff notes and progress reviews indicate involvement of and direction by the person served. Objectives reflect the desires and dreams of the persons, within the mission and values of the organization, and are written using their language. A good practice is to write individual plans using "I" language and to quote the person in the plan.

3.e. Other issues to be considered in service planning may include, as identified by the specific

individual, the person's cultural background, spiritual beliefs, and faith/religious background.

Resources

- National Orientation and Mobility Assessment (NOMA):
www.gadoe.org/Curriculum-Instruction-and-Assessment/Special-Education-Services/Documents/Vision/VI%20Consortia%201-9-15/NOMA%20-%20presentational%20purposes%20only.pdf
- Teaching Students with Visual Impairments:
www.teachingvisuallyimpaired.com/om-evaluation.html
- Family Connect Orientation and Mobility Assessment:
<https://familyconnect.org/education/assessments/orientation-and-mobility-assessment/>

2.B. 4. As appropriate to the persons served and the scope of the services provided, the following information is considered for service planning:

- a. Relevant medical history.**
- b. Relevant psychological information.**
- c. Relevant social information.**
- d. Relevant functional information.**
- e. Available information on previous direct services and supports.**
- f. Other relevant assessments, when available.**

Intent Statements

In developing an individual service plan, all relevant information is considered.

Examples

This standard does not require that each person have a physical or psychological evaluation. The organization has a procedure in place to determine relevancy based on the individual's situation and the scope of the services provided by the organization. The information may be obtained from a previous provider, a family member, or self-reported by an individual. The individual plans demonstrate that, when relevant,

this information has been considered in the planning process.

It is critical to understand the person's skills, likes and dislikes, and desired outcomes. When those have been identified, it is helpful to understand the areas described above to ensure that there are no inherent conflicts with the services and outcomes desired by the individual.

See Standard 2.B.5., which relates to the individual's plan.

4.b. Relevant psychological information may include any pertinent risk factors, such as risk of harm to self or others.

Resources

- National Orientation and Mobility Assessment (NOMA):
www.gadoe.org/Curriculum-Instruction-and-Assessment/Special-Education-Services/Documents/Vision/VI%20Consortia%201-9-15/NOMA%20-%20presentational%20purposes%20only.pdf
- Teaching Students with Visual Impairments:
www.teachingvisuallyimpaired.com/om-evaluation.html
- Family Connect Orientation and Mobility Assessment:
<https://familyconnect.org/education/assessments/orientation-and-mobility-assessment/>

- c. **Is communicated in a manner that is understandable to:**
 - (1) **The person served.**
 - (2) **The persons responsible for implementing the plan.**
 - (3) **Others, as appropriate.**
- d. **Is reviewed on a regular basis with respect to expected outcomes.**
- e. **Is revised as appropriate based on the:**
 - (1) **Changing needs of the person served.**
 - (2) **Satisfaction of the person served.**
- f. **Reflects timely transition planning when a person served moves:**
 - (1) **From one level of services/supports or program to another within the organization.**
 - (2) **Externally to another provider.**

Intent Statements

The person served is an active participant giving direction in all aspects of the planning and revision processes.

NOTE: *Even when an external agency is responsible for plan development, the organization seeking accreditation must ensure that the plans meet the CARF standards. If necessary the program may develop an addendum to the plan to supplement missing items or address these in some other manner to demonstrate conformance.*

Examples

Reasonable efforts and accommodations are made to obtain the active participation and understanding of the person served, including the inclusion of an advocate if the person prefers, or if it is necessary to interpret the person's desires. An organization may choose to include documentation in the plan of decisions made by the individual. The organization establishes a schedule for periodic review of the plan. The plan focuses on outcomes and results, and regular review is essential to ensure that goals are achievable and remain meaningful to the person served. Plans are essential for all members of the team to perform their functions and to ensure continuity of services/supports when new staff members are hired. The organization ensures that all persons

- 2.B. **5. A coordinated individualized service plan:**
- a. **Is developed with the active involvement of the person served.**
 - b. **Identifies:**
 - (1) **The person's overall goals.**
 - (2) **Specific measurable objectives.**
 - (3) **Methods/techniques to be used to achieve the objectives.**
 - (4) **Those responsible for implementation.**
 - (5) **How and when progress on objectives will be regularly reviewed.**

involved understand the plans and their own involvement in achieving the outcomes.

Based on the scope of services, formalized service planning may be less in-depth and less individualized. For example, in a program that offers drop-in center services or senior centers, the plan may take the form of a more generic agreement such as a membership agreement, registration form, etc. Often these may be accredited as a Community Integration program or a Home and Community Services program.

Active participation of the persons served in setting goals and planning services may be demonstrated through interviews, records, checklists, etc. Persons served understand what is written in their plans and can communicate what it means. A good practice an organization may follow is to provide copies of the service plan to the persons served and others who are responsible for implementing the plan, unless applicable laws or regulations prohibit doing so.

The individual plan can be the source for measuring individual outcomes satisfaction.

5.b.(2) Specific measurable objectives are critical to planning the steps that will lead to persons being able to achieve their goals. Measurable objectives enable persons served and personnel to assess progress toward goal achievement. A useful way of making goals and objectives more powerful and measurable is to use the SMART mnemonic. While there are variants, SMART usually stands for:

- Specific.
- Measurable.
- Attainable.
- Relevant.
- Time-bound.

There is a wealth of information available on the internet simply by searching for measurable objectives.

5.e.(2) The plan is revised to remain meaningful to the person served.

Resources

Information and tools that may be helpful in developing plans and goals for persons served can be found at:

- www.lifecoursetools.com/
- www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/Division%20of%20DD/DirectSupportPerson/Module5NotebookIndividualService-Plan.pdf
- http://cdn.agilitycms.com/partners-for-planning/Person_DirectedPlanning.pdf
- https://familyservicetoronto.org/wp-content/uploads/2016/03/A_Facilitators_Guide_to_Person_Directed_Planning_6.pdf

2.B. 6. When it has been determined that there is a need, the following are addressed in the plan:

- a. Assistive technology.
- b. Reasonable accommodations.

Intent Statements

In developing an individual service or support plan, these needs are considered, as appropriate, to maximize potential for achievement of goals.

Examples

The organization may provide assistive technology, or it may be provided by referral to other local resources. Reasonable accommodations are addressed when necessary to enable the person served to participate in the organization's activities and fully access services. When appropriate to the person's needs, technology is addressed in the individual service plan. If a person needs services/supports that are not available from the organization, referrals to other services are suggested.

Accommodations and technology may entail the use of communication devices, videos and audio recordings, pictures, and materials in each person's primary language. Many modifications are simple and inexpensive.

Some performance indicators of quality are that the organization provides education to service personnel on technology applications

and incorporates knowledge and consideration of technology into assessment, evaluation, and training.

See the Glossary for the definitions of *Assistive technology* and *Reasonable accommodations*.

Resources

The Job Accommodation Network (JAN), a service of the President's Committee on Employment of People with Disabilities, provides information about workplace accommodations: <https://askjan.org/index.cfm>. JAN's trained consultants have access to a database of more than 200,000 previous accommodations to provide practical options.

The website <https://www.mymdrc.org/assistive-tech/webinars> has numerous resources available to assist providers and persons served with learning about various technology and devices.

🍁 The website www.bridges-canada.com/ provides information and tools for procuring accessible technologies, training, and services.

individual. Risks are considered to be exposure to a predictable event or environment that could result in serious physical or psychological injury to the individual. A proactive approach in planning that includes all relevant stakeholders can help to reduce the potential for adverse consequences.

Examples

In recognition of the changing lifestyles and choices of persons served and the wide variety of opportunities for community inclusion and access, this standard encourages the active participation of persons served to explore fully any risks inherent in their choices in terms of health, safety, lifestyle, sexuality, and so forth, in order that persons are better able to make informed choices.

The personal and professional opinions of staff members do not influence the information that is provided beyond what are known to be and what may possibly be expected benefits, risks, and responsibilities.

Examples of potential risks to a person's health might include a person who takes psychotropic medication being employed in a position that requires working in extreme temperatures or a person who takes seizure medications having to wait for public transportation in hot weather.

Examples of potential risks to a person's safety might include a person being placed in a supported apartment who does not know how to contact appropriate emergency personnel if needed, a person being placed in a job that requires waiting for public transportation after dark, a person who takes psychotropic medication being employed in a position that requires the person to work with industrial machines, or a person who is at risk of suicide or mental health crisis living or working in an isolated situation.

These may include risk versus choice of different treatment modalities such as aquatherapy or hippotherapy and may take into account where services are provided, such as in a person's home, in the community, or at a center. Other examples of things to consider regarding risk versus choice are specific healthcare needs of the child, such as when a child uses a feeding tube or is susceptible to infections and how often the playground

- 2.B. **7. When applicable to the person and the person's goals and outcomes:**
- a. The person and/or family served and/or their legal representatives are involved in:**
 - (1) **Assessing potential risks to each person's health in the community.**
 - (2) **Assessing potential risks to each person's safety in the community.**
 - (3) **Deciding whether to accept situations with inherent risks.**
 - (4) **Identifying actions to be taken to minimize risks that have been identified.**
 - (5) **Identifying individuals responsible for those actions.**
 - b. Risk assessment results are documented in the individual service plan.**

Intent Statements

When there are changes in the environment for the persons served and/or changes in a person's health or functioning, consideration in planning should include an assessment of risks for the

equipment and toys are cleaned. After discussion of such issues with the parents and child, the parents' choice might be documented in some way, such as on an informed consent form.

When identifying actions to minimize risks, always include consideration of the person's existing support system.

As part of an organization's risk management, any health or safety risks identified during the planning process would be addressed to limit an individual's exposure to adverse consequences.

-
- 2.B. 8. The persons served are informed about resources to assist them in securing and retaining related benefits for which they are eligible.**

Intent Statements

The staff members are knowledgeable about requirements for obtaining and retaining benefits, due process, and timeframes, or are able to refer persons to authorities who are. The organization provides information directly or through referral about benefits and application procedures to the persons and/or families served.

Examples

Providing persons with this information enables them to make more informed decisions about how choices could impact their ability to retain current benefits or acquire different benefits.

Benefits may include, but are not limited to, Supplemental Security Income, Social Security Administration income, Social Security Disability Insurance, Labor and Industry benefits, employer insurance, unemployment insurance, food stamps, bus passes, public health services, energy assistance, child care assistance, housing assistance, and other governmental assistance program benefits.

-
- 2.B. 9. If a person served needs services/supports that are not available through the organization, referrals to other providers or resources are suggested to the person served and/or referral source, as appropriate.**

Intent Statements

The organization may not be able to provide all services/supports a person may want or need. If this is the case, the organization refers the person to other services outside the organization.

Examples

The organization maintains listings and demonstrates knowledge of agencies and organizations to which it can refer individuals, if so requested or needed. As a best practice, an organization would have a procedure in place to ensure that individuals are satisfied with the services/supports they receive elsewhere as a result of these referrals and that the agencies and organizations receiving its referrals are quality-driven, person-centered services.

Some organizations also provide persons served with a handbook, which lists other community resources that could be used by a person to enhance quality of life.

-
- 2.B. 10. An exit summary report is prepared:**

- a. On a timely basis.**
- b. For each person who leaves the organization's services.**
- c. That summarizes results of services received.**

Intent Statements

The exit summary report serves as a tool to facilitate continuity of services/supports.

NOTE: *An exit summary report is not required for persons who leave services due to death, unless this is relevant to the type of service provided.*

For persons who "drop out" of services or exit without notice, the summary indicates these circumstances and may be very brief.

Examples

The report typically summarizes the results of the services received by the person and makes recommendations for future services to continue the achievement of the person's life goals. The plan could suggest referrals to other services that are not available through the organization, as specified in Standard 2.B.9.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Handbook and information regarding responsibilities in services
- Orientation checklist, information, etc.
- Individual service plans
- Information demonstrating reasonable accommodations and assistive technology used, if applicable
- Documentation of advocacy training or curriculum
- Referral information
- Exit summary report

C. Medication Monitoring and Management

Applicable Standards

- If a program provides only medication monitoring, Standards 2.C.1. and 2.C.2. are applicable. (See the Glossary for the definition of *medication monitoring*.)
- If a program provides medication management, all standards in this subsection are applicable. (See the Glossary for the definition of *medication management*.)

To clarify whether your program provides medication monitoring or management as defined by CARF, contact your designated resource specialist.

-
- 2.C. 1. **An up-to-date individual record of all medications, including prescription and nonprescription medications, used by the person served includes:**
- a. The name of the medication.
 - b. The dosage, including strength or concentration.
 - c. The frequency.
 - d. Instructions for use, including administration route.
 - e. Potential side effects.
 - f. Drug interactions.
 - g. For prescribed medications:
 - (1) The prescribing professional and phone number.
 - (2) Dispensing pharmacy and contact information.

Intent Statements

The intent of this record is to have accurate information typically provided by the pharmacy or prescribing individual readily available for appropriate personnel.

Examples

Guidance for an organization could come from State Professional Registration Practice Acts and

Statutes; licensing requirements; or other regulatory requirements.

1.e.–f. Information on pertinent potential side effects and/or drug interactions are those identified by the prescriber, provided by the dispensing pharmacy, and/or provided by support medical or nursing staff. Program personnel are given access to resource materials.

-
- 2.C. 2. The organization implements written procedures that address:**
- a. Storage, including handling of medications requiring refrigeration or protection from light.**
 - b. Safe handling.**
 - c. Packaging and labeling.**
 - d. Safe disposal.**
 - e. Maintenance of an adequate supply of medications for the persons served.**
 - f. Documentation of medication use.**
 - g. Self-administration, when applicable.**

Intent Statements

Documented procedures related to medications are an important aspect of an organization's management of potential risk.

2.g. The procedures address whether self-administration includes only prescribed medications or also over-the-counter and alternative medications.

Examples

Guidance for an organization could come from licensing, contractual, funding, legal, or other regulatory requirements.

2.a.–b. Written procedures for storage and safe handling include addressing limited/secure access and biohazard management.

2.d. Safe disposal of medications includes addressing management of biohazards associated with the use of medications.

2.e. Efforts to ensure adequate supply would relate to the organization's level of responsibility, whether monitoring or management.

2.g. If the person served self-administers medications, it can be useful for this information to be discussed when the individualized service plan is

being developed or reviewed and then included in the plan.

-
- 2.C. 3. As requested, the persons served or their parents or guardians are provided with or given information about resources for:**
- a. Advocacy and advocacy training to assist them in being actively involved in making decisions related to the use of medications.**
 - b. Training and education regarding medications.**

Intent Statements

The active involvement of the persons served can be demonstrated by evidence of their consent and input regarding changes in medications. The persons served and others, as appropriate, are provided with information about medication management procedures and side effects. Appropriate education and training provided to the persons served and/or family members identified by the persons served enables informed decisions.

In cases involving involuntary hospitalization and the presence of court orders, there are rare situations in which medications are used involuntarily by the persons served.

Examples

3.a. Advocacy training can include guidance given to the persons served/families about questions they might ask, such as "What are potential side effects of particular medications? What are the benefits of taking a particular medication? What are the consequences of not taking the medication?"

3.b. This training and education may be provided by a medical or nursing licensed professional as appropriate, and may include:

- How the medication works.
- The risks associated with each medication.
- The intended benefits.
- Side effects.
- Contraindications.
- Appropriate knowledge of adverse interactions between multiple medications and food.

- The importance of taking medications as prescribed.
- The need for laboratory monitoring.
- The rationale for each medication.
- Alternatives to the use of medications.
- Alternative medications.
- Signs of nonadherence to medication prescriptions.
- Potential drug reactions when combining prescription and nonprescription medications, including alcohol, tobacco, caffeine, illicit drugs, and alternative medications.
- Instructions on self-administration, when applicable.
- The availability of financial supports and resources to assist the persons served with handling the costs associated with medications.

2.C. 4. The organization documents that the use of all medications by the person served is reviewed at least annually by a single physician or qualified professional licensed to prescribe or dispense medications.

Intent Statements

Organizations realize the importance to the health and safety of the person served that a regular systematic review of all medications being used is conducted by a qualified medical professional to ensure that adverse reactions between multiple medications are avoided and persons are not overly medicated. To avoid replication of efforts, a program may obtain documentation from another provider, family member, guardian, etc. that this review of medications occurred.

Examples

Review by a pharmacist, a healthcare professional who practices in the field of health sciences focusing on safe and effective medication use, would meet the intent of this standard. Pharmacists interpret and communicate this specialized knowledge to patients, physicians, and other healthcare providers.

Medication reviews typically address:

- The appropriateness of each medication, as determined by the needs and preferences of each person served.
- The efficacy of the medication. (See the Glossary for the definition of *efficacy*.)
- The presence of side effects, unusual effects, and contraindications.
- The use of multiple simultaneous medications.
- Medication interactions.

The frequency of the reviews depends on:

- The degree of severity of the person's medical condition.
- Whether multiple medications are provided and other contraindications exist.
- Guidelines related to the medication itself.

2.C. 5. An organization that manages medications for persons served implements written procedures that address:

- a. Purchase, if applicable, including processes for handling medication shortages on weekends.
- b. Transportation and delivery, if applicable.
- c. Off-site use, if applicable.
- d. Administration of medications by personnel, including:
 - (1) Staff credentials and competencies.
 - (2) Documentation of medication administration.
 - (3) Documentation of the use and benefits, or lack thereof, of as needed (prn) doses.

Intent Statements

Documented procedures related to medications are an important aspect of an organization's management of potential risk and its ability to administer medications on a consistent and safe basis.

5.a.–c. If an organization has no role in purchase, transportation, and/or off-site use of medications

by the persons served, a written procedure is not required to address these aspects.

Examples

5.c. *Off-site use* refers to administration or self-administration during time away, such as at home, at school, at recreational activities, or at work by persons served who normally receive medications at the organization's facilities and programs, or the organization dispenses the medications for the person to self-administer at home or elsewhere.

5.d.(2) When examining medication management errors as part of risk management, items to address may include:

- Unauthorized drug use.
- Dispensing errors.
- Prescribing errors.
- Administration errors, including:
 - Medication omissions.
 - Incorrect drug.
 - Incorrect rate or dose.
 - Incorrect route.
 - Incorrect timing.
 - Incorrect labeling.
 - Incorrect identification of person served.
- Medication documentation errors.

2.C. 6. An organization that manages medications for persons served implements written procedures regarding medications that provide for:

- a. Compliance with all applicable laws and regulations pertaining to medications and controlled substances.
- b. Documentation or confirmation of informed consent for each medication administered, when possible.
- c. Integrating any prescribed medications into a person's overall plan, including, if applicable, special dietary needs and restrictions associated with medication use.

d. Identification, documentation, and required reporting, including to the prescribing professional:

- (1) Of any medication reactions experienced by the person served.
- (2) Of medication errors, as appropriate.

e. Review of medication errors and drug reactions as part of the quality monitoring and improvement system.

f. Actions to follow in case of emergencies related to the use of medications, including ready access to the telephone number of a poison control center by:

- (1) The program personnel.
- (2) The persons served, as appropriate.

g. Availability of medical resources for consultation during hours of program operation.

h. Coordination as needed with the physician providing primary care needs.

Intent Statements

Documented procedures regarding medication management helps to ensure that the use of medications is addressed and integrated with other service strategies for each person served.

Examples

6.b. It may not be possible to obtain informed consent in situations where the person served is not coherent or competent, or is under a court-ordered commitment for the purpose of requiring medications. Evidence of consent for administering of medications may include formal signed consent forms reviewed at least annually, and preferably with each medication change as preferred by the person served and/or guardian; a notation by the prescribing individual in the record of the person served that the medication has been discussed and agreed upon; or medication to be administered listed on an individual plan actively developed with the person served.

6.c. It is important that there be an initial review as soon as the person enters services of all medications currently being taken and their efficacy,

potential side effects, and contraindications. Service planning addresses the fact that the person is taking medication and integrates medication use with the planning of services and supports for the person served.

6.f. Identification of actions might also include in addition to the number of a poison control center ready access by program personnel and/or the persons served to the telephone number of the prescriber, physician, and/or support nursing staff or of emergency medical services.

6.g. Consistent with licensure, physician assistants, nurse practitioners, and clinical nurse specialists may substitute for physician availability. Consultation can be obtained through direct employment, contract or consultant agreement, or medical facility agreements. Organizations may also use telemedicine as a method of obtaining consultation.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Policy on whether the organization has any role related to medications in the program seeking accreditation, and if so, clarifies the extent of that role
- Records of the persons served
- Individual medication records for persons served
- Procedures regarding storage, safe handling, packaging/labeling, and safe disposal
- List of educational and training resources for advocacy
- Medication procedures regarding purchase, transportation, inventory, off-site use, and administration, if applicable
- Individual service plans
- Staff training records
- Documentation of training regarding medication of persons served, if applicable
- Records of informed consent, if applicable
- Procedures related to medication reactions/errors
- Actions to follow in case of medication emergencies
- Written procedures regarding compliance with all laws/regulations pertaining to medications

D. Employment Services Principle Standards

Description

An organization seeking CARF accreditation in the area of employment services provides individualized services and supports to achieve identified employment outcomes. The array of services and supports may include:

- Identification of employment opportunities and resources in the local job market.
- Development of viable work skills that match workforce needs within the geographic area.
- Development of realistic employment goals.
- Establishment of service plans to achieve employment outcomes.
- Identification of resources and supports to achieve and maintain employment.
- Coordination of and referral to employment-related services and supports.

The organization maintains its strategic positioning in the employment sector of the community by designing and continually improving its services based on input from the persons served and from employers in the local job market, and managing results of the organization's outcomes management system. The provision of quality employment services requires a continuous focus on the persons served and the personnel needs of employers in the organization's local job market. Some examples of the quality results desired by the different stakeholders of these services and supports include:

- Individualized, appropriate accommodations.
- A flexible, interactive process that involves the person.
- Increased independence.
- Increased employment options.
- Timely services and reports.
- Persons served obtain and maintain employment consistent with their preferences, strengths, and needs.

- Person served obtains a job at minimum wage or higher and maintains appropriate benefits.
- Person served maintains the job.

Applicable Standards

For information on the applicability of the standards in this section to the services for which your organization is seeking accreditation, please refer to the Applicable Standards statements in the individual services or to the grid beginning on page 130.

Services Design for Persons Served

- 2.D. 1. The following information is considered in developing the individual's service plan for employment:
- a. Self-reported interests and skills.
 - b. Work and volunteer history.
 - c. Previous training and education.
 - d. Benefits the person is receiving.
 - e. Availability to work, including hours.
 - f. Transportation availability.
 - g. Support needs.
 - h. Self-reported barriers to employment.
 - i. Legal history.

Intent Statements

The program should become knowledgeable about the person served in order to develop a plan that identifies resources and supports to achieve the person's goals.

Examples

- 1.c. Consideration of previous education and training may include computer and literacy skills.
- 1.g. Consideration of support needs includes other support services being provided and the availability of natural supports to support both obtaining and maintaining employment.

- 2.D. 2. The person served is involved in making informed employment-related decisions, including:**
- a. The expected outcomes for services.**
 - b. The person's role and responsibilities related to achieving desired employment outcomes.**

Intent Statements

Informed choice is reflected in the individual planning process through full disclosure of the capabilities of the organization to meet the outcomes expectations of the person served and ensure understanding of person's responsibilities related to achieving the desired outcomes.

Examples

For persons with significant communication barriers, the program may assess the person's interests, preferences, and input through other means, such as observation or interviews with family members, advocates of the person, or staff who work with the person.

Decision making based on informed choice may be reflected in:

- The scope, duration, and expected outcomes of the employment services.
- Employment choices, plans, and options.
- Paid or unpaid work.
- Work settings.
- Career development and/or training activities.
- Career advancement opportunities.

- 2.D. 3. The person served is informed about opportunities for employment in the local community consistent with the person's desired outcomes.**

Intent Statements

Current information on employment opportunities is vital to the individual planning process, as well as to the continuous improvement of the service delivery design.

Examples

Much of the information is accessible from governmental or other public domain internet sites. This standard does not require an organization to develop this information on its own if it can use

readily accessible information from the community or other sources.

A comprehensive understanding of local employment needs can lead to effective provision of services/supports, such as assistive technology; the identification of employment objectives in services planning and coordination; the exploration of options of employment for students transitioning from school to work, such as customized employment, the exploration of interests in evaluation or actual work settings; and the development of individualized services to overcome barriers to achieving maximum employment outcomes.

Sometimes there may be incremental steps toward desired outcomes, when they are not quite in reach at the present time but can be achievable with some intermediate efforts. For example, a person may initially work part-time hours to develop the stamina to handle a full-time position.

For organization in the United States, the Workforce Innovation and Opportunity Act (WIOA) reinforces the principle that individuals with disabilities, including those with the most significant disabilities, are capable of achieving high-quality, competitive integrated employment when provided the necessary services and supports. WIOA emphasizes the provision of services, such as customized employment and supported employment (SE) services, to assist individuals with disabilities, including those with the most significant disabilities, to achieve competitive integrated employment. WIOA emphasizes the Vocational Rehabilitation (VR) agencies' authority to engage with employers to provide work-based learning experiences and identify competitive integrated employment for individuals with disabilities in the job-driven workforce. WIOA requires that individuals with disabilities seeking or continuing employment at subminimum wages with entities holding special wage certificates under section 14(c) of the Fair Labor Standards Act access services, including VR services, which maximize their opportunities to achieve competitive integrated employment. WIOA requires that VR agencies provide these individuals with career counseling and information and referral services at specific

intervals while they are employed at subminimum wages.

Services Design for Employers

An employer may be an integrated business in the community or it may be the organization itself.

2.D. 4. Employment services provided reflect current needs of employers and trends in the local job market.

Intent Statements

The provision of effective and cost-efficient services requires an organization to maintain up-to-date knowledge of the opportunities in the local job market. This knowledge is a reference point for the setting of goals and the coordination of resources to achieve the individual's desired service outcomes.

By analyzing the employment opportunities in the local region, the organization can design its services to be responsive to the personnel needs of employers and provide informed choices to the persons served.

The organization changes its services as warranted to meet employers' needs and provides supports and services to the persons served to assist them in meeting the changing needs of the local job market.

Examples

Obtaining and using stakeholder input in strategic planning and positioning of the organization helps to achieve optimum employment results.

The design and continuous improvement of employment services to meet the personnel needs of employers are further supported through standards in Section 1 of this manual, including input, outcomes, and leadership.

Some examples of input resources may include:

- Establishing business advisory councils or maintaining membership in business associations.
- Participating in business forums.
- Maintaining relationships with public and private schools.
- Person served or stakeholder feedback.

See also Sections 1.D. Input from Persons Served and Other Stakeholders and 1.M. Performance Measurement and Management.

2.D. 5. As appropriate to the services provided, employers are made aware of the following resources:

- a. Customer service/supports available from the organization.
- b. Referrals of job applicants closely matched to the employers' requirements.
- c. The organization's ability to partner with employers to develop employment opportunities.
- d. Tax credits that the employer may secure as a result of hiring an eligible candidate.

Intent Statements

The success of employment services is based on meeting the needs of employers.

Examples

Not all aspects of this standard have to be provided to every employer, but should be available upon request, either directly from the organization or through referral to and coordination with other community resources.

Successful employment services use input from these stakeholders to manage their performance by measuring the satisfaction of employers and related key stakeholders. Further guidance can be found in Section 1.M. Performance Measurement and Management.

5.c. Partnering with employers may include providing opportunities such as job carving, job shadowing, and internships, which may help the employer to meet diversity or recruiting goals.

An employment services organization can provide leadership in its community by being a resource for the recruitment, education, and successful development of employment opportunities for persons who are seeking employment.

Some examples may include:

- Assisting employers in the elimination of architectural, procedural, instructional, communication, and attitudinal barriers to the

employment and advancement of persons with employment challenges.

- Educating employers about various disabilities and resulting vocational implications, assistive devices, job accommodations, and current disability-related legislation.

Follow-up and post-employment services may include:

- Contact with the employed person and with the employer, when this is appropriate.
- A documented system to provide organized support contacts at regular intervals with the person served. As appropriate, contact at regular intervals is made with the employer and significant others.
- The availability of appropriate personnel for the person served and/or employer during and, if feasible, after regular working hours to provide support services, if requested.
- The maintenance of contact for a reasonable period of time to promote adequate job adjustment and retention.
- The availability of services, including replacement, for persons who are unsuccessful in maintaining employment.

The Organization as Employer

NOTE: *These standards apply only when the organization has an employer-employee relationship with the person served in the service being accredited.*

- 2.D. **6. In an employer/employee relationship with a person served, the organization complies with:**
- a. All applicable United States Internal Revenue Service rules and regulations.
 - b. Other applicable laws and regulations.
 - c. Its own internal policies and procedures.

Intent Statements

Compliance with all applicable laws and regulations is an integral part of the organization's procedures. Changes in applicable laws and regulations are integrated into the organization's system.

- ✳ Canadian organizations should be able to demonstrate how they comply with their federal and provincial/territorial labor laws.

Examples

Some organizations have established a policy of paying at least minimum wage to persons served who are engaged in any paid work experiences. See Section 3.I. Affirmative Business Enterprise on page 213 for one model of services that does so.

The organization is encouraged to develop its work measurement and payment system with the assistance of regional or local wage and hour representatives.

- ✳ In Canada, such information can be obtained from the provincial/territorial ministries of labor. The organization uses generally accepted techniques such as time studies, Methods Time Measurement, modular arrangement of pre-determined time standards (MODAPTS), etc.

- ✳ Volunteer placements and unpaid placements are considered acceptable closures in Canada. This standard is linked to other standards related to the organization's compliance with laws and regulations and adherence to a written code of ethical conduct related to its business and financial practices.

6.b. As changes are enacted such as Executive Order 13658, "Establishing a Minimum Wage for Contractors," applicable to covered workers (including workers whose wages are calculated in accordance with special certificates issued under Section 14(c) of the Fair Labor Standards Act, the organization has a process to ensure that it complies with changes applicable to its employment programs.

Resources

Further information can be obtained from the U.S. Department of Labor (<https://www.dol.gov/general/topic/disability>), 1-866-4-USA-DOL. TTY: 1-877-889-5627. Employment and training questions: 1-877-US-2JOBS. Wage and hour questions: 1-866-4USWAGE. Workplace safety and health questions: 1-800-321-OSHA.

- 2.D. **7. For U.S. organizations, when an individual receives less than the minimum wage, the organization maintains a current certificate authorizing Special Minimum Wage Rates under Section 14(c) of the Fair Labor Standards Act.**

Intent Statements

When the organization employs persons served as part of its service delivery and those individuals are paid less than minimum wage, the organization should ensure that it maintains a current Section 14(c) subminimum certificate approved by the Wage and Hour Division of the U.S. Department of Labor. It is the responsibility of an organization paying less than minimum wage to ensure that it meets all of the requirements of Section 14(c) of the Fair Labor Standards Act.

Resources

Information and guidance on obtaining a Section 14(c) certificate can be accessed by visiting the U.S. Department of Labor website at: www.dol.gov/agencies/whd/workers-with-disabilities/employers

- 2.D. **8. When the organization is the employer of record, it:**
- a. **Informs the persons served at least semiannually about how their productivity affects their wage.**
 - b. **Assists the persons served to understand:**
 - (1) **Their current rate of pay.**
 - (2) **Ways to improve their earnings.**
 - (3) **Opportunities for advancement.**

Intent Statements

The organization should consider avenues for enhanced productivity and increased wages.

Examples

The organization evaluates the equipment and techniques used in order to maximize the earning potential of persons served. In production and training activities, it strives to use the tools, equipment, technology, and machinery to replicate methods utilized by competitive industry, which might open local job opportunities to the

persons served. This does not, however, preclude individually tailored adaptive devices that may be used by persons to accomplish tasks which otherwise they could not do.

In some promising practices, organizations use job restructuring, assistive technology, and natural supports to increase earning levels. For additional information, see Section 4.K. Assistive Technology Supports and Services (AT).

- 2.D. **9. When the organization is producing a product or providing a service for businesses, it maintains a standardized system of quality control.**

Intent Statements

The program maintains an organized system of quality control with responsibility vested in specified personnel to ensure that the quality of products and services meets competitive industrial standards.

Examples

Several elements characterize a quality control program in standard commercial practices. The practices include use of a written policy assuring customers of quality commitment and product/performance reliability, good communications, and written quality control procedures specific to individual products and services (including inspection and testing requirements).

When the organization is involved in prime manufacturing and/or subcontract operations, files on work methods, quality control, and production scheduling are maintained and actively used by supervisory personnel. Written specifications are maintained for each article produced. Products are made in conformance to relevant specifications and meet the standards of competitive products in the open market. Work methods might include work station setup, steps in the production process, work flow, and equipment to be used. Production scheduling might include production hours per job, shipping dates, coordination with other jobs, and customer timeframes.

2.D. 10. When the organization bids for contract work or establishes prices for products or services, it:

- a. Considers:**
 - (1) **All direct costs.**
 - (2) **All indirect costs applicable to each job.**
 - (3) **Profit.**
 - (4) **Fair market value.**
- b. Reviews bids/prices at least annually.**
- c. Revises bids/prices as necessary.**

Intent Statements

The organization seeks business on a fair and competitive basis. It does not engage in unfair competition with other programs or commercial organizations in selling its services and products. To achieve financial stability, the organization knows its costs and bids competitively in the local job market.

Examples

When production of goods or contracted service delivery is carried out by the organization, sound and acceptable practices are observed in all business and industrial activities, including purchase of materials, sale of products, subcontracting, and pricing. See related standards in Section 1.F. Financial Planning and Management.

The bid price includes all direct and indirect costs applicable to each job, product, or service. An overhead markup supported by a precise written analysis of production costs is charged. The value of any services, equipment, or space provided by the organization for the contract operation is included in the determination of this markup. Indirect costs include staff salaries and benefits, occupancy, depreciation, administrative costs, and all other costs which cannot be directly identified with the job. All retooling, training, and remodeling costs necessary to accomplish the job are also calculated. All donated equipment, materials, and services are included in the contract bid price at fair market value.

Selling prices of the program's products are based upon full cost reimbursement and are in line with the prevailing price range for such products in the competitive market areas.

The activities of analyzing costs may also include reviewing methods for achieving optimal efficiency in the work environment consistent with the needs of the persons served.

This standard relates to the code of ethical conduct of business practices and marketing activities referred to in Standard 1.A.6. and to standards in Section 1.F. Financial Planning and Management.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Individual employment service plans
- Records of the persons served
- Information on local job opportunities and trends
- Information regarding community services and resources used
- U.S. Department of Labor Certificate, if applicable
- Documentation related to U.S. Department of Labor laws, if applicable
- IRS information, if in the U.S.
- Canada Revenue Agency information, if in Canada
- Information related to applicable labor laws and regulations
- Information on referrals made
- Documentation of supports given to employers, if applicable
- Information regarding wage payment practices
- Information regarding bidding practices
- Information demonstrating annual analysis of products and services pricing

E. Community Services Principle Standards

Description

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased or maintained inclusion in meaningful community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Increased self-esteem.

Applicable Standards

For information on the applicability of the standards in this section to the services for which your organization is seeking accreditation, please refer to the Applicable Standards statements in the individual services or to the grid beginning on page 130.

- 2.E. 1. The organization assists persons served to enhance their quality of life as they desire:
- a. By providing opportunities to maintain and/or increase:
 - (1) Social contacts.
 - (2) Personal relationships.
 - (3) Community networks.
 - (4) New supports.
 - b. By facilitating exposure to new community experiences.
 - c. By achieving desired or greater participation in community activities.

Intent Statements

Persons served have access to assistance as desired to address issues in community participation. There should be opportunities for personal growth and development in the lives of persons served.

Examples

Persons served have opportunities to engage in their communities in ways that are age-appropriate and consistent with their peers without disabilities.

Some examples of life skills related to this standard are interpersonal skills, which can include:

- Make new friends.
- Maintain old friendships.
- Act appropriately in response to how others are feeling.
- Express dissatisfaction when mistreated.

1.b. Persons served may have limited knowledge of community activities. By the organization facilitating initial exposure to new and varied experiences, persons may then identify new interests and activities for continued participation.

The organization works with persons served to help them identify opportunities that are of interest to them.

2.E. 2. Individualized service plans identify community inclusion activities, as desired by the person served.

Intent Statements

The plan addresses objectives in accordance with expressed preferences or goals.

Examples

Identifying opportunities for community inclusion is a joint responsibility that is shared by the organization and the persons and families served. Overcoming identified barriers may be beyond the organization's service delivery capability or scope, but may be addressed by referrals to other community agencies, organizations, and resources.

Persons served have opportunities for participation beyond simply attending events. For example, in addition to attending church services, persons served may participate in their church community by joining a discussion group or helping with projects.

The organization provides opportunities for persons who are unable to verbalize their desires and preferences to try out various activities in the community and gauges the response to help determine the types of inclusion and activities the person enjoys.

2.E. 3. The organization supports persons served to achieve participation in community activities by developing skills and behaviors that:

- a. Relate to the desired outcomes.**
- b. Empower the persons served.**

Examples

3.a. A person might have an objective to increase social skills by greeting others appropriately. This could be practiced in different settings and during various activities and lead to increased opportunities for inclusion.

3.b. Learning to use public transportation may help to empower persons served by increasing their independence.

2.E. 4. The organization:

- a. Considers the individual preferences of those served when selecting direct care staff.**
- b. Addresses the input of persons served on an ongoing basis.**

Intent Statements

The agency and individual workers have the skills and competencies to support participation effectively in this.

Examples

This standard does *not* necessarily involve the service recipients in the organization's hiring practices, but it does suggest that some selection is possible among available qualified staff. It also relates to standards in Section 2.B. with regard to plans, planning, and enhancing the self-direction of services/supports, as well as to Standard 1.A.5., referencing cultural competency planning, and Standard 1.K.4., referencing complaint resolution procedures.

4.b. The person served could be involved in a variety of activities in which they participate in the selection of direct care staff. Examples include participating in the interviews of new staff members, being introduced to the potential staff member during a tour of the organization and being asked their input about the potential candidate, asking the person served during intake about characteristics they would like or dislike and if they prefer a male or female to be their direct staff member, or giving the opportunity to request a different group home when an opening is available.

- 2.E. **5. When appropriate to services and the population served, the program ensures that:**
- a. Personnel are provided with documented education and training about early signs indicating possible dementia and aging-related decline.**
 - b. When early signs of possible dementia or aging-related decline are identified:**
 - (1) Recommendation for further evaluation is made to the case manager responsible for the person's healthcare.**
 - (2) When diagnosis is confirmed:**
 - (a) If the scope of the program can support the person to remain and age in place, the person-centered planning process responds to the new needs.**
 - (b) If the scope of the program cannot support these new needs:**
 - (i) Appropriate transition planning is initiated.**
 - (ii) Transfer of information occurs to support successful transition.**

Examples

Alzheimer's disease and related dementias are debilitating conditions that impair memory, thought processes, and functioning, primarily among middle-aged and older adults.

Resources

National Task Group on Intellectual Disabilities and Dementia Practices (NTG):

www.the-ntg.org/

National Task Group Consensus Recommendations for the Evaluation and Management of Dementia in Adults with Intellectual Disabilities:

[www.mayoclinicproceedings.org/article/S0025-6196\(13\)00371-6/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(13)00371-6/fulltext)

Down Syndrome and Alzheimer's Disease:

www.alz.org/alzheimers-dementia/what-is-dementia/types-of-dementia/down-syndrome

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Progress notes
- Individual service plans
- Orientation information
- Self-advocacy training information
- Conflict resolution information
- Assistive technology and reasonable accommodation information, if applicable
- Information regarding community resources utilized
- Procedures manual

F. Service Delivery Using Information and Communication Technologies

Applicable Standards

If the program uses information and communication technologies (ICT) to deliver services, Standards 2.F.1.–8. apply.

Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counseling.
 - Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dietitians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
 - Encompass settings such as:
 - Hospitals, clinics, professional offices, and other organization-based settings.
 - Schools, work sites, libraries, community centers, and other community settings.
 - Congregate living, individual homes, and other residential settings.
 - Be provided via fully virtual platforms.
- The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available or the use of self-directed apps, is not considered providing services via the use of information and communication technologies.

- 2.F. 1. The program implements written procedures:
- a. That address:
 - (1) Consent of the person served.
 - (2) Audio recording, video recording, and photographing the person served.
 - (3) Decision making about the use of information and communication technologies versus in-person services:
 - (a) At the beginning of services.
 - (b) Throughout the course of services.
 - b. To confirm that all necessary technology and/or equipment is available and functions:
 - (1) Prior to the start of service delivery.
 - (2) As needed throughout services.
 - (3) At the location of the:
 - (a) Person served.
 - (b) Provider.
 - c. To verify at each encounter
 - (1) The identity of the person served.
 - (2) The identity of the provider.
 - (3) The physical location of the person served.

- d. To maintain privacy during the delivery of services.**
- e. To respond to technology disruption that impacts the delivery of services.**

Intent Statements

1.a.(1) The program implements written procedures that describe the method(s) used to obtain consent of the person served and that satisfy its regulatory and payment requirements. Although the program may have already obtained consent for service delivery, this standard is specifically about obtaining consent to participate in service delivery using information and communication technologies.

1.a.(3) Decision making about whether the use of information and communication technologies is appropriate for a person served considers the person's preferences, initial and ongoing assessments, including any risk assessments, under what circumstances it is safe and effective to deliver services at a distance, and reasonable expectation of the person benefiting from services delivered this way. While it may be determined that service delivery via information and communication technologies is appropriate at the beginning of services, it is important to revisit decision making throughout services to address changes in the condition or circumstances of the person served or the service delivery site and the need for in-person (i.e., the person served and provider are in the same physical location) contact.

1.c.(3) Identifying the physical location of the person served is critical should an urgent situation arise that requires response to that location. Based on the identified location of the person served, personnel may also assess whether the service can be delivered safely where the person served is located. The information may also be used in verifying the credentials of a provider to deliver services in the location of the person served and for billing purposes.

1.d. Maintaining privacy during the delivery of services includes the person served and the provider. If the person served is in a location where privacy may be compromised (e.g., a public library or community center, walking outside, on the job, at home with young children who require supervision), the program addresses the importance of privacy and makes an effort to

help problem solve and identify alternatives with the person served. As personnel also could be providing services from locations that are susceptible to losses of privacy, they should take steps to protect the privacy of the persons served in their environment.

1.e. Identifying a back-up method for communication will reduce the impact of technology disruption such as hardware or software failure or environmental conditions on service delivery.

Examples

1.a.(1) The procedures may include obtaining consent to participate in service delivery via information and communication technologies in writing, obtaining consent from a parent or other legal representative on behalf of a child/adolescent, and obtaining consent via virtual platform when applicable.

1.a.(3) Information and communication technologies may be used for remote monitoring of a person served. For example, the individual plan might include:

- Biometric monitoring of persons with chronic conditions, such as monitoring of weight, blood pressure, or heart rate, to allow assessment of stable health or the need for medical attention.
- Motion sensors in someone's home that indicate how much/when a person is up and about, may be in need of help, or may have left the home without the supervision necessary to be safe.
- Case management/service coordination visits via computer or other electronic device for routine communications.
- Interactive voice response, such as someone with diabetes or a heart condition who reports symptoms telephonically by responding to prerecorded questions. Certain answers prompt an alert to be sent to a service provider who can follow up with the person as needed.
- Personal emergency response systems, such as a pendant or bracelet worn by a person served. When the button is pushed or when the device senses a fall an emergency alert is transmitted to a predetermined contact to respond.

1.b.(2) There may be a need to confirm availability and/or function during the course of services if new technology or equipment is being implemented, there have been problems with the technology or equipment during prior encounters, or someone new will be responsible for operating the equipment or technology.

1.c.(1) Verification of the identity of the person served may be accomplished a variety of ways including asking the person's name, accessing a picture in the record of the person served for comparison, voice recognition from a prior encounter, or asking the person to show a picture ID that includes his or her name.

Resources

- **1.a.(1)** U.S. Department of Health and Human Services Health Resources and Services Administration Obtaining Informed Consent:
<https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/obtaining-informed-consent/>
- Telemedicine & Informed Consent: How Informed Are You?
<http://southwesttrc.org/blog/2017/telemedicine-informed-consent-how-informed-are-you>
- Ontario Telemedicine Network (OTN):
https://support.otn.ca/sites/default/files/consent_guideline.pdf

2.F. 2. As appropriate, personnel who deliver services via information and communication technologies receive documented competency-based training on:

a. How to deliver services effectively via information and communication technologies, including:

- (1) Human factors.
- (2) Crisis response procedures.

(3) **Assessment of risk factors in the environment of the person served.**

(4) **How to modify treatment techniques/interventions to deliver services virtually.**

b. Equipment used in service delivery, including hardware and software:

- (1) **Features.**
- (2) **Setup.**
- (3) **Use.**
- (4) **Maintenance.**
- (5) **Safety considerations.**
- (6) **Infection control.**
- (7) **Troubleshooting.**

Intent Statements

For service delivery to be effective, personnel are trained how to deliver or adapt services at a distance, how to use the equipment and technology needed to deliver those services, and how to guide persons served, members of the family/support system, and others in the location of the person served on their use.

2.a.(2) Responding to a crisis when the person served is in a different location requires a different skill set than responding in person. Regardless of the activity occurring, a person served could experience a medical emergency, a fall or other injury, a medication error, suicidal ideation, threat from another person at the location, or other crisis that requires immediate attention. Comprehensive training on crisis response procedures helps prepare personnel who provide services via information and communication technologies to effectively and efficiently respond to the needs of a person served who experiences a crisis during an encounter.

2.a.(4) Most providers have been trained to deliver services, treatment, and/or interventions in person. With the increasing and, in some cases, exclusive provision of services using information and communication technologies, providing personnel with training on how to modify and adapt treatment techniques/interventions is essential to effective service delivery. Depending upon the type of program being provided modifications may range from minor to more substantial.

Examples

2.a.(1) Training on human factors may address strategies for communication with persons served and, if applicable, members of the family/support system who are in a different location than the provider, understanding nonverbal communication, establishing rapport, maintaining eye contact, and providing a conducive environment including lighting, background, and staying framed in the field of the camera.

2.a.(2) Training on crisis response procedures may include how to identify a crisis situation, assessing the situation and the associated level of risk, identifying and implementing a response, and reporting and following up on the situation as appropriate.

2.a.(3) Personnel are trained to observe and assess risks in the environment of the person served, which will vary depending on the type of program and persons served. For example, a provider may observe:

- Someone in the environment of the person served who speaks or otherwise behaves in a way that seems threatening to the person served; nonverbal communication on the part of the person served signaling a threat; new bruising, cuts, or other signs of injury; etc.
- Trip hazards such as rugs, electrical cords, spills, or clutter for someone with balance, sensory, or ambulation concerns or who uses equipment such as a walker, cane, or wheelchair.
- Guns, knives, or other items that could cause harm to the person served.
- Medications that are not properly stored/secured.
- Lack of supervision for someone with cognitive impairment or a child who is young to be home alone.

2.b.(6) Infection control addresses equipment used at the location of the person served and the provider. For example:

- Equipment that touches any part of the body or is used to look into someone's eyes, ears, or mouth is properly sanitized between each use.
- The person served and family members in the home are instructed in proper handwashing technique; shielding coughs and sneezes; and the use, if necessary, of gloves or masks to minimize risks associated with sharing equipment.
- When the person served is using a computer at a school or library, the keyboard, mouse, and headset are cleaned appropriately before they are used.

Resources

2.b.(5) Safe Use of Portable Electronic and Communication Devices:

<https://manualzz.com/search/?q=safe-use-of-portable-electronic-and-communication-devices>

2.F. 3. As appropriate, instruction and training are provided:

a. To:

- (1) **Persons served.**
- (2) **Members of the family/support system.**
- (3) **Others.**

b. On equipment used in service delivery, including:

- (1) **Features.**
- (2) **Setup.**
- (3) **Use.**
- (4) **Maintenance.**
- (5) **Safety considerations.**
- (6) **Infection control.**
- (7) **Troubleshooting.**

c. On creating an appropriate environment to receive services.

Examples**3.c.** Environmental considerations include:

- Being in a location that is safe, e.g., indoors if the weather is bad, parked if sitting in a car, in an area that is lit if outside and it is after dark.
- Being in a location that provides privacy, whether at home, work, or in a community setting such as a library, school, or community center.
- Access to the necessary technology, equipment, and internet service to successfully connect.
- Human factors as outlined in the example for Standard 2.a.(1).
- Expectations such as being on time and having equipment or materials prepared for sessions that are scheduled.

2.F. 4. Service delivery via information and communication technologies includes:

- a. The provision of information to the persons served on:**
 - (1) How to contact the program.
 - (2) The expected timeframe for response.
- b. Personnel to provide technical assistance with accessing services provided by the program.**
- c. Personnel to address questions related to service delivery.**
- d. Based on identified need:**
 - (1) An appropriate facilitator at the location of the person served.
 - (2) Modification to:
 - (a) Treatment techniques/ interventions.
 - (b) Equipment.
 - (c) Materials.
 - (d) Environment at the location of the person served, including:
 - (i) Accessibility.
 - (ii) Privacy.
 - (iii) Usability of equipment.

Examples

4.a. The program provides information to the persons served on how to contact the program and when persons served may expect a response. This may be information on program hours of operation, methods persons should use to contact the program when they have specific needs, the typical timeframe in which the persons served can expect a response to inquiries, and whether contacts will be returned in evenings or over weekends.

4.c. Between scheduled sessions persons served and others who may be assisting them might have questions related to their individual plans, e.g., regarding medication use; a home exercise program; assisting with transfers; or how to contact other providers, vendors, or support services.

4.d.(1) Depending on the purpose of the session and the needs of the person served, professional personnel, support personnel, family members, or caregivers might function in the role of facilitator. Use and selection of a facilitator also consider the preferences of the person served and who can provide appropriate support or may pose challenges to the delivery of services, e.g., a family member who tends to speak for the person served or is otherwise disruptive during service delivery.

4.d.(2) Examples of modifications include the use of assistive technology such as alternative keyboards and headphones, close-captioning software, a sign language interpreter, materials in large font or braille, the use of appropriate lighting and backgrounds so faces can be clearly seen, and the provision of printed materials and audio recordings to supplement information provided during an encounter.

4.d.(2)(d)(ii) Privacy considerations may include whether the environment where the person served is located provides for confidentiality during interactions between the provider and person served.

2.F. 5. Prior to the start of each session:

- a. Any participants in the session in addition to the person served are identified.**
- b. The program provides information that is relevant to the session.**

Examples

5.a. In addition to the person served and provider, other participants in the session may include members of the family/support system, caregivers or others who are assisting the person served; other members of the service delivery team; a supervisor who is observing the provider; and students or other trainees.

5.b. Information may be shared on the credentials of the provider, structure and timing of services, recordkeeping, scheduling, contact between sessions, privacy and security, potential risks, safety considerations, confidentiality, billing, rights and responsibilities.

Service delivery using information and communication technologies may be ongoing rather than session-based, e.g., supporting persons served in their living environment through the use of video, audio, or motion monitoring. In addition to sharing relevant information about the use of ICT at the initiation of services, the program may establish a minimum frequency, such as at least annually, to review that information; may review it based on need, such as when the person served or a member of the family/support system has questions; or may link it to other activities in the service process such as periodic review of the person's individual plan, goals, and preferences.

2.F. 6. The organization maintains equipment in accordance with manufacturers' recommendations.**2.F. 7. Emergency procedures address the unique aspects of service delivery via information and communication technologies, including:**

- a. Identification of an emergency contact for the person served, including phone number.**
- b. Identification of local emergency resources, including phone numbers.**
- c. The provider becoming familiar with the emergency procedures at the location of the person served, if the procedures exist.**

Intent Statements

In case of emergency, the provider has immediate access to emergency contact information for the person served and information on local emergency resources, including their phone numbers.

Examples

7.a.–b. Through the intake process the program gathers information from the person served on an emergency contact and local emergency resources such as emergency response systems and law enforcement.

7.c. When the person served is located at an organization or a community setting, the provider becomes familiar with the procedures of that setting in the event there is an emergency involving the person served.

If a person served who is at home utilizes a medical alert system such as Life Alert, the provider becomes familiar with how the system is activated in case of an emergency.

Resources

- U.S. Department of Health and Human Services Health Resources and Services Administration Creating an Emergency Plan: <https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/creating-an-emergency-plan/>

2.F. 8. Each program/service documents the following in its scope of services:

- a. Geographic areas served.**
- b. The communication technology used to deliver services.**

Intent Statements

This standard expands upon Standard 2.A.1. on the scope of the program. Along with the information in Standard 2.A.1., the program documents the geographic areas served and the communication technology used to deliver services and shares this information with all stakeholder groups identified in that standard.

Examples

8.a. The program documents and shares information on the geographic areas it serves at the level of detail needed by stakeholders to consider whether the program can meet their needs. This may be locale or states/provinces or other jurisdictions related to access/convenience by persons served, credentialing of providers, or billing for services.

8.b. The communication technology used to deliver services may be described in terms such as phone call, live chat, text, Zoom, video conference, and platforms.

Additional Resources

- American Telemedicine Association: www.americantelemed.org
- VA Telehealth Services: www.telehealth.va.gov
- International Journal of Telerehabilitation: <http://telerehab.pitt.edu/ojs/index.php/Telerehab>
- U.S. Department of Health and Human Services Health Resources and Services Administration: www.hrsa.gov/rural-health/telehealth
- U.S. Department of Health and Human Services Health Resources and Services Administration Office for the Advancement of Telehealth, Health Equity in Telehealth: <https://telehealth.hhs.gov/providers/health-equity-in-telehealth/>
- U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services Telehealth Services: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcfsctshst.pdf
- Center for Connected Health Policy: <http://cchpca.org>
- The Canadian Medical Protective Association Telehealth and Virtual Care: <https://www.cmpa-acpm.ca/en/covid19/telehealth-and-virtual-care>



Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Program's scope of ICT services
- Written procedures for the use of information and communication technologies
- Documentation of training provided to personnel who deliver services via information and communication technologies on how to deliver services effectively via information and communication technologies and on the equipment used
- Records of equipment maintenance in accordance with manufacturers' instructions
- Emergency procedures that address service delivery via information and communication technologies
- Individual plans of the persons served

SECTION 3



Employment Services

Description

An organization seeking CARF accreditation in the area of employment services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase *person served*, this may also include *family served*, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socio-economic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased self-direction, self-determination, and self-reliance
- Self-esteem.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.
- Employment obtained and maintained.
- Competitive employment.
- Employment at or above minimum wage.
- Economic self-sufficiency.

- Employment with benefits.
- Career advancement.

Selection of Services for Accreditation

An organization is free to choose which of its services it will seek to have accredited, but when a service has been selected, all locations at which the service is provided must be included in the survey. CARF will not accredit only a portion of a program or service. CARF does not consider the funding or referral entities or the populations served as differentiating a service so as to exclude portions of it from being included in the survey.

If the geographical service area is extensive, however, CARF may choose to impose geographical limitations on the extent of a single survey in order to ensure that the most meaningful survey will be conducted.

A. Employment Planning Services (EPS)

Description

Employment planning services are designed to assist a person seeking employment to learn about employment opportunities within the community and to make informed decisions. Employment planning services are individualized to assist a person to choose employment outcomes and/or career development opportunities based on the person's preferences, strengths, abilities, and needs. Services begin from a presumption of employability for all persons and seek to provide meaningful information related to planning effective programs for persons with intervention strategies needed to achieve the goal of employment.

Employment planning uses some type of employment exploration model. This may involve one or more of the following:

- Situational assessments.
- Paid work trials.
- Job tryouts (may be individual, crew, enclave, cluster, etc.).
- Job shadowing.
- Community-based assessments.
- Simulated job sites.
- Staffing agencies/temporary employment agencies.
- Volunteer opportunities.
- Transitional employment.

Some examples of quality outcomes desired by the different stakeholders of these services include:

- Work interests are explored and identified.
- Recommendations for employment options are appropriate.
- Employment planning reports lead to job goals.
- Transferable work skills and employment barriers are identified.
- Benefits planning is included.
- Services are timely in their delivery.

- Services are cost-effective.
- Individuals served understand recommendations that are made.
- Individuals served identify desired employment outcomes.

Applicable Standards

An organization seeking accreditation in employment planning services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standard 1.
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.D. Employment Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

3.A. 1. Employment exploration sites utilized for the person seeking employment are appropriate to obtain desired information.

Intent Statements

The assessment of employment sites in relation to the individual's interests, needs, and functional abilities is critical to the individual making informed choices about future employment goals.

Examples

Information about a person served to be considered in identifying suitable sites might include:

- Self-reported interests and experiences.
- Needs regarding safety and supervision.

- Needs regarding assistive technology and/or job accommodations.
- Other considerations identified, as appropriate to the individual.

In conjunction with risk management strategies, an organization would want to consider the safety of any site before using it. Factors that might be considered about individual sites include:

- Adequacy of supervision.
- Safety or individual risk management concerns.
- Specific work-site requirements.
- Potential job accommodations.
- Accessibility.
- Expectations for quality and quantity of work.
- Job/task analysis.
- Potential employment opportunities in the local job market.

Resources

Further information on creating accommodations at the potential work site can be found in Section 4.K. Assistive Technology Supports and Services (AT).

The National Technical Assistance Partnership (NTAP) (www.gwcrcre.org/ntap/) provides technical assistance (TA) in areas of national need identified in consultation with the Rehabilitation Services Administration (RSA) and the Technical Assistance and Continuing Education (TACE) Centers.

-
- 3.A. **2. Employment exploration assesses the person's performance related to:**
- a. **Job skills.**
 - b. **Interest in a particular job.**
 - c. **Work-related behaviors.**
 - d. **Need for potential job accommodations.**
 - e. **Other pertinent information related to the job seeker.**

Examples

Assessments might include information about the person's:

- Learning style, which might include demonstration, written, verbal, or modeling.
- Aptitudes, which might include mechanical or clerical.
- Modes of communication.
- Endurance/stamina.

2.d. Job accommodations may include the use of assistive technology.

-
- 3.A. **3. A person seeking employment is informed of job opportunities and requirements in the employment market consistent with the person's interests and abilities.**

Intent Statements

Employment planning calls for a determination of realistic community employment opportunities in the local job market.

Examples

This planning is done within the context of the local job market and the geographic area accessible to the persons served. The organization may define in its promotional materials or orientation sessions with the persons which geographical and labor market areas it serves.

Current information on local job opportunities is maintained. This information addresses not only labor trends and employer needs, but also relevant community supports, services, and transportation. The organization may make use of local employment studies, employment offices, internet connections, and other data-based methods for determining the nature of the local labor market. Job carving or customized employment may be an important strategy to the development of job opportunities. Self-employment may consist of several micro-enterprises that the person operates.

The standard may also form the basis for questions used on stakeholder satisfaction surveys in the organization's outcomes system. See related standards in Section 1.M.

Related standards may be found in Section 2.B. Individual-Centered Service Planning, Design, and Delivery and in Section 3.H. Self-Employment Services (SES).

- 3.A. **4. A written employment planning report:**
- a. Is completed for each person served.
 - b. Addresses:
 - (1) Employment exploration results.
 - (2) The planned employment outcomes and/or plan to achieve the desired employment outcomes, including:
 - (a) Relevant jobs available in the employment market.
 - (b) Strengths of the person evidenced during explorations.
 - (c) Barriers to the achievement and maintenance of employment.
 - (d) Transportation and other support needs.
 - c. Includes:
 - (1) Self-evaluation by the person of the employment exploration experience, if possible.
 - (2) Individualized environmental, assistive technology, or job-task accommodations used.
 - (3) Recommendations for community resources and/or services, as needed, to assist in addressing employment barriers.

Intent Statements

This provides a blueprint guiding to desired employment outcomes.

Examples

The employment planning report clearly identifies the next steps for a person to take to achieve successful employment.

For people with significant disabilities, the need for long-term supports and the likelihood of developing natural supports is addressed.

4.b.(1) The exploration results capture a comprehensive summary of all information from the assessment.

- 3.A. **5. The person's employment planning report is:**
- a. Shared in an understandable manner with the person seeking employment.
 - b. Disseminated in a timely manner to the referring agency individual responsible for implementing recommendations in the report.

Examples

5.a. The report is shared in an understandable manner with the person seeking employment. This may mean some additional explanations and supports are necessary for comprehension and retention (e.g., the person might desire to have a personal advocate in attendance).

5.b. "Disseminated in a timely manner" implies that the persons served and significant stakeholders were satisfied in the time it took to receive the written report. Sharing the report with entities beyond the referring entity individual and the person served would require written permission of the person served.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Progress notes
- Employment planning reports
- Referral information
- Guidelines/procedures for methods used
- Information related to assessment of career exploration sites
- Information regarding local job opportunities

B. Comprehensive Vocational Evaluation Services (CVE)

Description

Comprehensive vocational evaluation services provide an individualized, timely, and systematic process by which a person seeking employment, in partnership with an evaluator, learns to identify viable vocational options and develop employment goals and objectives. A vocational evaluator or vocational specialist provides or supervises the services.

An accredited comprehensive vocational evaluation service is capable of examining a wide range of employment alternatives. The following techniques are used, as is appropriate to the person being assessed, to provide comprehensive vocational evaluation services:

- Pre-evaluation assessment of assistive technology needs.
- Assessment of functional/occupational performance in real or simulated environments.
- Work samples.
- Employment exploration model.
- Psychometric testing.
- Preference and interest inventories.
- Personality testing.
- Extensive personal interviews.
- Other appropriate evaluation tests, depending on the individual.
- Analysis of prior work and/or volunteer experience and transferable skills.

Some examples of the quality results desired by the different stakeholders of these services include:

- Realistic job opportunities are explored and identified for individuals.
- Employment barriers are identified and ways to overcome these are suggested.
- Assistive technology or other accommodations needed are identified.

- The evaluation is completed within the authorization period.
- The person served understands the results.
- The cost per evaluation is acceptable.
- Interests of the persons served are thoroughly explored.
- Evaluation reports lead to job goals.
- Transferable skills are identified.

Applicable Standards

An organization seeking accreditation in comprehensive vocational evaluation services must meet Standards 1.–11. in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure, Standards 1.–18.
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standard 1.
- 2.D. Employment Services Principle Standards, Standards 1.–3.
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

- 3.B. 1. An individual evaluation plan is developed in a timely manner with each person served and is based on:
- a. Referral information.
 - b. Referral questions to be answered.
 - c. Questions from the person served.
 - d. The initial interview.
 - e. The stated overall purpose of the evaluation.
 - f. Pre-evaluation assessment of potential modifications required to meet a person's specific needs.

Intent Statements

Timeliness (the development of the plan in a timely manner) is determined by the organization

based on each person's satisfaction with the services, stakeholder input, funder or referral source rules and regulations, practical considerations, or established professional protocols.

The organization is not required to have more than one plan for each person. This standard and plan, rather than Section 2.B. Individual-Centered Service Planning, Design, and Delivery, apply to CVE.

Examples

The information in the plan is often summarized in the final vocational evaluation report. These items often form the basis for the evaluation and strategies used to learn about the individual's employment strengths and abilities.

1.f. The pre-evaluation assessment may include reviewing referral information to determine if technology needs are indicated and whether there are functional limitations that may require accommodations during the assessment. This can help to ensure that all test and instructional materials that are likely to be used are available in appropriate formats and that the evaluation area is completely accessible for individuals with disabilities. It might be helpful to consult with technology specialists for cases where significant assistive technology needs have already been noted.

In conducting the initial interview some helpful points to consider are:

- Determine if the individual uses or has used any assistive devices.
- Determine if there are any apparent functional limitations that would suggest the need for involving a technology specialist.
- Determine what the person's attitude is toward using assistive technology or workplace accommodations. If any reluctance is noted, explore this before considering using assistive technology.

Resources

The National Technical Assistance Partnership (NTAP) (www.gwcre.org/ntap/) provides technical assistance (TA) in areas of national need identified in consultation with the Rehabilitation Services Administration (RSA) and the

Technical Assistance and Continuing Education (TACE) Centers.

3.B. 2. The plan is prepared:

- a. **By the person seeking employment and the evaluator.**
- b. **With input of the referral source or other stakeholder, as appropriate.**

Intent Statements

The active participation of the person served is vital to a successful evaluation.

Examples

Participation may be demonstrated by interviews, records, checklists, accommodations, etc. The organization might indicate this mutual participation by notes related to planning or by having the plan signed by both the person served and the evaluator.

The organization may address the quality of service planning with questions in its outcomes measurement system about the satisfaction of the persons served and other stakeholders. Informed choices and active participation exist in all phases of vocational evaluation.

3.B. 3. The plan identifies:

- a. **How questions in the plan will be answered through the evaluation.**
- b. **Strategies to use assistive technology when a need is identified.**

Intent Statements

The plan identifies the questions to be answered during the evaluation and the methods to be used.

Examples

Methods might include which evaluation techniques, assessment tools, and procedures will be used to answer the questions documented in the evaluation plan.

The plan is modified as necessary by the person seeking employment and the evaluator.

Considered in plan modification are the individual's interests, preferences, and choices; barriers; supports needed; etc.

Strategies to use assistive technology might include:

- Arrange for any consultation or other involvement of technology specialists if assistive technology needs have been identified.
- If immediate need for assistive technology aids/devices was noted, arrange to obtain the necessary equipment.
- If formats of tests and assessment activities may not be appropriate for the individual, consider what other assessment instruments or alternate formats may be needed.

For further information, refer to Section 4.K. Assistive Technology Supports and Services (AT).

3.B. 4. When administering assessment tasks and activities, if an individual is experiencing difficulties performing assessment tasks/activities, the evaluator modifies the task or activity to obtain the optimal performance possible.

Intent Statements

The focus is on the person's ability to perform essential functions rather than on norms.

Examples

The evaluator may permit the individual to use any device necessary to complete the assessment.

3.B. 5. Comprehensive vocational evaluation services including psychological testing are conducted:

- a. By an evaluator who meets the qualifications defined by state or provincial law, as applicable.
- b. Under the supervision requirements of state or provincial law, as applicable.

Intent Statements

Qualified personnel conduct the evaluation services in accordance with any applicable state or provincial laws and have the required credentials as established by the organization.

Examples

Evaluators have the qualifications and supervision identified as necessary to conduct evaluations using work samples, employment career exploration, psychological/psychometric testing, functional capacities assessments, or other methods.

A psychological test is a systematic procedure for observing behavior; i.e., interests, academic achievement, intelligence, aptitudes, and personality characteristics, with the aid of numerical scales or fixed categories.

Psychological tests are categorized for administrative qualification purposes into three levels: A, B, and C. Levels A and B are objective tests and require the administrator/interpreter to have a minimum of one course in tests and measurements. Level C tests are subjective tests and require that the interpretation of results be done by a professional who is certified by individual state or provincial requirements. The administration, scoring, and reporting may be done under the supervision/signature of a certified professional. Please refer to the *Standards for Educational and Psychological Testing* published by the American Psychological Association (APA).

3.B. 6. Evaluators using work samples to provide assessments:

- a. Have knowledge and experience with the work sample method/assessment.
- b. Follow written instructions that specify:
 - (1) The materials used.
 - (2) The equipment used.
 - (3) The layout.
 - (4) Methods for administration.
 - (5) Interpretation of scoring.

Intent Statements

Work sample methodology is documented to ensure consistency in use.

Examples

Best practices would use work samples that are representative of realistic local job market oppor-

tunities. When there are some existing jobs that the work samples do not replicate, attempts are made to access the related transferable skills. Guidance can be found through the Department of Labor's Dictionary of Occupational Titles and related literature. In Canada, guidance can be found through job classifications set out by provincial/territorial ministries of labor. To justify the development and use of particular work samples, the organization may make use of local employment resources, employment offices, and other methods of determining the nature of the local job market.

Some work samples may require, depending on the person served, the use of assistive technology or reasonable accommodations in the materials and equipment used, methods for giving instructions, or safety precautions.

For additional guidance, see Section 4.K. Assistive Technology Supports and Services (AT).

-
- 3.B. 7. If career exploration activities are used:**
- The focus is on interests and knowledge of the person.**
 - Job analysis techniques identify essential functions and explore ways to adapt the job and/or utilize devices to compensate for loss of function.**
 - Persons have opportunities to try out and perform work tasks before vocational options are eliminated from consideration.**

Intent Statements

Options and opportunities are not limited. Often vocational options that had been considered not feasible, or perhaps not considered at all, may become feasible through the use of assistive technology.

-
- 3.B. 8. Employment exploration sites that are used for evaluations are assessed as to their appropriateness for the person seeking employment with regard to:**
- Adequacy of supervision.**
 - Safety.**
 - Specific work-site requirements.**
 - Potential job accommodations.**

- Accessibility.**
- Expectations for quality and quantity of work.**
- Job/task analysis.**
- Potential employment opportunity.**
- Other considerations identified as appropriate to the individual.**

Intent Statements

Employment exploration sites are assessed before placing a person there as part of a program's risk management.

Examples

Situational assessments can be accomplished using simulated job stations or on-the-job evaluations. Simulated job sites are located within the organization. On-the-job evaluations are located outside the organization. Both do not have to be used unless the needs of a person served are unmet with only one.

At on-the-job locations the person is given the opportunity to experience the requirements of the actual job, and the evaluation is often conducted by the job-site supervisor. The organization should ensure that Department of Labor guidelines for paid work are followed.

Related standards and supports may be found in Section 1.H. Health and Safety and Section 3.A. Employment Planning Services (EPS).

-
- 3.B. 9. The evaluation report from a functional capacities assessment identifies:**
- The person's functional strengths and needs.**
 - Accommodations/assistive technology needed to enhance the person's capacities.**
 - Supports and resources available for inclusion in the community.**

Intent Statements

Functional assessments are comprehensive.

Examples

To facilitate integration into the community, the report stresses abilities as well as strategies to overcome barriers in order to enhance the person's interdependence.

These types of data elements are often collected in an organization's demographic/characteristics database. Analysis of these data may provide information to modify or create services.

If a need for job accommodations seems apparent, information about the specific need is identified.

- 3.B. 10. Comprehensive vocational evaluation services have the capability to assess or obtain the following information:**
- a. Ability to learn about oneself as a result of the information obtained and furnished through the evaluation experience.**
 - b. Assistive technology and reasonable accommodations needed.**
 - c. Employment and community supports needed.**
 - d. Environmental conditions needed.**
 - e. Work and nonwork needs.**
 - f. Intellectual capacities.**
 - g. Learning style, including ability to understand, recall, and respond to various types of instruction.**
 - h. Interests, aptitudes, and career aspirations.**
 - i. Personal, social, and work-related behaviors.**
 - j. Modes of communication.**
 - k. Physical and psychomotor capacities.**
 - l. Work skills and tolerances.**
 - m. Job-seeking and job-keeping skills.**
 - n. Knowledge of occupational information.**
 - o. Possible employment objectives, including self-employment.**
 - p. Customer service skills.**
 - q. Attitude toward work.**
 - r. Understanding of work culture.**
 - s. Identified health risks.**
 - t. Identified safety risks.**

Intent Statements

The needs of each person served will dictate the areas in which assessment is done.

Examples

Services do not have to assess every person's functioning in each of these areas.

Referral information may provide valuable insights to the evaluation process and results desired.

Contracted services may be used to meet the intent of the standard.

3.B. 11. The information in each evaluation report:

- a. Answers the referral questions.**
- b. Includes recommendations, as appropriate, for training, employment, community resources, and job accommodations.**
- c. Is shared in an understandable manner with the person seeking employment.**
- d. Is disseminated in a timely manner to the referring agency individual responsible for implementing the report recommendations.**
- e. Is relevant to the desired employment outcomes.**

Intent Statements

The evaluation report identifies viable vocational options.

Examples

The evaluation report may include independent living considerations; behavior observations; proposed reasonable accommodations; recommendations for assistive technology; assessed interests, aptitudes, and abilities; and specific vocational recommendations or career options based on the local job market.

11.b. When a specific job has been identified, if necessary consult with an appropriate technology specialist to identify specific worksite accommodation strategies.

11.c. The report is shared in an understandable manner with the person seeking employment. This may mean some additional explanations and supports are necessary for comprehension and retention (e.g., the person might desire to have a personal advocate in attendance). When recom-

mendations are made for assistive technology resources or services, exit interviews specifically discuss use, maintenance/repair, and replacement of assistive technology equipment. The responsibilities of the employer, funders, and the person to replace equipment over time are clarified.

An organization may consider asking in its outcomes measurement system questions regarding satisfaction with the outcomes of the items in this standard. Follow-up may also provide insight into the eventual result achieved by the person seeking employment in comparison to the recommendations that were made.

11.d. “Disseminated in a timely manner” implies that the persons served and significant stakeholders were satisfied in the time it took to receive the written report. Sharing the report with entities beyond the referring entity individual and the person served would require written permission of the person served.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Evaluation plans and reports
- Testing results
- Work sample written instructions
- Evidence of qualifications of the persons administering evaluation tests
- Guidelines/procedures for techniques used
- Policies and procedures for the evaluation process

C. Employment and Career Centers (ECC)

Description

The design of employment and career centers is results oriented and focused on the employment and career development goals of job seekers. To be successful, employment and career centers must also consider the personnel needs of employers in the local job market, the community resources available, and the trends and economic considerations in the labor market. The services are designed to meet current and future labor market demands; to break the cycle of unemployment and public assistance; and to provide opportunities for skill, educational, and career development for persons served to become productive members of the workforce.

An employment and career center provides a comprehensive array of services and resources that may include a coordinated, cooperative system of service delivery with partner organizations. Partner organizations may be co-located, based in the community, or virtual.

The provision of quality services requires consideration of the individual needs of job seekers. Through the individual planning process the center obtains relevant information from job seekers about their employment and career development objectives and goals and provides services and resources tailored to meet their needs. The center provides persons served with information and guidance they can use to make informed choices and career decisions.

A system exists for accountability, reporting of outcomes, and performance improvement. Information regarding outcomes is shared with relevant stakeholders in accordance with their needs and interests. Services are revised based on input from job seekers, input from employers in the local job market, and the results of the center’s performance management system. The goal is to deliver ever-improving value to persons served and other stakeholders.

Services are provided in a business-like environment and job seekers, partner organizations, and employers in the local job market are all treated

with respect and as valued customers of the employment and career center.

Some examples of the quality results desired by the different stakeholders of these services include:

- Easy access to services for job seekers.
- Responsiveness to employers.
- Efficiency, effectiveness, and flexibility of service delivery.
- Employment in the local labor market with or without ongoing support.
- Employment that meets the individual's desires and goals as identified in the service plan.
- Employment services that result in job retention and advancement in position, earnings, and/or benefits.
- Career development, including education and training, as desired.
- Referral to other services or supports that may assist the person served to meet identified needs or goals.

Applicable Standards

An organization seeking accreditation for an employment and career center must meet Standards 1.–13. in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure: Standards 1.–8.
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standard 1.
- 2.D. Employment Services Principle Standards: Standards 1.–5.
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

- 3.C. 1. The program is designed to assist:
- a. Persons served to find jobs and potential career growth.
 - b. Employers to find qualified employees.

- 3.C. 2. The design of the program's services considers employment opportunities in the local job market.

Intent Statements

The provision of effective and cost-efficient services requires up-to-date knowledge of the opportunities in the local job market. This knowledge is a reference point for setting goals and coordinating resources to achieve the desired outcomes of persons served.

Examples

In designing its services the program might consider:

- Training opportunities linked to job openings in the community.
- The personnel needs of local employers.
- Trends and economic considerations in the local employment sector.
- Wages in different employment sectors.
- Potential for career advancement.
- Labor availability.
- Local economic growth patterns.
- Skill shortages in the local labor market.

- 3.C. 3. As required by funding sources and/or legal or regulatory requirements, informed consent for services is obtained from the persons served.

Intent Statements

The consent obtained provides evidence that persons served are made aware of the services that they will receive.

Examples

Depending on the technology the program has in place, informed consent may be obtained electronically as part of the registration process.

- 3.C. **4. The program provides orientation to the persons served that includes:**
- a. **Information on what the program offers, including:**
 - (1) **Services.**
 - (2) **Resources.**
 - b. **Their role in setting individual service goals.**
 - c. **How service planning is conducted.**
 - d. **Requirements for their continued participation in services.**

Intent Statements

The result is that persons served are knowledgeable about the individual service planning process and their active role in or direction, if desired, of the process, along with the scope of services and resources available to help them accomplish their individual service goals.

Examples

Orientation may be provided individually to each person served or in a group, and it may be offered in person or virtually.

4.a. This relates to Standard 2.A.1. regarding documentation and sharing of information about the scope of the program. Services and resources offered by the program might include providing assistance with or information about how to obtain:

- Employment planning.
- Financial planning.
- Educational planning and supports.
- Employment positions.
- Childcare assistance.
- Healthcare.
- Supplemental Nutrition Assistance Program (SNAP).
- Job access loans.
- Grants/funding opportunities for skills development and career advancement.
- Transportation assistance.
- Unemployment insurance.
- Child support.

- Social Security benefits, Supplemental Security Income (SSI), and/or Social Security Disability Insurance (SSDI).
- Workers' compensation.
- Earned income credit.
- Veterans' benefits.
- Vocational rehabilitation.
- Safety net providers.
- Housing.

Additional resources could include desks, computers, phones, or copiers that are available for use on a scheduled or drop-in basis.

- 3.C. **5. For each person served for whom there is an expectation of ongoing involvement in services offered by the program, a coordinated, individualized service plan is developed that:**

- a. **Includes the input of the person served.**
- b. **Identifies relevant employment objectives and goals.**

Intent Statements

Persons served, for the purpose of accreditation of this program, are defined as participants for whom there is an expectation of ongoing involvement in services, including collaboration of the person and the program to identify employment objectives and goals and develop an individualized service plan to meet them, and a commitment by the person served to follow through with the plan. Although the organization may also make its services and resources available to a variety of job seekers on a drop-in, short-term, or intermittent basis, those individuals are not considered "persons served" for the purpose of accreditation.

5.a.–b. The person served is an active participant in all aspects of the individual service planning and revision processes.

Examples

The individualized service plan may:

- Identify techniques/methods to be used to achieve the objectives.
- Identify community resources that will enable the person to achieve employment objectives.

- Identify the persons responsible for implementation of the plan.
- Identify barriers to employment, such as a criminal record.
- Be reviewed on a regular basis with respect to expected outcomes.
- Be revised, as appropriate, based on the satisfaction of the person served.
- Address, based on identified needs:
 - Assistive technology.
 - Reasonable accommodations.
 - Health and safety risks.
 - Transportation options.

-
- 3.C. **6. The individualized service plan is communicated to:**
- a. **The person served in a manner that is understandable to the individual.**
 - b. **Persons responsible for implementing the plan.**
 - c. **Others, as appropriate.**

Intent Statements

Plans are essential for all members of the team to fulfill their responsibilities and to ensure continuity of services/supports if new personnel are hired. All relevant persons understand the plans and their roles in achieving the outcomes of the persons served.

Examples

- 6.a.** The method used for communication reflects the needs of the person served and may include oral presentation, large print, translation into a different language, or use of a representative of the person served.
- 6.c.** With the permission of the person served, the individualized service plan may be shared with referral sources, funding sources, family members, or others who are involved with the person served and integral to successful implementation of the plan.

-
- 3.C. **7. Services are provided at the level necessary to address an individual's identified employment goals.**

Intent Statements

The scope, intensity, and duration of services are tailored to each person served in order to maximize job seeking and job retention success.

Examples

The person served may have difficulty completing a job application due to limited reading proficiency. The program may assist the person to complete the application by reading the questions, modifying the language in the application, and/or involving the person in classes to increase proficiency.

The person served may not have appropriate clothing for a job interview. The program provides information on where the person can find used clothing that has been donated for that purpose.

Due to childcare or transportation issues the person served is unable to attend a job interview. The program provides information on resources available to meet these needs.

-
- 3.C. **8. If a person served needs services or supports that are not available through the program, referrals to other programs, providers, or resources are made.**

-
- 3.C. **9. The program implements strategies to engage local employers.**

Intent Statements

The program develops and maintains positive relationships with local employers, allowing it to align its services with their needs and maximize opportunities for the persons served to become productive members of the workforce.

Examples

The program seeks opportunities to interact with and involve employers in its services. For example:

- Educating employers on the services available through the employment and career center and how those can benefit their recruitment of qualified job seekers.
- Educating employers on employment-related laws and regulations pertaining to any place-

ments, income tax credits, benefits available to the employer, etc.

- Inviting employers to serve on the board or advisory council of the organization.
- Providing space for a job fair at which local employers can meet and interview job seekers.
- Establishing a database of job opportunities and applicants that is accessible to local employers.
- Asking employers how they prefer to receive information on potential employees and what information they would like shared about job openings.
- Sharing training resources.

3.C. 10. Current information on local job opportunities is:

- a. Obtained by the program.
- b. Made available to persons served:
 - (1) Who are a potential match to the job in terms of their:
 - (a) Desired outcomes or employment objectives.
 - (b) Qualifications for the job.
 - (c) Interest in the job.
 - (2) In accordance with employer preferences for contact by prospective applicants.

Intent Statements

By obtaining information on opportunities in the local region, the organization can design its services to provide informed choices to the persons served and be responsive to the personnel needs of employers.

Examples

Information obtained about potential jobs might include:

- Skills required.
- Promotion opportunities.
- Training opportunities.
- Benefits provided.
- Wage payment practices.
- Work rules and customs.
- Nondiscrimination practices.

- The conditions for maintaining employment.
- Policies for transfer and re-entry.
- Health and safety requirements.
- Union membership policies, if applicable.

Sources of information about potential jobs include employers with positions to fill, internet searches and databases, local workforce development boards, advisory committee members, etc.

10.b. The program connects persons served with potential jobs to which they match with consideration given to employer preference on the mechanism for contact. For example, some employers may encourage direct contact by any persons interested in employment, while others may prefer that the program initially submit relevant information on behalf of the person served.

3.C. 11. The program implements written procedures that address, at a minimum:

- a. Orientation of persons served.
- b. Registration for services.
- c. Coordination with partner organizations regarding the individualized service plans of the persons served, if applicable.
- d. Referral to other services and supports.
- e. The provision of information on current job openings to the persons served.
- f. Referral of persons served to prospective employers.

Examples

11.c. Procedures for coordination might address the planning, delivery, review, and, when appropriate, modification of individualized service plans and service delivery; identification of expected outcomes; evaluation of services by the persons served; procedures for sharing information about the persons served with partner organizations involved in their service delivery; and provisions for evaluating the effectiveness of the service team.

11.d. The program establishes procedures for referral in the event that a person served needs

services, supports, or training not directly available through the program.

11.f. The program establishes procedures for how persons served may connect with prospective employers. Depending on the model of the program, the program may be responsible for various tasks such as background checks, drug testing, testing and assessment, or other screening procedures as well as obtaining authorization from the person served for the release of information.

- 3.C. 12. If applicable, written criteria are established for the selection of partner organizations:**
- a. That co-locate with the program seeking accreditation.**
 - b. In the community.**
 - c. That are virtual.**

Intent Statements

This standard applies if the employment and career center operates under a model that includes other organizations/entities—"partner organizations"—with which it establishes formal relationships through a contract to provide specific services to the persons served. Criteria might differ for partner organizations that would co-locate with the program seeking accreditation, those based in the community, and those that are virtual.

Refer to the Glossary for a definition of *contract*.

Examples

Partner organization criteria might include:

- Adherence to applicable legal requirements.
- Adherence to applicable health and safety requirements.
- Commitment to accessibility of services and facilities.
- Ethical practices.
- Fiscal stability.
- Fiscal responsibility.
- Commitment to the opportunity for choice by the persons served.
- Capacity to provide access to services within defined geographic boundaries.

- Ability to deliver services to the diverse populations eligible for services.
- Ability and willingness to design services based on the needs of persons served and other stakeholders.

3.C. 13. If applicable, a contract with each partner organization specifies:

a. Roles and responsibilities of the:

(1) Organization seeking accreditation.

(2) Partner organization.

b. Duration of the contract.

c. Manner of contract renewal.

d. Manner of contract termination.

e. Insurance requirements.

f. Financial arrangements.

g. Information to be gathered from the partner organization related to:

(1) The analysis of program performance.

(2) Service utilization.

Intent Statements

This standard applies if the employment and career center operates under a model that includes partner organizations. Contracts, which some organizations refer to as written agreements or MOUs, outline the relationship between the organization seeking accreditation and the partner organizations that help fulfill its scope of services and resources.

See Standard 1.G.4. regarding the annual review of contract services.

Examples

13.e. Regarding insurance requirements, the contract might address protection of assets, bonding of personnel, malpractice liability insurance, workers' compensation, and/or delineation of the risk responsibility and acceptance of liability on the part of the organization seeking accreditation and the partner organization. For example, in the event of a fire, flood, or theft that results in damage to or loss of a co-located partner organization's equipment, delineation of insurance coverage and responsibility for those assets would be critical.

13.g. The collection and aggregation of information supplied by partner organizations can assist the employment and career center in its performance management efforts. The contract may specify, for example, submission by the partner organization of:

- Information on the satisfaction of persons served with the services they receive from the partner organization.
 - Information on the satisfaction of the partner organization regarding communication with the program, its business arrangements with the program, or involvement in individual service planning for the persons served.
 - Information on service utilization, such as how many persons served participated in the services of the partner organization during a defined period of time, how many hours of services were provided by the partner organization to persons served during a defined period of time, the period of time between referral to and the initiation of services by the partner organization, and whether there is a waiting list for services by the partner organization, and, if so, how long.
- Referral to other services and supports
 - The provision of information on current job openings to the persons served
 - Referral of persons served to prospective employers

- Written criteria for selection of partner organizations, if applicable
- Written contracts/agreements with partner organizations, if applicable

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Program planning and design documents
- Individualized service plans of persons served
- Evidence of strategies used to engage local employers
- Current information on local job opportunities
- Written procedures that address:
 - Orientation of persons served
 - Registration for service
 - Coordination with partner organizations regarding the individualized service plans of the persons served, if applicable

D. Employee Development Services (EDS)

Description

Employee development services are individualized services/supports that assist persons seeking employment to develop or reestablish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, functional capacities, etc., to achieve positive employment outcomes.

Such services/supports are time limited and can be provided directly to persons seeking employment or indirectly through corporate employer/employee support programs. These services/supports can be provided at community job sites, within formal and organized training and educational settings, through coaching, by tutorial services, or within the organization. These services may be offered in a free-standing unit or as a functional piece of other services.

Some examples of the quality outcomes desired by the different stakeholders of these services include:

- Person served obtains employment.
- Person served moves to a training program or better employment.
- Person served retains employment.
- Person served obtains improved benefits.
- Increased wages.
- Increased skills.
- Increased work hours.
- Movement to individualized competitive employment.
- Employment in an integrated environment.
- Job advancement potential increases.
- Job-seeking skills are developed.
- Job-keeping skills are developed.
- Career growth and development.
- Level of support needed is reduced.
- Exposure to and availability of a variety of jobs.
- Program is kept at capacity.

- Services are cost-effective for the results achieved.
- Responsiveness (days from referral to starting services).

Applicable Standards

An organization seeking accreditation in employee development services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.D. Employment Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

3.D. 1. Individualized employee development services:

- a. Identify the employment objective of each person seeking employment, if this has not been completed prior to entering the service.
- b. Identify the supports/services needed by the person to progress toward the desired employment outcomes.
- c. Reflect the progress of the person over time toward achieving the identified employment outcomes.

Intent Statements

The design of services is specific to the employment objectives of the person seeking employment.

Examples

Services will vary and be influenced by cultural diversity, customs of the local job market, and the specific employer/work-site culture.

Resources

The National Technical Assistance Partnership (NTAP) (www.gwcrcre.org/ntap/) provides technical assistance (TA) in areas of national need identified in consultation with the Rehabilitation Services Administration (RSA) and the Technical Assistance and Continuing Education (TACE) Centers.

-
- 3.D. 2. **When indicated as needed in a person's individual plan, services/supports are provided to address:**
- a. Attendance and punctuality.
 - b. Grooming skills, hygiene, and appropriate work attire.
 - c. Job-seeking skills such as interviewing, completing applications, and developing and using job-finding networks and resources.
 - d. On-the-job performance skills related to quality and quantity of work.
 - e. Work-related skills such as time management, mobility, and money management skills.
 - f. Functional literacy skills.
 - g. Knowledge of work practices such as payroll deductions, insurance, benefits, safety, unions, and retirement.
 - h. Work-related academic skills.
 - i. Work-related communication skills.
 - j. Work-related interpersonal skills, including conflict resolution and anger management.
 - k. Work ethics.
 - l. Corporate or work culture, including things such as chain of command, work relationships, and grievance procedures.
 - m. Customer service.
 - n. Computer literacy.

Intent Statements

Services/supports are individualized to the person's needs. Corporate and community cultures should also be considered in services design.

Examples

The organization may provide or arrange for these services/supports. It is not required that all of these services/supports be provided for every person; each person is provided with only the services/supports that will help to achieve the desired employment outcomes.

Referrals or contracted services are provided, as appropriate, that address barriers to the person's employment goals. Some resources may include:

- Access to governmental and community services agencies.
- Resources for legal affairs/tax matters.
- Resources for transportation needs.
- Resources for nonwork-related needs, including housing and child care.

Use of assistive technology and/or reasonable accommodations may reduce or eliminate barriers to successful employment outcomes.

Related standards in Section 2.B. Individual-Centered Service Planning, Design, and Delivery may provide additional guidance.

2.n. Computer literacy is basic nontechnical knowledge about computers/devices and how to use them, including familiarity and experience with computers/devices, software, applications, and computer systems.

- 3.D. 3. When an employee development training course is provided:
- a. The course description specifies the:
 - (1) Job-related work competencies/skills that are addressed in the course.
 - (2) Methods of instruction.
 - (3) Course objectives in measurable terms.
 - b. Course content is:
 - (1) Reviewed at least annually.
 - (2) Updated as needed to ensure continuing relevance to the potential labor market.

Intent Statements

A written course description or curriculum identifies everything to know about the course.

Examples

The list of topics covered is maintained and refined using the organization's outcomes management system to guide and improve services.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Individual service plans
- Progress notes
- Results of service—placements, additional training, and movement
- Training course description, if the program provides

E. Employment Skills Training Services (EST)

Description

Employment skills training services are organized formal training services that assist a person seeking employment to acquire the skills necessary for specific jobs or families of jobs. Such services can be provided at job sites in the form of apprenticeships, on-the-job training, and/or volunteer situations; within formal and organized training and educational settings (such as community colleges and trade and technical schools); or within the organization.

Some examples of the quality outcomes desired by the different stakeholders of these services include:

- Persons show improvement in skill level.
- Specific marketable skills are developed.
- Persons served achieve employment in the area of training.
- Persons secure employment with benefits.
- Persons retain employment.
- Training is completed in a timely manner.
- Training is cost-effective for the results produced.

Applicable Standards

An organization seeking accreditation in employment skills training services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.D. Employment Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

-
- 3.E. **1. An employment skills training course is designed to meet the workforce needs identified by employers within regional industry sectors.**

Examples

The skills training course is based on the community's personnel needs. In the United States, these potential jobs are usually categorized by the Department of Labor into specific families of jobs or categories of occupations. In Canada, job classifications are set out by provincial/territorial ministries of labor.

Resources

The National Technical Assistance Partnership (NTAP) (www.gwcrcre.org/ntap/) provides technical assistance (TA) in areas of national need identified in consultation with the Rehabilitation Services Administration (RSA) and the Technical Assistance and Continuing Education (TACE) Centers.

-
- 3.E. **2. Each course description/curriculum includes:**
- a. **The planned length of the course and the course schedule.**
 - b. **The sequence of topics or areas to be covered.**
 - c. **The materials, equipment, and tools relevant to the job that will be used.**
 - d. **Methods of instruction.**
 - e. **Education or certification requirements for course instructors, if applicable.**
 - f. **Minimum requirements necessary to participate in the course.**
 - g. **Training objectives relative to:**
 - (1) **Skills.**
 - (2) **Work place competencies.**
 - (3) **Knowledge.**
 - h. **Requirements for course completion.**

- i. **Jobs or job titles held by a person completing the course.**
- j. **Credentials or certifications recognized by employer that are received upon completion, if applicable.**

Intent Statements

A written course description or curriculum identifies everything to know about the course.

Examples

2.a. Course schedules indicate whether the training offers open enrollment or has a set schedule.

The list of topics covered is maintained and refined using the organization's outcomes management system to guide and improve services.

-
- 3.E. **3. Realistic information is provided about:**
- a. **Availability of similar jobs in the local industry sector.**
 - b. **Potential career pathways and advancement opportunities.**
 - c. **Typical pay ranges.**
 - d. **Benefits typically available.**

Intent Statements

The organization provides accurate information that relates courses to jobs in the local area.

Examples

In order to be informed, make choices, and be involved, the persons served should be able to get accurate and current information about the organization's results of services and its potential to deliver services/supports relevant to their needs and desires. Information is provided about the variety of service options available, or support approaches to a service need.

-
- 3.E. **4. In addition to technical skills, courses address, as needed:**
- a. **Attendance and punctuality.**
 - b. **Grooming skills, hygiene, and appropriate work attire.**
 - c. **Job-seeking skills.**
 - d. **On-the-job performance skills related to quality and quantity of work.**
 - e. **Functional literacy skills.**

- f. Knowledge of work practices.
- g. Work-related academic skills.
- h. Work-related communications skills.
- i. Work-related interpersonal skills.
- j. Work ethics.
- k. Corporate or work culture.
- l. Customer service.
- m. Computer literacy.

Intent Statements

The skills training program is designed and continually enhanced with input from an employer association, educational entity, or specific employer. Soft skill requirements as listed in this standard may vary from employer to employer. The purpose of this standard is to ensure provision of resources or linkages to encourage successful employee behaviors in persons served.

Examples

- 4.c. Job-seeking skills include skills such as interviewing, completing applications, and developing and using job-finding networks and resources.
- 4.e. Functional literacy skills include skills such as time management, mobility, and money management skills.
- 4.f. Knowledge of work practices includes items such as payroll deductions, insurance, benefits, safety, unions, and retirement.
- 4.i. Work-related interpersonal skills include conflict resolution and anger management.
- 4.k. Corporate or work culture includes areas such as chain of command, work relationships, and grievance procedures.
- 4.m. Computer literacy is basic nontechnical knowledge about computers/devices and how to use them, including familiarity and experience with computers/devices, software, applications, and computer systems.

- 3.E. 5. When the skills training program is an industry-based apprenticeship:
- a. The design and implementation of the program is based on input from relevant stakeholders, including:
 - (1) Employers.
 - (2) Unions, if applicable.

- b. Staff members are knowledgeable in the requirements of the industry.
- c. There is a clear description of the role and function of program staff members assigned to the apprenticeship site.
- d. Lines of communication between staff members and appropriate individuals at the apprenticeship site are clearly defined.
- e. If program staff provide work site supervision:
 - (1) The supervisor is qualified in the industrial and programmatic aspects of the assignment.
 - (2) Contingency plans for supervision when the supervisor is late or absent are:
 - (a) In place.
 - (b) Communicated to all appropriate parties.
- f. Written procedures and techniques specific to the services provided and the location where they occur are shared with all appropriate parties.
- g. Provisions are in place to cover:
 - (1) Workers' compensation.
 - (2) Other potential liability issues specific to the industry, if applicable.
- h. Employers are informed about confidentiality requirements regarding persons served in the program.
- i. Ensuring periodic feedback to and assessment of the trainee is part of the program's responsibilities.

Intent Statements

The program is designed to meet the personnel needs of employers and achieve employment outcomes success for persons served.

Examples

- 5.b. Industry knowledge includes regulations, practices, procedures, conduct, and any other requirements specific to the industry.

- 3.E. **6. The services are expanded, modified, or discontinued based on:**
- a. Local industry sector information.**
 - b. Labor market trends/forecasts and industry expectations.**
 - c. Satisfaction of and input from the person served.**
 - d. Satisfaction of and input from employers.**
 - e. Satisfaction of other stakeholders, if applicable.**
 - f. Performance outcomes analysis.**

Intent Statements

The training is continually designed to meet industrial and business needs and overall stakeholder satisfaction.

Examples

A review of the course examines the currency and relevance of the curriculum content, materials, and equipment. Information on the satisfaction of the persons served and employers can also be used to guide curriculum revisions.

A promising practice for planning and continuously improving a skills training program is to consider the impact of changing population characteristics and demographics in the service area such as new immigrant populations, relocation data, aging, etc.

Conformance to this standard may be determined by comparing the results of job development/job placement to the curriculum and the local job market.

The organization's outcomes management system can provide valuable information on planning and continuously improving the design and delivery of employment training services.

See related standards in Section 1.C. Strategic Planning, 1.D. Input from Persons Served and Other Stakeholders, and 1.N. Performance Improvement.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- A course description
- A formal training curriculum
- Individual service plans
- Progress notes
- Records of the persons served

F. Organizational Employment Services (OES)

Description

Organizational employment services are designed to provide paid work to the persons served in locations owned, leased, rented, or managed by the service provider. A critical component and value of organizational employment services is to use the capacity of the organization's employment and training service design to create opportunities for persons to achieve desired employment outcomes in their community of choice, including individualized competitive employment.

Service models are flexible and may include a variety of enterprises and business designs, including organization-owned businesses such as retail stores, restaurants, shops, franchises, etc. Some examples of the quality outcomes desired by the different stakeholders of these services include:

- Movement to individualized competitive employment.
- Movement to an integrated environment.
- Increased wages.
- Pay at or above minimum wage.
- Increased skills.
- Increased work hours.
- Minimized downtime with meaningful activities available.
- Exposure to and availability of a variety of jobs.
- Increased ability to interact with others as part of a professional team and to resolve interpersonal issues appropriately.

Applicable Standards

An organization seeking accreditation in organizational employment services must

meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.D. Employment Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

-
- 3.F. 1. The following information is provided to the person served:
- a. The conditions of maintaining employment.
 - b. Benefits provided by the organization.
 - c. Responsibilities of the organization.
 - d. Responsibilities of the person served.
 - e. Wage payment practices.
 - f. Rate of pay, including:
 - (1) Methods of performance measurement.
 - (2) Methods to increase earnings.
 - g. Work rules and customs.
 - h. Nondiscrimination practices.
 - i. Civil rights practices.
 - j. Policies for transfer.
 - k. Employee classifications in the organization.
 - l. Health and safety practices.
 - m. Potential for advancement opportunities.
 - n. Conditions for advancement.
 - o. Employment options available in the organization.

- p. **Opportunities for training on other jobs.**
- q. **How the individual can move to community integrated employment.**

Intent Statements

Persons served are given complete information related to their employment, as would be available to all employees.

Examples

Strategies include posting information from entities such as the Equal Employment Opportunity Commission; Occupational Health and Safety Administration; Department of Labor; and other governmental and regulatory agencies on bulletin boards, and providing it in electronic formats, in handbooks, and at regular informational discussions at employee-management meetings.

1.e.–f. When appropriate, a parent, guardian, or advocate should be informed of the organization's pay practices when the person is paid less than the minimum wage.

1.i. The organization provides information to persons served about voting rights and opportunities.

3.F. 2. Training activities address, as needed:

- a. **Job performance and progress.**
- b. **Increasing individual performance.**
- c. **Work-site job modifications, if needed.**
- d. **Strategies for resolving job-related issues.**
- e. **Safe workplace practices.**

Intent Statements

A systematic plan of instruction and/or support in work skills and behaviors to be acquired is developed.

Examples

A plan to develop appropriate social and interpersonal skills necessary to retain employment may also need to be considered.

Support in the use of available transportation is provided as needed.

See Section 2.B. Individual-Centered Service Planning, Design, and Delivery.

3.F. 3. Based on the needs and choices of the person served, the organization provides or refers the person to resources for addressing, as relevant to job support:

- a. **Basic academic skills.**
- b. **Basic self-care skills.**
- c. **Communication skills.**
- d. **Computer literacy.**
- e. **Work attitudes.**
- f. **Tools and equipment related to the person's job.**
- g. **Mobility and travel training.**
- h. **Interpersonal relationships with coworkers.**
- i. **Job-site safety practices.**
- j. **Career planning.**
- k. **Problem-solving and decision-making skills.**
- l. **Health maintenance and medication management.**
- m. **Knowledge of governmental and community service agencies.**
- n. **Management of legal affairs.**
- o. **Management of benefits and financial resources.**
- p. **Recreational and leisure time activities.**
- q. **Use of phone and computer resources.**
- r. **Use of community services and resources.**
- s. **Accommodations or assistive technology needs, if identified.**
- t. **Other issues or barriers to success, as identified.**

Intent Statements

Development of a person's competencies in related areas can impact the person's job success and opportunity for career advancement.

Examples

It is not required that every person served receive all the services/supports available. Each person receives only those services that will help meet the person's employment goals. However, the organization has the capability in place to address

each area listed in this standard, as is appropriate to the needs and desires of the person served.

3.d. Computer literacy is basic nontechnical knowledge about computers/devices and how to use them, including familiarity and experience with computers/devices, software, applications, and computer systems.

3.r. Community services and resources may include laundromats, libraries, post offices, consumer affairs offices, etc.

3.t. If left unaddressed, nonwork needs may negatively affect employment potential. Based on the choices and needs of persons served, the organization may provide, arrange, or refer the person for support and training in:

- Daily living tasks.
- Communication skills.
- Consumer affairs and rights (e.g., familiarity with warranties, policies, and procedures of governmental and community service agencies).
- Contingency planning, problem solving, and decision making.
- Developing socially appropriate and age-appropriate behaviors.
- Financial management including purchasing, banking, handling taxes, budgeting, and repaying debts.
- Functional academic skills.
- Health maintenance (e.g., personal hygiene, exercise and fitness, nutrition and diet management, infection control, and use of medical services and medicine).
- Housekeeping and home maintenance skills.
- Human sexuality.
- Interpersonal relationships including those with the person's spouse, family, and friends.
- Life issues and transitions (e.g., leaving home, substance abuse, parenting, divorce, retirement, and death).
- Management of personal and legal affairs.
- Menu planning and meal preparation.
- Mobility and community transportation skills.
- Recreational activities.

- Safety practices including dealing with injuries and life-threatening situations.
- Self-advocacy and assertiveness training.
- Use of the telephone.
- Utilization of community services and resources (e.g., laundromats, the library, post office, and consumer affairs office).
- Work attitudes and skill exploration.

- 3.F. 4. At least annually, persons are provided informed choices for exploration of other work opportunities, as desired:**
- a. Within the organization.**
 - b. In the community.**

Intent Statements

Informed choice is vital in conforming to this standard. Persons served frequently lack knowledge about existing community employment opportunities. Many people with developmental disabilities may not be always able to exercise informed choice until and unless they have been provided with opportunities to explore something different.

Examples

All persons served should be given experiential opportunities to explore community employment options to ensure that choice is truly informed. Some organizations facilitate visits for persons served to community employment sites including those that employ persons served who may have been previous coworkers in the organizational employment setting.

The persons served and appropriate staff members or partnership agencies are involved in the assessment of opportunities for community employment, including in integrated settings. If indicated, a person served is referred for other services either within the organization or to external services. Clear reasons are documented in the assessment explaining why a person was not referred to other services.

Related standards to consider are in Section 1.D. Input from Persons Served and Other Stakeholders; 1.L. Accessibility; 1.M. Performance Measurement and Management; 1.M. Performance Measurement and Management; and 2.B.

Individual-Centered Service Planning, Design, and Delivery.

3.F. 5. Relevant training activities are available during periods of reduced work activity.

Intent Statements

The persons served are engaged in meaningful, age-appropriate activities that are supportive of their goals, even when work is low.

Examples

Training opportunities might include computer lab activities, job exploration, simulated work activities to improve or develop new skills, and volunteer experiences in the community. Training activities might also include areas identified in Standard 3., as relevant to a person's individual plans.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Employment information or a handbook
- Individual service plans
- Progress notes

G. Community Employment Services (CES)

Description

Community employment services assist persons to obtain successful community employment opportunities that are responsive to their choices and preferences. Through a strengths-based approach the program provides person-directed services/supports to individuals to choose, achieve, and maintain employment in integrated community employment settings.

Work is a fundamental part of adult life. Individually tailored job development, training, and support recognize each person's employability and potential contribution to the labor market. Persons are supported as needed through an individualized person-centered model of services to choose and obtain a successful employment opportunity consistent with their preferences, keep the employment, and find new employment if necessary or for purposes of career advancement.

Such services may be described as individualized competitive employment, individual placements, contracted temporary personnel services, competitive employment, supported employment, transitional employment, mobile work crews, contracted work groups in the community, community-based SourceAmerica® contracts, and other business-based work groups in community-integrated designs. In Canada, employment in the form of bona fide volunteer placements is possible.

Individuals may be paid by community employers or by the organization. Employment is in the community.

The following service categories are available under Community Employment Services (please refer to the indicated page for program descriptions and applicable standards):

- Job Development (CES:JD)—page 200
- Employment Supports (CES:ES)—page 205

If an organization provides only Job Development or Employment Supports, then it may be

accredited for only that service. If it is providing both Job Development and Employment Supports, then it must seek accreditation for both. If any clarification is needed, please contact your CARF resource specialist. There is no charge for consultation.

NOTE: *In making the determination of what an organization is actually providing in comparison to these service descriptions, these factors are considered: the mission of the services, the program descriptions, brochures and marketing image for these services, and the outcomes of the services.*

Depending on the scope of the services provided, some examples of the quality outcomes desired by the different stakeholders of these services include:

- Persons obtain community employment.
- Persons obtain individualized competitive employment.
- Employment matches interests and desires of persons.
- Wages, benefits, and hours of employment achieved as desired.
- Average number of hours worked per week increases.
- Average number of hours worked per week meets the desires of the person served.
- Full-time employment with benefits.
- Transition-age youth move directly from their educational environment into community employment.
- Potential for upward mobility.
- Self-sufficiency.
- Integration.
- Responsive services.
- Safe working conditions.
- Cost-effective for placement achieved.
- Performance level achieved meets requirements of job or position.
- Increase in skills.
- Increase in productivity.
- Increase in hours worked.
- Increase in pay.
- Employment retention.

- Increase in natural supports from coworkers.
- Persons served treated with respect.
- Minimize length of time for supports.
- Type and amount of staff interaction meets needs.
- Employer satisfaction.
- Responsiveness to customers.

Job Development (CES:JD): Successful job development concurrently uses assessment information about the strengths and interests of the person seeking employment to target the types of jobs available from potential employers in the local labor market. Typical job development activities include reviewing local employment opportunities and developing potential employers/customers through direct and indirect promotional strategies. Job development may include facilitating a hiring agreement between an employer and a person seeking employment. Some persons seeking employment may want assistance at only a basic, informational level, such as support for a self-directed job search.

Employment Supports (CES:ES): Employment support services promote successful training of a person to a new job, job adjustment, retention, and advancement. These services are based on the individual employee with a focus on achieving long-term retention of the person in the job. The level of employment support services is individualized to each employee and the complexity of the job.

Often supports are intensive for the initial orientation and training of an employee with the intent of leading to natural supports and/or reduced external job coaching. However, some persons may not require any employment supports at the job site; others may require intensive initial training with a quick decrease in supports, while some will be most successful when long-term supports are provided.

Supports can include assisting the employee with understanding the job culture, industry practices, and work behaviors expected by the employer. It may also include helping the employer and coworkers to understand the support strategies and accommodations needed by the worker.

Supports are a critical element of the long-term effectiveness of community employment. Support services address issues such as assistance in training a person to complete new tasks, changes in work schedule or work promotion, a decrease in productivity of the person served, adjusting to new supervisors, and managing changes in non-work environments or other critical life activities that may affect work performance. Routine follow-up with the employer and the employee is crucial to continued job success.

Job Development (CES:JD)

Applicable Standards

An organization seeking accreditation for community employment services: job development must meet Standards 1.–5. in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional

NOTE: *Standards 1.H.5., 1.H.7., 1.H.14., and 1.H.15. (Section 1.H. Health and Safety) are not applied to community sites where persons served are working. These sites are not considered to be facilities of the program being used for service delivery, but rather are employment sites of the person served. If any clarification is needed, please contact a resource specialist in the Employment and Community Services customer service unit.*

- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.D. Employment Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: *Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.*

-
- 3.G. 1. Job development planning uses a strengths-based approach that considers, as appropriate to the person served:
- a. The person's preferences.
 - b. Successful aspects of work history.
 - c. Noted strengths and abilities from volunteer experience or hobbies.
 - d. Successful aspects of previous training, education, and life experiences.
 - e. The management and planning of benefits the person is receiving.
 - f. Resources for career planning and advancement.

- g. Transportation availability.**
- h. Availability of mentors and natural supports.**
- i. Legal history, if applicable.**

Intent Statements

Job placement services use an individualized, person-centered process to assist persons to identify, obtain, and/or advance in employment. The organization considers a variety of approaches, which may include customized employment and the principles of employment first.

Examples

Employment preparation services/supports typically include:

- Assessing the appropriateness of the referral for job placement services.
- Analyzing pertinent findings from medical, psychological, or prior vocational services and/or work adjustment services and any special considerations such as using public transportation in order to maximize the person's employment opportunities.
- Counseling and/or teaching of individuals and/or groups techniques for obtaining and maintaining employment.
- Assisting the persons served to become knowledgeable about job duties, personnel benefits, rates of pay, employment policies and practices, and the job location prior to job acceptance.
- Eliciting information about job preference, salary expectations and needs, insurance needs, transportation needs, and hours and days that the person is available to work.
- Assisting the person served to become knowledgeable regarding the impact of employment on disability and other benefits as well as providing information on the means available to access such benefits. It is important that this information be provided by qualified personnel or external authorities. See also Section 4.M. Comprehensive Benefits Planning (CBP).

Career counselors, job developers, and individual job seekers can use formal and informal assessments for a variety of purposes:

- To clarify a job seeker's likes and dislikes.
- To uncover individual strengths and talents.
- To connect skills to interesting occupations.
- To identify which, if any, work accommodations are needed.
- To pinpoint the settings where target jobs occur and, more importantly, where the job seeker will be happiest.

Assessment activities provide the job developer with invaluable material for matching a job seeker's interests, skills, and abilities to the right job. Some examples of informal assessment activities that can help guide the job search are:

- A "career autobiography"—a narrative description of the hobbies, interests, education, training, and volunteer and paid work experiences that make individuals who are today. The skillful job developer will use the autobiography to identify themes recurring throughout the person's personal history that indicate the kinds of activities the person gravitates toward, enjoys, and excels at.
- Quick "paper and pencil" checklists, available from a variety of sources, are useful for interacting with and getting to know job seekers. Look for ones covering a wide range of skills and abilities and that include a rating scale which job seekers can use to indicate the degree to which they have mastered each skill. If possible, complete skills inventories with candidates and use the opportunity to explain what is being asked and to prompt recall of all relevant experiences.
- "Testimonials" about strengths, accomplishments, and abilities gathered from peers, teachers, parents, and past employers provide external validation and help round out the picture.

The job developer then synthesizes all of the information collected through formal and informal assessment activities and reflects back the important highlights and themes to job seekers in an organized way.

Refer to related standards in Section 2.B. Individual-Centered Service Planning, Design, and Delivery.

- 3.G. 2. Individual service plans for job development are individualized to the person seeking employment and:**
- a. Involve the person's:**
 - (1) **Input.**
 - (2) **Approval.**
 - b. Are tracked in a systematic manner to ensure ongoing monitoring until employment is achieved.**
 - c. Are revised periodically, as necessary.**

Intent Statements

Individual plans are based on informed choices and input from the persons served and are kept relevant. The persons served are involved in planning and makes the decision about whether to disclose their disability.

Examples

Job development and placement services would include:

- Contacting employers to develop and/or identify job opportunities for persons seeking employment.
- Maintaining communication and coordination with other community agencies and resources.
- Maintaining an organized system of recording job openings including the names of employers, persons referred, and actions taken.
- Providing feedback of information to other personnel regarding community employment opportunities and labor market trends.

An individual service plan for a person served may:

- Integrate the results and/or recommendations from other services.
- Contain the job objective(s) and the roles and responsibilities of the individual providing placement and the person served.
- Consider career planning, including job advancement and job changes.

- Identify criteria for wage increases, including productivity, longevity, and skill level.
- Specify short- and long-term goals and objectives related to employment.
- Identify opportunities for integration and independence.
- Utilize generic integrated community resources to meet nonwork needs.
- Identify short- and long-term support needed, including such supports as financial resources, natural supports, and assistive technology.
- Consider ancillary support services, if needed.
- Specify the length of time for which follow-up contact will be maintained, primarily based on the person's needs.

It is a good practice to review the plans of persons referred for job placement services who have not been placed at least every 30 days. Consultation occurs with the person, other appropriate professional personnel, and/or the referral source to determine if the placement plan should be amended.

Individual job development plans for persons seeking employment in crews, enclaves, etc. consider the specific tasks to be performed and match the persons' talents, interests, and strengths to the opportunities available. Also consider providing information on available job opportunities to persons who may currently be working in crews, enclaves, etc.

See also related standards in Section 2.B. Individual-Centered Service Planning, Design, and Delivery.

- 3.G. 3. Job development activities include, depending on the needs of the individual served:**
- a. Contacting employers and building networks to develop and/or identify job opportunities.**
 - b. Providing access to information about current job openings.**
 - c. Work-site analysis, as needed.**

- d. **Supports that assist the person served in an individual site, including:**
 - (1) **Job-site consultation to identify or modify barriers to employment.**
 - (2) **Negotiating:**
 - (a) **Job carving.**
 - (b) **Job accommodations.**
 - (c) **Job sharing.**
 - (3) **Natural supports in the workplace.**
- e. **Assisting the job applicants in finding jobs and employers well matched to their employment goals.**
- f. **Education and support in:**
 - (1) **Self-directed job search, when appropriate.**
 - (2) **ADA rights and EEOC.**
- g. **Disability awareness education to the employer, when indicated.**

Intent Statements

Job developers maintain active relationships with employers to promote employment opportunities for persons.

Examples

The organization enhances relationships with the community employers by:

- Providing for close cooperation between the organization and community employers through such mechanisms as a business advisory council, membership in community employer associations, business forums, and/or formal relationships with public and private schools.
- Providing on-site job analysis, consultation, and recommendations for work-site and job modification and customized employment, when appropriate.
- Assisting employers to identify, modify, and/or eliminate architectural, procedural, instructional, communication, and/or attitudinal barriers to employment.
- Educating employers about various disabilities and resulting vocational implications, assistive technology devices, job accommodations, services provided by the organization,

incentives to the employer, and current disability-related legislation affecting the employer.

During job-site consultation, recommendations may be made for customized employment. This may include work-site and job modification and assisting employers to identify, modify, and eliminate barriers to the employment and advancement of the persons served.

Best practices for contracted work groups and other personnel designs for employers often include clear guidelines in a written format outlining the roles and responsibilities of the community-based employer and the accredited organization.

Employment First is a framework for systems change that is centered on the premise that all citizens, including individuals with significant disabilities, are capable of full participation in integrated employment and community life, as defined by the United States Department of Labor Office of Disability Employment Policy.

3.a. Job developers in areas often are more successful through building face-to-face relationships with employers so that when the employer does have an opening, they are first to be contacted. Job developers in large urban areas may also have success with random lead generation by cold calling and asking if the employer is hiring and has the opening been posted yet.

Resources

- Employment First—United States Department of Labor Office of Disability Employment Policy: www.dol.gov/agencies/odep/initiatives/employment-first
- The National Technical Assistance Partnership (NTAP) (www.gwcre.org/ntap/) provides technical assistance (TA) in areas of national need identified in consultation with the Rehabilitation Services Administration (RSA) and the Technical Assistance and Continuing Education (TACE) Centers.
- The State Employment Leadership Network (SELN) www.selnhub.org/home is a multi-state technical assistance collaborative established to improve employment outcomes for adults receiving developmental disabilities

services in the U.S. Working in partnership with the National Association of State Directors of Developmental Disabilities Services and the Institute for Community Inclusion at the University of Massachusetts Boston as a community of practice, SELN assists states in developing effective employment systems by maximizing available state and federal resources through improved rate and payment systems, using data to guide daily program management and system performance, sharing resources of both time and knowledge, and providing ongoing technical assistance and training. Currently, seventeen member states participate in SELN.

- Another resource for establishing successful employer partnerships is *Developing Effective Partnerships with Employers as a Service Delivery Mechanism*, which was published by Stout Vocational Rehabilitation Institute in June 1997.

- 3.G. **4. The services ensure that the new employee is provided information:**
- a. **Needed to be appropriately oriented to the:**
 - (1) **Job.**
 - (2) **Work culture.**
 - b. **As is available to all employees.**

Intent Statements

Complete orientation of new employees helps ensure success.

Examples

Information provided directly by the developer or the employer includes:

- The conditions of maintaining employment.
- Job description.
- Responsibilities of the employee.
- Wage payment practices.
- Rate of pay.
- Benefits provided by the business.
- Work rules and customs.
- Nondiscrimination practices.
- Conflict resolution procedures.
- Policies for transfer.

- Employee classifications in the business.
- Health and safety practices.
- Union membership policies, if applicable.
- Potential for career growth.
- Job advancement.
- Conditions for advancement.
- Employment options available in the business.
- Career opportunities and requirements.
- Job retention.
- Improved benefits.

Information is given to the person served in a manner that is understandable to that person. These informational items may be given in a variety of ways—classroom instruction, advocacy groups, website listings, handbooks, etc.

Best practices include keeping records of persons who have been placed in outside employment that contain, at a minimum:

- Place of employment.
- Job title.
- Rate of pay and fringe benefits.
- Date on which employment commenced.
- Employment status following commencement.
- Name of the immediate supervisor, if available, at the work site.

See Section 2.B. Individual-Centered Service Planning, Design, and Delivery for additional guidance and related standards.

- 3.G. **5. If the person served has authorized disclosure, the organization provides the employer with information about or access to resources as needed regarding:**
- a. **Job modifications and/or reasonable accommodations.**
 - b. **Federal, state, provincial, or employer tax credits, if applicable.**
 - c. **Supports available from the organization, including a staff contact person.**

Intent Statements

If authorized by the person, potential employers are made aware of the resources the organization

can provide to support a continued successful employment outcome.

Examples

Employers are provided with complete information about supports and assistance that can be provided by the organization and the mechanisms to obtain the assistance, such as the availability of job coach services.

The organization's job development staff may offer guidance on communication, simple redirection, and positive reinforcement suggestions for motivation.

The organization might inform or provide a resource to the employer about tax credits and disability-related legislation that may affect the employer.

To develop a successful business relationship and reputation with local employers, the organization must maintain an employer-responsive, customer-designed service and partnership. This creates a win-win situation for both the employer and the organization, thus opening the door for future placements.

Employment Supports (CES:ES)

Applicable Standards

An organization seeking accreditation for community employment services: employment supports must meet Standards 6.–14. in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional

NOTE: *Standards 1.H.5., 1.H.7., 1.H.14., and 1.H.15. (Section 1.H. Health and Safety) are not applied to community sites where persons served are working. These sites are not considered to be facilities of the program being used for service delivery, but rather are employment sites of the person served. If any clarification is needed, please contact a resource specialist in the Employment and Community Services customer service unit.*

- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.D. Employment Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: *Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.*

-
- 3.G. 6. Support strategies include, as needed:
- a. On-site or off-site consultations.
 - b. Decreasing support personnel's presence on the job site.
 - c. Transferring support to natural supports, when available.
 - d. Mentoring.
 - e. Referral to support groups or employee assistance programs, if appropriate and available.

Intent Statements

Support strategies are individualized to the person and placement.

Examples

6.c. The design and implementation of the support plan to transfer:

- Facilitates integration at the work site through social interaction, physical proximity, participation in social activities available to all employees, and opportunities for supervision by nonprogram personnel.
- Promotes the presence and participation of the person served in natural proportions in both work and nonwork activities.
- Promotes opportunities for work site integration during the organization's marketing and job development activities within the industry.

When appropriate, a plan to transfer supervision and/or support from the organization to the employer is developed. Based on the strengths, abilities, needs, and preferences of the person served, the organization facilitates the development of natural supports.

6.d. Mentoring is an on-the-job educational process that provides opportunities for professional development, growth, and support for the person being mentored. Individuals receive information, encouragement, and advice from their mentors, who are experienced in the career field of the person being mentored.

Individuals with disabilities continue to face attitudinal barriers in employment. The mentoring process can help break down employment barriers by encouraging individuals with disabilities to take a more active role in planning and pursuing their careers. Conducting mentoring programs provides employers with access to new talent and an often underutilized workforce. It also promotes greater awareness and understanding of disabilities in the workplace.

The length of participation in job-site support is determined by the strengths, abilities, needs, and preferences of the person served and may be of unlimited duration.

3.G. 7. When the organization provides supervision at the community employment site:

- a. The support staff has sufficient knowledge of the industrial and programmatic aspects of the assignment.
- b. Backup contingency plans exist in the event of the support staff's absence or tardiness.
- c. The support staff follows industry and workplace practices.
- d. The support staff is able to communicate effectively with staff at all levels within the employment site.

Intent Statements

The organization trains personnel to manage field-based services.

Examples

Some staff training topics may include:

- Documentation and record keeping.
- Facilitation of use of natural supports.
- Personal counseling.
- Functional skills training.
- Medication management.
- Incident reporting.
- Legal requirements and hiring practices (e.g., Americans with Disabilities Act and Department of Labor).
- Legal requirements and hiring practices set out by provincial/territorial ministries of labor.
- Positive training and support.
- Prevention/reporting of neglect and abuse.
- Public relations and marketing for the organization.
- Reasonable accommodation including assistive technology.
- Social skills training.
- Work environments including negotiating skills, interacting with supervisors, understanding of employer needs and expectations, and organized labor.

Workplace practices include such areas as dress, grooming, appropriate identification, access to common areas, etc.

See Sections 1.H. Health and Safety and 1.I. Workforce Development and Management and Standards 1.G.1. and 2.B.7. regarding risk management and assessment.

-
- 3.G. 8. Any nonwork needs of the person served that may impact employment are:**
- a. Identified.**
 - b. Addressed through one of the following:**
 - (1) Referral to supportive services.**
 - (2) The individual planning process.**
 - c. Monitored.**

Intent Statements

The organization understands that nonwork needs that affect employment potential must be addressed.

Examples

Based on the choices and needs of persons served, the organization provides, arranges, or refers the person for support and training in:

- Daily living tasks.
- Communication skills.
- Consumer affairs and rights (e.g., familiarity with warranties and policies and procedures of governmental and community service agencies).
- Contingency planning, problem solving, decision making.
- Developing socially and age-appropriate behaviors.
- Financial management including techniques of purchasing, banking, handling taxes, budgeting, and repaying debts.
- Functional academic skills.
- Health maintenance (e.g., personal hygiene, exercise and fitness, nutrition and diet management, infection control, and use of medical services and medicine).
- Housekeeping and home maintenance skills.
- Human sexuality.

- Interpersonal relationships including those with the person's spouse, family, and friends.
- Life issues and transitions (e.g., leaving home, substance abuse, parenting, divorce, retirement, and death).
- Management of personal and legal affairs.
- Menu planning and meal preparation.
- Mobility and community transportation skills.
- Recreational activities.
- Safety practices including dealing with injuries and life-threatening situations.
- Self-advocacy and assertiveness training.
- Use of the telephone.
- Utilization of community services and resources (e.g., laundromats, the library, post office, and consumer affairs office).

See Section 2.B. Individual-Centered Service Planning, Design, and Delivery.

-
- 3.G. 9. Individualized support services to maintain employment address, as needed:**
- a. Knowledge of attendance and punctuality expectations.**
 - b. Demonstration of grooming skills, appropriate hygiene, and appropriate work attire.**
 - c. Job-site safety practices.**
 - d. On-the-job performance skills related to quality and quantity of work.**
 - e. Work-related community skills such as time management, mobility, and money management skills.**
 - f. Work-related communication skills.**
 - g. Work ethics and job expectations.**
 - h. Health maintenance and medication management.**
 - i. Corporate or work culture, including things such as chain of command, work relationships, and grievance procedures.**
 - j. Knowledge of governmental and community service agencies to support work success.**

- k. Information related to how to access these services.
- l. Functional job-related literacy skills.
- m. Work-related academic skills.
- n. Knowledge of work practices.
- o. Work-related technology.
- p. Self-advocacy and assertiveness skills.

Intent Statements

The services and supports provided by the organization cover a sufficient array of work-related skills and knowledge necessary to assist persons to understand the meaning, value, and demands of work, as well as how to access services and supports when necessary. The individual support services related to maintaining employment should assist individuals served to develop personal characteristics, attitudes, and work behaviors, and enhance functional capacities to continue success in employment.

Examples

Ongoing individual input and preferences, coupled with the person's strengths/skills, are essential to achieving employment goals and reaching maximum employment potential. To ensure success, the person served is oriented to the expectations of the employer and what is required to maintain the job. Items covered in this standard can be addressed in real paid work activities where the person served gets hands-on experience with the demands of the world of work, in a classroom-type setting, or an individual guidance session from staff. Literature and contacts for other community services may be of assistance to persons served.

Specific education supports and services regarding work-related skills are available based on the person's needs and preferences. Supports and services should be flexible enough to meet the needs of the person at the individual's functioning level and preferences and not require the person to receive training in skills that are already achieved. Work-related community skills may include supports and services for such matters as how the individual will plan for lunches, how to deal with transportation problems, and how to cash checks.

3.G. 10. Individual support activities address, as needed, integration into the employment setting.

3.G. 11. Ongoing job support services to retain employment are provided at times and locations suited to meet the needs and desires of the:

- a. Person served.
- b. Employer.

Intent Statements

Supports are convenient to all stakeholders.

Examples

The services/supports may be provided at the employment site itself or at another location off-site if this better meets the person's needs.

Supports to help those served to retain employment may be time limited or ongoing, and may be provided by the organization or through affiliation, association, or other agreements that enhance the success of the person served. Support may be given to the employer's personnel as a strategy for transferring supervision from the organization to the employer and reducing the need for paid support services. Postemployment and follow-up services are designed to promote adequate job adjustment and retention.

When the organization provides supervision and training at the work site, the supervisor or trainer is knowledgeable of:

- The type of work performed in the assignment.
- The rehabilitation techniques appropriate to the persons served to support them and promote adequate performance.

3.G. 12. For persons who are receiving long-term services, there is review at least semiannually of the level of ongoing supports needed with the:

- a. Person served.
- b. Employer, as appropriate.

Intent Statements

The level of support is individualized and changes as needs change.

Examples

A documented system is in place to provide organized support contacts at regular intervals with the persons served. As appropriate, contact at regular intervals is made with the employer.

Follow-along supports would be documented.

With the permission of the person served, personnel maintain communication with family members and others who are likely to influence the probability of successful outcomes.

3.G. 13. Based on the aspirations of the person served, the program provides or refers the person to resources for career planning and advancement.

Intent Statements

The organization ensures that it has the availability of or linkages to other resources to improve the employment situation of persons served by supporting them in additional training, education, and advocacy, according to the employment service plan.

Examples

When an individual decides that an alternative job or location is desirable, the organization supports the person in the transfer process.

The staff is aware of persons' progress and their potential desire to advance or consider an alternative career path. The organization is able to assist persons in developing a plan to achieve alternative career goals and assist them in such pursuits if they desire. If the training that is required to reach new goals is outside the organization's level of expertise, it may refer the person served to another resource. Documentation supporting these activities may be found in the case record.

3.G. 14. The program provides or arranges for employment crisis intervention services when needed by a person served.

Intent Statements

Individuals may have a need for crisis intervention services. The organization should ensure that these services can be accessed as necessary.

Examples

Critical incidents may arise that require an organization to assist the person served to resolve a crisis that could disrupt the continuity of employment.

The program recognizes the value of crisis intervention services in supporting persons through recurring mental health issues or cycles. Crisis intervention procedures may be implemented in response to a threat of suicide, verbal aggression or physical violence toward another person or toward property, an emotional outburst, or other behavior deemed by personnel to pose an immediate risk. Based on the person's preferences, strengths, and needs, the employment service plan identifies the type of crisis services that may be needed as well as the action that may be necessary to resolve the crisis. The work plan would include, but not be limited to, emergency contacts, individual preference for psychiatric/medical care, and what works best for the individual during a crisis. Although each crisis is different, it helps to have a general idea of what level of intervention may be comfortable and required for the individual.

If the person has an advance healthcare directive, it is available and used by the organization.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Job Development:
 - Employment information or a handbook
 - Individual service plans
 - Progress notes
 - Job development activity records
 - Records of the persons served

- Systems for recording job openings and contacts
- Assessment information
- Local job market information
- Assessment of work sites
- Employment Supports:
 - Individual service plans
 - Information regarding community services and resources
 - Documentation of services provided
 - Progress reports
 - Staff training records
 - Training plans
 - Task analysis
 - Local job market information
 - Job development activity records
 - Assessments of work sites

H. Self-Employment Services (SES)

Description

Self-employment presents an opportunity for persons with disabilities to gain financial equity often not available through wage employment in entry-level positions. Self-employment services provide supports that lead an individual toward earning income directly from one's own business, trade, or profession, rather than as salary or wages from an employer. They may include small business development, micro-enterprise, or tele-commuting. In order to achieve a desired level of income, an individual may have several enterprises.

Some of the quality results desired by the different stakeholders of these services may include:

- Earnings.
- Successful self-employment.
- Increased self-esteem.
- Independence.
- Self-sufficiency.
- Employment in the community.

Applicable Standards

An organization seeking accreditation in self-employment services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional

NOTE: *Standards 1.H.5., 1.H.7., 1.H.14., and 1.H.15. (Section 1.H. Health and Safety) are not applied to community sites where persons served are working. These sites are not considered to be facilities of the program being used for service delivery, but rather are employment sites of the person served. If any clarification is needed, please contact a resource specialist in the Employment and Community Services customer service unit.*

- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery

- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.D. Employment Services Principle Standards, Standards 1.–3.
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

- 3.H. **1. Informed choice of a person served who expresses interest in self-employment is facilitated through discussion with the person of at least the following:**
- a. Feasibility.
 - b. The potential market.
 - c. Financial considerations.
 - d. The potential impact on the person's benefits.
 - e. Economic goals.

Intent Statements

Self-employment is not for everyone. Before beginning, the organization ensures that individuals have thoroughly explored their responsibilities regarding self-employment services and have made an informed choice.

Examples

Some things to consider include the set of values that motivates the person, the issue of isolation versus integration, who the self-employment benefits, the availability and quality of supports, financial benefits planning, and the potential of the business idea.

- 3.H. **2. The organization assists the person served directly or through referral to develop a business plan.**

Intent Statements

Development of a business plan is a critical component when a choice has been made to pursue self-employment.

Examples

The business plan would address, at a minimum:

- The proposed service or product.
- Analysis of the needs of present and potential customers for the proposed service or product.
- Assessment of the person's capabilities to deliver the proposed business.
- Mission statement and business goals.
- Description of the market area to be served.
- Customer profile.
- Identification of competitors.
- Potential impacts of changes and trends in the business environment (risk analysis).
- Ongoing supports (consideration for business administration, bookkeeping, and sales and marketing).
- Operating and control systems.
- Break-even analysis.
- Start up costs.
- Cash flow analysis.
- Potential networking opportunities.
- Establishment of a distinct business identity.

The organization would establish procedures for evaluating the self-employment plan. A small business consultant may be a valuable resource in the planning and implementation of the self-employment plan. An appeal process may need to be established if the person served does not agree with the decisions. Best practices suggest policies and procedures that detail the responsibilities of the person served and the business consultant are critical to success.

Resources

The Small Business and Self-Employment Service (SBSES) can provide comprehensive information, counseling, and referrals about self-employment and small business ownership opportunities for persons with disabilities. The SBSES can answer questions about starting a business or self-employment practice from persons with disabilities, service providers, and anyone else with an interest in promoting these as career choices for persons with disabilities. The SBSES can also pro-

vide information and referrals about managing a business and disability issues.

-
- 3.H. **3. The organization assists the person to develop a self-employment plan of implementation, which includes:**
- a. Setting priorities.**
 - b. Addressing needs of doing business such as required business practices, equipment, physical plant, communications, and staff/supports.**
 - c. The budget for implementation of the self-employment plan.**
 - d. Startup costs.**
 - e. Operating and control systems.**
 - f. Cash flow analysis.**
 - g. Ongoing supports, including:**
 - (1) Business administration.**
 - (2) Bookkeeping.**
 - (3) Sales and marketing.**

Intent Statements

The organization provides support in developing all aspects of the plan.

Examples

Marketing aspects of the business include:

- Identifying the target audience.
- Messages and methods for reaching these target audiences.
- Marketing costs.
- Responsibilities for plan implementation.

The needs of doing business may consider: tools and equipment, initial stock and supplies, advertising, modification to real property, rent on equipment, insurances, bookkeeping services (reporting and paying sales and payroll taxes), vehicle purchase or modification, business cards, and repairs to equipment.

-
- 3.H. **4. The organization assists the person seeking self-employment directly or by referral in the implementation of the plan.**

Intent Statements

The organization ensures that the person receives needed supports.

Examples

A number of community resources may be considered. Among them are small business development councils, service corps of retired executives, women's business centers, and other small business consultants such as Association of Enterprise Opportunities.

Small business consultant means a qualified person who, by education, training, and experience, is knowledgeable about factors that contribute to successful and profitable small businesses.

Ongoing supports may be needed in the implementation of the plan. Among them may be considerations such as arranging audits or improving advertising or marketing.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Business plans for micro-enterprises of persons served
- Marketing information
- Individual service plan
- Business records

I. Affirmative Business Enterprise (ABE)

Description

Affirmative business enterprises (ABE) are designed to provide significant economic benefits to their employees in a businesslike, integrated setting. In order for a program to seek accreditation as an ABE, wages are at or above minimum wage and a benefits package is provided for all employees. Business enterprises may be provided as many different business models, including franchises, manufacturing settings, and community businesses such as stores, restaurants, and other commercial or social enterprises.

An ABE is designed to assist the employees/persons served to overcome barriers to employment. Some examples of the quality results desired by the different stakeholders of these services include:

- Employment.
- Earnings and benefits.
- Increased skills.
- Career development.
- Employment in an integrated environment.
- Meaningful work.
- Opportunities to feel valued.

Applicable Standards

An organization seeking accreditation as an affirmative business enterprise must:

- Pay wages at or above minimum wage.
- Meet the standards in this section and the standards in the following sections:
 - 1.A. and 1.C.–1.N.; 1.B. Governance is optional
 - 2.B. Individual-Centered Service Planning, Design, and Delivery, Standard 1
 - 2.C. Medication Monitoring and Management (as applicable; see page 152)
 - 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

- 3.I. 1. The affirmative business enterprise develops a business plan that:
- a. Addresses:
 - (1) The proposed service or product.
 - (2) A customer-needs analysis.
 - (3) Assessment of the organization's capabilities to deliver the service or product.
 - (4) Establishment of a distinct business identity or brand.
 - (5) A mission statement.
 - (6) A description of the market area to be served.
 - (7) A customer profile.
 - (8) Identification of competitors.
 - (9) Marketing plan.
 - (10) Potential impacts of changes and trends in the business environment.
 - (11) Break-even analysis.
 - (12) Business goals and objectives.
 - (13) An operating budget.
 - (14) Potential networking opportunities.
 - (15) Startup costs.
 - (16) Cash flow analysis.
 - (17) Ongoing administrative supports.
 - b. Is reviewed at least annually for relevance.
 - c. Is updated as needed.

Intent Statements

An affirmative business enterprise establishes and continuously improves its business plan to strategically position the organization to meet the needs of its community and employees. It is understood that updates to the business plan may be minimal after the business is established and has operated successfully for a period of time.

Examples

In today's challenging, constantly changing business environment, a dynamic business plan provides a vision and a sense of purpose for the affirmative business enterprise. Some important aspects of the planning process include identifying the potential customer base and the potential benefits of the business to these customers; involving all stakeholders in the planning process; conducting an internal analysis of the organization's strengths, needs, opportunities, and threats; positioning the business within the context of environmental trends; implementing new ways of working and managing that allow the business to respond strategically to environmental changes, priorities, and necessary internal changes.

-
- 3.I. **2. The affirmative business enterprise develops a marketing plan that includes:**
- a. **Market demographics and size.**
 - b. **Services or product differentiation between it and its competitors.**
 - c. **Competitive analysis.**
 - d. **Target or segmented markets.**
 - e. **Addressing the requirements of doing business.**
 - f. **Business objectives.**
 - g. **Marketing strategy to promote the business.**
 - h. **An operating budget.**

Intent Statements

A written marketing plan is developed based on the results of the organization's business analysis and its mission in the community.

Examples

A marketing plan is often customized to the unique needs of job seekers and the community. Keeping in mind its mission, an organization's plan should present an action plan to accomplish its business objectives, including any modifications in program, staffing, pricing, and physical plant; specification of the target audience; and a communication plan, including the messages to be communicated and the vehicles for communication.

-
- 3.I. **3. An affirmative business enterprise:**
- a. **Maintains an integrated employment workforce as deemed by funding sources, if applicable, or its own established goals.**
 - b. **Provides a benefits package for all employees.**
 - c. **Has a written job description for each position that is:**
 - (1) **Reviewed at least annually.**
 - (2) **Updated as needed.**
 - d. **Posts promotion guidelines.**
 - e. **Follows its job posting guidelines.**
 - f. **Conducts performance evaluations for all personnel employed by the affirmative business enterprise that are:**
 - (1) **Based on job functions and competencies identified.**
 - (2) **Evident in personnel files.**
 - (3) **Conducted in collaboration with the direct supervisor with evidence of input from the personnel being evaluated.**
 - (4) **Used to:**
 - (a) **Assess performance related to objectives established in the last evaluation period.**
 - (b) **Establish measurable performance objectives for the next year.**
 - (5) **Performed at least annually.**

Intent Statements

Affirmative business enterprises are designed to provide significant economic benefits to their employees. In the U.S., the benefits package includes at a minimum workers' compensation and FICA.

Examples

Job descriptions address the minimum requirements of each position. Job descriptions are updated and revised, as needed, to maintain their currency. Personnel are evaluated at least annually based on their activities/skills that are related to their job performances as defined in the job descriptions. The evaluation includes goals that

will lead to employee development and will further support the organization's values and mission.

Surveyors will review some personnel records of persons employed in the affirmative business while on-site to verify that procedures in the standards and pertinent legal requirements are being followed. The organization demonstrates compliance with legal requirements pertaining to personnel records.

The organization has clear procedures for posting available jobs, and personnel understand how promotions occur in the organization. If a job is available, personnel know where it will be posted and are clear on whether there is a possibility of promotion from within the organization.

3.I. **4. When appropriate to the business, the affirmative business enterprise uses industrial grade tools, equipment, and machinery.**

Intent Statements

When the organization provides equipment to be used by the persons served, the equipment should:

- Replicate the tools and methods required by competitive industry.
- Be suitable to the local job opportunities available to the persons served.

Examples

The use of equipment should not be based on one's readiness. Fulfillment of this standard reflects an organization's efforts to develop skills of persons that will increase their employability. Related standards and information can also be found in Section 4.K. Assistive Technology Supports and Services (AT).

3.I. **5. When the affirmative business enterprise is producing a product or providing a service for business, it maintains an organized system of quality control.**

Intent Statements

The program maintains an organized system of quality control with responsibility vested in specified personnel to ensure that the quality of

products and services meets competitive industrial standards.

Examples

Several elements characterize a quality control program in standard commercial practices. The practices include use of a written policy assuring customers of quality commitment and product/performance reliability, good communications, and written quality control procedures specific to individual products and services (including inspection and testing requirements).

When the organization is involved in prime manufacturing and/or subcontract operations, files on work methods, quality control, and production scheduling are maintained and actively used by supervisory personnel. Written specifications are maintained for each article produced. Products are made in conformance to relevant specifications and meet the standards of competitive products in the open market. Work methods might include work station setup, steps in the production process, work flow, and equipment to be used. Production scheduling might include production hours per job, shipping dates, coordination with other jobs, and customer timeframes.

3.I. **6. When the affirmative business enterprise bids for contract work or establishes prices for products or services, it includes:**

- a. All direct costs.
- b. All indirect costs applicable to each service or job.
- c. Profit.
- d. Consideration of fair market value.

Intent Statements

The organization seeks business on a fair and competitive basis. To achieve financial stability, the organization knows its costs and bids competitively in the local job market.

Examples

When production of goods or contracted service delivery is carried out by the organization, sound and acceptable practices are observed in all business and industrial activities, including purchase of materials, sale of products, subcontracting,

and pricing. See related standards in Section 1.F. Financial Planning and Management.

The bid price includes all direct and indirect costs applicable to each job, product, or service. An overhead markup supported by a precise written analysis of production costs is charged. The value of any services, equipment, or space provided by the organization for the contract operation is included in the determination of this markup. Indirect costs include staff salaries and benefits, occupancy, depreciation, and administrative costs. All retooling, training, and remodeling costs necessary to accomplish the job are also calculated. All donated equipment, materials, and services are included in the contract bid price at fair market value.

Selling prices of the program's products are based upon full cost reimbursement and are in line with the prevailing price range for such products in the competitive market areas.

This standard relates to the code of ethical conduct of business practices and marketing activities referred to in Standard 1.A.6.a.

3.I. 7. The prices of products and services are analyzed at least annually.

Intent Statements

The prices are analyzed annually to ensure that they remain fair and competitive.

Examples

The activities of analyzing costs may also include reviewing methods for achieving optimal efficiency in the work environment consistent with the needs of the persons served.

See related standards in Section 1.F. Financial Planning and Management.

-
- 3.I. 8. The following information is gathered, as appropriate, for each person seeking employment with the affirmative enterprise business:**
- a. Performance information or references from previous employment.**
 - b. Self-reported interests.**
 - c. Other pertinent information.**

3.I. 9. The following information is provided to each employee/person served:

- a. Employee classifications in the business enterprise.**
- b. Responsibilities of the affirmative business.**
- c. Benefits provided by the affirmative business.**
- d. Wage payment practices.**
- e. Rate of pay.**
- f. Work rules and customs.**
- g. Nondiscrimination practices.**
- h. Civil rights practices.**
- i. Health and safety practices.**
- j. Responsibilities of the employee.**
- k. Corporate or work culture, including things such as chain of command, work relationships, and grievance procedures.**
- l. Potential for advancement opportunities.**
- m. Conditions for advancement.**
- n. Employment options available in the organization.**
- o. Opportunities for training on other jobs.**
- p. Policies for transfer.**
- q. Union membership policies, if applicable.**
- r. Other job opportunities in the local area consistent with the person's interests.**
- s. Career path opportunities relative to the person's goals and abilities.**

Intent Statements

Persons served are given complete information related to their employment, as would be available to all employees. Although persons served are considered full employees of the affirmative business enterprise, all standards in Section 1.D. Input from Persons Served and Other Stakeholders and Section 1.K. Rights of Persons Served are still applicable to them.

Examples

The information provided is based on the input and expectations of the organization, its stakeholders, and entities such as the Equal Employment Opportunity Commission, Occupational Health and Safety Administration, Department of Labor, and other local, county, state, provincial, and federal agencies. Strategies include posting such information on bulletin boards, electronic formats, handbooks, and informational discussions at employee-management meetings.

3.I. 10. As needed, the employee/person served receives educational resources on:

- a. Safety precautions and the prevention of injuries and occupational diseases.
- b. Appropriate medical or behavioral health resources/options.
- c. Medications and their potential effects on employment performance.
- d. Assistive technology.
- e. Reasonable accommodations.
- f. Employee assistance services and resources.
- g. Managing the impact of earned income on government or insurance benefits.
- h. Career development.
- i. Self-advocacy.
- j. Soft skills training related to:
 - (1) Attendance and punctuality.
 - (2) Grooming skills, hygiene, and appropriate work attire.
 - (3) On-the-job performance skills related to quality and quantity of work.
 - (4) Job-related community skills.
 - (5) Functional literacy skills.
 - (6) Knowledge of work practices.
 - (7) Work-related academic skills.
 - (8) Corporate culture.
- k. Other issues identified for the individual.

Intent Statements

Effective and efficient outcomes are achieved through continuous improvement of the resources used. The resources used are based on the individuals' expectations, location of services not available through the organization, employers' requirements for resources and support, and the input of the persons served and other stakeholders.

Examples

The organization may refer or contract for such services.

10.j.(4) Job-related community skills may include time management, mobility, and money management skills.

10.j.(6) Knowledge of work practices may include payroll deductions, insurance, benefits, safety, unions, and retirement.

3.I. 11. Based on the needs and choices of the employee, the organization provides or refers the employee to resources for addressing, as relevant to employment and career advancement:

- a. Basic academic skills.
- b. Basic self-care skills.
- c. Communication skills.
- d. Interpersonal relationships with coworkers.
- e. Salary and benefits negotiations.
- f. Work attitudes.
- g. Tools and equipment related to the person's job.
- h. Mobility and travel training.
- i. Job-site safety practices.
- j. Self-advocacy and assertiveness skills.
- k. Career planning.
- l. Problem solving and decision-making skills.
- m. Health maintenance and medication management.
- n. Knowledge of governmental and community service agencies.
- o. Management of legal affairs.

- p. Management of benefits and financial resources.**
- q. Use of technology.**
- r. Use of community services and resources.**

Intent Statements

Development of a person's competencies in related areas can impact the person's job success.

Examples

Job support services are provided according to the individual plan and include the following: the performance standards against which the person's progress will be assessed, methods of assessment, the methods of instruction, and the requirements for completion of supports or extension of supports.

11.k. Career planning may include persons interested in moving to individualized competitive employment or advancement within the affirmative business enterprise.

11.r. Community services and resources include laundromats, the library, post office, consumer affairs office, etc.

It is not required that every person served receive all the services/supports available. Each person receives only those services/supports that will help meet the person's employment goals. However, the organization has the capability in place to address each area listed in this standard, as is appropriate to the needs and desires of the person served.

- 3.I. 12. The program/service demonstrates:**
- a. Knowledge of the legal decision-making authority of the persons served.**
 - b. When applicable, the provision of information to the persons served regarding resources related to legal decision-making authority.**

Intent Statements

The persons served may not have the capacity or be of the age to make decisions in their own best interests. An individual may need to be assigned to make decisions regarding healthcare choices, financial decisions, or life care planning. Legal terminology may vary from state to state or province

to province; i.e., healthcare power of attorney, power of attorney, and guardianship. The program/service should be able to discuss how it addresses the issue of the legal decision-making authority of the persons served.

12.b. Any limitation on a person's legal decision-making authority should be continued only as long as is appropriate and necessary. The program/service assists the person served and family/support system to access resources, such as attorneys with expertise in this area, who can assist with facilitating changes, if appropriate, in legal autonomy status.

Examples

A provider could demonstrate knowledge of legal decision-making authority through policies that outline levels of legal autonomy, inservices on issues of legal decision-making authority, and materials for personnel and the persons served that explain legal decision-making authority, such as guardianship and how it might relate to services.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Business plan
- Mission statement
- Business objectives
- Marketing budget
- Marketing plan
- Business records
- Employee handbook
- Employee personnel files
- Employee evaluations
- Employee training records
- Personnel policies
- Job descriptions
- Contract bids
- Educational resources on various topics

SECTION 4



Community Services

Description

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase *person served*, this may also include *family served*, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socio-economic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.

Selection of Services for Accreditation

An organization is free to choose which of its services it will seek to have accredited, but when a service has been selected, all locations at which the service is provided must be included in the survey. CARF will not accredit only a portion of a program or service. CARF does not consider the funding or referral entities or the populations served as differentiating a service so as to exclude portions of it from being included in the survey.

If the geographical service area is extensive, however, CARF may choose to impose geographical limitations on the extent of a single survey in order to ensure that the most meaningful survey will be conducted.

A. Services for Children and Youth (SCY)

Organizations that provide services for children and youth may seek accreditation under the following two service categories:

- Early Intervention Services
- Child and Adolescent Services

NOTE: *If an organization provides only Early Intervention or Child and Adolescent Services, then it may seek accreditation for only that service. If it provides both Early Intervention and Child and Adolescent Services, then it must seek accreditation for both.*

Description

Services for children and youth include prevention, early intervention, preschool programs, early years programs, after-school programs, outreach, and services coordination. Services/supports may be provided in a variety of settings, such as a family's private home; the organization's facility; and community settings such as parks, recreation areas, preschools, or child day care programs not operated by the organization. In all cases, the physical setting, equipment, and environment meet the identified needs of the children and youth served and their families. Families are the primary decision makers and play a critical role, along with team members, in the process of identifying needs and services.

Early intervention services are structured and coordinated to facilitate the achievement of optimal development through the provision of prevention, assessment, education, development, and/or therapeutic services to infants and toddlers with disabilities or who are at risk of developmental delay and their families. Early intervention focuses on helping infants and toddlers learn the basic and brand-new skills that typically develop during the first years of life. Broadly speaking, developmental delay means a child is delayed in some area of development. There are five areas in which development may be affected:

- Cognitive development.
- Physical development.

- Communication development.
- Social or emotional development.
- Adaptive development.

Assessment is conducted to determine each child's unique needs and the early intervention services appropriate to address those needs. Families are the primary decision makers in the planning of early intervention services along with personnel relevant to the services being provided. Family-directed services also help family members understand the specific needs of their child and how to enhance the child's development.

Child and adolescent services focus on the development of skills needed by children/adolescents to succeed in school, their family, and their community. An organization may provide an array of distinct services that fall under the heading of child and adolescent services, with different service delivery models that incorporate different practices. Services are individualized to meet the changing needs of the children/adolescents served. Child and adolescent services empower the child/adolescent to develop skills in decision making, including maximizing their participation in the service planning process. Involvement of other team members depends on what the child/adolescent needs and the scope of the services provided. Team members could come from several agencies and may include therapists, child development specialists, social workers, educators, medical professionals, and others.

Some examples of the quality outcomes desired by the different stakeholders of services for children and youth include:

- Services individualized to needs and desired outcomes.
- Collection and use of information regarding development and function as relevant to the scope of the services.
- Children/youth acquiring new skills.
- Collaborative approach involving family members in services.
- Transition planning that supports continuity of services and developmental transitions.

- Increased responsibility of children/youth to make decisions.
- Personal safety of youth in the community.

Applicable Standards

All organizations seeking accreditation for services for children and youth must meet Standards 1.–19. in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.E. Community Services Principle Standards, Standards 1.–4.
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

Organizations seeking accreditation for Early Intervention Services must also meet Standards 20.–26. in this section.

Organizations seeking accreditation for Child and Adolescent Services must also meet Standards 27.–30. in this section.

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

Principle Standards

- 4.A. 1. Services for children and youth facilitate collaboration in decision making by:
- a. Involving the following in all applicable phases of services:
 - (1) The child/youth.
 - (2) The family.
 - (3) Other stakeholders, as appropriate.
 - b. The provision of information that is:
 - (1) Relevant.
 - (2) Accessible.
 - (3) Understandable to the:
 - (a) Child/youth.
 - (b) Family.

Intent Statements

Refer to the Glossary for the definitions of *family* and *stakeholders*.

Person-centered, collaborative communication that reflects the values of the children/youth served and their families enhances decision making. To facilitate decision making by children/youth and families, they are given information in a way that is understandable and that reflects any diversity considerations that have been identified, in sufficient time to make informed decisions. Services promote opportunities to exchange ideas, share expectations, and address concerns.

Examples

1.a.(2) Exceptions to family involvement may occur when the child/youth served is an emancipated minor, legal parental rights have been terminated, or there are restrictions on visitation or involvement of family members.

1.b.(2)–(3) The program facilitates the accessibility and understanding of information by:

- Using simple language and short sentences.
- Avoiding the use of acronyms and technical language.
- Supplementing oral information with printed, audio, or video materials.
- Asking children/youth served and family members to summarize information they

have been provided or do a return demonstration.

- Asking open-ended questions instead of yes/no questions.
- Repeating key points.
- Providing information in the primary language of the child/youth served or family member.
- Offering assistance reviewing and completing forms.
- Using universal symbols in the physical environment.

- m. **Relevant family history.**
- n. **Family relationships.**
- o. **Previous services and supports.**
- p. **Coordinated information if accessing multiple systems or other current service providers for the child/youth.**

Intent Statements

Information gathered about each child/youth served is used to develop an individualized service plan.

Examples

The organization establishes its protocol for gathering, assessing, and synthesizing information about the children/youth served. The information listed may be obtained from a variety of sources, including the child/youth served, family members, referral sources, previous or concurrent service providers, educational resources, etc.

Needs may be identified in a variety of areas including, but not limited to, healthcare, nutrition, physical activity, safety, education, emotional or behavioral support, mobility, functional independence, child development, and social and leisure pursuits.

2.b. Developmental history may include developmental milestones. These are behaviors or functional skills that are typically acquired around a particular age and can be important markers of developmental progress.

2.d. A copy of the child's/youth's immunization record may be obtained, or the program may note, if appropriate to the scope of services provided, when children/youth are enrolled in school settings where verification of immunization is legally required.

- 4.A. **2. To guide service planning, information is gathered about the child/youth that includes, as relevant to the scope of services provided:**
- a. **Prenatal exposure to alcohol, tobacco, or other drugs.**
 - b. **Developmental history.**
 - c. **Exposure to trauma.**
 - d. **Immunization history.**
 - e. **School history.**
 - f. **Current function/status in the following areas:**
 - (1) **Communication, including:**
 - (a) **Hearing.**
 - (b) **Language.**
 - (c) **Speech.**
 - (d) **Vision.**
 - (2) **Intellectual.**
 - (3) **Motor.**
 - (4) **Physical.**
 - (5) **Psychological.**
 - (6) **Social/emotional.**
 - g. **Use of alcohol, tobacco, or other drugs.**
 - h. **Use of assistive devices or technology.**
 - i. **Learning style.**
 - j. **Interactions with peers.**
 - k. **Environmental surroundings.**
 - l. **Culture/ethnicity, including specific needs and preferences.**

- 4.A. **3. The services collaborate with the child/youth and family to identify:**
- a. **The child's/youth's:**
 - (1) **Strengths.**
 - (2) **Resources.**
 - (3) **Priorities.**
 - (4) **Expectations.**
 - (5) **Interests.**

(6) **Concerns.**

(7) **Perceived barriers.**

b. Activities that might be beneficial.

Intent Statements

Families may provide a wealth of information that drives the design and delivery of services. This information can be valuable to the program in providing services/supports that satisfy the needs and desires of the children/youth served and their families.

4.A. **4. The methods used to gather information from the child/youth are appropriate to the child's/youth's:**

- a. **Age.**
- b. **Cognition.**
- c. **Culture.**
- d. **Communication.**
- e. **Functional abilities.**

Intent Statements

The needs of the child/youth served determine the methods by which information is gathered.

Examples

Language and formats for exchanging information might include written; verbal; pictures; and audio or video recordings.

4.d. Communication might consider the child's/youth's skills, primary language, vocabulary level, and use of technology.

4.A. **5. To facilitate informed decision making, the information gathered is shared in understandable terms with the:**

- a. **Child/youth.**
- b. **Family.**

Intent Statements

Children/youth and families are supported to direct and manage services to achieve their desired outcomes. Information and support are available to help families make informed decisions.

Examples

In some instances, families may not have the experience or sophistication necessary to make informed decisions. In all cases, the program is a

supportive partner in helping the families served to choose wisely.

4.A. **6. The services collaborate with the child/youth and family to identify:**

- a. **Key people in the support system of the child/youth.**
- b. **The involvement that the family desires on an ongoing basis.**
- c. **The family's preferred method(s) of communication.**

Examples

6.b. Family desires regarding involvement may include identifying a primary decision-maker or a specific contact person, if appropriate. Consideration of work schedules, family responsibilities, transportation, and other factors may also impact the extent and frequency of family involvement.

6.c. The family might specify face-to-face, phone call, text, email, or other methods as its preference for communication with the program.

4.A. **7. Individualized services are provided based on:**

- a. **Identified needs of the:**
 - (1) **Child/youth served.**
 - (2) **Family.**
- b. **Desired outcomes of the:**
 - (1) **Child/youth served.**
 - (2) **Family.**
- c. **Results of previous services and supports, if applicable.**
- d. **Concurrent services, if applicable.**

Intent Statements

Individualized plans are developed based on the needs and desires of the children/youth served and their families.

The focus of services is on the children/youth and families served, and the effectiveness of the services will ultimately be measured by how well they use the resources of the organization and their communities. Their input into the service design is vital.

See also the standards in Section 2.B. related to individualized planning.

Examples

7.a. Based on the identified needs of the child/youth served, individualized services may address the development of skills for independence, social skills, social supports, and conflict resolution skills.

7.d. Concurrent services are services the child/youth is receiving from another organization at the same time as the program.

4.A. 8. The services support the development of the following for the children/youth served:

- a. Skills for independence.**
- b. Social skills.**
- c. Social supports.**
- d. Conflict resolution skills.**

Intent Statements

The children/youth served have access to an array of services/supports for development.

Examples

Services may support development of mobility and functional skills, communication skills, adaptive/self-care, and community living skills. Based on age and individual preferences and needs, services to support skill development may be identified in areas such as early childhood development, family activities, physical activities, social and recreational activities, school activities, vocational or work-related activities, activities of daily living, and independent living. The program regularly looks at the needs of the child/youth served and provides services that address those needs. Services may change from time to time based on trends of those served and their needs. Utilizing the data and demographics from an organization's performance management system, the services are designed and delivered to achieve results and personal outcomes satisfaction.

8.d. Conflict resolution skills allow a child/youth to intervene appropriately when needs are not being met or rights are being violated. This necessitates that a child/youth has the ability, appropriate to developmental and functional level, to identify internal states (e.g., happy, mad, sad, hungry, in pain), differentiate wants from

needs, and express these in a manner that respects others but advocates for the child's/youth's rights. Once needs are identified and expressed, a child/youth also needs skills of listening and comprehending the other person's point of view and appreciating the other person's needs before being able to problem-solve to a solution that resolves conflicts between points of views and conflicting needs.

-
- 4.A. 9. If educational services are provided, they:**
- a. Are appropriate to the child/youth served.**
 - b. Meet applicable legal requirements.**

Intent Statements

Educational services are individualized and appropriate to the needs of each child/youth served.

Examples

Educational services may include provisions for evaluation, group instruction, and/or individual instruction, as appropriate.

Arrangements could include:

- Use of a facility-based school.
- Use of a private school at the organization.
- Use of on-site educators from a local school system.
- Coordination with home-school services.
- Coordination and monitoring of assignments.
- Coordination with the community school to facilitate integration.

There are a number of related standard areas that can provide direction in meeting this standard. They include individualized planning, legal requirements, and analysis of data from an organization's performance management system. By knowing the needs of the persons served and other stakeholders, services can be redesigned and the organization strategically positioned to meet their needs.

-
- 4.A. 10. **The services collaborate with education providers to minimize disruptions to the educational services of the child/youth served.**

-
- 4.A. 11. **Based on the needs and age of each child/youth served, or as required by law, an educational professional or transition specialist is a member of the planning team.**

Intent Statements

When applicable, the educational specialist assists in planning, implementing, and evaluating educational activities for the child/youth served. The educational or transition specialist can be available when needed and is not required to attend all planning team meetings.

-
- 4.A. 12. **The services for children and youth provide or arrange for educational opportunities for the family to learn about, as desired:**
- a. Child development.
 - b. Aspects of the diagnosis, as appropriate.
 - c. Adjustment to the diagnosis, as appropriate.
 - d. Transition planning.
 - e. Futures planning.
 - f. Community resources, including availability of support groups.
 - g. Parenting skills.
 - h. Self-advocacy.
 - i. Family advocacy.
 - j. Empowering children/youth to make decisions.
 - k. Technology.
 - l. Other topics, as identified.

Intent Statements

Educational opportunities may be provided by the program or made available to the family through appropriate referrals.

Examples

12.e. Futures planning might include identification of funding resources, supports, and benefits; education and training opportunities; employment options; residential options; and opportunities for community participation.

12.i. Education may include how to effectively navigate services and systems.

-
- 4.A. 13. **The services for children and youth provide or arrange for peer support, as desired.**

Examples

Peer support may include child/youth-to-child/youth, parent-to-parent, family-to-family, and sibling-to-sibling support.

-
- 4.A. 14. **Transition planning for each child/youth:**

a. Involves:

- (1) The child/youth.
- (2) The family, as appropriate.
- (3) Service delivery team members.
- (4) Appropriate personnel from the previous or new service, as available.

b. Includes the exchange of relevant information.

Intent Statements

Transition planning is critical to the continuity of services when a child/youth enters the program as well as when a child/youth leaves the program and transitions elsewhere. Transition planning also refers to planning that supports developmental transitions, such as from adolescence to adulthood. At all times, information and support are available to help a child/youth and family make informed decisions and smooth transitions.

Examples

With a continued focus on the family and its role in the child's life, information about new services, alternative settings and strategies, etc., is provided for the family's consideration to assist in transitions and facilitate service continuity.

14.b. The information exchanged upon the child's/youth's entry to or transition from the program may include information on the

preferences of the child/youth and family relative to communication and involvement in the program and decision making, service records, and any other information that facilitates the continuity and efficiency of services. Information may be exchanged via provision of records, phone calls, team meetings, IEP meetings, or other mechanisms.

4.A. 15. The services conduct ongoing outreach activities that promote community awareness of their scope of services and supports.

Examples

Outreach activities may be accomplished through one-on-one contacts or to groups of stakeholders and could include written information, lectures, videos, audio recordings, and the provision of information via mailings, emails, or the program's website.

4.A. 16. The organization identifies:

- a. The competencies required to perform as a manager of services for children and youth.**
- b. The individual(s) who has the responsibility and authority to manage key components of the services.**

Intent Statements

CARF does not require someone from any particular discipline fulfilling these responsibilities or a particular job title for the role. The organization determines the competencies required and who has responsibility and authority to manage the program.

Examples

Responsibilities may encompass areas such as establishing program policies and procedures, financial and strategic planning, performance management, community outreach and advocacy, supervising and educating program personnel, team coordination, and service delivery.

4.A. 17. Ongoing supervision of direct service personnel addresses:

- a. The appropriateness of the strategies used relative to the specific needs of each child/youth and family served.**
- b. Service effectiveness as reflected by the child/youth meeting individual goals or desired outcomes.**
- c. The provision of feedback that enhances the knowledge and skills of direct service personnel.**

Intent Statements

Supervision is provided by persons qualified to provide this service as determined by state/province or other jurisdiction, the experience level of the supervisor, and/or the organization's requirements governing the qualifications of service supervisors.

Examples

Supervision may occur through the supervisor's participation in service planning meetings, staff meetings, side-by-side sessions with the child/youth served, or one-to-one meetings between the supervisor and personnel.

4.A. 18. The organization conducts criminal background checks on all personnel who have direct access to the children/youth served.

Intent Statements

This standard relates to Standard 1.I.4. in Section 1 and applies to all personnel who may have direct contact with the children/youth served, including direct service personnel and support personnel such as transportation providers, administrative personnel, etc.

- ✳ In Canada, depending on provincial or other jurisdictional requirements, a criminal record check and a child welfare information system check would be required to meet this standard.

Examples

Background checks may include fingerprinting, FBI criminal history checks, child abuse and neglect registry, sex offender registries, or other appropriate methods available.

Resources

The Dru Sjodin National Sex Offender Public Website (www.nsopw.gov), coordinated by the U.S. Department of Justice, is a cooperative effort between jurisdictions hosting public sex offender registries (“Jurisdictions”) and the federal government and is offered free of charge to the public. These Jurisdictions include the 50 states, U.S. Territories, the District of Columbia, and participating tribes. The website provides an advanced search tool that allows a user to submit a single national query to obtain information about sex offenders; a listing of public registry websites by state, territory, and tribe; and information on sexual abuse education and prevention. The criteria for searching are limited to what each individual Jurisdiction may provide. Also, because information is hosted by each Jurisdiction and not by the federal government, search results should be verified by the user in the Jurisdiction where the information is posted. Users are advised to visit the corresponding Jurisdiction websites for further information and/or guidance, as appropriate.

4.A. 19. As relevant to their job responsibilities, personnel are provided with training that:

- a. Is documented.
- b. Addresses, as relevant to the scope of services:
 - (1) Child growth and development.
 - (2) Behavior support skills.
 - (3) Learning styles.
 - (4) Social and emotional needs.
 - (5) The effects of separation and placement on children.
 - (6) Health and nutrition.
 - (7) Applicable legal issues.
 - (8) Methods of communication.
 - (9) Crisis situations.
 - (10) Family support practices.
 - (11) Family assessment.
 - (12) Risk assessment.
 - (13) Parenting skills.
 - (14) Roles and responsibilities.

(15) Boundaries.

(16) Other topics, as identified.

Intent Statements

In order to achieve more successful outcomes in services, service personnel are knowledgeable about a range of topics that may impact the scope of services provided.

Examples

19.b.(1) Includes readiness to learn, brain development, and cognitive development.

19.b.(2) Includes dealing with aggressive or violent behaviors.

19.b.(8) May include sign language and assistive communication technology.

19.b.(14) May include responsibilities specific to a role, such as coordination of services or when to request a risk assessment, or responsibilities relevant to all personnel in the program, such as customer service or identifying and reporting child maltreatment.

19.b.(15) The therapeutic relationship requires the establishment of rapport as well as appropriate limits on behaviors. Education might include topics such as refraining from establishing a degree of friendship with a child/youth served such that the provider’s role as an adult and/or the parents’ authority is compromised, recognizing that even though providers and family members may disagree about what is best for the child the parent is the final authority regarding the child, and the adaptive balance of emotional engagement and distance in a child’s and family’s care so that providers are invested in the persons served but their roles as professionals are not compromised.

19.b.(16) Additional topics could include issues around attachment theory or issues specific to the children/youth served, such as medical or physical needs, the use of assistive technology, or classroom management.

Early Intervention Services (SCY:EIS)

Applicable Standards

Organizations seeking accreditation for early intervention services must also meet Standards 20.–26. in this section.

4.A. 20. The screening process for the children served:

- a. **Addresses:**
 - (1) Immediate risks.
 - (2) Need for services.
 - (3) Recommended assessments.
 - (4) Eligibility for services, as appropriate.
- b. Informs parents of appropriate resources.

Intent Statements

Screening may be conducted by the program or information may be obtained from another source that conducted the screening.

20.a.(3) The screening process may include recommendations for assessments designed to help prioritize needs and guide the development of strategies for interventions to address those needs.

Examples

20.a.(1) Immediate risks may include urgent health issues, homelessness, malnutrition, suspected abuse or neglect, or reduced family coping skills.

4.A. 21. Assessments are conducted or obtained:

- a. Using standardized tools.
- b. At the time of entry to early intervention services.
- c. At appropriate intervals.
- d. By personnel who have been trained to use the assessment tool(s).

4.A. 22. Ongoing services meet the changing needs of the child.

Intent Statements

The individualized service plan is reviewed on a regular basis and revised as needed.

4.A. 23. To the extent possible, services are provided in the natural environment of the child.

Intent Statements

The natural environment refers to settings that are typical for children of the same age without disabilities and may include the home or community settings.

4.A. 24. If services are provided at the organization's location, the service environment is configured appropriately to meet the needs of the children served, including:

- a. Physical site.
- b. Furniture.
- c. Equipment used in services.
- d. Environmental factors.
- e. Assistive technology, if used.

Intent Statements

The environment or setting is configured in a manner that is consistent with the identified needs and capabilities of the children served.

Examples

Examples may include:

- Appropriately sized furniture.
- Recreational equipment.
- Age-appropriate reading materials and videos.
- Soothing décor that minimizes sensory or physical triggers.

4.A. 25. The early intervention services provide guidance and/or information to families to support their children's:

- a. Motor skills development.
- b. Physical health and development.
- c. Physical activity.
- d. Social development.
- e. Intellectual/cognitive development.
- f. Speech and language development.
- g. Creativity.

- h. Emotional development.
- i. Safety.
- j. Self-care.
- k. Identity development.
- l. Proper nutrition and growth.
- m. Independence and self-determination.

Intent Statements

The program provides as much guidance and/or information as possible to families as early as possible to help them effectively support the development of their children.

-
- 4.A. 26. A designated individual(s) assists in coordinating services for each child served by:
- a. Facilitating implementation of the individualized plan.
 - b. Orienting the child and/or family to the services.
 - c. Promoting the participation of the child on an ongoing basis in discussions of plans, goals, and status.
 - d. Identifying and addressing gaps in service provision.
 - e. Sharing information with the family on how to access community resources relevant to the needs of the child and/or family.
 - f. Advocating for the child, when applicable.
 - g. Communicating information regarding progress of the child to the appropriate individuals.
 - h. Facilitating the transition process, including arrangements for follow-up services.
 - i. Involving the child's family/circle of support, when applicable and permitted.
 - j. Coordinating services provided outside of the organization's early intervention services.

Intent Statements

The program determines the individual(s) who will fulfill these responsibilities. If responsibilities are shared by multiple persons for a child served, the program identifies who has ultimate responsibility for the shared areas and how efforts will be coordinated on behalf of the child served. The individual who is coordinating services for the child served is identified to the child and family.

Examples

Personnel in this role might be called service coordinators, case managers, team leads, etc.

Child and Adolescent Services (SCY:CAS)

Applicable Standards

Organizations seeking accreditation for child and adolescent services must also meet Standards 27.–30. in this section.

4.A. 27. The services empower the children/adolescents served to make decisions.

Intent Statements

The program educates and supports the children/adolescents served to take on increasing responsibility for decision making. Opportunities for each child/adolescent served to engage in decision making are provided with consideration of the individual's age, development, legal status, problem solving skills, and consequences of the decision.

-
- 4.A. 28. As relevant to the scope of services provided, opportunities for skills development relate to:
- a. Activities of daily living.
 - b. Appropriate use of social media.
 - c. Self-determination.
 - d. Self-advocacy.
 - e. Financial literacy.
 - f. Personal safety.
 - g. Safety in the community.
 - h. Use of technology.

-
- 4.A. 29. As relevant to the scope of services provided and based on their choice, the services assist the children/adolescents served to achieve their goals in the following areas:**
- a. Community living skills development.**
 - b. Interpersonal relations.**
 - c. Recreation and use of leisure time opportunities.**
 - d. Vocational development or employment.**
 - e. Educational development.**
 - f. Access to nondisability-related social resources.**
 - g. Participation in sports or other physical activities.**
 - h. Community integration.**

Intent Statements

With support and the development of skills, the child/adolescent served increasingly engages in making decisions and determining and expressing goals and desired outcomes. Services are individualized to reflect choices relative to the areas above.

-
- 4.A. 30. The services do not exclude children/adolescents from services solely on the basis of their juvenile justice status.**

Intent Statements

Although specific behaviors may be identified as exclusionary admission criteria, children/adolescents cannot be excluded from services solely because they are involved in the juvenile justice system. Individuals who need services but are not eligible are linked to other resources.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the children and youth served
- Individual service plans
- Progress notes
- Information provided to the families about resources and services
- Procedures manual
- Personnel training documentation

B. Transition Services (TS)

Description

Transition services are integrated, community-oriented, systematic services for students/transition-age youth and their families provided through a jointly planned approach, involving broad-based community collaboration, linkages, advocacy, and natural supports.

Transition services/supports are planned and coordinated for multiple outcomes for youth leaving school, including post-secondary education, supported education, vocational assessments and targeted training, community employment (including supported employment and volunteer placement), independent or supported living, and community participation. The organization demonstrates early active outreach to and connection and partnership with school districts to address the transition needs of students and their families. The purpose of this collaboration and early planning is focused on ensuring that transition-age youth are not “missed” as they move from one system to another.

Some examples of the quality results desired by the different stakeholders of these services include:

- Community-oriented services.
- Post-secondary education.
- Transition-age youth move directly from their educational environment into community employment.
- Transition-age youth explore alternative community employment situations.
- Access to targeted vocational training or apprenticeships.
- Independent or supported living.
- Community participation.
- Employment.
- Volunteer placement.
- Connections to community resources.
- Appropriate benefits/supports as persons leave school.

Applicable Standards

An organization seeking accreditation in transition services must meet standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.E. Community Services Principle Standards, Standard 2.E.4.
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

- 4.B. 1. **Outreach is provided to students/transition-age youth and their families to:**
- a. **Inform them of their options before they transition from school to community services, including post-secondary education or employment, when appropriate.**
 - b. **Inform them of the process to follow to obtain access to funding for desired services.**
 - c. **Allow them opportunity to become acquainted with service options of interest.**
 - d. **Enable them to make informed decisions about their future participation.**

Intent Statements

In order to make informed choices, students/transition-age youth and their families need as much information as possible about the options available to them as adults in their communities.

Examples

With a continued focus on the family and its life-long role in the child’s life, information about new services, alternative settings and strategies,

etc., is provided for the family's use to assist in such transitions and to help give continuity to services. This could include information about sources of funding, employment, community living services, and service provider organizations in the community. See also Standard 2.A.1. In order to make informed choices about appropriate services and providers, the families and transition-age youth are given information about the various options from which to choose. The array may also suggest new or different services and strategies more appropriate to their identified needs and goals.

1.c. Best practices include providing opportunities for students/transition-age youth to experience or try out various service options to help determine interest and appropriateness.

1.d. Informed choice is vital in conforming to this standard. Persons served frequently lack awareness of and the necessary knowledge about community opportunities to be able to make an informed choice. They are limited in exercising informed choice until and unless they have been provided with experiential opportunities to explore community options to ensure that choice is truly informed.

This is especially important for persons considering employment. The persons served and appropriate staff members or partnership agencies should be involved in the assessment of opportunities for community employment. If indicated, a person served is referred for external services to fully explore community employment before other alternatives are considered.

-
- 4.B. 2. Each person's plan for transition from school to community services is coordinated to ensure accurate information when the individual education plan is developed.**

Intent Statements

The plan communicates the student's expectations and outcomes. The organization and school closely work together to develop an accurate transition plan.

Examples

Transition planning enhances the effectiveness and efficiency of the transition from school services to adult community services by focusing on opportunities, during the final years and months of educational services, to connect the student and family with local community supports and services.

Collaboration is needed to coordinate the two plans. Collaboration means bringing the various participants in the planning process—i.e., the youth in transition, family members, school personnel, community service providers—together for discussion and ongoing planning. See the Intent Statements and Examples for planning under Standards 2.B.1.–7., which address comprehensive plans.

-
- 4.B. 3. The plan for transition from school to community services identifies, as appropriate:**
- a. The person's options for future employment.**
 - b. Potential future residential settings.**
 - c. Community resources available.**
 - d. Existing family supports.**
 - e. The availability of transportation.**
 - f. Training/educational opportunities.**
 - g. Social and recreational opportunities/involvement.**
 - h. Unique supports needed for the persons served.**
 - i. Funding resources.**
 - j. Health and healthcare considerations.**
 - k. Other information identified by the person and/or the family.**

Intent Statements

The plan for each student is tailored to specific expectations and to the services/supports available locally.

Examples

Linkages and supports from the local community are keys to the development and implementation of a successful plan for transition to adult community services.

Information about community-based providers is shared with the students and their families at critical times in the development of the individual education plans or transition plans. By beginning the process early, the students and families served have the opportunity to learn about local service providers, enroll with the appropriate adult agencies, and examine and plan to address barriers to the achievement of their expected outcomes.

3.a. Individually tailored job development, training, and support recognize each person's employability and potential contribution to the labor market. Persons are supported as needed through an individualized person-centered model of services to explore community employment options.

Resources

Information and tools that may be helpful in developing plans and goals for persons served can be found at www.lifecoursetools.com.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Individual transition plans
- Progress notes
- Assessment information
- Documentation of connections with school districts or community-based employment services providers

C. Family Services (FS)

Description

Family services are provided to persons served and/or their families, either to enable the person and the family to stay together or to enable persons served to remain involved with their family. Families, including the persons served, are the key decision makers in identifying the services/supports needed and in choosing how those services/supports will be delivered.

Some examples of the quality results desired by the different stakeholders of these services include:

- Resources to support family stability.
- Availability of respite services.
- Emergency response system for family relief.
- Families remaining together.

Applicable Standards

An organization seeking accreditation in family services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure, Standards 1.–18.
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.E. Community Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

4.C. 1. Planning:

- a. Is person- and family-centered.
- b. Recognizes family expertise.
- c. Considers family values.
- d. Supports individual and family relationships.

- e. Enhances lifespan planning.
- f. Addresses contingency planning in the event of loss of the primary caregiver.

4.C. 2. The organization provides or refers the family to desired support services.

-
- 4.C. 3. The organization provides to the person served/family:
- a. Information on community resources, including how to access these.
 - b. Referral sources for specialized care needs.

Intent Statements

In order to make informed choices about appropriate services and providers, the families (including the persons served) have a wide variety of options from which to choose.

Examples

Information provided is responsive to identified needs and goals and so may suggest new or different services and strategies.

4.C. 4. The program collaborates, as appropriate to identified needs, with other programs in planning service delivery.

-
- 4.C. 5. The organization assists families with development of a plan for relief, including:
- a. A 24-hour emergency response system.
 - b. Respite services and supports, if needed.

Intent Statements

Families often need respite-type services that are not necessarily regularly scheduled, in order to deal with emergencies and the pressures of caregiving.

Examples

Emergency services can be provided by the organization or by another provider. Review Section 4.F. for a description of respite services.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Individual service plans
- Progress notes
- Information regarding relief and emergency response systems
- Procedures manual

D. Foster Family Services (FFS)

Description

Foster family services are provided under a contract or agreement for the temporary placement of an individual, regardless of age, in a family setting outside the birth or adoptive family home. Foster family services are provided to a foster family provider to establish and maintain a home on a temporary basis for the person served. The courts may be involved in establishing this relationship.

Foster family services are comprehensive and establish a system of supports and services for the individual, the family of origin when appropriate, and the foster family provider. These services focus on establishing stability in the life of the person served.

Although the “home” is generally the foster family provider’s home or residence, it may also be the home of the person served.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

- Temporary placements for persons.
- Stability in a person’s life.
- Appropriate matches of persons with foster families.
- Safe placements.

Applicable Standards

An organization seeking accreditation in foster family services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional

NOTE:

- Standards 1.H.5. and 1.H.7. (Section 1.H. Health and Safety) are not applied to any foster family home.

- Standards 1.H.14. and 1.H.15. are applied to the foster family home only when the organization owns the home.

If any clarification is needed, please contact a resource specialist in the Employment and Community Services customer service unit.

- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Management and Monitoring (as indicated by the guidelines in this section, 2.C. is applicable to the organization if the foster family provider has a responsibility for medications for persons served)
- 2.E. Community Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

4.D. 1. Services reflect the active participation of the:

- a. Person served.
- b. Family of origin, if appropriate.
- c. Foster family provider.
- d. Placement agency.
- e. Others, as appropriate.

Intent Statements

Persons served are supported to direct and manage their services.

Examples

It is important that the organization’s services strive to allow as much participation of all parties as possible. This is to ensure that all the parties are working together with a common focus on the interests of the person served.

-
- 4.D. 2. Foster family providers receive training to meet the identified needs of the persons served that covers:**
- a. Human growth and development and how to best support it.
 - b. Behavior supports.
 - c. Learning styles.
 - d. Cultural diversity.
 - e. Applicable legal issues.
 - f. Methods of communication.
 - g. Physical limitations and accommodations needed, if applicable.
 - h. Parenting skills, when needed.
 - i. Medication management, when applicable for the person served.
 - j. Other specific needs.

Examples

2.i. When family responsibilities include medication administration to persons served, ensuring appropriate training (as per Standards 4.D.7.c. and 4.D.2.i.) is an important aspect of organizational risk management and safety of persons served. Guidance for an organization could come from licensing, contractual, funding, legal, or other regulatory requirements.

2.j. Other specific needs could include issues around attachment theory, medical or physical needs, or the use of assistive technology.

-
- 4.D. 3. The organization advocates on behalf of:**
- a. The person served.
 - b. The foster family provider.

Examples

This advocacy may relate to the outcomes of these services, including adoption or returning to family of origin, if appropriate. (See the following standard.)

-
- 4.D. 4. Advocacy for the persons served addresses the following areas, as appropriate:**
- a. Assurance of basic needs being addressed.
 - b. Basic rights protection for the persons served.
 - c. A permanent living arrangement for the person.
 - d. Legal oversight.
 - e. Adoption coordination, if needed.
 - f. Developmental needs.
 - g. Exploitation awareness.
 - h. Health and safety needs.
 - i. Education.
 - j. Surrogate parent, if applicable.

Intent Statements

Persons served are informed of and supported to exercise their rights.

Examples

4.e. Adoption coordination may include all aspects of coordination surrounding the legal process of adoption as specified by national, provincial, state, or local regulations.

-
- 4.D. 5. Action planning addresses:**
- a. A range of possible living opportunities, as available.
 - b. Permanency and stability in the life of the person served.
 - c. Timelines of services.
 - d. Activities to meet the timelines.
 - e. Persons responsible for the activities/timelines.
 - f. Temporary or ongoing supports needed to execute the action plan.
 - g. Monitoring of action plans.
 - h. Follow-up as needed.

Intent Statements

Information is gathered and used in developing a personalized plan.

Examples

This planning is sometimes referred to as concurrent planning, in that several different possible outcomes may occur, and they may not all be evident at the start of the process. Flexibility and close monitoring of the situation are possible key indicators of conformance.

4.D. 6. Foster family services reflect planning in the following ways:

- a. Persons served are afforded opportunities and supports so that whenever feasible they return to their families of origin.
- b. When out-of-home placements are necessary, services are provided to the families of origin and foster family providers to support the opportunity for family reunification.
- c. When persons served are released for adoption, they receive the supports they need.
- d. When family reunification or adoption is not feasible, persons served have the opportunity for long-term inclusion in a typical family environment or another living arrangement that meets their needs or desires.
- e. When persons served cannot be maintained in a foster family environment, they experience the most culturally similar residential, educational, and social opportunities possible while efforts are made to secure a stable environment.

Intent Statements

Persons served have continued access to assistance as needed to obtain and coordinate services promptly.

Examples

These concepts indicate that a sense of permanency is established in the life of the person served. Advocacy for each person served is critical in all instances, and particularly when reunification with the family of origin is not possible or is not in the best interest of the person served.

-
- 4.D. 7. The organization, in collaboration with the court system, when applicable:
- a. Recruits foster family providers.
 - b. Screens foster family providers.
 - c. Trains foster family providers.
 - d. Monitors the performance of foster family providers.
 - e. Reviews foster family providers' performance.
 - f. Provides support services as needed or requested.

Intent Statements

There are sufficient qualified agency and individual foster family providers to meet the needs of persons served in their communities.

Examples

CARF is not accrediting the foster family units, but rather the services provided by the organization that make foster family placement successful.

7.c. Although Standard 1.H.7. (tests of emergency procedures) is not applied to foster family homes, safety authorities advise regular practice of testing emergency procedures in all homes. This may be an area an organization would want to include in its training for foster family providers.

-
- 4.D. 8. Each person served is involved with the selection of a foster family, as is appropriate to age and ability.

Intent Statements

Persons served are supported to direct and manage their services.

Examples

The selection of a specific foster family setting is not made based solely on availability.

4.D. 9. The organization assists foster family providers with development of a plan for relief, including:

- a. A 24-hour emergency response system.**
- b. Respite services and supports, if needed.**

Intent Statements

Respite services and access to emergency assistance are readily available.

Examples

For more information on respite services, please refer to Section 4.F.

4.D. 10. Each foster family provider has a signed agreement that:

- a. Identifies the following for each involved party:**
 - (1) Role.**
 - (2) Responsibilities.**
 - (3) Specific needs.**
- b. Identifies the:**
 - (1) Performance monitoring process.**
 - (2) Legal rules/regulations that are applicable.**
- c. Is shared with all parties in an understandable manner.**

Intent Statements

Clarification of the relationship between the organization and the foster family provider and the roles and responsibilities of each promotes delivery of services and supports in an effective manner that will respond to changing needs. While personnel of the organization may also become foster family providers, those roles are separate and distinct. Likewise, the written agreement between the organization and the foster family provider does not make the foster family provider personnel of the organization.

Examples

Agreements in simple written form minimize misunderstandings, allow for modification as needs change, and provide the basis for successful partnerships.

10.a.(2) When family responsibilities include medication administration to persons served, ensuring appropriate training (as per Standards 4.D.2.i. and 4.D.7.c.) is an important aspect of organizational risk management and safety of persons served. Guidance for an organization could come from licensing, contractual, funding, legal, or other regulatory requirements.

4.D. 11. Foster family services address the needs of each person served in the following areas:

- a. Healthcare.**
- b. Safety.**
- c. Education/vocational, as appropriate.**
- d. Emotional/behavioral.**
- e. Social and community activities.**
- f. Religious, spiritual, and cultural.**
- g. Transition from foster care to adult services, including identifying and addressing guardianship issues.**
- h. Others, as identified.**

Intent Statements

It is the responsibility of the organization to ensure that these needs are being met by the foster family provider.

Examples

Services are always individualized. The organization should be able to demonstrate that it can provide services either through its own resources or through contractors, partnerships, or referrals as needed to meet the needs of the persons served.

4.D. 12. As a person served moves to a different service or setting, pertinent information is provided within a reasonable time-frame to the:

- a. Family of origin, as appropriate.**
- b. Foster family provider, as appropriate.**
- c. Person served.**
- d. New provider of service or new setting.**

- e. Referral/funding source.
- f. Any other provider working with the individual.

Intent Statements

Information and support is available to help persons served make informed decisions.

Examples

This standard extends the active participation called for in Standard 4.D.1. to the movement of the person served to a new or different setting or service. Required timeframes are established by the organization and/or state guidelines.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Progress notes
- Individual service plans
- Procedures manual
- Information regarding relief and emergency response systems
- Information regarding foster family arrangement
- Assessment information
- Information regarding recruitment, screening, training, and monitoring

E. Host Family/Shared Living Services (HF/SLS)

Description

Host family/shared living services assist a person served to find a shared living situation in which the person is a valued person in the home and has supports as desired to be a participating member of the community. An organization may call these services, which are provided under a contract or written agreement with the host family/shared living provider, a variety of names, such as host family services, shared living services or supports, alternative family living, structured family care giving, family care, or home share.

Getting the person in the right match is a critical component to successful host family/shared living services. The organization begins by exploring with the person served what constitutes quality of life for the individual and identifies applicant host family/shared living providers who are a potential match with the person's identified criteria. The person served makes the final decision of selecting a host family/shared living provider.

Safety, responsibility, and respect between or amongst all people in the home are guiding principles in these services. Persons are supported to have meaningful reciprocal relationships both within the home, where they contribute to decision making, and in the community. The host family/shared living provider helps the person served to develop natural supports and strengthen existing networks. Relationships with the family of origin or extended family are maintained as desired by the person served. The host family/shared living provider supports the emotional, physical, and personal well-being of the person.

Persons develop their personal lifestyle and modify the level of support over time, if they so choose. The host family/shared living provider encourages and supports the person served to make decisions and choices.

The host family/shared living provider does not necessarily have to be a family, as it could be an individual supporting the person. Although the "home" is generally the host family/shared living provider's home or residence, it may also be the home of the person served.

Some examples of the quality results desired by the different stakeholders of these services and supports include:

- Quality of life as identified by the person served is enhanced.
- Increased independence.
- Increased community access.
- Persons served choose whom they will live with and where.
- Participation of the persons in the community.
- Community membership.
- Support for personal relationships.
- Increased natural supports.
- Strengthened personal networks.
- Supports accommodate individual needs.
- Persons feel safe.
- Persons feel that the supports they need/want are available.
- Persons decide where they live.
- Persons feel valued.
- Persons have meaningful relationships.
- Persons develop natural supports.
- Persons participate in their community.

Applicable Standards

An organization seeking accreditation in host family/shared living services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional

NOTE:

- Standards 1.H.5. and 1.H.7. (Section 1.H. Health and Safety) are not applied to any host family/shared living provider.

- Standards 1.H.14. and 1.H.15. are applied to the host family/shared living provider only when the organization owns the home.

If any clarification is needed, please contact a resource specialist in the Employment and Community Service customer service unit.

- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery.
- 2.C. Medication Management and Monitoring (as indicated by the guidelines in this section, 2.C. is applicable to the organization if the host family/shared living provider has a responsibility for medications for persons served)
- 2.E. Community Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

4.E. 1. The organization actively recruits host family/shared living providers.

Intent Statements

Services are available in a timely manner.

4.E. 2. The organization implements a screening process for individuals and/or families to be host family/shared living providers, which includes:

- a. Background checks for all adults in the home.
- b. Drivers' records.
- c. A home study to gather information about:
 - (1) The home environment.
 - (2) Who lives in the home.

d. Character reference checks on the potential host family/shared living provider.

e. Interviews with:

(1) The potential host family/shared living provider to:

- (a) Explore the provider's expectations.
- (b) Identify the demographics and characteristics of persons whom the provider feels able to support.

(2) Other individuals living in the home.

Examples

2.a. May include criminal background checks, drug testing, verification of immunizations, or other checks that may be relevant for the individual/family or to the person served.

The organization complies with all required background checks, as applicable, including the Federal Exclusions List. The Office of Inspector General has the authority to exclude individuals and entities from federally funded healthcare programs and maintains a current List of Excluded Individuals and Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties. For more information, refer to oig.hhs.gov/exclusions/index.asp.

2.c.(1) This might include information such as household relationships and dynamics and considerations related to the external environment, neighborhood where the home is located, surrounding areas, etc.

2.e.(1)(a) The potential host family/shared living provider may indicate limitations on the scope of supports they are willing or able to effectively provide due to factors such as physical or medical complexities, gender, age, cognitive development levels, or communication abilities.

- 4.E. **3. As part of the screening process, the organization:**
- a. Identifies the expectations from the person served of what is desired in a shared living situation, which includes:**
 - (1) Lifestyle desired.
 - (2) Indicators of quality of life to the person.
 - (3) Interests.
 - (4) Transportation requirements.
 - (5) Cultural/spiritual considerations.
 - (6) Living space requirement.
 - (7) Others identified.
 - b. Gathers information as relevant to the needs of the person served, including:**
 - (1) Health status.
 - (2) Medical conditions.
 - (3) Cognitive abilities.
 - (4) Behavioral challenges.

Intent Statements

It is the person served who should be asked "What is important in my life?" If the person served cannot identify this due to a communication barrier, significant individuals/advocates who know the person and would be able to do so should be involved.

The program gathers sufficient information to suggest potential matches with well-suited host family/shared living providers. Information is gathered from secondary sources as needed and available to help ensure a compatible setting.

Examples

Personal priorities of the person served are identified to assist with the screening and matching process.

Friendships and relationship considerations that may be important to the person served are addressed. Some questions you may want to ask the person to help identify lifestyle and quality of life indicators are: What's your best week day like? What is your worst week day like? What's your best weekend day like? What would give you more better days?

3.a.(3) Includes hobbies and activities that are important to the person served.

3.b. Secondary sources, including referral documentation, assessments such as the Support Intensity Scale, and information gathered from family and previous host family/shared living providers, may be sources for information not available directly from the person served.

- 4.E. **4. In matching individuals with potential host family/shared living providers, the organization:**
- a. Provides an opportunity for them to meet and know one another.**
 - b. Ensures that each has information about the other to enable both to exercise informed choice.**
 - c. Ensures that individuals have choice regarding:**
 - (1) Where they live.
 - (2) With whom they live.
 - d. Sets a timeframe for decision making that allows adequate time for the person to explore choices.**
 - e. Supports a transition to move in, if that is the choice.**

Intent Statements

Getting the right person in the right match is a critical component to success. The organization manages a process that will lead to a decision and ensures that a person moves to a home only when the full process has been completed.

When matching individuals with potential host family/shared living providers, information from the screening process is shared with both.

Examples

Satisfaction of persons with these services greatly depends on a match that meets their identified strengths, needs, and preferences. There is at least one, but may be more, meetings between the individual and a potential host family/shared living provider to allow time for them to determine whether it is a good fit. If the decision of either is that the match is not desired, then the process is repeated with another potential host family/shared living provider. Information gleaned from an unsuccessful match may inform

additional criteria to use in identification of another potential host family/shared living provider.

-
- 4.E. **5. The organization requires host family/shared living providers to participate in competency-based training that addresses:**
- a. Implementation of program values.
 - b. First aid.
 - c. Basic healthcare expectations.
 - d. Documentation practices.
 - e. Medication management, when applicable for the person served.
 - f. Other specific areas as applicable to the person served.

Examples

Although Standard 1.H.7. (tests of emergency procedures) is not applied to the home, safety authorities advise regular practice of testing emergency procedures in all homes. This may be an area an organization would want to include in its training for host family/shared living providers.

5.c. Includes regular visits to a doctor and other healthcare professionals as needed.

5.f. May include training on interpersonal skills, communication styles, or positive behavioral supports, when applicable.

-
- 4.E. **6. The organization has a written agreement with each host family/shared living provider that:**
- a. Includes:
 - (1) Their respective responsibilities.
 - (2) Legal rules and regulations that are applicable.
 - (3) Mechanisms for communication between the organization and the host family/shared living provider.

- (4) **Identification of who has what authority over decisions regarding the individual's:**
 - (a) Healthcare.
 - (b) Finances.
 - (c) Legal status.
 - (5) **Identification of roles for handling a crisis situation involving the person served should one arise.**
 - (6) **Performance expectations for the host family/shared living provider.**
 - (7) **Performance monitoring process.**
 - (8) **Process for resolution if the organization and/or individual is not satisfied with the host family/shared living provider or home life conditions.**
- b. Is shared with all parties in an understandable manner.**

Intent Statements

Clarification of the relationship between the organization and the host family/shared living provider and the roles and responsibilities of each promotes delivery of services and supports in an effective manner that will respond to changing needs. While personnel of the organization may also become host family/shared living providers, those roles are separate and distinct. Likewise, the written agreement between the organization and the host family/shared living provider does not make the host family/shared living provider personnel of the organization.

Examples

Agreements in simple written form minimize misunderstandings, allow for modification as needs change, and provide the basis for successful partnerships.

An organization may also give specific guidance regarding responsibilities in a procedures manual that is separate from the agreement itself.

6.a.(1)–(2) When responsibilities include medication administration to persons served, ensuring appropriate training (as per Standard 5.e.) is an important aspect of organizational risk management and safety of persons served.

Guidance for an organization could come from licensing, contractual, funding, legal, or other regulatory requirements.

6.a.(3) Communication allows two-way dialogue between the organization and host family/shared living providers. As the service needs of a person served change, the host family/shared living provider may be the first to see the signs and to suggest modifications to service planning and delivery.

6.a.(5) Crisis situations may relate to medical or mental health issues of the person served or the host family/shared living provider.

6.a.(7)–(8) Includes processes for and conditions that may lead to transition of the person served to a different home and termination of the agreement/contract.

-
- 4.E. 7. The organization implements a procedure for monitoring the performance expectations of the host family/shared living provider that:**
- a. Takes place:**
 - (1) **Initially at:**
 - (a) 30 days.
 - (b) 90 days.
 - (2) **Quarterly thereafter, unless the individual situation merits more frequently.**
 - b. Includes individual discussions with:**
 - (1) **The person served.**
 - (2) **The host family/shared living provider.**
 - (3) **Others, as appropriate.**
 - c. Ensures:**
 - (1) **Implementation of program values.**
 - (2) **The individual rights of the person served in the home are respected.**
 - (3) **Protection of the person served from any form of exploitation.**
 - (4) **The host family/shared living provider is facilitating linkages of the person to the community.**

d. Includes documenting the results of monitoring visits.

e. Addresses performance improvement as needed.

Examples

7.d. Results of monitoring visits include findings as well as any actions taken to address issues or problems discovered during the process.

4.E. 8. The organization ensures that the host family/shared living provider has a plan for:

a. Respite or relief to address continuity of support.

b. Emergency response.

Intent Statements

Respite services and access to emergency assistance are readily available.

Examples

Host family/shared living providers have the same needs for supports and service access as do families of origin. For more information on respite services, please refer to Section 4.F.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Individual service plans
- Progress notes
- Information regarding recruitment, screening, training, and monitoring
- Contract information
- Procedures manual
- Information regarding relief and emergency response systems

F. Respite Services (RS)

Description

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of service delivery for the persons served, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites, as appropriate. An organization providing respite services actively works to ensure the availability of an adequate number of direct service personnel.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

- Services/supports are responsive to the family's needs.
- Services/supports are safe for persons.
- Services/supports accommodate medical needs.

Applicable Standards

An organization seeking accreditation in respite services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standard 1.
- 2.C. Medication Monitoring and Management (when services are provided in an organization site and exceed seven consecutive days duration for an individual, Standards 1.–2. and 5.–6.)
- 2.E. Community Services Principle Standards, Standard 4.
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

-
- 4.F. 1. Before services begin, the persons served and their families communicate their:
- a. Preferences.
 - b. Needs.
 - c. Expectations.

Intent Statements

The services/supports reflect the needs of each person and family served.

Examples

Continuing two-way communication with the service provider is essential to achieve outcomes that are successful in terms of stakeholder satisfaction.

-
- 4.F. 2. Respite services accommodate:
- a. The needs of the person served.
 - b. The needs of each family.

Intent Statements

This standard amplifies and defines the partnership between the person served, the family, and the service provider.

-
- 4.F. 3. The preferences and needs of each family determine the specific respite services received by the family.

Intent Statements

Family preferences make these services/supports unique to the families receiving them.

Examples

Ongoing communication between the organization and providers helps to identify the specific respite needs of each family.

-
- 4.F. 4. Family members assist with respite training, as appropriate.

Intent Statements

Persons served are supported to direct and manage their own services.

Examples

Generally families know best what the person served needs and can be helpful in training others.

-
- 4.F. **5. The individual respite site is matched to the identified needs of each person and family served.**

Intent Statements

The location of service delivery is an important part of the family's service needs and plan.

Examples

The organization attempts to provide services/supports when and where the person served chooses.

Individuals' satisfaction with services, cost effectiveness, accessibility, and reasonable accommodations are considered in determining the locations used to provide respite services/supports.

-
- 4.F. **6. When other needs of the person served are observed during provision of respite, communication to the family includes:**
- a. Information about resources that are available and how to access these.**
 - b. Recommendations for additional services.**

Intent Statements

Persons served have access to an array of services/supports.

Examples

As a basis of the partnership between the organization and the family, the organization has an equal responsibility to convey its observations regarding the services/supports needed to the family and the person served for their consideration.

-
- 4.F. **7. When applicable, the following accompany the person served or are available at the service site:**
- a. Necessary medications.**
 - b. Needed medical and/or adaptive/assistive technology equipment.**
 - c. Instructions for:**
 - (1) Medical care.**
 - (2) Special needs.**
 - (3) Emergencies.**

Intent Statements

The health and safety of persons served are supported in the service environment.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Progress notes
- Procedures manual
- Intake information

G. Community Integration (COI)

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity center, a day program, a clubhouse, and a drop-in center are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full-time in more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Pre-vocational experiences.
- Vocational pursuits.
- Volunteerism in the community.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Interacting with volunteers from the community in program activities.

- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centers, arts councils, etc.).

NOTE: *The use of the term persons served in Community Integration may include members, attendees, or participants, as appropriate.*

Some examples of the quality results desired by the different stakeholders of these services include:

- Community participation.
- Increased independence.
- Increased interdependence.
- Greater quality of life.
- Skill development.
- Slowing of decline associated with aging.
- Volunteer placement.
- Movement to employment.
- Center-based socialization activities during the day that enable persons to remain in their community residence.
- Activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitalization or nursing home care.

Applicable Standards

An organization seeking accreditation in community integration must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.E. Community Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: *Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.*

- 4.G. 1. The persons participating in services/ activities move toward:**
- a. Optimal use of:**
 - (1) Natural supports.
 - (2) Self-help.
 - b. Greater self-sufficiency or a slowing of the declines associated with aging.**
 - c. Greater choice.**
 - d. Greater control of their lives.**
 - e. Participation in the community.**

Intent Statements

Services and supports lead to positive outcomes for persons served. The organization considers the demographics of the population it serves, including such things as medical risk factors, travel concerns, family aspirations, and age of persons served. Outcomes prevent fallback to government institutions and maintain the individual's participation level in defined community settings.

Examples

These services are designed and delivered in such a manner as to enhance the interdependence of the persons served, their self-concept, and their social adaptations. These services are flexible in satisfying the needs and desires of the persons served.

Community integration of the medically fragile can include activities at a center or across campus from their typical home environment. If the person served is medically fragile and unable to attend activities in the community, the organization may consider different methods of reverse integration such as a religious group providing church services at the organization one day a week, or the person served being adopted by a foster grandparent or a college student for one-on-one activities. Another example of reverse integration would be pet therapy where an individual with a certified pet therapy animal visits the organization to allow the persons served to interact with the pet.

- 4.G. 2. Services and activities are organized around:**
- a. The stated goals of the persons served.**
 - b. The identified preferences of the persons served.**
 - c. The identified needs of the persons served.**
 - d. Improving the ability of the persons served to understand their needs.**
 - e. Assisting the persons served to achieve their goals of choice in the following areas:**
 - (1) Community living skills development.
 - (2) Interpersonal relations.
 - (3) Recreation/use of leisure time opportunities.
 - (4) Vocational development or employment.
 - (5) Educational development.
 - (6) Self-advocacy.
 - (7) Access to nondisability related social resources.

Intent Statements

Persons served have an active role in program design and redesigning the program.

Examples

The organization demonstrates that a range of basic services/supports is provided. These services/supports could be arranged within a psychosocial clubhouse, an activity center, or a day program, but the common services consist of providing assistance with independent living skills and the other activities as desired by the persons served and described in this standard.

2.e.(1) The program assists the person served to develop the skills needed to live as independently as possible in the community.

2.e.(4) Paid or volunteer work may be a component of these services.

Some quality of life indicators would be:

- Social Well-Being
 - I have friends who care about me
 - I have an active social life
 - I feel comfortable in social situations
 - My recreational activities often involve interacting with others
- Occupational/Career Development Well-Being
 - I am satisfied with my job options
 - I am satisfied with my job skills
 - I am satisfied with my employment situation
- Material Well-Being
 - I can afford decent housing
 - I can afford decent clothing
 - I feel good about my financial future

4.G. **3. Services are provided at times and locations that meet the needs of the persons served.**

Intent Statements

The program demonstrates the ability to provide services in an effective and efficient manner and takes the needs of persons served into consideration.

Examples

The program's services and hours of operation, including evenings, weekends, and holidays, are evaluated periodically to ensure that the services are available and accessible to meet the needs and interests of the persons served.

4.G. **4. Personnel are available to meet with persons served to discuss matters of interest or concern.**

Intent Statements

Personnel are accessible to persons served.

Examples

Individual or group meetings can include regularly scheduled meetings or meetings for the purpose of discussing issues such as:

- Program operations and activities.
- Hours of operation.
- Problems.
- Plans.
- The use of program resources.

4.G. **5. The organization provides information or referral to assist the persons served in securing assistance to meet their basic needs.**

Intent Statements

Agency and direct support personnel possess the skills, competencies, and qualifications to support the persons served.

Examples

Overcoming identified barriers or meeting specific needs may be beyond the organization's service delivery capability but may be addressed by referrals to other community agencies, organizations, and resources.

This may include any of the following based on the needs of the person served:

- Income maintenance.
- Benefits.
- Food, clothing, and household goods.
- Short-term or emergency shelter.
- Housing subsidies, including long-term housing.
- Medical and healthcare.
- Information on the impact of employment on securing and accessing future benefits.
- Transportation.
- Other community supports.

The organization provides information about public assistance and application procedures to the persons and/or families served. The staff members are knowledgeable about requirements to obtain and retain public assistance, due process, and timeframes or are able to refer persons to authorities who are. Sources of public

assistance may include, but are not limited to, Supplemental Security Income, Social Security Disability Insurance, food stamps, bus passes, public health services, and local, county, and state or provincial assistance.

- 4.G. **6. The program's outreach to and follow-up procedures for the persons served are directed to:**
- a. Those who drop out of services.
 - b. Those who have been admitted to a treatment, institutional, or other setting.

Intent Statements

The intent of this standard is that the program adopt procedures that describe how the program will coordinate services and referrals to reduce disruption to the services for the persons served.

Examples

Each program is encouraged to work cooperatively with other agencies in the community to develop a seamless continuum of services and to reduce all barriers to access.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Individual service plans
- Progress notes
- Procedures manual
- Meeting schedules and notes

H. Community Housing (CH)

Description

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services/supports are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twenty-four months and can be offered in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences in which Community Housing services are provided must be identified in the survey application. These sites will be visited during the survey process and identified in the survey report and accreditation decision as a site at which the organization provides a Community Housing program.

NOTE: *The term home is used in the following standards to refer to the dwelling of the person served, however CARF accreditation is awarded based on the services/supports provided. This is not intended to be certification, licensing, or inspection of a site.*

Some examples of the quality results desired by the different stakeholders of these services/supports include:

- Safe housing.
- Persons choosing where they live.
- Persons choosing with whom they will live.
- Persons having privacy in their homes.
- Persons increasing independent living skills.
- Persons having access to the benefits of community living.
- Persons having the opportunity to receive services in the most integrated setting.
- Persons' rights to privacy, dignity, respect, and freedom from coercion and restraint are ensured.
- Persons having the freedom to furnish and decorate their sleeping or living units as they choose.

- Persons having freedom and support to control their schedules and activities.
- Settings that are physically accessible to the individuals.

Applicable Standards

An organization seeking accreditation in community housing must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.E. Community Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: *Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.*

4.H. 1. Persons served in a residential setting have their own personal space that:

- a. Respects privacy.
- b. Promotes personal security.
- c. Promotes safety.

Intent Statements

Persons served have a right to personal, private space.

Examples

1.a. This standard does not require a separate room for each resident, but it does suggest the provision of a safe, secure, private locations that can be thought of by the persons served as their own. Even when a person shares a bedroom with a roommate, there is still privacy available.

1.b. This includes the security of personal possessions. A program might consider units with lockable entrance doors, with the persons served and appropriate staff having keys as needed.

1.c. Safety needs are determined on the basis of the individuals' strengths and needs. See also standards in Section 1.H. Health and Safety for all sites owned, leased, or operated by the organization.

4.H. 2. The organization provides the following community living components:

- a. Regular meetings between the persons served and staff.**
- b. Opportunities to participate in typical home activities.**
- c. Appropriate linkage when health-care needs of the persons served are identified.**
- d. A personalized setting.**
- e. Daily access to nutritious meals and snacks.**
- f. The opportunity for expression of choice by the persons served in regard to rooms and housemates.**
- g. Based on the choice of the persons served, opportunities to access:**
 - (1) Community activities.**
 - (2) Cultural activities.**
 - (3) Social activities.**
 - (4) Recreational activities.**
 - (5) Spiritual activities.**
 - (6) Employment/income generation activities.**
 - (7) Necessary transportation.**
 - (8) Self-help groups.**
 - (9) Other activities as identified in the person's plan.**
- h. Guidelines related to:**
 - (1) Visitors or guests.**
 - (2) Pets.**

Intent Statements

Persons served have choice in services/supports.

Examples

2.a. These meetings could be community meetings or meetings for the purpose of collaboratively discussing issues such as:

- Program operations.
- Problems.

- Plans.
- The use of program resources.

2.b. The program encourages all persons served to take increasing responsibility for cooperative operation of the household. Activities may include the preparation of food and the performance of daily household duties.

2.d. Persons served have the freedom to furnish and decorate their sleeping or living areas.

2.e. Organizations might consider that persons served have access to food at any time unless there are special dietary concerns identified in a person's individualized service plan. As part of a person's participation in household activities, one role might be cleaning and slicing fresh fruit or vegetables to provide healthy snacks being available at all times for housemates.

2.f. Depending on the program structure and the needs of the persons served, there may be procedures for maintaining separate sleeping areas in accordance with the genders, ages, and developmental level of the persons served. Whenever possible, each person served has the choice of a private room or the opportunity to participate in the selection of a roommate.

2.g. Persons served have freedom and support to control their schedules and activities as identified in their plans.

2.g.(8) Activities could include meetings of 12-step and other self-help groups.

4.H. 3. In-home safety needs of persons served are addressed with respect to:

- a. Environmental risks.**
- b. Abuse and/or neglect inflicted by self or others.**
- c. Self-protection skills.**
- d. Medication management.**

Intent Statements

Safety needs are determined on the basis of the individuals' strengths and needs.

Examples

See also standards in Section 1.H. Health and Safety for all sites owned, leased, or operated by the organization.

-
- 4.H. **4. When possible, persons served have options to make changes in their living arrangements:**
- a. **At their request.**
 - b. **At the request of their families, when applicable.**
 - c. **In transitional living, on a periodic basis when initiated by the organization.**
 - d. **Based on informed choice.**

Intent Statements

Residential services and supports are flexible and fluid, as the needs and desires of the persons served change.

Examples

The preference for a different living situation is typically addressed at the person's annual planning meeting.

Knowledge of existing and planned services is important for the persons served so that they can make informed choices about alternative living arrangements. Alternative living arrangements may be provided by the organization or other providers. The term living arrangements refers to the service model and not the residence or home itself.

-
- 4.H. **5. Based on the needs of persons transitioning to other housing, there are procedures in place to assist them in securing housing that is:**
- a. **Safe.**
 - b. **Affordable.**
 - c. **Accessible.**
 - d. **Acceptable.**

Intent Statements

The safety and security of the living arrangements of the persons served are assessed, risk factors and accessibility issues are identified, and modifications are made to make the housing choices acceptable.

Examples

Successful transition of a person served to safe and affordable new housing requires the organization to establish organizational procedures

based on input from a variety of customers and stakeholders. Planning considerations should include the strengths, desires, and needs of the persons served, as well as areas of organizational consideration and resources that will need to be addressed. Those areas include accessibility plans and resources budgeted to remove barriers, appropriate review of health and safety factors as defined by local authorities, and the various aspects of risk management, and are all part of the individual services and organizational planning necessary to secure new housing.

-
- 4.H. **6. Each person served receives:**
- a. **Skill development necessary to live as independently as possible.**
 - b. **Ongoing support/services as they explore changes in their living arrangements.**

Intent Statements

The person served has continuous access to services and support. The person's plan is continuously monitored, and modifications are made in the plan as the needs and circumstance of the person served change.

6.b. The person served may need confidence and courage to try alternative living arrangements. It is the responsibility of the provider organization to attempt to minimize risks of trying alternative living arrangements. See also the related Standard 2.B.7. in Section 2.B. Individual-Centered Service Planning, Design, and Delivery related to assessment of risk for persons served.

Examples

Often, the development of a professional team and a circle of support and friends can be helpful in encouraging persons served to try alternative living arrangements.

-
- 4.H. **7. Personnel are on site based on the needs of the persons served, as identified in their individual plans.**

Intent Statements

Personnel have the experience/training needed to effectively deal with the needs of the persons served.

Examples

If the program serves persons with autism spectrum disorder (ASD), personnel have experience and training in this area. An organization serving persons with ASD may add a specific population designation to its accreditation by selecting to include this on its survey. See Sections 5.D. Adults with Autism Spectrum Disorder (ASD:A) and 5.E. Children/Adolescents with Autism Spectrum Disorder (ASD:C) for more information.

-
- 4.H. **8. There is a system for the on-call availability of designated personnel 24 hours a day, 7 days a week.**

-
- 4.H. **9. In congregate housing, provisions are made to address the need for:**
- a. Smoking or nonsmoking areas.**
 - b. Quiet areas.**
 - c. Areas for visits.**
 - d. Other issues, as identified by the residents.**

Intent Statements

When housing is shared by two or more individuals, the program actively addresses the need to designate space for privacy and individual interests.

Examples

9.c. Opportunities for visitors are flexible with consideration also given to the rights of all residents.

-
- 4.H. **10. The organization assists the person served to identify and utilize available modes of transportation.**

Intent Statements

When transportation cannot be accessed independently by the persons served, the organization coordinates transportation to other relevant services and activities.

Examples

The development of natural supports also can be effective in enabling persons to participate in more community activities.

-
- 4.H. **11. The organization demonstrates efforts to maintain a person's residence as long as possible during temporary medical, legal, or personal absences.**

Examples

If tenant laws do not apply, an organization might consider putting a residency agreement or other written agreement in place that could provide protections to residents and appeals comparable to those provided under the jurisdiction's landlord-tenant law.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Individual service plans
- Progress notes
- Health and safety information
- Procedures manual

I. Supported Living (SL)

Description

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long-term in nature but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sample of people receiving services/supports in these sites will be visited as part of the interview process. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

Supported living programs may be referred to as supported living services, independent living, supportive living, semi-independent living, and apartment living; and services/supports may include home health aide and personal care attendant services. Typically there would not be more than two or three persons served living in a residence, no house rules or structure would be applied to the living situation by the organization, and persons served can come and go as they please. Service planning often identifies the number of hours and types of support services provided.

The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the survey application or identified as a site on the accreditation outcome.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

- Persons served achieving choice of housing, either rent or ownership.
- Persons served choosing whom they will live with, if anyone.
- Minimizing individual risks.
- Persons served have access to the benefits of community living.
- Persons served have autonomy and independence in making life choices.

Applicable Standards

An organization seeking accreditation in supported living must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional

NOTE:

- Standards 1.H.5. and 1.H.7. (Section 1.H. Health and Safety) are not applied to supported living residences.
- Standards 1.H.14. and 1.H.15. are applied to the supported living residence only when the organization owns the home.

If any clarification is needed, please contact a resource specialist in the Employment and Community Service customer service unit.

- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.E. Community Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

-
- 4.I. **1. Based on the needs of the persons served, assistance is offered in securing or maintaining housing that is:**
- a. Safe.**
 - b. Affordable.**
 - c. Accessible.**
 - d. Chosen by the individual.**

Intent Statements

Information and support is available to help persons served make informed choices. Although these services/supports are provided to persons in their own home or apartment, it may at some time be necessary for the provider to offer assistance to the individual in locating a different, more appropriate living situation.

Examples

Outcomes and quality indicators for these services/supports may include:

- Persons are safe in their home and neighborhood.
- Persons have the information and opportunity to look at different living arrangements in order to make a choice that makes sense for them.
- Agencies assist persons in finding and securing their own home as needed or requested.

-
- 4.I. **2. In-home safety needs of persons served are addressed with respect to:**
- a. Environmental risks.**
 - b. Abuse and/or neglect inflicted by self or others.**
 - c. Self-protection skills.**
 - d. Medication management.**

Intent Statements

Risk and safety considerations are assessed and potential intervention identified to promote health, independence, and safety.

Examples

Health and safety risks may be greater in this type of residential support service. This standard amplifies those in Section 1.H., and should be considered in their context. Although Standard 1.H.7. (tests of emergency procedures) is not applied to supported living residences, safety

authorities advise regular practice of testing emergency procedures in all homes. This may be an area an organization would want to include in its training for persons receiving supported living services.

Outcomes and quality indicators for these services/supports may include the service provider having a procedure for assessing potential risks involved in making choices. Staff, persons served, and others as appropriate are trained in this process.

-
- 4.I. **3. Persons served have input into:**
- a. Where they live.**
 - b. With whom they live.**

Intent Statements

Persons served are supported to direct and manage their own services/supports.

Examples

These elements of interdependence and self-determination are fundamental to the concepts of supported living, and will enhance consumer satisfaction results demonstrated as conformance to the standards in Section 1.M. Performance Measurement and Management.

Outcomes and quality indicators for these services/supports may include:

- Persons choosing where to live and with whom and they control what happens in their homes.
- Persons having a key to their own homes and deciding who else has a key and who may enter into their homes.
- The agency mission, strategic plan, policies and procedures all reflecting consistent values about choice.
- Persons making their own everyday choices as well as planning for the future.

-
- 4.I. **4. Persons served determine the décor in their homes.**

Intent Statements

Persons self-direct and provide input regarding decor in the home.

Examples

Persons served have opportunities to access the community to purchase decorative items for their home. Staff may provide assistance and counsel regarding budgeting for long-range planning.

-
- 4.I. **5. Support personnel are available, based on the needs of the person served, as identified in the individual plan.**

Intent Statements

Direct service personnel possess the skills, competencies, and qualifications to support the persons served.

Examples

Supported living services may be up to 24/7/365 support, depending on local regulatory requirements and definitions. This is individualized to each person's specific needs.

Outcomes and quality indicators for these services/supports may include:

- Services/supports are provided in the person's home and in the community at times that make sense for the individual and when preferred.
- Persons direct the services/supports they receive and have a choice of agencies and staff.

-
- 4.I. **6. Support personnel collaborate with the person's support network, as directed by the person served.**

Intent Statements

This standard defines the amount of control the person served has over the living supports.

Examples

Outcomes and quality indicators for these services/supports may include:

- Persons are supported to communicate their preferences, choices, and needs.
- Staff are trained in assisting persons to use their support system in making choices.
- Persons have family, friends, or neighbors who support them in typical ways or as paid help.
- Individuals and their circle of support work together as a team with the supported living

agency and others to share responsibility for the well-being of the person served.

-
- 4.I. **7. A system is in place to provide access to needed services/supports 24 hours a day, 7 days a week.**

Intent Statements

Refer to Standard 5. The extent of service support is determined by the needs of the individuals, based on their program plans and regulations.

-
- 4.I. **8. Based on the needs and desires of the persons served, support is offered in the following areas:**
- a. Healthy lifestyles.
 - b. Personal care.
 - c. Home maintenance.
 - d. Their role as a tenant, when applicable.
 - e. Effective self-advocacy and decision making.
 - f. Family contact, if desired.
 - g. Social life and friendships/relationships.
 - h. Community membership and social networks.
 - i. Financial stability.
 - j. Other identified needs.

Intent Statements

Supported living services may be more inclusive of life needs than traditional residential support for basic food and shelter requirements.

Examples

Outcomes and quality indicators for these services/supports may include:

- Persons are secure in their home and do not have to move if their needs change.
- Support of self-advocacy for the persons served empowers the persons to advocate on behalf of themselves.
- Organizations have a method for changing individual services as service/support needs change.

- Persons have opportunities and support for building and maintaining relationships with family, friends, and community members.
- Persons have opportunities to learn about relationships, including how to protect themselves against abuse and exploitation and developing and maintaining friendships and relationships.
- Persons have access to generic community services and supports.
- The organization maintains a directory of local community and generic services.
- Persons are supported in locating and accessing mental and physical resources.
- Individual support plans show adequate planning for health and safety needs and include plans for possible emergencies and disasters.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Individual service plans
- Progress notes
- Health and safety information
- Procedures manual

4.I. 9. Persons served are provided opportunities to choose and access:

- a. Community activities.
- b. Cultural activities.
- c. Social activities.
- d. Recreational activities.
- e. Spiritual activities.
- f. Employment/income generation activities.
- g. Transportation, when necessary.
- h. Other.

Examples

Outcomes and quality indicators for these services may include:

- The person fully participates in the mainstream of community life according to personal choice and preference.
- The person has opportunities to join clubs, groups, organizations, and religious groups and to use local community resources.
- Support staff are knowledgeable about local community and generic services.
- Staff are trained in building community connections and ways to help individuals in locating and accessing mental and physical health resources.

J. Services Coordination (SC)

Description

Services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful services coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Services coordination may be provided by an organization as part of its individual service planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing community services coordination. Such programs are typically provided by qualified services coordinators or by case management teams.

Organizations performing services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Some examples of the quality results desired by the different stakeholders of these services include:

- Access to a variety of services/supports.
- Access to choices of services.
- Individualized services to meet needs.
- Persons achieving goals.
- Persons achieving independence.
- Access to vocational training.
- Persons achieving employment.
- Access to career development.

Applicable Standards

An organization seeking accreditation in services coordination must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.E. Community Services Principle Standards*
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

* For employment services coordination, these standards are applied as relevant to the scope of employment-focused services.

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

- 4.J. **1. The persons served are linked to services and resources as identified in their individual plans.**

Intent Statements

Persons are provided with the necessary level of assistance to afford them equal access to community services and resources.

Examples

For optimal results and satisfaction of the persons served with their services, the organization assesses the availability, costs, and effectiveness of such services; establishes an efficient referral mechanism; and facilitates the process.

Service coordinators maintain contacts and arrangements with community resources to enable the development of the individual plans as noted in the standards in Section 2.B., in which the preferences, needs, and desired outcomes of the persons served are addressed.

-
- 4.J. **2. Services coordination personnel maintain a working knowledge of:**
- a. **Services/resources that are appropriate for the needs of the persons served.**
 - b. **Support systems that are relevant to the lives of the persons served.**
 - c. **Funding issues pertinent to the referral process.**

Intent Statements

The organization demonstrates the ability to provide services and supports in an effective and efficient manner.

Examples

The service coordinator need not know all the answers, but knows where and how to find the resources and services desired to support the persons served.

In order to provide the linkages, coordination, and support needed by the persons served, the services coordinators are able to demonstrate knowledge of healthcare, social services, employment, housing, recreational opportunities, and other services and systems available in the community.

Service coordinators would identify community services and community resources, establish relationships with these community resources/services, maintain current contact information, and partner to coordinate services for a person as needed.

The internet, local United Way guides, etc. can be used to address individualized needs.

Many organizations keep other agency brochures and referral forms available to facilitate smooth linkages to services.

-
- 4.J. **3. Based on the needs of the persons served, services coordination includes:**
- a. **Activities carried out in collaboration with the persons served and/or their families, as appropriate.**
 - b. **Outreach/facilitation to encourage participation of the persons served.**

- c. **Coordination of, or assistance with, crisis intervention and stabilization services, as appropriate.**
- d. **Assisting the persons served to achieve goals for independence as defined by the persons served.**
- e. **Optimizing resources and opportunities through:**
 - (1) **Community linkages.**
 - (2) **Enhanced social support networks.**
- f. **Assistance with:**
 - (1) **Accessing transportation.**
 - (2) **Securing safe housing that is reflective of the:**
 - (a) **Abilities of the persons served.**
 - (b) **Preferences of the persons served.**
 - (c) **Needs of the persons served.**
 - (3) **Exploring employment or other meaningful activities.**
 - (4) **Accessing employment training.**
 - (5) **Job seeking.**
 - (6) **Career development and advancement.**
- g. **Provision of, or linkages to, skill development services needed to enable the person served to perform daily living activities, including, but not limited to:**
 - (1) **Budgeting.**
 - (2) **Meal planning.**
 - (3) **Personal care.**
 - (4) **Housekeeping and home maintenance.**
 - (5) **Other identified needs.**
- h. **Evidence of linkages with necessary and appropriate:**
 - (1) **Financial services.**
 - (2) **Medical or other healthcare.**
 - (3) **Other community services.**
 - (4) **Assistive technology assessment.**

Intent Statements

Services coordination meets the needs of the person served in their communities directly or through linkages to qualified providers.

Examples

These services coordination activities are carried out in partnership and collaboration with the persons served. All the elements listed in this standard should be available directly or through referral.

Not all services available are provided to every person served. The services identified for any individual relate to the input and outcomes expectations as identified in the plan of the person served. See related standards in Sections 1.D., 1.M., 1.N., and 2.B.

Services/supports that may be provided include:

- Coordinating crisis assistance and supports.
- Facilitating linkages to community resources.
- Coordinating and documenting of overall service delivery plans.
- Obtaining services necessary to meet basic human needs (e.g., food and shelter).
- Supports to prevent homelessness.
- Assisting the person served to connect to employment services leading to a job.
- Assisting the persons served in increasing social support networks in the community.
- Assisting the persons served in accessing their financial rights and benefits.
- Assessing the needs for personal advocacy and making recommendations where appropriate.
- Facilitating certain activities of medical or behavioral health services coordination.

3.b. In some programs, such as Healthy Families America, guidelines specify a variety of positive outreach methods and are used to build trust, engage the person served in services, and maintain ongoing involvement.

3.c. Crisis intervention may be implemented in response to depression, unstable family dynamics, threat of suicide, or threat of harm to others.

3.h.(2) Medical or other healthcare includes the coordination of the healthcare of the persons served. Often individuals are seeing a variety of healthcare professionals and using a variety of medications that need to be monitored and coordinated. When working with infants or children, healthcare includes immunizations.

4.J. 4. The organization provides services coordination activities at times and in locations that meet the needs of the persons served.

Intent Statements

Persons served have access to assistance as needed in any setting that provides the best access.

Examples

Services such as assessment, planning, coordination, and monitoring can be provided in any setting that provides the best access to the persons served and is preferred by the persons served.

Such locations may include residences, correctional settings, shelters, community resource sites, hospitals, schools, medical, or other service sites.

4.J. 5. The intensity of services coordination is based on the needs of the person as identified in the individual's person-centered plan.

Intent Statements

Persons served have authority and are supported to direct and manage their services to the extent they wish. The intensity of services coordination and the frequency of contact are individualized and clearly defined.

Examples

There is wide variability among types of case management. Many programs provide intensive services coordination to a small, select group of individuals, and other programs provide services only periodically. However, there is a clear relationship between how often persons are served and their specific needs.

Some programs, such as Healthy Families America, have clearly defined criteria for increasing/decreasing the intensity of services.

-
- 4.J. **6. When multiple services coordinators exist:**
- a. A primary service coordinator is identified.**
 - b. There is coordination to:**
 - (1) Facilitate continuity of care.**
 - (2) Reduce duplication of services.**

Intent Statements

The person served has access to assistance as needed to obtain services promptly.

Examples

By referencing the individual's service plan and utilizing the personal outcomes satisfaction measurements, services coordination results in effective and efficient service delivery.

-
- 4.J. **7. With the permission of the persons served, personnel provide advocacy by sharing feedback regarding the services received with the agencies and organizations providing the services.**

Intent Statements

Persons served have an active role in program design, performance appraisal and quality improvement activities. The sharing of performance analysis reports and satisfaction surveys with stakeholders focuses the community on meeting the expectations of the persons served.

Examples

Networks, partnerships, and referral arrangements are maintained when the services meet the expectations of the persons served with regard to quality. Persons are referred to different community services when those expectations are not met.

No information specific to an individual is disclosed unless the person has authorized it.

Additional details for establishing and managing quality outcomes can be located in Section 1.M. Performance Measurement and Management and Section 1.N. Performance Improvement.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Person-centered plans for the persons served
- Progress notes
- Information regarding the types of services and resources provided
- Consumer satisfaction information
- Signed forms authorizing release of information on service satisfaction
- Procedures manual
- Procedures for coordination of services
- Authorization of persons served to share satisfaction information

K. Assistive Technology Supports and Services (AT)

Description

By providing an array of assistive technology services, which may be specialized to a specific population, an organization assists the persons served in making informed decisions and choices to increase access to or participation in employment options, education, independent living, interdependence, and/or inclusion in the community. Services reflect the latest knowledge in the field.

Services and supports may include assisting persons served in the assessment, evaluation, selection, acquisition, use, support, design and fabrication, follow along or follow up, modification, or maintenance of an assistive technology device; providing or arranging for training; providing information about referrals for and observations and trials of assistive technology devices; and/or exploring alternative strategies. Training is an important component of services and supports because assistive technology is often abandoned if persons have not been properly trained in its use.

Strategies for accommodation may include the use of assistive technology applications in:

- Communication
- Community living
- Employment
- Environmental control
- Mobility, orientation, or destination training
- Education and training
- Activities of daily living/independent living
- Recreation
- Transportation
- Meeting other needs as defined by the persons served

Assistive technology services and supports may be provided by an organization as part of its service delivery program, by a department within an organization, or by an organization with the sole

purpose of providing assistive technology services. Services are provided by personnel who practice only in their area(s) of competency.

Some examples of the quality results desired by the different stakeholders of these services and supports include:

- Increased independence.
- Increased community access.
- Participation of the persons in the community.
- Increased employment options.
- Increased wages.
- A flexible, interactive process that involves the person served.
- Individualized, appropriate accommodations.
- Decreased family or caregiver support.
- Timely services and reports.

Applicable Standards

An organization seeking accreditation in assistive technology supports and services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure, Standards 1.–12.
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standard 1.
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

-
- 4.K. **1. The organization continually promotes universal design principles across all services.**

Intent Statements

The organization advocates for implementation of universal design to facilitate access of all persons to the community at large.

Examples

There are many facets to an organization's promotion of assistive technology and its enhancement of persons' lives in areas such as:

- Early interventions.
- Education.
- Employment.
- Community services.
- Communication.
- Housing.
- Recreation.
- Promotion of assistive technology and universal design in the community.
- Public facilities.
- Transportation.
- Telecommunications.
- Software and hardware.
- Healthcare.

4.K. 2. Information about the program:**a. Includes:**

- (1) Responsibilities of the person served, including financial responsibility.
- (2) Affiliations of the organization and staff members.
- (3) Availability of equipment, including expected wait time for it.
- (4) Potential for conflicts of interest, if any.

b. Is provided in an understandable format to the person served.**c. Is updated as necessary to reflect changes in information provided.****Intent Statements**

To be informed, make choices, and be involved, persons and/or families served should get accurate and current information about the organization's potential to deliver services relevant to their needs and preferences.

Examples

Information is provided about the variety of available service options or support approaches to a service need and the volume of services an

organization can support, which may include the number of persons served and geographical coverage. The organization presents information about its ethical practices, which directly relate to its divulging potential conflicts of interest, if any. The information is presented in an understandable manner and before persons served agree to participate in the service.

This standard is part of the organization's public information activity. Organizations have the responsibility to respond to all requests from the public concerning their accredited services. This responsibility includes providing information defined by some CARF standards, information defined by the organization as important, and information in response to questions from the public.

The organization serves as a community resource for assistive technology.

4.K. 3. Persons and/or families served participate in making informed decisions about their assistive technology services, including:

- a. Expected results of services for persons served.
- b. How the design of services meets identified needs.
- c. Off-the-shelf technology resources, as appropriate.
- d. How services will be delivered.
- e. Expected timelines of services.
- f. Possible alternatives for services.
- g. How results will be evaluated.
- h. Full disclosure to persons served and funders about future:
 - (1) Technology benefits.
 - (2) Maintenance.
 - (3) Expected costs.
 - (4) Expected responsibilities.
 - (5) Technology changes.
- i. Other aspects about the service design, as requested.

Intent Statements

Persons served are given information about all aspects of services and participate in making informed decisions.

Examples

In some instances, persons and/or families served may not have the experience or knowledge necessary to make informed decisions. In all cases, the organization helps persons and families served choose wisely.

This is not a one-time event—services also use a holistic approach. Service/support planning looks at the person’s interests, may involve the family in the assessment, reviews the home environment, and considers sustainability and/or a business plan that includes long-term servicing and potential replacement costs. The plan considers the nature of the disability and factors such as aging and changes in medical needs.

Assistive technology services establish procedures for education and planning for the person served, including:

- An initial screening to identify technology needs.
- Incorporation of technology in evaluations, interviews, administration of tasks and activities, assessment of functional capabilities, and planning.
- Suggestions for prescribing and introducing assistive technology in services to meet the person’s outcomes expectations.
- Suggested approaches for implementation of assistive technology in services and supports.
- Strategies for creating supports, learning about related technology, utilizing mentors, and becoming a peer technology mentor.
- Universal design and the use of assistive technology in other activities of daily living.
- Evaluation of the “fit” of the prescribed assistive technology approach in the services.
- Reviewing the person’s satisfaction with the assistive technology.
- Considering methods for long-term use of technology through modification and/or upgrading.

- Financial or resource/benefits planning for replacement or repair of the assistive technology.
- Establishment of a recycling program.

Resources

3.c. The website <https://mymdrc.org/assistive-tech-program/> has numerous resources available to assist providers and persons served with learning about various technology and devices.

4.K. 4. Services enable the persons and/or families served:

- a. Greater access to their communities.**
- b. Opportunities to enhance their quality of life.**

Intent Statements

Community access is sometimes limited by the lack of appropriate assistive technology application and services. These limitations can be addressed by assistive technology devices and strategies.

4.K. 5. The community environment is considered when developing services.

Intent Statements

The likelihood of success can be enhanced by thoroughly considering all environmental factors that might affect strategies for using such technology.

4.K. 6. The individual service plan identifies each person’s desired outcomes from using assistive technology.

Intent Statements

Services are developed around the preferences and needs of the persons served, including consideration of long-term implications of growth, aging, disability management, and medications; availability of service repairs; and “fit.”

Examples

Providing effective and cost-efficient services requires an organization to maintain up-to-date knowledge of assistive technology. This knowledge is a reference point for informally assessing needs and preferences of the persons served,

setting goals, and coordinating resources to achieve the individual's desired service outcomes. The organization can design its services to respond to the needs of the persons served and provide them with information to make informed choices.

4.K. 7. The individual service plan:

- a. Identifies functional limitations to opportunities of the person served.**
- b. Addresses potential for accommodations.**
- c. Integrates accommodations including, if applicable, into the current employment situation.**
- d. Addresses previous assistive technology services, if applicable.**
- e. Addresses the dynamic nature of the disability, as appropriate.**
- f. Addresses anticipated changes in employment, environment, or living situation, as appropriate.**
- g. Addresses, as appropriate to services for the person served:**
 - (1) Safety risks.**
 - (2) Health risks.**

Intent Statements

When barriers to the person's goals are identified, assistive technology services and strategies are used to address these limitations to a person's opportunities in a comprehensive manner for the present and future.

Examples

Barriers are addressed by a coordinated individualized service plan and by the provision of services in locations consistent with preferences and needs. Addressing the barriers may include services within the organization, the use of assistive technology, reasonable accommodations, referral to other agencies, or collaborative partnerships with other community resources.

Knowledge about previous experience with assistive technology can help identify potential problems.

Transition times are a key consideration in planning assistive technology, i.e., the child moving

from the home situation to the school environment and later from school to adult activities. The use of assistive technology can level the playing field, especially in school. Family members need to be educated to what assistive technology services and supports can provide.

4.K. 8. Assistive technology services and training are integrated into other services offered by the organization, if applicable.

Intent Statements

All needs of the persons served are considered, and the individual planning is comprehensive and coordinated.

Examples

If other services are offered, staff will receive in-service training about available assistive technology services.

All services received are contained in a single plan whenever possible and the services are integrated as much as possible, although funding requirements may sometimes require separate plans.

4.K. 9. The assistive technology planning process demonstrates collaboration with available community agencies, organizations, funding sources, and networks, as appropriate for the persons served.

Intent Statements

Individualized service planning provides information and linkages to services that enable the persons served to achieve their objectives.

Examples

Linkages and partnerships with other community agencies are an important strategy for meeting the needs of the persons served. By knowing the expectations of the persons served, the organization can strategically plan to promote opportunities for the person in the community, configure staffing patterns or contracted services, and provide services in locations convenient to the person.

To promote community accessibility and create efficient services, the organization establishes and maintains partnerships, networks, and

coordination with other agencies. Many organizations consider cost-effectiveness and satisfaction of the persons served in designing and maintaining these networks and partnerships and include these data in the organization's outcomes management report.

Organizations often establish social media groups or online discussion boards to:

- Help persons served find one another and share experiences, mentoring, etc.
- Build informal community networks among users of assistive technology.
- Share information about resources.
- Provide resources for recycling of equipment.

4.K. 10. The timeframe for services is established based on input from:

- a. Persons served.**
- b. Families served.**
- c. Funders.**
- d. Employers, if applicable.**
- e. Service providers.**
- f. Other stakeholders, as appropriate.**

Intent Statements

The persons served, employers, and funders are involved in establishing timeframes for the services.

Timeliness is a critical factor and one that may be included as a performance indicator in organizational performance analysis.

4.K. 11. If additional assistive technology needs are identified, referrals/recommendations are based on:

- a. Specialized knowledge and/or experience in the field.**
- b. Knowledge of referral/funding processes.**

Intent Statements

Services reflect the latest knowledge in the field.

4.K. 12. When a person exits services, a summary report contains:

- a. A description of the assistive technology services provided and approximate training time.**
- b. Identification of potential future assistive technology needs and recommended implementation plan.**
- c. Maintenance, troubleshooting, and repair source(s).**

Intent Statements

Before leaving services, a person served is given a summary of services.

Examples

An organization might give a copy of the summary report to the person who received services to ensure that subsequent providers are informed of potential identified needs.

4.K. 13. On request, employers are provided with:

- a. Educational resources.**
- b. Reasonable accommodations resources.**
- c. Ongoing technical assistance.**
- d. Support in developing employment opportunities.**
- e. Other resources, as requested.**

Intent Statements

Service providers have a community role as resources.

Not all aspects of this standard have to be provided to every employer, but the information should be available on request, either directly from the organization or through referral to and coordination with other community resources.

Examples

Employment service providers successfully use employer advisory groups—usually referred to as Business Advisory Councils (BACs)—in many ways. Training programs and placement initiatives, such as many with Projects with Industry (PWI) programs, may form advisory councils consisting of the employers and businesses that these programs were formed to serve. This

mechanism has been very effective in developing employee training that specifically addresses employers' skill needs, which helps provide a ready supply of workers with the abilities and work attitudes needed for success. Assistive technology service components could become involved with existing BAC efforts or form advisory councils if none are in place.

Employers often have only limited awareness of assistive technology and workplace accommodations and may have misconceptions about costs and adverse impact of accommodations in their work settings. Participating in BAC efforts can improve the employer's understanding of assistive technology. Possible interaction might include:

- Working with placement and employer liaison specialists to ensure that assistive technology resources and accommodations are included as part of the information and materials that outline services rehabilitation can provide.
- Making presentations or displaying pictures of accommodations that have worked well at business-after-hours events, often hosted by local Chambers of Commerce.
- Encouraging representatives from assistive technology service components to become a regular part of existing BACs.
- Utilizing technology specialists to handle specific questions on assistive technology.

Additional Resources

The website <https://mymdrc.org/assistive-tech-program/> has numerous resources available to assist providers and persons served with learning about various technology and devices.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Individual service plans
- List of community resources and agencies used regularly
- Disclosure information
- Satisfaction information from persons served, families, and funders
- Exit summary reports
- Procedures manual

L. Behavioral Consultation Services (BCS)

Description

The focus of Behavioral Consultation Services is to increase the ability of persons served to express more effective and acceptable behaviors. Behavioral strategies are implemented to teach the persons served better ways to manage environmental and personal stressors so that targeted behaviors are reduced and positive behaviors are learned and maintained. Through redirection of a targeted behavior to a more socially and culturally acceptable behavior, persons served are able to achieve increased participation in mainstream community activities. Behavioral Consultation Services includes services to address targeted behaviors such as eating disorders, disruptive behaviors, or self-injurious behaviors in the home or community.

Applicable Standards

An organization seeking accreditation in behavioral consultation services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standards 1. and 2.
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

4.L. 1. The behavioral consultation service personnel:

- a. Demonstrate competencies in:
 - (1) Behavioral strategies and techniques.
 - (2) Applicable evidence-based practices.
- b. Provide to those involved with the persons served:
 - (1) Support.
 - (2) Training.

Examples

1.b. Those involved with the persons served may include, but are not limited to, family members, caregivers, direct service personnel, teachers and others in the educational environment, and other service providers.

1.b.(2) The training provided by behavioral consultants might include:

- Principles of behavior.
- Written behavioral strategies/instructions.
- Application of behavioral strategies/instructions using:
 - Written/verbal scenarios.
 - Role play.
 - Modeling.
 - Guided practice.
 - Training with the person in real-life settings, as appropriate.

4.L. 2. The direct service personnel involved in the person's life are trained on specific behavioral change strategies/techniques.

4.L. 3. The behavioral consultation plan is modeled for all involved in its implementation.

Intent Statements

Although the use of positive techniques to change a targeted behavior takes time, these techniques produce longer lasting change in the behavior.

-
- 4.L. 4. The behavioral consultation service facilitates team meetings at least quarterly with all involved in the person's behavioral consultation plan.

Intent Statements

Between team meetings, information is shared as needed with others involved in implementing the behavioral consultation plan of the person served, including team meetings more frequently when appropriate to the behavioral consultation plan of the person served.

-
- 4.L. 5. Behavioral strategies are implemented consistently across a variety of environments familiar to the person served.

Examples

The behavioral consultation service demonstrates efforts to consistently implement behavioral strategies in settings such as the person's:

- Family environments.
- School/educational environments.
- Work environments.
- Community environments important to the person served.

-
- 4.L. 6. Contact occurs between behavioral consultants and the persons served and/or their families:

- a. Through:
 - (1) Formal involvement.
 - (2) Direct observation.
- b. To assess whether progress is being made.
- c. To share data, as requested.
- d. To facilitate changes in supports when necessary.

-
- 4.L. 7. Documented behavioral assessments include input, as appropriate, from:

- a. The person served.
- b. The parent(s) or caregiver(s) of the person served.

- c. The person's teacher(s) or other staff members in the school/educational environment.
- d. The extended family that is involved in the life of the person served.
- e. Other professionals that are involved in the person's care.

Examples

7.e. Other professionals involved in the person's care might include physicians, psychologists, therapists, case managers/service coordinators, or other service providers.

-
- 4.L. 8. When addressing targeted behaviors, documented behavioral assessments:

- a. Describe the targeted behavior.
- b. Define potential environmental or setting events.
- c. Define immediate antecedents for occurrences and nonoccurrences of the targeted behavior.
- d. Identify the consequences or outcomes of the targeted behaviors.
- e. Identify functional alternative behaviors to the targeted behavior.
- f. Identify the primary ways the person served communicates with other individuals.
- g. Identify actions that support what the person served should and should not do.
- h. Identify reinforcers.
- i. Identify the history of the targeted behavior, including:
 - (1) The approaches that have been attempted to decrease or eliminate the targeted behavior.
 - (2) The results of those approaches.
- j. Are used to develop summary statements for each major predictor and/or consequence.
- k. Identify how data related to targeted behaviors will be presented.
- l. Are used as a basis to develop behavioral strategies.

Examples

8.k. Graphing targeted behaviors can be a method for visual presentation.

-
- 4.L. 9.** The behavioral consultation service takes into consideration the following needs of the person served, as appropriate:
- a. Health.
 - b. Safety.
 - c. Educational.
 - d. Emotional.
 - e. Physical.
 - f. Social.
 - g. Leisure.
 - h. Spiritual/cultural.
 - i. Others, as identified.

-
- 4.L. 10.** Prior to the implementation of behavioral strategies, training is provided to:
- a. The person served.
 - b. The family.
 - c. Support persons.
 - d. In the following areas, as needed to develop socially and culturally acceptable behaviors:
 - (1) Motor skills.
 - (2) Physical skills and fitness.
 - (3) Academic skills.
 - (4) Social skills.
 - (5) Intellectual development.
 - (6) Communication skills, including language development.
 - (7) Creative skills.
 - (8) Daily living skills.
 - (9) Community awareness.
 - (10) Safety skills.
 - (11) Self-care skills.
 - (12) Identity development.

Intent Statements

10.d. Socially and culturally acceptable behaviors are behaviors that have immediate and long-term benefits for the person engaging in them.

-
- 4.L. 11.** Written behavioral strategies:
- a. Are developed with involvement from key individuals in the person's life.
 - b. Include:
 - (1) Consents.
 - (2) A rationale for the use of the strategies.
 - (3) A definition of the targeted behavior(s).
 - (4) Clearly stated, measurable behavioral goals.
 - (5) A summary of baseline data, when applicable.
 - (6) A list of materials or resources needed to implement the strategies.
 - (7) Procedural instructions for implementing the strategies.
 - (8) Clarification of roles.
 - (9) Formal data collection methods.

-
- 4.L. 12.** Behavioral consultants demonstrate ongoing, formal monitoring of the behavioral strategies implemented, including:
- a. Regularly collecting, summarizing, and reviewing empirical data.
 - b. Sharing data summaries with team members.
 - c. Being available for consultation and to directly observe implementation of the behavioral strategies.
 - d. Meeting with team members at least quarterly.
 - e. Problem solving to resolve barriers to the effective implementation of behavioral strategies.
 - f. Revising behavioral strategies, when needed, to maximize their effectiveness.

Intent Statements

12.a. Collecting, summarizing, and reviewing data will provide direction on strategies used in the plan.

Examples

12.a. Graphing is one technique that may be used to summarize the data collected.

-
- 4.L. 13. Written procedures that address the use of behavioral strategies include:**
- a. Prohibition of punishment.**
 - b. The appropriate use of reward or positive incentive systems.**
 - c. Acceptable/unacceptable interventions.**
 - d. A description of how personnel should respond to replacement behaviors.**
 - e. A description of how personnel should respond to behaviors targeted for decrease.**
 - f. Environmental supports or modifications recommended for successful implementation.**

Intent Statements

Written procedures reflect the concepts from established ethical guidelines on the use of behavioral strategies.

Resources

- Association of Professional Behavior Analysts Ethical Guidelines:
www.apbahome.net/page/EthicalGuidelines
- Behavior Analyst Certification Board's Ethics Code for Behavior Analysts:
www.bacb.com/wp-content/uploads/2022/01/Ethics-Code-for-Behavior-Analysts-220316-2.pdf

-
- 4.L. 14. If consultation in Early Intensive Behavior Intervention (EIBI) is provided, the behavioral consultation service:**
- a. Regularly develops a documented curriculum to meet the needs of the persons served and/or their families.**
 - b. Provides curriculum training to:**
 - (1) Families.**
 - (2) Intervention workers.**
 - (3) Other relevant individuals.**
 - c. Oversees the implementation of the curriculum.**
 - d. Monitors progress on curriculum goals.**
 - e. Works directly with the person served.**
 - f. Reassesses the person served at regular intervals.**
 - g. Trains interveners in behavioral learning principles and practical skills.**

NOTE: *Standard 14. is applicable only to programs serving children under age five and using an early intensive behavioral intervention approach to services.*

-
- 4.L. 15. In a medically supervised program, there is a medical director who is a physician.**

-
- 4.L. 16. The program receives appropriate medical consultation regarding any medically related policies or procedures developed by the program.**

Intent Statements

Medical consultation is typically provided by a medical director who is a physician. However, there may be circumstances in which the consultation is provided by a licensed physician's assistant or nurse practitioner. The consultation does not have to be provided by a staff member but can be provided through a contract or a consulting or voluntary agreement.

-
- 4.L. 17. The behavioral consultation service provides information and education that are relevant to the needs of the person served and family.**

Intent Statements

As appropriate, referrals are made to other professionals.

Examples

Information may be provided that focuses on relationships, mental health or behavioral issues, parenting, or life skills. Education may be provided through:

- Individual and group sessions.
- Group education.
- Peer-to-peer or family-to-family support.
- Audio/video or written materials.
- The internet.
- Resource listings.

Education may also be provided through other resources and may include assisting the person served or family to access information on their own.

-
- 4.L. 18. Written procedures specify how the consultation service provides or arranges for crisis intervention services.**

Examples

The organization may have its own on-call or direct crisis response service. It may also contract or collaborate with area providers that offer crisis intervention services.

-
- 4.L. 19. The organization has a plan for the supervision of direct service personnel, including:**
- a. Staff members.**
 - b. Volunteers.**
 - c. Trainees.**
 - d. Interns.**
 - e. Contracted personnel.**

-
- 4.L. 20. When applicable, ongoing supervision of direct service personnel addresses:**
- a. The appropriateness of the strategies used relative to the specific needs of each person served and/or family.**
 - b. Service effectiveness as reflected by the person served meeting individual goals.**
 - c. The provision of feedback that enhances the skills of direct service personnel.**
 - d. Accuracy of assessment and referral skills, when applicable.**
 - e. Issues of ethics and boundaries.**

Intent Statements

All direct service personnel are provided with appropriate supervision and direction.

Examples

Supervision may occur through the supervisor's participation in service planning meetings, organizational staff meetings, side-by-side sessions with the person served, in situ training, or one-to-one meetings between the supervisor and personnel.

20.c. Feedback may include information on best practices or identify areas for needed professional growth.

-
- 4.L. 21. When applicable, training in the use of adaptive devices and equipment is provided to:**
- a. Personnel.**
 - b. The person served.**
 - c. The family.**
 - d. Caregivers.**

-
- 4.L. 22. When needed, assistive technology is used and reasonable accommodations are made in:**
- a. The development of services and supports.**
 - b. The ongoing provision of services.**

Intent Statements

Reasonable accommodations are made as necessary to fully access services and enable the persons served to participate in the organization's activities.

Examples

The organization may provide assistive technology, or it may be provided by referral to other local resources. Technology needs may be addressed in the behavioral consultation plan. If a person needs services that are not available from the organization, referrals to other services are suggested.

The organization considers reasonable accommodations and uses assistive technology to convey information about services. Accommodations and technology may entail the use of communication devices, video and audio recordings, pictures, and materials in each person's and/or family's primary language. Many modifications are simple and inexpensive. When necessary, the program also provides education on technology applications.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of persons served
- Behavioral consultation plans
- Progress notes
- Procedures manual
- Personnel training records
- Behavioral assessments
- Written behavioral strategies
- Graphical displays of target behaviors
- Written plan for supervision of direct service personnel
- Forms authorizing release of confidential information

M. Comprehensive Benefits Planning (CBP)

Description

A comprehensive benefits planning organization creates and continuously improves its services and staff competencies to enhance the economic standing, well-being, and self-sufficiency of persons served. Through trained and professional benefits planning specialists, comprehensive individual and family benefits planning enhances lives, provides support in learning what resources are available and how to advocate for benefits, and provides support in learning how and when to access needed resources. Benefits planning demonstrates a willingness to revise planning as the person served grows, changes, experiences change, and has new goals.

Benefits planning that is comprehensive assists individuals through collaboration and coordination with a wide range of potential resources and agencies. There is a network of resources that fill in the many aspects of daily living. The following is not an exhaustive list, but suggests some examples of these:

- Social Security Disability Insurance (SSDI) (SSA)
- Supplemental Security Income (SSI) (SSA)
- Vocational Rehabilitation Services
- Work Incentives Planning and Assistance (WIPA)
- Workers Compensation
- Unemployment compensation
- Veterans Benefits
- Medicare and Medicaid (CMS)
- Provincial/territorial health insurance systems
- Provincial/territorial social services disability benefits/Canada Pension Plan (CPP)—Disability Benefits
- Housing assistance
- Energy assistance
- Food stamps

- Temporary Assistance for Needy Families (TANF)
- Tax credits
- Transportation assistance
- Private insurance (short- and long-term disability policies)

Some examples of quality results desired by the different stakeholders of these services include:

- Access
 - Information presented in understandable format or manner.
 - Individual disability or employment challenges are met.
 - Service locations are accessible.
 - Benefits planning meetings use effective mediums such as face-to-face meetings, phone conferences, email, and video conferencing.
- Effectiveness
 - Persons served are able to identify specific benefits applicable to their work and living situations.
 - Advocacy skills are developed for specific benefits issues.
 - Informed choices are made with regard to employment and benefits planning.
 - Self-sufficiency in personal resource management is achieved.
 - Skills for resource planning are achieved.
 - Enhanced economic well-being of the person served is achieved.
 - Asset building potential of persons served expanded.
- Efficiency
 - The time from intake to referral is minimized.
 - A comprehensive and individualized plan is developed in minimal time.
 - Benefits planning reports are returned to referral authorities and persons served within designated times.
 - The caseload of benefits planning specialists is maintained at the level of “break-even” efficiency.

- Person Served Satisfaction
 - Persons served express satisfaction in:
 - The knowledge they gained about benefits and community resources.
 - The reduction of their fears regarding the potential loss of benefits.
 - Trust and confidence of the benefits planning process and its result.
 - The personal and employment choices made based on quality benefits information.
- Stakeholder Satisfaction
 - Family members and other stakeholders:
 - Gain knowledge to help with benefits management and return-to-work economic support strategies.
 - Express reduced fear of losing benefits.
 - Identify methods for “navigating the system” and connecting to resources.
 - View benefits as tools to help youth transitioning from school reach their employment and community living goals.

Applicable Standards

An organization seeking accreditation in comprehensive benefits planning must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure, Standards 1.–18.
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

-
- 4.M. **1. The Comprehensive Benefits Planning (CBP) program designs its services by:**
- a. **Identifying the needs of its customer base.**
 - b. **Conducting regular analysis of environmental trends.**
 - c. **Assessing the organization's capacity and developing new strategies for service delivery.**
 - d. **Identifying what services it can provide.**
 - e. **Collaboration with and outreach to other community resources.**

Intent Statements

As benefits guidelines and the needs and demographics of persons served change, the CBP makes changes in its service processes and business structures.

Examples

A CBP service, whether part or a unit of a larger organization or a freestanding service, establishes a routine for assessing customer and stakeholder quality expectations. Based on this customer-design input, organizations and/or their service units will often reflect upon their mission, services, environmental threats, and opportunities. The result is a strategic plan that is established to help position the CBP business, including the creation of collaborations and partnerships.

-
- 4.M. **2. Information provided to the public describes the CBP's services, including:**
- a. **Roles and responsibilities of benefits planning specialists.**
 - b. **Confidentiality of all personal information related to services.**
 - c. **Guidelines directing ethical decision making, including protection of persons served from financial exploitation.**
 - d. **Guidelines for private pay.**
 - e. **Internal controls for managing conflicts of interest.**

Intent Statements

Information is provided so that persons can make informed decisions about the suitability of services for them.

Examples

Formal outreach may be conducted with potential service recipients and with other service providers to inform them of services that are available. Information might be provided in brochures or other handouts, on the company website, disseminated through staff presentations, etc.

-
- 4.M. **3. The CBP trains new benefits planning specialists on competency in:**
- a. **Technology options.**
 - b. **Service provision ethics.**
 - c. **Disability-specific concerns.**
 - d. **Legislation related to benefits.**
 - e. **Services.**
 - f. **State/provincial and federal programs.**
 - g. **Informed choices about work.**
 - h. **Work incentives programs.**
 - i. **Health benefits from government and employers.**
 - j. **Resources available for tax-related questions or issues.**

Intent Statements

Services are delivered by a trained benefit specialist.

Examples

There are three critical aspects of direct service a CBP provider must consider: the outcomes desired by the person served, the direct services by the organization staff, and the business supports provided by the organization to ensure stable and responsive services/supports. By knowing the characteristics and service/support needs of persons served, the organization will continually train its staff in issues and services/supports that create the outcomes sought by persons served.

-
- 4.M. **4. The organization has a process established to keep personnel current on all benefits planning guidelines.**

Intent Statements

Benefits/legislative changes often occur annually or even more frequently. It is critical for personnel to be aware of current guidelines.

The business supports provided by the organization are important to ensure stable and responsive services/supports and accuracy of information provided.

-
- 4.M. **5. For continuous quality improvement, the program establishes internal quality controls for individual case planning.**

-
- 4.M. **6. Service provision is responsive to the person's:**
- a. Level of technical ability.**
 - b. Ability to access the physical location of service provision.**

-
- 4.M. **7. The program educates persons served about:**
- a. Long-term earning potential.**
 - b. Long-range economics budgeting and employment planning related to disability/disadvantage.**
 - c. Tools and resources for ongoing benefits management.**
 - d. Resources that could be of value in addressing identified needs.**

Intent Statements

Education is an ongoing process and provides work incentives planning and assistance in employment efforts.

Examples

Life planning considers not only the long-range economics for budgeting and employment, but also short-term barriers and/or transitional financial issues that will be encountered as the participant is working toward long-term earning potential. It considers the total picture of family

assets, family supports, and the costs and complications of aging with disabilities.

-
- 4.M. **8. When the program provides contact information to the person served for community resources in response to requests from and/or identified needs, it conducts follow up with the person regarding accessing these resources.**

Intent Statements

Information is continually updated and made available for the person served as life circumstances and the needs of the person served change.

Examples

A CBP may provide information in a number of ways, such as a packet of information, website connections, or linkages. Resources that persons might want access to include:

- Financial planners
- Attorneys/legal services
- Tax consultants
- Private insurance policies
- Protection and advocacy
- Estate planning
- Trusts
- Wills and directives
- Educational loans, stipends, and scholarships
- Retirement plans
- Medical bills
- Employment services
- Understanding employee benefits
- Housing services

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of persons served
- Individual benefits analysis
- Progress notes
- Procedures manual
- Documented staff training

N. Self-Directed Community Supports and Services: Flexible Supports Planning (SDCSS:FSP)

Description

Many community organizations, in partnership with individuals, families, and funding sources, are redesigning their resources to embrace a self-directed community supports and services approach. For many individuals, this is one more significant and evolutionary step away from institutional settings. This customer-designed and delivered approach utilizes an individually controlled budget. The budget is developed according to guidelines from the funding source. Through the development and management of individualized community support options, individuals take an active role in the decisions that affect their lives. Flexible Supports Planning services provide information and assistance for persons served to plan and direct their individual budgets for supports and services.

Due to budgetary constraints, at times the individual budget development process may need to separate wants from needs for treatment and support. Some important objectives include:

- Identifying an individual's needs.
- Selecting supports and services within an approved context that best address those needs.
- Determining the amount of supports or services necessary to adequately address each identified need.
- Determining a cost or amount to reimburse providers.
- Integrating supports and services within the set individual budget plan.
- Providing policies and procedures for risk management, notably in the areas of

corporate compliance to prevent fraud, waste, and abuse of government funds.

- Continuously improving the local service provider accredited in Self-Directed Community Supports and Services based on decision making and true participation of persons served in service and organizational design.

Self-directed supports and services are based on the assumption that individuals receiving support have the authority to determine the role the provider will play in their lives and that personal preferences for supports should drive, or at least heavily influence, the planning process.

Some examples of the quality results desired by the different stakeholders include:

- Persons lead the planning process and have support of their choosing to do so.
- Persons decide which supports and services to direct.
- Persons get help as desired to direct their supports and services.
- Persons direct how their supports and services are provided, including their nature.
- Persons have a budget over which they have control.
- Persons have free choice among providers, within funding guidelines.
- Persons get help as desired in finding community resources.
- Persons make decisions to redirect funds among supports and services as desired.

There are two program categories in which an organization can seek accreditation in Self-Directed Community Supports and Services:

- Flexible Supports Planning (Section 4.N. SDCSS:FSP) allows an organization to manage the assessment, development, and planning of services to help persons served gain access to supports as needed.
- Employer of Record for Support Services (Section 4.O. SDCSS:EOR) work with persons served as the managing employer, ensures that governmental payroll requirements are met, and often acts as a human resource consultant.

When an organization is accredited in both Flexible Supports Planning and Employer of Record for Support Services, consideration is made for dealing with potential conflicts of interest.

Applicable Standards

An organization seeking accreditation in self-directed community supports and services: flexible supports planning must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure, Standards 1.–12.
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standard 1.
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

4.N. 1. The program establishes with stakeholder input its mission and philosophy for person- or self-directed community support services.

Intent Statements

Input from persons served and other stakeholders is used to design the self-directed supports program, align business practices, and continually improve services.

Examples

When an organization establishes a self-directed support service, it involves all stakeholders in the planning process, which can include local (county/provincial) human service and health officials, the state department of human services, persons expected to be served by the service, their representatives/guardians (if applicable), case managers, and the organization itself. The planning process includes aligning business practices and developing a vision for what the agency will provide. The organization uses input from these stakeholder meetings to develop a set of core values and a mission statement that includes the roles and options of the persons served to direct the services provided, including the ability

to hire, fire, and manage individuals providing their supports and services.

By examining the individual plans and outcomes expectations of persons served and keeping abreast of legislative changes, the organization can assess its capacity and develop strategies for creating the kinds of services that will meet the needs of its community. In addition, the organization may use satisfaction surveys to gather information from persons served on services offered.

The organization may also regularly meet with funding sources and a committee of persons served and their representatives/guardians to develop or modify existing services.

4.N. 2. The individual plans of the persons served drive the system of supports and services.

Intent Statements

The business and service functions of the organization are designed based on the input, outcomes expectations, and outcome satisfaction of persons served. Individual and aggregate data from the individual service plans of persons served provide the basis for developing and changing organizational service designs.

Examples

Organizations can demonstrate in different ways how they incorporate aggregated data from outcomes expectations of persons served into their planning process for ongoing development and improvement of supports. This might be tied to an indicator identified in its performance analysis.

-
- 4.N. 3. Persons served:**
- a. Choose their support team.**
 - b. Prioritize the supports/services they want, within guidelines established by the funding source.**

Examples

3.a. Persons direct their services and choose those who work with them.

Customer service representatives for the persons served may be available. The organization may

have staff from many different backgrounds and experiences, including direct support, supervising others in a human service setting, and developing support and services programs. Employees who are experienced in hiring and in person-centered planning may also be beneficial in understanding the situations of the persons served.

3.b. Local funding sources may have different guidelines for self-directed supports and services. The accredited program establishes and maintains its services and business designs to meet the needs of the persons served while ensuring that all applicable guidelines are met and maintained.

The organization may track the impact of services delivered on outcomes in order to provide feedback to the funding sources for changes and enhancements in their funding guidelines. Through the use of standardized reporting processes, an organization can track funds used in various service areas within the individually approved budgets.

-
- 4.N. 4. Persons served are provided with information and full participation to the extent desired in the areas of:**
- a. Home and community supports and services, including:**
 - (1) Choice of supports/services.**
 - (2) Choice of providers.**
 - b. Available resources from funding sources.**
 - c. Establishing an individual budget.**
 - d. Resources and informational tool kits to help manage services.**
 - e. Their responsibilities for addressing their personal health, welfare, and safety needs.**
 - f. A participation agreement for person- or self-directed supports and services.**

Intent Statements

Persons participate as desired in all aspects of their services. Full disclosure, education, and supports are provided to the persons served to support them in the establishment of an individual budget that will provide reasonable

choices and access to services that support health, welfare, and community participation as desired.

Examples

Persons served may identify advocates, if desired, to assist them in participating fully in plan and budget development.

A handbook is often used to provide all stakeholders with a clear understanding of roles and responsibilities in the creation and implementation of self-directed budgets. The handbook may include information about the process of hiring and supervising staff, explanations and samples of forms, and the responsibilities of the persons served including how to work with funding sources to create an individual budget. The handbook may also include responsibilities of the organization providing fiscal support services such as staff payment, labor compliance, and budgetary monitoring.

4.a.(2) Some persons may choose to find an established community provider for particular aspects of their plan. In this case the self-directed supports and services program provides information about qualified community providers from whom the person can make an informed choice and how the person selecting a provider can have input in the selection of employees of the organization who provide their supports/services.

4.d. Persons served may be assisted in the hiring process through a handbook that describes typical service and support staff qualifications and provides information on writing a job description, performing evaluations, establishing work schedules, and training employees about their needs.

A comprehensive website that is frequently updated by the organization can be an excellent way to keep all participants and users of self-directed budget services informed. Websites can include updated procedures and forms, real-time account balances, legislative updates, and provide a mechanism for feedback on service design.

4.f. A support service planning agreement is an excellent way for the person served to be informed of the services available to them and to choose needed and desired services. Services

offered by the support services planner may include organizing person-centered meetings to review goals, revising health and safety plans, assisting in the recruitment of staff, facilitating background checks, providing staff training, and providing information about technology options.

4.N. 5. Persons served are informed of:

- a. The supports/services that they are eligible to purchase.**
- b. Terms and conditions for the use of funds.**
- c. Required documentation of fund expenditures.**
- d. Consequences for abuse or fraudulent use of self-directed funds, supports, and services.**

Intent Statements

The self-directed supports and services initiative is designed and managed to ensure that all stakeholders' concerns are addressed and that corporate compliance is in place to assure taxpayers that the funds are used for approved means within government guidelines.

Examples

Risk management policies and procedures, with an emphasis on corporate compliance, are excellent ways to assure the funding sources and taxpayers that the funds for self-directed services are being used in accordance with approved guidelines.

An organization providing fiscal support services may have a handbook or website that informs the persons served of services they are eligible to purchase and the terms and conditions for the use of the funding. The handbook or website can also provide information on fraud and outline the consequences of using funding in a fraudulent manner.

4.N. 6. Persons served and their supports and services providers are informed of:

- a. What might constitute abuse, neglect, and exploitation.
- b. Procedures to follow if they encounter cases of abuse, neglect, exploitation, or fraudulent use of funds.

Intent Statements

Persons have the right to freedom from abuse, neglect, and exploitation. Acceptance of the rights of self-directed supports and services comes with the knowledge that the person served and the organization are accountable for tracking funds and determining and overseeing how funds are used and reported.

Examples

The organization may inform and educate persons served and their support staff about their rights and the methods for reporting abuse, neglect, or financial exploitation through its initial orientation procedures. The organization can also provide information to persons served and their support staff in a handbook or on a website that defines and gives examples of abuse, neglect, and financial exploitation and provides clear instructions on how to report any violations or suspected violations.

The organization provides its staff with training about how to report budgetary issues to the funding sources and the persons served. The organization also provides corporate compliance training to staff that includes understanding and recognizing abuse and exploitation. The training provides the organization's employees with the foundation for effectively implementing procedures to address violations of rights or misuse of funds. Through training, the organization's employees understand the process of documenting any suspected abuse, neglect, or fraud and how to report such violations.

4.N. 7. Individual budgets for home- and community-based supports:

- a. Are under the control and direction of persons served and/or legal guardians as appropriate.
- b. Are developed based on input of the person served.
- c. Are based on reliable costs and/or supports and services utilization.
- d. Are sustainable while considering the health and welfare of the person served.
- e. Include a process for making adjustments in the individual budget with involvement of the person served.
- f. Move with the person served, within applicable guidelines.
- g. Are shared in an understandable manner with the person served, family, team members, and other stakeholders:
 - (1) With the person served being informed of the amount authorized to be self-directed.
 - (2) With any governmental funding protocols clearly identified.
- h. Are reviewed and monitored according to a determined method and frequency.
- i. Include a procedure for moving money within the budget categories.
- j. Include a procedure to evaluate and inform the person served of over and under expenditures in the person's budget.
- k. Include, as appropriate to the person served:
 - (1) Flexible supports planning.
 - (2) Treatment and training.
 - (3) Environmental modifications and provisions.
 - (4) Assistive technology.
 - (5) Assessments, including:
 - (a) Initial assessment.
 - (b) Subsequent assessment.

- (6) **Self-directed support activities.**
- (7) **Community inclusion.**
- (8) **Supported employment.**

Intent Statements

7.a. When the person served is a child, these are under the control of the parent or guardian.

Authorized amounts of money for authorized supports and services are based on assessment of the needs and desires of the person served. There is a process for making adjustments in the individual budget in a fiscal year, as well as subsequent years, based on considerations of health, welfare, and changing needs.

Examples

The organization has a process that allows the persons served to request contact with their funding source to adjust or make modifications to their individual budget during the fiscal year. While the funding source may have the final authority on budget issues, information and outcomes of the person served can be used to clearly advocate for adjustments that are needed to the individual's service design. The process includes feedback and input from the persons served and may also include input from the person's case manager and support coordinator.

Adjustments to the individual's budget may include moving funds from one category in the budget to another or providing additional training to the person's supports and service staff as the person's situation changes. Other changes may include a request for financial services if changes in the person's ability to manage the budget occur, or additional funds to modify a home or vehicle to meet changing needs.

7.j. The organization provides its staff with training about overspending and underspending.

4.N. **8. Persons served are provided with assistance, as they desire, to:**

- a. Identify and plan for support services, including:**
 - (1) **Finding qualified providers.**
 - (2) **Reviewing the individual plan implementation.**

- b. Identify, access, arrange for, and manage use of generic community resources that:**

- (1) **Meet their support needs.**
- (2) **Are provided in accordance with their choices as determined through a person-centered planning process.**

Intent Statements

The support service planner provides informed choice and assists the persons served to direct their budgets to products and services that are approved through the person-centered planning process.

Examples

Planning for successful flexible supports is focused on individual outcomes while balancing the needs and desires of the person served. Using the outcomes desired and within the funding guidelines, the flexible supports planner continuously searches for and maintains information on providers and other generic community resources, such as recreational events and educational opportunities, that can meet the needs of the person served. Advocacy and educational efforts may assist the persons served in accessing services they choose under self-directed budgets.

4.N. **9. The support service planner helps persons served to:**

- a. Identify an informal support network of family, friends, and associates.**
- b. Build and/or sustain established networks.**

Intent Statements

Self-directed services are often enhanced by the bonds and shared experiences of friends and colleagues. Support networks often result in more community opportunities and increased independence for the persons served.

Examples

Based on the needs of and outcomes desired by the persons served, the support service planner may link persons served with mentors who have

experience in managing self-directed services, or who may be willing to share insights or information about generic resources to enhance community activities and experiences. Support networks often help with accessing services, adjusting to new communities, coping with changes in life, and sharing of resources. Examples include social gatherings designed for individuals with disabilities, community organizations that provide recreational opportunities, and faith-based organizations with counseling and other support services.

4.N. 10. The support service planner:

- a. Helps persons served to gain access to services as needed regardless of the funding source, as appropriate.
- b. Assists persons served in developing a personal budget based on the individual plan.
- c. Identifies the timeline for the individual plan implementation with the individual.
- d. Identifies supports necessary to ensure the individual's health and safety.
- e. Facilitates the development and expansion of community resources and providers.
- f. Assists in verifying that providers are qualified to deliver services.
- g. Monitors on an ongoing basis the provision of services included in the individual's plan.
- h. Initiates and oversees the process of assessing and reassessing the individual's level of support needed, as appropriate.

Intent Statements

Support service planners continuously maintain knowledge and understanding of the needs and outcomes desired by the persons served, identify providers who are qualified to deliver services, and encourage the providers to design and position their services to meet the person's needs.

Examples

The intensity of support service planning is based on the needs of the person served as identified in the individual plan. Service provision is not only monitored for outcomes satisfaction; the support service planner also facilitates the creation and development of other community resources and providers that will meet the ever-changing needs of persons served.

Communities can provide many assets to meet the diverse needs of persons served. Informal and formal networks may address the support needs and provide opportunities for meaningful participation in the collective life of the community.

4.N. 11. When individual budget management is provided, it includes, as appropriate:

- a. Monitoring to ensure that expenditures do not exceed the approved plan.
- b. Resolving issues if the person served is not staying within the plan.
- c. Helping to return funds not used according to the plan guidelines.
- d. Dealing with conflicts of interest, fraud, waste, and abuse of government funds.

Intent Statements

The organization establishes and maintains policies and procedures to help assure stakeholders that funds are used appropriately and within guidelines.

Examples

The organization's corporate compliance policies and procedures address the expectations of individual budget management. Specifically, corporate compliance is the sum of all actions, policies, procedures, reviews, audits, prevention strategies, corrective actions, modifications, staff training efforts, reporting systems, etc. that are developed and implemented by the organization and its employees to prevent and detect illegal or unethical activity and/or fraud, waste, and abuse.

- 4.N. 12. Regular reporting is provided to the appropriate oversight agency or organization and includes:
- Satisfaction of the persons served.
 - Service utilization information.
 - Budget analysis.
 - Transition and/or discharge summary information.

Intent Statements

For optimal results and the satisfaction of the persons served, the flexible supports planner reports accurate figures on services used, budget status, and completion of services.

Examples

Service satisfaction is often measured at the time of individual planning sessions or at discharge and is continually analyzed and integrated into the business practices of the organization. A consumer satisfaction survey conducted at least once a year can also be used to gather information on overall consumer satisfaction and ascertain any concerns of the persons served or their representatives/guardians. This information may also be shared with funding sources for use in planning. The information noted in this standard helps the funding source and the organization better meet the needs of the persons served, offer other services or products that are more relevant to the persons served, and identify any changes in organizational planning that should occur.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of persons served
- Individual service plans
- Progress notes
- Procedures manual
- Program mission statement
- Individual budgets

O. Self-Directed Community Supports and Services: Employer of Record for Support Services (SDCSS:EOR)

Description

Many community organizations, in partnership with individuals, families, and funding sources, are redesigning their resources to embrace a self-directed community supports and services approach. For many individuals, this is one more significant and evolutionary step away from institutional settings. This customer-designed and delivered approach utilizes an individually controlled budget. The budget is developed according to guidelines from the funding source. Through the development and management of individualized community support options, individuals take an active role in the decisions that affect their lives. In Employer of Record services, the person served is the managing employer—responsible for hiring, firing, and managing details surrounding employment of their support workers, such as duties, work hours, and performance expectations. The provider is the employer of record that supports the person served in ensuring that governmental payroll requirements are met. In some cases, the person served may be considered the employer of record and contract or hire the organization as a fiscal agent to be responsible for payroll and related governmental reporting.

In Employer of Record for Support Services important objectives include:

- Integrating supports and services within the set individual budget plan.
- Establishing policies and procedures for filing claims and receiving reimbursement.
- Establishing policies and procedures for dealing with government tax reports and filings for employers and employees.
- Providing policies and procedures for risk management, notably in the areas of corpo-

SECTION 4.O. SELF-DIRECTED COMMUNITY SUPPORTS AND SERVICES: EMPLOYER OF RECORD FOR SUPPORT SERVICES (SDCSS:EOR)

rate compliance to prevent fraud, waste, and abuse of government funds.

- Continuously improving the local service provider accredited in Self-Directed Community Supports and Services based on decision making and true participation of persons served in service and organizational design.

Self-directed supports and services are based on the assumption that individuals receiving support have the authority to determine the role the provider will play in their lives and that personal preferences for supports should drive, or at least heavily influence, the planning process.

Some examples of the quality results desired by the different stakeholders include:

- Persons have a budget over which they have control.
- Persons have free choice among providers, within funding guidelines.
- Persons get help as desired in finding community resources.
- Persons select, hire, fire, and manage the workers who provide their supports and services.

There are two program categories in which an organization can seek accreditation in Self-Directed Community Supports and Services:

- Flexible Supports Planning (Section 4.N. SDCSS:FSP) allows an organization to manage the assessment, development, and planning of services to help persons served gain access to supports as needed.
- Employer of Record for Support Services (Section 4.O. SDCSS:EOR) work with persons served as the managing employer, ensures that governmental payroll requirements are met, and often acts as a human resource consultant.

When an organization is accredited in both Flexible Supports Planning and Employer of Record for Support Services, consideration is made for dealing with potential conflicts of interest.

Applicable Standards

An organization seeking accreditation in self-directed community supports and services:

employer of record support services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure, Standards 1.–12.
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standard 1.
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

-
- 4.O. 1. **The employer of record for support services:**
- a. **Provides employment information.**
 - b. **Conducts or arranges for background checks of support workers chosen by the person served.**
 - c. **Provides complete payroll service, including tax withholding, workers' compensation, and liability insurance.**

Intent Statements

The organization creates business policies and procedures that provide funding, payroll, and accounting back-office support for employees chosen to provide services and supports for persons served.

Examples

The employer of record ensures that new employees hired by the persons served are provided with information to be appropriately approved and oriented to the job of providing supports and services to the person.

1.a. Information provided may include:

- The conditions of maintaining employment.
- Job description.
- Responsibilities of the employee.
- Wage payment practices.
- Rate of pay.
- Benefits provided by the business.
- Work rules and customs.
- Nondiscrimination practices.
- Conflict resolution procedures.

- Policies for transfer.
- Employee classifications in the business.
- Health and safety practices.
- Union membership policies, if applicable.
- Job retention.
- Potential for career growth.
- Training on vulnerable adults including the identification and reporting of maltreatment, neglect, and exploitation.
- Training on the Child Protection Act and other applicable regulations.
- Training on the organization's mission.
- Training on blood-borne pathogens and communicable diseases.
- Training on the Emergency Planning and Community Right to Know Act (EPCRA) and the handling of hazardous substances.
- Training on recognizing and reporting fraud.
- The organization's method for reporting employee injury on the job.

1.b. The organization conducts background checks and makes a list of disqualifiers to evaluate negative information. The organization has in place a procedure for subsequent steps should a potential employee be disqualified from employment as a caregiver.

4.O. 2. If the organization also provides flexible supports planning services, written guidelines exist to avoid conflicts of interest.

Intent Statements

The organization adopts and enforces conflict of interest guidelines tailored to its specific needs and consistent with laws in its state or province.

Examples

Few actions undermine the credibility of an organization more than having its funds not used exclusively for purposes designated by the stakeholders. Adhering to well-defined conflict of interest guidelines helps to prevent even the perception that funds may be being used for personal gain by the managers or board members. Many states/provinces have laws that govern conflict of interest situations. For example, in many

states an individual seeking services cannot utilize the same organization for flexible supports planning and employer of record services due to conflict of interest issues. An organization should consult laws applicable in its locale.

Conflict of interest guidelines may:

- Define conflict of interest.
- Specify the persons who are covered by the policy.
- Require regular disclosure of information related to conflicts of interest.
- Specify procedures for handling potential or actual conflicts of interest when they arise and provide examples.
- Specify training for new staff members on identifying possible conflict of interest situations.

4.O. 3. A fee structure for employer of record for support services is established and provided to the persons served.

Intent Statements

Persons have information regarding what services will cost before charges are encumbered.

Examples

A community-based employer of record for support services usually uses a simple service fee structure such as a flat fee per month based on total budget allocation. Included in this fee structure is usually a cost for every transaction, such as processing W2s, tax filing, new-hire setup, and report creation. An annual handbook or pricing list given to persons served when persons inquire about services is an excellent way to ensure that the persons served are informed of fees for services. The total billing for an individual depends on the level of service the person elects to receive. Some persons use employer of record services just to process payrolls for their employees, while others use employer of record services to handle every aspect of human resource management. The key element to employer of record service pricing is that it is structured to offset reasonable costs of paying individuals and/or other vendors to perform the functions and ensure compliance with legal requirements while empowering per-

sons to implement self-directed services that meet their needs and desires.

-
- 4.O. 4. Brochures or other informational materials are provided to the persons served that identify the employer of record's:**
- a. Approach to self-directed services.**
 - b. Services provided.**
 - c. Geographical area served.**

Intent Statements

Brochures and other informational materials clarify to the persons served the organization's philosophy, purposes, approach to services provided, and how their outcomes expectations may be met.

Examples

Information can be provided in a variety of ways, including printed and electronic. The organization illustrates how it will be responsive to the expectations of the person served and how the services provided have the potential to impact the person's life. Brochures and websites can also give a short history of the organization's experience as an employer of record and provide testimonials from persons served, case managers, and funding sources.

-
- 4.O. 5. Information regarding payroll policies and purchasing procedures is provided and explained to the persons served.**

Intent Statements

The organization demonstrates its commitment to following all legal and regulatory requirements for employment by making persons served aware of their responsibilities.

Examples

"New hire" booklets and other personnel policy manuals are often used to clarify the roles and responsibilities of the persons served and the employees they hire and the legal payroll responsibilities of the employer of record for support services.

Booklets may include information on creating job descriptions, recruiting support staff, setting up schedules, filling out labor forms correctly,

and purchasing procedures, as well as outlining in detail all the responsibilities of the person served. A separate booklet for service and support staff may include information on data privacy, maintaining a working relationship with the person served, a mission statement, harassment policy, and necessary forms to complete. In addition, information on vulnerable adults, the Emergency Planning and Community Right to Know Act (EPCRA), and the transmission of infectious diseases may also be included.

-
- 4.O. 6. A detailed job description for employees hired by the person served:**
- a. Is developed by the person served with assistance as needed.**
 - b. Is reviewed at least annually with the employee.**
 - c. Is updated if appropriate.**
 - d. Identifies the functions and qualifications necessary to assist the person served in achieving the goals and outcomes identified in the individual plan.**
 - e. Is explained in an understandable manner to the person served and the employees the person chooses.**

Intent Statements

The organization ensures that the rights and responsibilities of persons served and their employees are mutually understood. Job descriptions are created to guide the supports and services that will assist in achieving the goals and outcomes of the person served and conform to the funding guidelines for self-directed services.

Examples

The organization works with the persons served to identify the skills and characteristics needed by employees to assist them in accomplishing their desired outcomes and to support the organization in the accomplishment of its mission and goals.

6.e. The organization may present this information through audio recordings, videos, pictures, or other media.

-
- 4.O. **7. The employer of record for support services maintains:**
- a. **Information about the individual budget of the person served.**
 - b. **Information related to support staff employed by the person served, including:**
 - (1) **The employment agreement.**
 - (2) **Vaccination decline or consent forms.**
 - (3) **Documentation of orientation of employees to the requirements of the job.**
 - (4) **The disclosure and authority-to-release-information form (criminal background check).**
 - (5) **Direct deposit authorization, if applicable.**
 - c. **Government documents as required by law.**

Intent Statements

Procedures are updated on a regular basis to ensure that laws that guide employment practices are followed. The organization documents its practices to ensure that those providing services are qualified and safe.

-
- 4.O. **8. As required, employees hired by the persons served participate in mandatory training.**

Intent Statements

Procedures ensure that specific training requirements mandated by funding and state/provincial regulations are met.

Examples

The organization's training program addresses knowledge and competency needs of the support staff hired by the persons served. Training of support staff should support the achievement of the outcomes expectations of persons served and other stakeholders. Often, attention is given to not only enhancing existing skills and competency needs of the service and support staff, but also to emerging skills, addressing changes in the support needs of the person served, and competencies that may contribute to

improved outcomes for the persons served. Training and education may be offered by the organization or by qualified community resources. Other resources to consider for training and education include journals and the internet. Training attended or completed is documented as required by any mandate.

-
- 4.O. **9. The employer of record for support services provides persons served with new-employee packets to orient staff they hire, including:**
- a. **A participant agreement.**
 - b. **Labor posters as required.**
 - c. **Privacy notices.**
 - d. **The job description.**
 - e. **Job performance review guidelines to be used by the family/person served.**
 - f. **Policies and procedures for mileage and other expense reimbursements.**
 - g. **Policies and procedures for employee payroll and expenses.**

Intent Statements

The organization assists the person served in meeting all applicable guidelines and legal requirements.

Examples

An employee handbook may address the requirements of this standard by providing the employer of record and the persons served with consistency in orientation, training, meeting the requirements of the position, and the records and forms used for compensation and benefits.

-
- 4.O. **10. The employer of record for support services maintains an information management system that:**
- a. **Provides payroll and nonpayroll supports.**
 - b. **Accounts for multiple funding streams.**
 - c. **Tracks individual budgets in a declining balance format.**
 - d. **Addresses all related tax obligations.**

- e. **Provides information to help meet changing circumstances in the plan of the person served.**
- f. **Has a disaster recovery plan that:**
 - (1) **Incorporates restoration of:**
 - (a) **Software.**
 - (b) **Master files.**
 - (2) **Includes backup strategies in the event that the information management system is unavailable.**
 - (3) **Ensures continuation of payroll and invoice payment systems.**

Intent Statements

The organization has an information technology system that is an integral part of its business strategies and practices for self-directed services, and it has the hardware and software necessary to provide reliable payroll and invoice record-keeping services.

Examples

The information technology system may vary based on the number of persons served in self-directed services. Please see Standard 1.J.2. for additional guidance on technology and system planning.

4.O. 11. The employer of record for support services has a customer service mechanism:

- a. **To respond to contact from persons served or their workers regarding issues such as withholdings, net payments, lost or late checks, reports, and other documentation.**
- b. **That includes guidelines for the organization's personnel regarding customer service, customer responsiveness, and quality assurance.**

Intent Statements

The organization demonstrates its commitment to the persons served and the need to maintain qualified and stable staff to meet the outcomes expectations of persons and families.

Examples

Required and needed levels of qualified staff are maintained, and personnel turnover at the

organization does not have a negative impact on the delivery of quality services and responsiveness to inquiries. The persons served and their support workers are treated as highly regarded customers in true business fashion.

4.O. 12. The employer of record for support services regularly conducts an internal accounting audit to ensure accuracy and compliance with generally accepted accounting practices.

Intent Statements

The organization establishes and maintains fiscal policies and procedures, including internal control practices.

Examples

This review by the organization focuses on the accuracy of billing and coding practices. Reviews are conducted by individuals trained to compare the date and service codes on the organization's billing system to the date, units, and types of services provided to the persons served. This may be required by some funding or regulatory sources, but it is also a good practice to incorporate into a fiscal management program to ensure that services are being billed properly.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Individual budgets
- Payroll service information
- Fee structure
- Brochures
- Job descriptions
- New-employee packets
- Documented training
- Disaster recovery plans

P. Personal Supports Services (PSS)

Description

Personal supports services are designed to provide instrumental assistance to persons and/or families served. They may also support or facilitate the provision of services or the participation of the persons served in other services/programs, such as employment or community integration services. Services and supports, which are primarily delivered in the home or community, are not provided by skilled healthcare providers (please see the Glossary for a definition of *skilled healthcare provider*), and typically do not require individualized or in-depth service planning.

Services can include direct personal care supports such as personal care attendants and housekeeping and meal preparation services. Services can also include transporting persons served, information and referral services, translation services, senior centers, programs offering advocacy and assistance by professional volunteers (such as legal or financial services), training or educational activities (such as English language services); music therapy; recreation therapy; mobile meal services; or other support services, such as supervising visitation between family members and aides to family members.

A variety of persons may provide these services/supports other than a program's staff, such as volunteers and subcontractors.

Applicable Standards

An organization seeking accreditation in personal supports services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standards 1. and 2.
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.E. Community Services Principle Standards, Standard 4., and Standard 5. if the program includes providing direct care personal attendant services
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

4.P. 1. The program clearly identifies the supports and services provided.

-
- #### 4.P. 2. Personnel receive training that includes:
- a. Promoting supports that are directed by the person served.
 - b. Advocating for the needs of persons served.
 - c. Guidelines for participating in the service planning for persons served, when applicable.
 - d. Where appropriate, supportive therapeutic techniques.
 - e. As appropriate to the service provided, safety training that includes:
 - (1) First aid/CPR.
 - (2) Biohazards.

(3) **Physical hazards.**

(4) **Body mechanics.**

f. If transportation is provided:

(1) **Proper seat restraints, including, when children are served, car seat installation.**

(2) **Wheelchair tie-downs, when applicable.**

(3) **Safe driving techniques.**

4.P. 3. When direct personal care supports are provided, the program implements a plan and written procedures for:

- a. The supervision of personnel, including provision of timely feedback to enhance skills.**
- b. Addressing unplanned absences to ensure continuity of supports.**

Intent Statements

The intent of this standard is to ensure that all personnel who provide personal care supports receive appropriate supervision or direction. See the Glossary for the definition of *personnel*.

Examples

Supervision may occur through the supervisor's participation in service planning meetings, organizational staff meetings, side-by-side sessions with the person served, or one-to-one meetings between the supervisor and personnel.

3.a. This may include information on best practices or identify areas for improvement.

4.P. 4. When applicable, training in the use of adaptive devices and equipment is provided to:

- a. Personnel.**
- b. The person served.**
- c. The family.**
- d. Caregivers.**

Examples

Adaptive devices and equipment use would be dependent on the type of service supports provided and the population served. Some examples

are wheelchairs, lifts, breathing devices, and feeding devices.

4.P. 5. When needed, assistive technology is used and reasonable accommodations are made in:

- a. The development of services and supports.**
- b. The ongoing provision of services.**

Examples

When assistive technology/reasonable accommodations are identified as needed, the organization may directly provide the assistive technology, or it may be provided by referral to other local resources. Reasonable accommodations may be necessary to fully access services and enable the person served to participate in the organization's activities. If a person needs services that are not available from the organization, referrals to other services are suggested.

The organization considers reasonable accommodations and uses assistive technology to convey information about services when needed. Accommodations and technology may entail the use of communication devices, video and audio recordings, pictures, and materials in each person's and/or family's primary language. Many modifications are simple and inexpensive. When necessary, the program also provides education on technology applications.

4.P. 6. If the personal supports service provides training or an educational activity for the persons served, the program includes a written description for each offering that includes:

- a. Focus on the needs of the trainees.**
- b. Requirements for participation, if any.**
- c. Objectives for the activity.**
- d. Instructional methods and materials.**
- e. The sequence and hours of instruction.**
- f. Regular review and revision/updates as needed.**

Examples

Activities might include offerings such as English language services; fitness classes; craft classes; computer classes; classes on financial planning or tax preparation; information/education regarding caregiver resources in the community; health-specific topics such as diabetes, heart health, and osteoporosis; healthy nutrition and physical exercise; stress management; elder abuse issues; falls prevention; and literacy programs.

- Forms authorizing release of confidential information
- Plan and written procedures for supervision of direct service personnel

-
- 4.P. **7. If information and referral services are provided, the program demonstrates:**
- a. Knowledge of available services/resources.**
 - b. Knowledge of support systems that are relevant to the persons served.**
 - c. Facilitation of access to available services/resources.**
 - d. Availability at times and locations convenient to the persons served.**

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Identification of supports and services provided
- Records of persons served, if applicable to the service provided
- Individual service plans, if applicable to the service provided
- Progress notes
- Procedures manual
- Documented staff training
- Curriculum for training/education courses provided

Q. Short-Term Immigration Support Services (STISS)

Description

Short-Term Immigration Support Services encompass a range of services that promote integration, independence, and active participation for persons in their new land. ISS assist persons to feel at home in their new community and integrate into society, while being respectful of the culture from which they came. Preferably services are offered when the organization is able in the first language of the person served by multilingual and culturally diverse staff. Services include provision of information and orientation to the new culture of the person, community referrals, and support. Workshops may be offered on a variety of topics such as general advocacy, legal advocacy, community supports, and cultural awareness. Other services may include employment supports provided at drop-in resource sites, outreach services, and English acquisition services. Interpretation and translation services may be offered to help limit language and communication barriers.

Services provided are generally short term. Persons with more extensive needs are given appropriate referrals to other programs, which may be within the organization or another service in the community.

Applicable Standards

An organization seeking accreditation in short-term immigration support services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure, Standards 1.–18.
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standard 1. only
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

-
- 4.Q. 1. The program clearly identifies the supports and services provided.
-
- 4.Q. 2. Personnel receive training that includes:
- a. Promoting supports that are directed by the person served.
 - b. Advocating for the needs of persons served.
 - c. Guidelines for participating in the service planning for persons served, when applicable.
 - d. Where appropriate, supportive therapeutic techniques.
 - e. As appropriate to the service provided, safety training that includes:
 - (1) First aid/CPR.
 - (2) Biohazards.
 - (3) Physical hazards.
 - (4) Body mechanics.
 - f. If transportation is provided:
 - (1) Proper seat restraints, including, when children are served, car seat installation.
 - (2) Wheelchair tie-downs, when applicable.
 - (3) Safe driving techniques.
-
- 4.Q. 3. When direct personal care supports are provided, the program implements a plan and written procedures for:
- a. The supervision of personnel, including provision of timely feedback to enhance skills.
 - b. Addressing unplanned absences to ensure continuity of supports.

Intent Statements

The intent of this standard is to ensure that all personnel used by an organization to provide personal care supports receive appropriate supervision or direction. In addition to staff members and contracted personnel, personnel may include volunteers, trainees, and interns.

Standard 2.E.5. applies to direct personal care supports.

Examples

Supervision may occur through the supervisor's participation in service planning meetings, organizational staff meetings, side-by-side sessions with the person served, or one-to-one meetings between the supervisor and personnel.

3.a. May include information on best practices or identify areas for improvement.

-
- 4.Q. **4. When applicable, training in the use of adaptive devices and equipment is provided to:**
- a. Personnel.**
 - b. The person served.**
 - c. The family.**
 - d. Caregivers.**

Examples

Adaptive devices and equipment use would be dependent on the type of service supports provided and the population served. Some examples are wheelchairs, lifts, breathing devices, and feeding devices.

-
- 4.Q. **5. When needed, assistive technology is used and reasonable accommodations are made in:**
- a. The development of services and supports.**
 - b. The ongoing provision of services.**

Examples

When assistive technology/reasonable accommodations are identified as needed, the organization may directly provide the assistive technology, or it may be provided by referral to other local resources. Reasonable accommodations may be necessary to fully access services and enable the person served to participate in the organization's activities. If a person needs services that are not available from the organization, referrals to other services are suggested.

The organization considers reasonable accommodations and uses assistive technology to convey information about services when needed. Accommodations and technology may entail

the use of communication devices, video and audio recordings, pictures, and materials in each person's and/or family's primary language. Many modifications are simple and inexpensive. When necessary, the program also provides education on technology applications.

-
- 4.Q. **6. If the immigration supports service provides training or an educational activity for the persons served, the program includes a written description for each offering that includes:**
- a. Focus on the needs of the trainees.**
 - b. Requirements for participation, if any.**
 - c. Objectives for the activity.**
 - d. Instructional methods and materials.**
 - e. The sequence and hours of instruction.**
 - f. Regular review and revision/updates as needed.**

Examples

Activities might include offerings such as English language services; fitness classes; craft classes; computer classes; classes on financial planning or tax preparation; information/education regarding caregiver resources in the community; health-specific topics such as diabetes, heart health, and osteoporosis; healthy nutrition and physical exercise; stress management; elder abuse issues; falls prevention; and literacy programs.

-
- 4.Q. **7. If information and referral services are provided, the program demonstrates:**
- a. Knowledge of available services/resources.**
 - b. Knowledge of support systems that are relevant to the persons served.**
 - c. Facilitation of access to available services/resources.**
 - d. Availability at times and locations convenient to the persons served.**

4.Q. 8. The persons participating in services/activities move toward:

- a. Optimal use of:
 - (1) Natural supports.
 - (2) Self-help.
- b. Greater self-sufficiency.
- c. Increased participation in the community.

Intent Statements

Services and supports lead to positive outcomes for persons served. Outcomes prevent fallback to government institutions and maintain the individual's participation level in the community. Outcomes for immigration support services could relate to persons served securing employment, housing, and developing personal/social support networks.

Examples

These services are designed and delivered in such a manner as to enhance the interdependence of the persons served, their self-sufficiency, and their successful integration into their community. Services are flexible in satisfying the needs and desires of the persons served.

4.Q. 9. Program design and services/activities are developed based on information gathered from the persons served and considers:

- a. The desired outcomes from services.
- b. The identified preferences of the persons served.
- c. The identified needs of the persons served.
- d. Improving the ability of the persons served to understand their needs.
- e. Assisting the persons served to achieve desired outcomes, as appropriate to the individual, in the following areas:
 - (1) Integration into the community.
 - (2) Interpersonal relations.
 - (3) Recreation/use of leisure time opportunities.

- (4) Vocational development or employment.
- (5) Educational development.
- (6) Self-advocacy.
- (7) Access to nondisability related social resources.

Intent Statements

Persons served have an active role in program design and redesigning the program to remain relevant to their needs and desires.

Examples

The organization demonstrates that a range of basic services/supports is provided. These services/supports could be arranged within a one-stop resource office or other setting, but the common services consist of providing assistance or basic supports to enable individuals to function fully within their communities, and the other activities as desired by the persons served and described in this standard.

9.e.(1) The program assists the person served to develop skills and connections to their community and integrate into society.

4.Q. 10. Services are provided at times and locations that meet the needs of the persons served.**Intent Statements**

The program demonstrates the ability to provide services in an effective and efficient manner and takes the needs of persons served into consideration.

Examples

The program's services and hours of operation, including evenings, weekends, and holidays, are evaluated periodically to ensure that the services are available and accessible to meet the needs and interests of the persons served.

4.Q. 11. Personnel are available to meet with persons served to discuss matters of mutual interest or concern.**Intent Statements**

Personnel are accessible to persons served.

Examples

Individual or group meetings can include regularly scheduled meetings or meetings for the purpose of collaboratively discussing issues such as:

- Program operations and activities.
- Hours of operation.
- Problems.
- Plans.
- The use of program resources.

4.Q. 12. The organization provides information or referral to assist the persons served in securing assistance to meet their basic needs.

Intent Statements

Agency and direct support personnel possess the skills, competencies, and qualifications to support the persons served.

Examples

Overcoming identified barriers or meeting specific needs may be beyond the organization's service delivery capability but may be addressed by referrals to other community agencies, organizations, and resources.

This may include any of the following based on the needs of the person served:

- Income maintenance.
- Benefits.
- Food, clothing, and household goods.
- Short-term or emergency shelter.
- Housing subsidies, including long-term housing.
- Medical and healthcare.
- Information on the impact of employment on securing and accessing future benefits.
- Transportation.
- Other community supports.

The organization provides information about public assistance and application procedures to the persons and/or families served. The staff members are knowledgeable about requirements to obtain and retain public assistance, due process, and timeframes or are able to refer persons

to authorities who are. Sources of public assistance may include, but are not limited to, Supplemental Security Income, Social Security Disability Insurance, food stamps, bus passes, public health services, and local, county, and state or provincial assistance.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Identification of supports and services provided
- Records of persons served, if applicable to the service provided
- Individual service plans, if applicable to the service provided
- Progress notes
- Procedures manual
- Documented staff training
- Curriculum for training/education courses provided
- Forms authorizing release of confidential information
- Plan and written procedures for supervision of direct service personnel
- Information regarding types of services and resources provided

R. Mentor Services (MS)

Description

Mentor services are designed for and dedicated to the recruitment, training, and support of community supports and volunteers who provide coaching, community activities, and networks to assist persons with disabilities and/or disadvantages to achieve goals as desired in education, employment, and/or self-sufficiency in life.

Some examples of the quality results desired by the different stakeholders of these services and supports include:

- Successful life transitions, including completing school, adjusting to disability, overcoming personal or family crisis, loss, and aging.
- Completion of academic, career, and personal goals.
- Achieving and maintaining employment.
- Self-sufficiency.
- Increased community access and independence.
- Increased social capital.
- Building confidence and self-esteem.
- Support in self-advocacy.
- Economic improvement.
- Tax benefit to the community.
- Housing.
- Network of supports in the local community.
- Reduction in negative encounters with legal systems.
- Respite and resources for families.

Applicable Standards

An organization seeking accreditation in mentor services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standard 1.

- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

-
- 4.R. 1. **Based on the scope of mentor services, the organization:**
- a. **Recruits mentors.**
 - b. **Matches mentors to persons served, considering:**
 - (1) **The desired goals of the person served.**
 - (2) **The mentor's qualifications.**

Intent Statements

Mentors are recruited from many diverse walks of life to enable good matches that will meet various needs of persons served. The closeness of the match is often key to success in mentor relationships.

Examples

Information obtained from analyzing the demographic data collected on persons served during intake and service delivery can help the mentor service to target its recruitment and training efforts.

There are mentors with a variety of backgrounds and experiences from which a person served can find a suitable match.

The organization can use many ways to find suitable a match between a person served and a mentor. Some ideas include the creation of profiles or resumes and hosting get-acquainted meetings or informal social functions, such as a morning coffee break, to let persons served and mentors get to know each other.

-
- 4.R. 2. **A competency-based training process for mentors is designed and continuously improved to match the needs of the:**
- a. **Persons served.**
 - b. **Mentors.**

Intent Statements

Competency training is aligned to meet the outcomes expectations of the persons served.

Examples

Training might include as applicable to the population served:

- Communication skills.
- Employment knowledge.
- Disability awareness.
- Accessibility awareness.
- Assistive technology.
- Transition from school.
- Problem solving.
- Listening skills.
- Knowledge of community resources.
- Relationship building.
- Setting boundaries as to mentoring.
- Sensitivity awareness.
- Cultural diversity.
- Family dynamics.
- Risk management, including personal liability.
- Managing time and expenses.
- Emergency and off-hours supports.
- Role and relationships with families.
- Self-determination in individual planning and budgeting.
- Confidentiality of persons served and their families.
- Control of infectious diseases.
- Crisis de-escalation.
- Respect, dignity, and rights.
- Understanding recovery goals.
- Self-advocacy skills.

4.R. 3. Mentor activities:

- a. Are planned with the involvement of the persons served.
- b. Support persons in achieving their goals.

Intent Statements

Persons served learn to advocate for supports to meet their goals.

Examples

When persons served are oriented to the services, insights into their roles, rights, and responsibilities in the program can be shared. This information can also be presented in handbooks, websites, and other communication mediums such as newsletters.

4.R. 4. Accommodations are individualized to the persons served as needed to facilitate success in achieving their goals.
Intent Statements

Mentor services emphasize individualized service and supports design.

Examples

Utilizing reasonable accommodations, including assistive technology, can assist persons to achieve success with their life goals.

As appropriate and desired by the person served, community activities may include leisure, education, and ongoing recovery supports.

4.R. 5. Orientation to mentor services is provided to the person served regarding:

- a. The purpose of the service.
- b. The role and commitment expected of the person served.
- c. Incentives to participate in mentor services.
- d. Methods for scheduling time with the mentor.

Intent Statements

Orientation is a learning and teaching strategy that clarifies the services and mission of the organization.

Examples

Orientation activities provide an opportunity to inform persons served about the benefits, goals, and services/supports of the mentor program. This will also provide the opportunity to encourage the persons served to establish their role in

services and to identify past positive achievements and the goals they desire to achieve.

5.d. This would specifically include boundary setting.

-
- 4.R. 6. Mentors provide access to information for persons served on community resources including, as appropriate to the scope of services:**
- a. Medical, life, and disability insurance.**
 - b. Public benefits.**
 - c. Housing.**
 - d. Banking and financial services.**
 - e. Problem solving.**
 - f. Government services.**
 - g. Local advocacy and self-help groups.**

Intent Statements

Mentors assist persons served to achieve self-sufficiency in their lives emphasizing development of community connections and supports.

Examples

Areas dealing with government assistance, benefits, and legal and financial services can be quite complex. The mentor and the organization usually develop reference materials for coaching and assistance to establish contacts within the community's generic and governmental resources.

-
- 4.R. 7. Community networks are identified to meet the goals of the persons served.**

Intent Statements

The organization seeks new resources and contacts in the community for partnering to ensure that it is meeting needs and achieving outcomes desired by the persons served.

Examples

Networks of collaborative resources are established based on the needs of the persons served and the strengths of each resource.

-
- 4.R. 8. The organization provides opportunities for mentors to network with other mentors.**

Intent Statements

Mentors networking allows sharing of insights, resources, and problem solving strategies.

Examples

Mentor networking can occur in many ways, such as meetings, electronic connections, and informal social gatherings.

-
- 4.R. 9. Mechanisms are in place to address the personal security of mentors.**

-
- 4.R. 10. The program implements strategies to promote:**

- a. Self-confidence of the persons served.**
- b. Self-sustaining supports for the persons served, as appropriate.**

Intent Statements

A community of support for the person served can be a resource to assist in planning for and navigating the many stages of life transitions.

Examples

Many organizations set up clubs, social events, and email connections for persons served to "stay in touch" and to continually promote the mentor services. These may be supported through alumni networking, event fund raising, and networking with other clubs or supports such as advocacy.

A program might use a website to:

- Provide information.
- Receive input from persons served, funding sources, and community resources.
- Facilitate networking of mentors and persons served.
- Provide an opportunity for sharing of thoughts and ideas to facilitate successful employment and living outcomes.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of persons served
- Individual service plans
- Progress notes
- Procedures manual
- Recruitment materials for mentors
- Orientation materials for persons served
- Brochures or materials describing services
- Outcomes reports

S. Supported Education Services (SE)

Description

Supported education reflects the assumption that education is a community resource to which all should have access. Society today has a greater emphasis on lifelong learning and development for persons to maintain employment and career development. Often there are cycles of education and career transition and development that persons pass through during their lifetime. Sometimes persons have dropped out of high school before graduating and later seek to attain their GED or high school diploma. The supported education program provides resources that help persons to achieve their educational goals. It creates collaborations with other community partners to meet the needs of the persons served in various educational settings.

Supported education expresses the belief that individuals can attend classes, learn, and improve their options. Practices promote participation in education programs for all who express interest. Supported education occurs in the community in settings such as an academic campus, vocational/trade school, college, and other post-secondary educational settings, and may include online learning venues. It may even provide tutoring services to at-risk youth who may be likely to fall behind or drop out of school. The purpose of supported education is to provide supports to individuals who are enrolled or want to enroll in an education program to achieve their learning goals.

Supported education provides individualized services and supports. Supported education services address transitional or remedial academic needs, develop strategies for educational success, and secure resources and accommodations for students to access activities of post-secondary education as desired. Program staff work with students to create a foundation of skills and to secure supports necessary to achieve success.

NOTE: *The services are integrated with other services that the individual may be receiving. Follow-along*

supports are continuous, and the preferences of the individual guide services.

Some examples of quality results desired by the different stakeholders of these services include:

- Students served attain General Education Development certificate (GED).
- Students served attain their high school diploma.
- Students served are able to access adult learning options in their community.
- Students served gain access to meaningful employment, community integration, and the fulfillment of life goals.
- Students served attain job skills needed for employment.
- Students served obtain a degree or certificate.
- Students served experience a decrease in symptoms and a decrease in hospitalizations.
- Students served achieve economic self-sufficiency through employment and/or a combination of employment and benefits.

Applicable Standards

An organization seeking accreditation in supported education services must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.E. Community Services Principle Standards, Standards 1.–4.
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

-
- 4.S. **1. Supported education services offer a broad range of individualized, flexible supports and resources to enable persons to participate in educational opportunities in their community.**

Intent Statements

The program is designed to meet the academic and support needs of students and to assist them in reaching their educational goals.

Examples

Supports may include:

- Educational and vocational exploration.
- Educational assessment.
- Educational goal planning.
- Identifying barriers and developing strategies to overcome barriers.
- Campus tours.
- Assisting in securing financial aid.
- Linking to Office of Student with Disability or Support Services.
- Assisting in securing reasonable accommodations.
- Securing resources to succeed in education (e.g., tutors, transportation, and peer supports).
- Assisting in completing post-secondary or vocational-trade school applications.
- Stress and time management strategies.
- Offering support groups (professional and/or peer facilitated).
- Help in working with vocational rehabilitation services.
- Help in approaching instructors/professors.
- Collaborating with multiple community academic resources.
- Benefits planning.

-
- 4.S. **2. The program's outreach efforts provide information about availability of its services and supports.**

Intent Statements

Information is provided so that persons can make informed decisions about the suitability of services for them.

Examples

Displays of the supported education service's marketing materials are visible in locations where potential students may gather, such as waiting rooms, case manager offices, lunch rooms, and group program sites. A variety of formats and media may be used, including web sites, Facebook, public service announcements, and paid advertising.

This may include informing persons about how they can get assistance to access services, if desired.

-
- 4.S. **3. Program personnel meet with the persons served to:**
- a. Clarify the long-term educational goal of the person.**
 - b. Identify short-term action steps to reach the goal.**
 - c. Identify supports and activities the program can provide that will assist the person to achieve the goal, especially considering the person's:**
 - (1) Unique strengths.**
 - (2) Learning styles.**
 - d. Develop the individual plan based on this information.**

Examples

3.c. Examples of activities that could be offered include:

- College preparatory instruction to prepare individuals for their return to post-secondary education or training.
- On-campus exposure to post-secondary educational buildings/departments and their purposes.
- Participation in campus events such as sporting events, museums, community lectures, and art or cultural events.
- Structured and unstructured exposure to peer role models/mentors.

- Assistance with the application process for post-secondary admission.
- Assistance in securing financial aid.
- Assistance in securing textbooks and supplies.
- Determination of course schedules and degree/certificate requirements.
- Introductions to campus personnel such as advisors, support services staff, student health staff and library staff.
- Tutoring.
- Assistance in securing academic accommodations.
- Mobile support services when the student requires immediate support.
- Management of benefits and financial resources.

Instructional supports may include, as appropriate:

- Stress management techniques.
- Time management and organizational skills.
- Listening skills, learning styles, and paraphrasing.
- Career interest/education goal-setting.
- Practical strategies for test taking and studying.
- Techniques for taking notes from a lecture and from reading/highlighting.
- Writing papers, computer basics, and searching the internet.
- College campus resources and policies.

3.c.(2) Learning styles include ability to understand, recall, and respond to various instructions.

3.d. Referral information may provide valuable insights to the development of the plan. An educational assessment tool is often used to identify student interests; review academic history; document future academic aspirations; and identify skills, strengths, and abilities related to education. The plan is updated regularly for each student served.

Elements included in the individual plan may include:

- Long-term academic goals.
- Short-term action steps to reach goals.

- Specific dates and responsibilities for the completion of each action step.
- Interests, aptitudes, and career aspirations.
- Accommodations/assistive technology needed to enhance the person's capacities.
- Education and community support needed.
- Learning styles, including ability to understand, recall, and respond to various instructions.

-
- 4.S. **4. The program offers a range of supports and activities that are effective in facilitating:**
- a. **The person's integration into the educational environment of their choice.**
 - b. **Achievement of the person's educational goal.**

Examples

A goal of supported education is to engage individuals in the program through support and reassurance.

4.a. Supported education uses, to the extent possible, methods and settings that are consistent with normal routines of life on the college campus.

All aspects of the program are geared toward maximizing opportunities for choice.

An important element of supported education is the opportunity for students to learn from each other and to develop an ongoing support group or supportive relationships with peers and others to assist with the pursuit of career goals. Because many supports may be necessary for learning and goal achievement, students are encouraged to maintain relationships not only with supported education personnel but also with student services on campus, family members, and other service providers.

As another example, although persons with autism may be admitted to higher education programs, often the lack of social or organizational skills impact their being successful. A program might offer supports such as peer-supported campus experiences focused on orientation to campus resources, self-advocacy, and problem-solving skills necessary for success in college.

-
- 4.S. **5. Ongoing support services are provided at times and locations that meet the needs and desires of the students served.**

Intent Statements

Supported education services are responsive to the individual needs and desires of the students.

Examples

Service models can include:

- **On-Site Support model:** Students attend regular post-secondary classes and receive support services from on-site education staff. Sometimes these services are provided by staff employed by the college in the Office of Support Services; other times, community organization staff members are housed at the college but employed through the agency or supported through other community funding.
- **Mobile Support model:** Students attend regular classes on campus with supports supplied by the organization's supported education program staff. Students are provided with comprehensive, individualized supports including linkages to academic services and peer supports.
- **Self-Contained Classroom model:** In this model, also referred to as a Closed Classroom, students attend a separate class with a specialized curriculum. Often these classes consist of only students with a disability. Classes are held on a post-secondary educational campus and usually have a college preparatory emphasis. Other self-contained classes may focus on vocational exploration or teach students specific skills to succeed in a work setting.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of persons served
- Individual service plans of persons served

- Informational brochures or program marketing materials
- Program scope

T. Rapid Rehousing and Homelessness Prevention Program (RRHP)

Description

Rapid rehousing and homelessness prevention programs are short-term crisis response programs for persons and households that are experiencing homelessness or are at imminent risk of homelessness. These programs engage in ongoing outreach activities to maximize opportunities for contact with persons who, without assistance, are likely to remain or become literally homeless. Interventions are designed to reduce barriers to housing and help persons served and their families rapidly exit homelessness and return to stable housing or maintain stable housing. The programs are knowledgeable about and link with community resources as desired by the persons served.

Incorporating a housing first approach, individualized, person-centered housing plans guide service delivery. Each person served participates in the development of a housing plan that considers the person's desired housing outcomes, barriers to housing, the need for financial assistance, and the financial resources available. As needed, the program offers education for the persons served on landlord-tenant relationships, self-advocacy, and rights and responsibilities as a tenant to support achievement of housing-specific goals. Personnel are trained in areas necessary to achieve the desired outcomes of persons served using a person-centered approach.

Key to the programs' ability to secure housing for persons with high housing barriers are recruitment and retention of landlords who are willing to offer flexibility in applying tenant screening criteria and rent to persons exiting or at imminent risk of homelessness. The programs work to maximize suitable housing options and to access and manage the available financial resources to facilitate rapid rehousing and/or reduce the risk of homelessness.

NOTE: *If an organization provides only a Rapid Rehousing Program or only a Homelessness Prevention Program, it may still seek accreditation as a Rapid Rehousing and Homelessness Prevention Program.*

Applicable Standards

An organization seeking accreditation for a Rapid Rehousing and Homelessness Prevention program must meet the standards in this section and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.E. Community Services Principle Standards
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

- 4.T. **1. Consistent with its scope of services, the program conducts or participates in systematic, ongoing outreach activities that maximize opportunities for contact with persons and households that are at high risk of:**
- a. Remaining literally homeless.
 - b. Becoming literally homeless.

Intent Statements

Outreach efforts include reaching persons who may not be aware that services are available. Different strategies may be used to reach different groups. Whenever possible, Rapid Rehousing and Homelessness Prevention programs should coordinate with local homeless systems in order to provide services in an efficient and effective manner. These providers should participate in their local coordinated assessment system and coordinate outreach efforts with other community homeless programs

Examples

Outreach may occur:

- At locations such as a grocery store or check cashing store which people frequent for reasons unrelated to housing.
- In collaboration with other homeless program providers such as shelters and community programs such as food banks and legal aid with which potential persons served may have contact.
- Through an organized community event such as a stand down that brings together people who are homeless or at risk in order to connect them with service.
- Through connecting with the Continuum of Care coordinated assessment, which may also be referred to as the coordinated entry assessment, in its community. This system, involving 211 networks and community social service agencies, often identifies for those who require rapid rehousing what are suggested forms of intervention and prioritizes those most in need.

- 4.T. **2. The program:**
- a. **Is knowledgeable about community resources that are relevant to the lives of persons served, including:**
 - (1) Housing-related resources.
 - (2) Nonhousing-related resources.
 - b. **Links to community resources as desired by the persons served.**

Intent Statements

The program meets the needs and desires of the persons served by engaging with community agencies for wraparound service.

Examples

2.a.(1) Examples of housing-related resources include HUD Continuum of Care programs, housing choice vouchers, public housing, HUD-VASH, private housing, and agencies that will assist with the cost of utilities and repairs to the home.

2.a.(2) Nonhousing-related resources that may impact the ability to maintain or secure housing include transportation, employment, income

supports, childcare, nutrition assistance, food banks, clothing banks, healthcare services, legal resources, and peer support.

-
- 4.T. **3. To maximize housing options for the persons served, the program implements a plan for landlord:**
- a. Recruitment.
 - b. Retention.

Intent Statements

The program demonstrates efforts to maximize housing options for the persons served through developing positive business relationships with landlords, which would include the supports available to landlords who engage with the program, while still maintaining balance with advocacy on behalf of the persons served/tenants.

The plan for landlord recruitment and retention may be part of another plan, such as a strategic plan or accessibility plan, or it may be a separate plan.

Examples

A program may have a position dedicated to landlord recruitment and retention, may incorporate these activities into the responsibilities of another position, or may partner or contract with another organization to fulfill this function. Landlords may be recruited through referrals from other landlords with whom the program works or identification by the persons served. Recruitment may include due diligence on the part of the program to verify the authority of the landlord or its representative to enter into an agreement.

Landlords are retained by providing supports to them, such as checking in with them about how things are going; educating them about the benefits of doing business with the program, e.g., they will get paid on time, there is someone to call if there are issues, reduction of their risks, and getting vacancies quickly filled; and assuring them that prospective tenants will be oriented to tenant responsibilities such as the correct way to take any issue to the landlord. An aspect of the relationship with landlords includes educating them

about boundaries related to information that will be shared about the persons served.

Consider related standards in Section 1.M. and identifying landlords as key stakeholders from whom to gather satisfaction data and feedback.

There are also related standards in Section 1.A. on codes of ethics.

-
- 4.T. **4. The housing options identified by the program are screened for habitability, including:**
- a. Safety.
 - b. Sanitation.
 - c. Security.

Intent Statements

Housing options are screened to determine that they are decent and suitable for occupancy in general.

4.c. Security refers to security of one's belongings and a person's personal security around others.

Examples

Habitability includes the premises being closed in against inclement weather; access to decent toilets, bathing facilities, running water, heating, and electricity; and freedom from noxious smells, noise, and garbage.

The program might use a habitability inspection checklist for consistency in items that should be considered.

It is also advisable to use a move-in checklist to ensure that everything is in working order before someone actually moves in.

Resources

HPRP Housing Habitability Standards Inspection Checklist: www.hudexchange.info/resource/1153/hprp-housing-habitability-standards-inspection-checklist/

- 4.T. **5. The screening process for accepting persons to receive services:**
- a. Promotes acceptance of potential persons served regardless of housing and income barriers.**
 - b. For homelessness prevention programs considers:**
 - (1) Imminent loss of housing.**
 - (2) Other suitable housing options.**
 - (3) Other resources, including:**
 - (a) Financial resources.**
 - (b) Nonfinancial resources.**
 - (4) Available national or local data regarding risk factors for literal homelessness.**
 - c. Results in recommendation(s) for an alternative program if the identified needs and desires of the person served cannot be met by the scope of the program.**

Intent Statements

The program prioritizes its resources to assist those persons with the highest barriers to housing and most at risk for becoming literally homeless or who are literally homeless.

Examples

5.a. Barriers such as previous history of homelessness, alcohol or other substance abuse, criminal record, mental illness, poor credit history, extremely low income, etc., are not used to screen people out of homelessness prevention or rapid rehousing programs. Persons with significant barriers can be just as successful as those with minimal barriers.

5.b.(3) Resources would include household income and benefits such as SNAP/nutrition assistance, Housing Choice Voucher, and Section 8 housing.

5.b.(4) In the field, these are often called “but for” criteria and reflect the material circumstances that differentiate between a household that may be at risk of eviction, yet has other options/resources and is not imminently literally homeless, and one that does not have such options/resources and will be literally homeless “but for” program assistance.

5.c. Recommendations for an alternative program may be made when there is a program better suited to meet the housing needs of the person served or when the person served identifies a priority to be addressed other than housing.

Resources

U.S. Interagency Council on Homelessness
Housing First Checklist:
www.usich.gov/tools-for-action/housing-first-checklist/

- 4.T. **6. The intensity of service provision is based on the identified housing barriers and desires of the person served.**

Intent Statements

As needs and/or preferences change, the intensity of service provision also changes.

Examples

Some persons may need more assistance, and the intensity of assistance is based on the person’s desires and level of need. There may be critical times when the intensity must be increased, and personnel are attentive to indicators of increased need. See related Standard 8.c. in this section.

- 4.T. **7. The housing plan for each person served:**

- a. Is individualized to the person’s desired housing outcomes.**
- b. Utilizes a strengths-based approach.**
- c. Addresses housing barriers.**
- d. Identifies the housing-specific goal.**
- e. Considers the needs of the family/support system related to the housing-specific goal.**
- f. Identifies the financial assistance required.**
- g. Identifies the financial resources available from:**
 - (1) The program.**
 - (2) The person served.**
 - (3) Other sources.**
- h. Is tracked in a systematic manner until the housing-specific goal is achieved.**
- i. Is revised, as necessary.**

Intent Statements

The housing plan for the person served may be part of the individualized service plan addressed in Standard 2.B.5., or it may be a separate plan. Services are focused on housing and not on personal change or longer-term nonhousing-related goals.

For rapid rehousing programs, the plan is geared toward helping households exit homelessness and move into permanent housing as quickly as possible.

Examples

7.c. Accessibility could be a barrier for a person with mobility limitations who needs a first floor apartment or availability of an elevator, or for a person who does not own a car and needs housing near public transportation.

7.e. Needs of the family/support system related to the housing goal may include childcare, transportation, clothing, and food.

7.f. Financial assistance required may include funds for security deposits, utility payments, move-in costs, rental subsidy, or payment of rental and utility arrears. The level of financial assistance is individualized to the person.

4.T. 8. Based on the identified housing needs and desires of the persons served, services coordination includes:

- a. Collaboration with the persons served and/or their families, as appropriate.**
- b. Outreach/engagement to encourage participation of the persons served.**
- c. Coordination of or assistance with crisis intervention and stabilization services, as appropriate.**
- d. Optimizing resources and opportunities through:**
 - (1) Community linkages.**
 - (2) Enhancing social support networks identified by the person served.**

e. Assistance securing safe housing that is consistent with the individual housing plans of the persons served.

f. Recommendations for the persons served to facilitate housing retention upon exit from the program.

Intent Statements

Services coordination meets the needs of the persons served in their communities directly or through linkages to qualified providers.

Examples

8.d. Persons served should be connected to services that address nonhousing personal goals when it is their priority. The program provides linkage and knowledge, but it is up to the choice of the individual to pursue those resources. Engaging community agencies to provide wrap-around services is often a successful approach.

4.T. 9. When the person served is participating in multiple programs, there is coordination and collaboration to:

- a. Facilitate continuity of services.**
- b. Reduce duplication of services.**

Intent Statements

Persons obtain services promptly and service delivery is effective and efficient.

4.T. 10. Based on the identified housing needs and desires of the person served, the program provides education on:

- a. Tenant rights.**
- b. Tenant responsibilities.**
- c. Landlord rights.**
- d. Landlord responsibilities.**
- e. Fair housing laws.**
- f. The person's rental/lease agreement.**
- g. Self-advocacy.**
- h. Financial management.**

Intent Statements

The need for education may be identified by the person served, program personnel, and/or a landlord.

Examples

Education can be provided in a variety of ways, including one-to-one discussions, brochures, and welcome home packets.

10.a. Tenant rights might address eviction notices, including what they mean, how a tenant is expected to respond, and in what timeframe. The program helps persons to understand what is legal and what is not.

10.f. Education might address requirements related to rental/lease payments, such as when they are due, acceptable forms of payment, and late fees; security deposits; children; pets; noise; smoking; trash; and maintenance and repair of the housing.

10.g. The self-advocacy is related to tenancy issues, which might include helping persons served understand the proper way to take concerns to their landlord and resolve disputes.

10.h. Financial management might include banking; e.g., how to open an account, balance a checkbook, deposit and withdraw money; household budgeting; insurance; and credit reports and history.

4.T. 11. The program provides documented personnel training:

- a. At:
 - (1) Orientation.
 - (2) Regular intervals.
- b. That addresses:
 - (1) Tenant rights.
 - (2) Tenant responsibilities.
 - (3) Landlord rights.
 - (4) Landlord responsibilities.
 - (5) Fair housing laws.
 - (6) Housing first approach.
 - (7) Terminology used in rental/lease agreements.
 - (8) Financial management.
- c. Other topics as appropriate to the needs of the persons served.

Intent Statements

This training supplements personnel training as called for in Section 1.I.

Applicable Standards

Standard 12. applies only if Rapid Rehousing is part of the service provided.

4.T. 12. The program:

- a. Has indicators to measure:
 - (1) Length of time from entry to the rapid rehousing program to housing.
 - (2) The percentage of persons served who achieve permanent housing.
- b. At least annually conducts a written analysis that addresses:
 - (1) Performance in relationship to established performance targets.
 - (2) Trends.
 - (3) Actions for improvement.
 - (4) Results of performance improvement activities.
 - (5) Necessary education and training of personnel.

Intent Statements

This standard is related to the standards in Sections 1.M. Performance Measurement and Management and 1.N. Performance Improvement.

The essence of rapid rehousing programs is that they are **rapid**. Success is more likely if persons served are quickly connected to appropriate resources based on their choices. While goals often focus on ending the current crisis and short-term prevention of recurrence, programs strive to assist persons served to find stable, sustainable housing. Tracking the percentage of persons served who achieve permanent housing demonstrates to stakeholders the effectiveness of the program.

Examples

12.a.(2) Permanent housing may include private, unsubsidized housing; subsidized housing; permanent supportive housing; or housing shared with friends or family in a sustainable living situation. In addition to collecting information on the persons served at the time of exit/discharge, the program may choose to collect information at

follow up in order to assess the durability of the housing outcomes achieved.

Additional Resources

- National Alliance to End Homelessness:
<https://endhomelessness.org/resource/rapid-re-housing-toolkit/>
<https://endhomelessness.org/resource/prevention-targeting-101>
https://endhomelessness.org/resources/?fwp_resource_search_facet=coordinated%20assessment%20toolkit
- U.S. Interagency Council on Homelessness (USICH):
www.usich.gov/
- National Coalition for the Homeless:
www.nationalhomeless.org/publications/facts/youth.pdf
- Overrepresentation of Women Veterans Among Homeless Women:
www.ncbi.nlm.nih.gov/pmc/articles/PMC1447922/
- Veterans and Homelessness:
<http://research.policyarchive.org/19918.pdf>
- A National Summit On Women Veteran Homelessness:
www.issuelab.org/resource/a-national-summit-on-women-veteran-homelessness-a-leadership-dialogue.html
- Supportive Services for Veteran Families:
www.va.gov/homeless/ssvf/index.html
- Recognizing Work as a Priority in Preventing or Ending Homelessness:
<https://link.springer.com/article/10.1007/s10935-007-0097-5>
- Documentation of personnel training
- Individual plans of persons served
- Analysis of average length of time from entry to a rapid rehousing program to housing

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Housing plans of persons served
- Landlord recruitment and retention plan

U. Centers for Independent Living (CIL)

Description

Centers for Independent Living (CILs) are consumer-controlled, community-based, cross-disability organizations designed and operated by individuals with disabilities to provide nonresidential services and advocacy by and for persons with all types of disabilities. CILs provide five core services:

- Advocacy.
- Independent living.
- Information and referral.
- Peer counseling.
- Transition services.

CILs serve as a strong advocacy voice on a wide range of national, state/provincial, and local issues. They work to ensure physical and programmatic access to housing, employment, transportation, communities, recreational facilities, and health and social services.

Designed to provide a service environment of informed choice, CILs continuously improve the quality of individual services, expand the capacity of their organizations, and strive for enhanced accessibility in their communities.

Accreditation of CILs assists them in:

- Being recognized for comprehensive, coordinated, effective, efficient, and accountable individualized services and programs.
- Increasing community presence.
- Increasing quality services for persons served.
- Conducting outreach and building sustainable community partnerships.
- Meeting grant requirements and assurances.
- Providing services and operating according to established national CIL standards.

- Assuring authorities and funding sources that grant provisions and specifications are carried out appropriately and effectively.
- Generating leadership and growth in the community.

The desired outcomes of CILs are defined by the persons served, governance, staff, funding sources, and the community. Outcomes expectations include:

- Inclusion for all persons into societies and communities.
- The creation and provision of supports.
- Advocacy for collaboration and creation of community resources.
- Provision of supports to persons served to develop skills to enhance their lives.

Organizational change is continuously made based on input from the persons served, results of services, and outcomes achieved.

Applicable Standards

Organizations seeking accreditation for a CIL must meet the standards in this section as well as the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure, Standards 1.–18.
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standard 1.
- 2.F. Service Delivery Using Information and Communication Technologies, if applicable

Please contact CARF with any questions.

-
- 4.U. 1. The CIL uses community input to create a work plan that:
- a. Addresses:
 - (1) Long-range planning based on expectations of:
 - (a) Persons served.
 - (b) The community.
 - (2) Alignment of business practices with the desired core service outcomes of the persons served.

- (3) **Financing and increased funding.**
- (4) **Advocacy.**
- (5) **Community resource development.**
- (6) **Training for staff, volunteers, and persons served.**
- (7) **Board training.**
- (8) **Leadership development.**
- b. Is reviewed at least annually.**
- c. Is updated as needed.**

Intent Statements

The CIL defines its community, and input from this community drives strategic and business planning.

Examples

Obtaining ongoing input and participation of the persons served in this process is vital. CIL service operations are based on the desired outcomes of the individual, to the point of allowing individuals to sign a waiver if they do not want to establish an individual plan.

The diversity of the community of persons with disabilities must be stressed in terms of planning for all types of disabilities, races, cultures, etc. Ultimately a network is created that addresses resources that are respectful and responsive to the integrity and competence of local cultures and that builds on the strengths of the community by implementing local systems of care.

-
- 4.U. **2. Policies and procedures are established for the use of government funds that:**
- a. Prohibit the misuse of funds to influence any agency or person in connection with developing a government grant.**
 - b. Clarify roles among advocacy, education, and lobbying activities.**
 - c. Require disclosure of lobbying activities.**

Intent Statements

CILs will use funds as determined by the funding source and will meet federal and state/provincial requirements.

Examples

Policies and procedures are important for good stewardship of all funds and for ensuring that requirements of specific funding sources are met.

2.b. In the United States, there are federal anti-lobbying regulations that apply in certain situations. It is important to clarify these roles and define what will be considered lobbying that must be reported on IRS Form 990.

-
- 4.U. **3. The CIL has policies and procedures for meeting state/provincial and federal grant requirements and assurances, as applicable.**

Intent Statements

Governmental authorities will identify what is required to meet these requirements.

Examples

Policies and procedures provide education and guidance to staff on what should be done operationally to meet the government guidelines and reporting requirements.

-
- 4.U. **4. To meet the specific provisions of its referral and funding sources, the CIL:**
- a. Generates:**
 - (1) Performance information analyses.**
 - (2) Timely records and reports.**
 - b. Shares these with stakeholders.**

Intent Statements

Information is used to continuously improve the performance of the CIL and is shared with the persons served.

Examples

CILs deal with many reporting requirements, and systems are usually set up to collect data for required reporting. These same data can also be analyzed and used to improve business performance and service provision.

4.U. 5. Persons served by the CIL:

- a. Direct their services.**
- b. Choose whether to use or waive the use of individual plans.**
- c. Are encouraged to participate in organizational governance.**

Intent Statements

The CIL aligns its business practices based on the outcomes sought by the persons served.

Examples

Persons served can be an active part of this person-directed organization, including belonging to issues groups, acting as mentors, and participating on membership and advisory councils and/or program committees.

If a person chooses to waive the use of an individual plan, this waiver is documented and kept in the person's file.

4.U. 6. Core services are designed to meet the outcomes expectations of persons served.**Intent Statements**

Input is used to design and continuously improve services.

Examples

Core services include advocacy, independent living, information and referral, peer counseling, youth transition to employment, and transition services.

4.U. 7. Based on the present and anticipated future needs of persons served, the CIL creates community options and community capacity through:

- a. Individual and systems advocacy.**
- b. Technical assistance.**
- c. Public information and education.**
- d. Outreach to unserved or underserved populations.**
- e. Collaboration with:**
 - (1) Service providers.**
 - (2) Government agencies.**
 - (3) Community organizations.**

Intent Statements

The CIL works to ensure that community services are planned and available for persons served to meet present and future needs. By identifying the outcomes expectations of the persons served, the leadership and staff of the CIL can create strategies and tactics to build community service options and capacities.

4.U. 8. Performance information is used to illustrate the effectiveness of the CIL in:

- a. Independent living services.**
- b. Advocacy.**
- c. Information and referral.**
- d. Peer counseling.**
- e. Transition services.**

Intent Statements

Performance information is used to communicate the CIL's needs and effectiveness to the persons served, other stakeholders, and the community.

Examples

An organization needs only one performance analysis to illustrate its access, effectiveness, efficiency, and satisfaction of stakeholders with services. See Sections 1.M. and 1.N. for additional guidance.

The CIL builds and continuously improves its services based on the outcomes desired by the organization's stakeholders, which include the persons served, employees, and governance.

8.e. Transition services support opportunities for return to the community instead of placement in hospitals or nursing homes.

4.U. 9. The CIL provides independent living services that address:

- a. Successful integration into society.**
- b. Participation in communities as desired.**
- c. Independence and choices.**
- d. Enhanced knowledge and skills to support individual choices.**
- e. Skills training for independent living.**

Examples

9.e. Skills training for independent living would cover many areas, including employment.

4.U. 10. The CIL provides advocacy services that address:

- a. Successful self-advocacy.**
- b. Organizational advocacy.**
- c. Systems change in the community.**
- d. Public policy that embraces accessibility.**
- e. Reduction of barriers to employment and/or independent living.**

4.U. 11. The CIL provides transition services that address:

- a. Living in the community.**
- b. Progress toward independent living.**
- c. Linking persons to affordable and accessible housing.**
- d. Education of healthcare providers on alternative community living options.**
- e. Youth transition for young adults who are moving from services provided to them during their educational process to adult services.**

Examples

CIL staff serve as advocates and support specialists to persons served, but not as case managers or service coordinators. Persons served are given resources and support and are encouraged to direct and follow through independently on the resources that are provided to them.

11.e. Young adults may be transitioning to adult services such as post-secondary education, employment, or living in the community independent of their family.

4.U. 12. The CIL provides information and referral services that address:

- a. Provision of timely and accurate information.**
- b. Linkages to other services.**

- c. Persons served learning how to access services on their own.**
- d. Support and follow-up.**

4.U. 13. The CIL provides peer counseling and role modeling services to enhance the quality of the lives of persons served.

Examples

Peer counseling and role modeling services operate on the premise that the peer counselor is a role model who can serve as a link between the person seeking services and the service provider. The peer counselor can draw on a wide range of unique experiences that may be helpful.

Outcomes that peer counseling may help to achieve include:

- Social skills development.
- Expressed acceptance of disability.
- Expressed increases in expectations for quality of life.
- Confidence in self.
- Participation in support groups.
- Changing perceptions of the public, family, and peers.
- Understanding of the CIL philosophy.
- Persons served educating other persons served.

Peer counseling/mentoring is typically not strictly monitored. Although peer counselors/mentors are trained to provide support and guidance, the goal is to develop natural relationships between the peer counselors/mentors and the persons served. Also, because so many of the CIL's direct service staff are also persons with disabilities, a lot of the peer support/counseling is built right into the service delivery model. It varies from CIL to CIL since some are much larger than others.

- 4.U. 14. **Based on the desired outcomes and quality expectations of persons served, the CIL enhances its services by:**
- a. **Providing:**
 - (1) **Assistive technology as appropriate to the person's needs.**
 - (2) **Community education for service professionals.**
 - (3) **Person-directed services.**
 - (4) **Benefits planning.**
 - b. **Promoting:**
 - (1) **Employment and community access.**
 - (2) **Internet access and communications technology.**
 - (3) **Public policy supporting full community inclusion for all persons with disabilities.**

Intent Statements

The CIL creates strategies to position its services to be state of the art.

Examples

The CIL may be working to:

- Enact ADA Restoration Act and Community Choice Act legislation.
- Shift federal dollars from institutions to community-based services.
- Expand access to equal employment and transportation options.
- Enact Rehabilitation Act Reauthorization and increase funding for the Independent Living Program.
- Eliminate the Medicare waiting period.
- Ensure mental health parity.
- Increase availability of affordable and accessible housing.
- Better serve veterans and older Americans with disabilities.
- Focus on independent living internationally.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Annual work plan
- Policy manual or individual policies
- Training records
- Performance analysis

V. Home and Community Services (HCS)

Description

Home and community services (HCS) are person centered and foster a culture that supports autonomy, diversity, and individual choice. Individualized services are referred, funded, and/or directed by a variety of sources. In accordance with the choice of the person served, the services provided promote and optimize the activities, function, performance, productivity, participation, and/or quality of life of the person served.

The Home and community services may serve persons of any ages, from birth through end of life. Services may be accessed in a variety of settings including, but not limited to, private homes, residential settings, schools, workplaces, community settings, and health settings. Services are provided by a variety of personnel, which may include health professionals, direct support personnel, educators, drivers, coaches, and volunteers and are delivered using a variety of approaches, supports, and technology.

Services are dynamic and focus, after a planning process, on the expectations and outcomes identified by both the person served and the service providers. The service providers are knowledgeable of care options and linkages to assist the person served; use resources, including technology, effectively and efficiently; and are aware of regulatory, legislative, and financial implications that may impact service delivery for the person served. The service providers are knowledgeable of their roles in and contribution to the broader health, community, and social services systems.

Home and community services must include at least one of the following service delivery areas:

- Services for persons who are in need of specialized services and assistance due to illness, injury, impairment, disability, or a specific age or developmental need.
- Services for persons who need assistance to access and connect with family, friends, or coworkers within their homes and communities.

- Services for persons who need or want help with activities in their homes or other community settings.
- Services for caregivers that may include support, counseling, education, respite, or hospice.

NOTE: A service provider seeking accreditation for home and community services is not required to provide all four of the service delivery areas identified in the service description. However, it must include in the site survey all of the service delivery areas it provides that meet the service description.

Applicable Standards

An organization seeking accreditation for home and community services:

- Providing services for persons who are in need of specialized services and assistance due to illness, injury, impairment, disability, or a specific age or developmental need must meet Standards 1.–18. in this section, and Standard 19. if providing respite service, as well as the standards in the following sections:
 - 1.A. and 1.C.–1.N.; 1.B. Governance is optional
 - 2.A. Program/Service Structure
 - 2.B. Individual-Centered Service Planning, Design, and Delivery, Standards 2.B.1.–10.
 - 2.C. Medication Monitoring and Management (as applicable; see page 152)
 - 2.E. Community Services Principle Standards
 - 2.F. Service Delivery Using Information and Communication Technologies, if applicable
- Providing services for persons who need assistance to access and connect with family, friends, or coworkers within their homes and communities; services for persons who need or want help with activities in their homes or other community settings; and/or services for caregivers that may include support, counseling, education, respite, or hospice must meet Standards 1.–15. in this

section, and Standard 19. if providing respite service, as well as and the standards in the following sections:

- 1.A. and 1.C.–1.N.; 1.B. Governance is optional
- 2.A. Program/Service Structure
- 2.B. Individual-Centered Service Planning, Design, and Delivery, Standards 2.B.1.–2.
- 2.C. Medication Monitoring and Management (as applicable; see page 152)
- 2.E. Community Services Principle Standards, Standard 2.E.4.

NOTE: Refer to the table at the beginning of Section 5 for information on the optional population designations/enhancements that may be added to this service.

-
- 4.V. **1. To facilitate the appropriate level of services/supports for the person served, the home and community services demonstrate knowledge of and the ability to identify appropriate service options/settings.**

Intent Statements

Services are individualized to the persons served. The home and community services may provide a full spectrum of services or only one type of service but demonstrate an awareness and use of community resources that may be used to support or enhance services to the person served.

-
- 4.V. **2. The home and community services identify and address gaps in service delivery.**

Intent Statements

The HCS may address gaps in service at both the level of the person served and the level of the program/service.

Examples

Gaps in service delivery for a person served may be addressed by referring the person to another program/service in the local community or contracting with an external provider to engage with the team of the person served. For example a therapist working with a person served observes that the person is no longer able to do household

chores because of pain and lack of mobility and as a result, there are now concerns about the safety and cleanliness of the home. The therapist could refer the person back to the primary physician for medical evaluation and a potential referral for homemaker services.

At the level of the program/service, the HCS may explore developing a new service, partnering with another provider in the community to provide or develop additional services, or advocating with a payer to cover services that are not currently covered.

-
- 4.V. **3. To verify the backgrounds of all personnel, written procedures identify actions to occur:**

- a. Prior to the delivery of services to the persons served or to the organization.
- b. At stated intervals throughout employment.
- c. In response to the information received.

Intent Statements

This standard relates to Standard 1.I.4. To reduce risk and ensure the safety of the persons served, the organization defines its process to verify backgrounds of all personnel and take action when appropriate. The organization has procedures in place in the event that backgrounds or credentials cannot be verified. Continued employment might be contingent upon positive verification for some positions; the organization determines when this is the case.

Examples

Personnel may attend orientation but not provide direct service to the persons served until background verification is complete.

-
- 4.V. **4. Personnel demonstrate competencies in the delivery of home and community services, including, but not limited to:**

- a. Addressing the unique needs of persons served.
- b. Communication with persons served and their families/support systems.

- c. Communication with other providers serving the persons served.
- d. Facilitating active involvement of the persons served and families/support systems in the service delivery process.
- e. Facilitating behavioral supports.
- f. Facilitating cognitive interventions.
- g. Handling developmental/life transitions.
- h. Knowledge of community resources.
- i. Recognition and reporting of suspected abuse and neglect.
- j. Setting and maintaining professional boundaries.

Intent Statements

In Section 1.I. Workforce Development and Management standards, organizations identify skill sets that would assist with the achievement of the outcomes for the person served as well as organizational mission and goals. This standard identifies areas that would be included in orientation as well as ongoing training as appropriate for the HCS. These are not the only skill sets that an HCS program may include but these should be evident.

- 4.V. **5. Policies and written procedures are implemented that address, at a minimum, the following service delivery issues:**
- a. Availability of appropriate equipment, supplies, etc., at the service delivery site from initial service delivery through exit/transition.
 - b. Confidentiality and privacy of information concerning the persons served in the home and community environments.
 - c. Clarification of the roles and responsibilities of:
 - (1) Families/support systems.
 - (2) Service providers.
 - (3) Others, as appropriate.
 - d. Contingency plans if either the family/support system or the service provider is unable to deliver care.

- e. Unsuccessful delivery of services.
- f. Referral/transition to other services.
- g. Assignment of personnel in accordance with the needs and choices of the persons served.
- h. Within the scope of services, the availability of home and community services to respond to:
 - (1) Persons served.
 - (2) Families/support systems.
 - (3) Service providers.
 - (4) Other stakeholders.

Intent Statements

Home and community services are offered to persons served in a variety of settings. Policies and procedures address the uniqueness of the settings and types of situations personnel may encounter when decisions need to be made, potentially on an immediate basis, without the "on-site" support of supervisors or others who are typically available in a facility-based program.

Examples

- 5.e.** Unsuccessful delivery of services may be the result of an issue on the part of the provider or the person served.
- 5.h.(1)** The scope of the services may be focused only on therapeutic interventions and not include social reintegration activities.
- 5.h.(2)** The scope of the services may include the availability of respite services for family/support systems.

- 4.V. **6. A risk assessment of each person served documents the following areas:**
- a. Behavioral.
 - b. Cognitive.
 - c. Communication.
 - d. Developmental.
 - e. Emotional.
 - f. Environmental.
 - g. Physical.
 - h. Capability of the family/support system.
 - i. Other, as appropriate.

Intent Statements

To decrease the potential of harm to the person served, risk assessments are an integral part of home and community services. The analysis of this information may result in changes to the person-centered plans as well as improvements at the level of the services.

Examples

6.c. Risks in communication may be the inability to communicate emergent needs, inability to understand verbal or written communication, or different languages being spoken by the person and personnel.

6.d. Developmental delays may produce risk in social or work situations. Age of an individual may not match their developmental level and increase their risk in daily activities.

6.g. Physical risks may include the potential for falls or impulsivity on the part of the person served.

6.h. Risk assessment related to the family/support system might include the availability of the family/support system, its understanding of the health status of and safety precautions required for the persons served, and family/support system dynamics.

-
- 4.V. 7. Service delivery is scheduled at an agreed-upon time that supports the person-centered plan.**

Intent Statements

There is a system in place to determine the most appropriate schedule for service delivery based on the lifestyle and preferences of the persons served and the scope of the home and community services.

-
- 4.V. 8. In accordance with the choice of the person served, the home and community services assist the person served to develop a disaster preparedness and emergency plan that considers the following:**
- a. Assessment of the current knowledge of:**
 - (1) The person served.**
 - (2) The family/support system.**

- b. Assessment of the physical environment where services are delivered, including accessibility of the environment.**
- c. Identification of modifications necessary to ensure safety in the event of an emergency.**
- d. Community resources, including:**
 - (1) Identification of resources for:**
 - (a) Evacuation.**
 - (b) Shelter.**
 - (c) Recovery.**
 - (2) Accessibility of resources for:**
 - (a) Evacuation.**
 - (b) Shelter.**
 - (c) Recovery.**
- e. Basic needs in the event of an emergency.**
- f. Identification of circumstances in which service delivery can be postponed or omitted.**
- g. Provisions for communication by personnel while providing services regarding decisions to continue or discontinue services.**
- h. Contingency plans for:**
 - (1) The person served.**
 - (2) The family/support system.**
 - (3) Personnel.**

Intent Statements

Persons served by HCS are at risk in emergent situations because of a variety of issues including age, developmental, cognitive, and physical levels of functioning. To address these risks persons served can seek, if they desire, to receive more information from the HCS on how to address emergent situations.

8.d.(1)(c) and 8.d.(2)(c) Recovery after a disaster means the return of the persons served to the home or community setting.

Resources

- Emergency Preparedness Tool Kit for People with Disabilities
www.ohsu.edu/sites/default/files/2019-01/ReadyNow-2014.pdf

- 4.V. **9. If the person served uses assistive technology, electronic aids to daily living, environmental controls, equipment, environmental modifications, and/or personal emergency response systems, the home and community services, on an ongoing basis:**
- a. Determine that the technology and/or equipment:**
 - (1) Functions properly.**
 - (2) Achieves the intended purpose.**
 - b. Notify the appropriate designee, as needed.**
 - c. In accordance with the person-centered plan, incorporate the technology and/or equipment into service delivery.**

Intent Statements

Technology has an ever-increasing presence in home and community services. It is important that service providers are attuned to the role and impact of technology on the lives of the persons served. The extent to which the service provider interacts in the environment in which technology is used by the person served guides the involvement of the service provider in the activities of this standard.

Examples

A driver who transports persons served to appointments in the community is unlikely to come into contact with environmental controls and adaptive equipment used by the person served at home. However, because the person served may use a power mobility device (PMD), the driver would inquire about and observe whether the person is able to use the PMD safely and effectively. If the driver were to discover that the person served is not able to use the PMD as intended or was having some mechanical difficulty with it, it would be the driver's responsibility to notify the appropriate person who could assist the person served.

"Smart homes" utilize information and communication technology that assist with daily living activities, safety, falls, health monitoring, and environmental control. Smart homes allow and provide a way to record the activities or inactivity

of an individual in a home and report the event to a caregiver or family member in accordance with the preference of the person served. Examples of smart home systems include emergency call systems, control of heating and air systems, health monitoring, safety devices, medication monitoring, video cameras, and keyless entry. A person served might communicate to the home health aide that a video camera is not working. The aide notifies the appropriate personnel in the HCS, who then follow up with the appropriate family member or vendor.

- 4.V. **10. In accordance with the choice of the person served, the home and community services partner with the family/support system throughout the service delivery process, including ongoing consideration of:**
- a. The family/support system's:**
 - (1) Ability and willingness to support and participate in the plan.**
 - (2) Composition.**
 - (3) Interpersonal dynamics.**
 - (4) Different methods of:**
 - (a) Engagement.**
 - (b) Communication.**
 - (c) Coping.**
 - (d) Problem solving.**
 - (5) Strengths and limitations.**
 - (6) Knowledge base.**
 - (7) Expectations of the home and community services.**
 - (8) Educational needs.**
 - (9) Responsibilities, including legal responsibilities.**
 - (10) Geographic proximity to the person served.**
 - b. Unique financial, social, or cultural factors that might influence the home and community services.**
 - c. Health status of the primary caregiver.**

Intent Statements

When the person served agrees to having members of the family/support system involved in the

delivery of services, the home and community services assess the family/support system to include it effectively and optimally in the service delivery process. This assessment process can provide information that impacts the opportunity for the person to remain in the home or community setting.

Examples

Factors that might impact participation in service delivery or support include that members of the family/support system live at a distance, work during typical service delivery times, have limited resources to assist, etc.

10.a.(3) Interpersonal dynamics refers to the interactions between the person served and spouse or significant other, friends, peers, coworkers, employers, and the community.

10.a.(4) Engagement may include the ability of the family/support system to participate in training sessions, learn new skills, call or email questions or concerns to personnel when they live at a distance, and willingness to participate in the person-centered plan as appropriate.

10.a.(9) Responsibilities may include work and family-related responsibilities such as being the caregiver for young children or elderly parents.

10.b. Financial, social, or cultural factors may influence service delivery in areas such as setting goals for the person served, the provision of information and services, and exit/transition options.

4.V. 11. In accordance with the choice of the person served, policies and written procedures facilitate collaboration with the family/support system in decision making through the following:

- a. Accessible information.
- b. Timelines for exchange of information.
- c. Understanding of the information provided.

Intent Statements

To facilitate the decision-making roles of the person served and family/support system, they are given information in a way that is understandable and in sufficient time to make informed decisions.

4.V. 12. The home and community services provide education:

- a. To:
 - (1) Persons served.
 - (2) Families/support systems.
 - (3) Other relevant stakeholders.
- b. In accordance with identified needs, that addresses, but is not limited to:
 - (1) Accessing emergency care if necessary.
 - (2) Communication with other service providers.
 - (3) Developing a system to record personal health information.
 - (4) Disease management.
 - (5) Information about community resources and how to access them.
 - (6) Preventive care.
 - (7) Procedures unique to the provision of home and community services.
 - (8) Safety issues related to the service delivery site.
 - (9) Specific healthcare procedures and techniques, as appropriate.

Intent Statements

12.b.(3) Having a system or tool to record personal health information helps the persons served and their families/support systems ensure that they receive ongoing quality healthcare.

Such information empowers persons served to be responsible for an important step in their care, lessens the fragmentation of care among health-care settings, and will likely decrease the risk of medical errors.

Examples

12.b.(2) Examples of other providers with whom the persons served, families/support systems, or other stakeholders may have to communicate might include the person's primary care physician, pharmacist, or other rehabilitation providers in the community such as a transportation provider.

12.b.(3) The system used provides a record of relevant personal health information and is portable for persons served so that they have the appropriate information at each health encounter and healthcare providers can be efficiently informed by more complete and accurate information than might otherwise be available.

It is suggested that the format of the system or tool facilitate ease of access and ready availability in case of an emergency. Formats might include:

- Index cards with clear writing.
- Folders or notebooks.
- CDs or flash drives.
- Bracelets with important medical or health information.
- Mobile devices (smart phones, tablets, etc.) and health information/tracking apps.

12.b.(8) Examples of safety issues may include how to evacuate the service delivery site, environmental modifications, and whether the service delivery site poses any safety risks to the providers of services.

4.V. 13. The home and community services have a mechanism to ensure that both the person served and the service provider can understand and communicate with each other.

Examples

Accents and other language issues may pose barriers to communication between the person served and the service provider. Mechanisms for nonverbal communication such as the use of a communication board or device may be necessary.

4.V. 14. Based on the scope of services, to enhance the involvement of the persons served in the community, the home and community services:

- a. Are knowledgeable about the options available for:**
 - (1) Housing.
 - (2) Transportation.
 - (3) Technology.
- b. In accordance with the choice of the person served, advocate for the development of options for:**
 - (1) Housing.
 - (2) Transportation.
 - (3) Technology.

Intent Statements

Whether the home and community services address housing, transportation, and technology would be guided by the scope of services provided. Many times persons served may lack knowledge of options in their area. There may be the need for the home and community services to assist the persons served to become aware of options and resources that they will need to tap into to develop their plan for housing, transportation and /or technology. This may be needed to allow the person served to remain in the home and/or community, to get to and from work, and/or to participate in social activities.

Examples

14.a.(1) Housing options may include supported housing, public housing, or general community housing that is accessible for persons who use a wheelchair.

14.a.(2) Public transportation options may address transportation that is convenient for a person served who has limited endurance, mobility, or cognition and para-transit systems for persons served who use assistive mobility equipment.

14.a.(3) Technology options may include off-the-shelf technology as well as resources for customized technology to be used by the person served in the home and other community settings.

- 4.V. 15. In accordance with the choice of the person served, the home and community services provide or arrange for financial assistance and planning that addresses:
- Benefits planning.
 - Sustainability of services.
 - Contingency planning.
 - Education related to financial literacy.
 - Short- and long-term planning for future services, including:
 - Funding and supports available.
 - Eligibility criteria.
 - Range of services available.
 - Amount of services available.
 - Impact on continuing benefits.

Intent Statements

An in-depth financial analysis of the short and long-term costs of living independently will take into consideration both the present ability and future service needs of the person served.

In assisting an individual to live independently in the community, it is important to evaluate present and future costs associated with the living situation.

Examples

Factors to be considered include how benefits of the person served might be impacted and the potential of funding for services changing. It is important that persons served consider being responsible for their own finances if appropriate. Training in financial literacy may be provided directly by the home and community services or referred to an appropriate resource in the community.

Applicable Standards

Home and community services that provide specialized services and assistance due to illness, injury, impairment, disability, or a specific age or developmental need must also meet Standards 16.–18.

- 4.V. 16. The home and community services address the impact of the following areas on the service delivery process for each person served:
- Allergies.
 - Current medications, including:
 - Medication sensitivities and adverse reactions.
 - Why each medication is prescribed.
 - Side effects.
 - Drug interactions.
 - Implications of abrupt discontinuation of medications.
 - Compliance.
 - Schedule for taking medications.
 - The etiology and anticipated course of the illness, injury, impairment, disability, or a specific age or developmental need.
 - The results of relevant diagnostic interventions.
 - The results of relevant therapeutic interventions.
 - Communication ability.
 - Fatigue.
 - Nutrition.
 - Pain.
 - Risk factors.
 - Signs and symptoms of emergent medical or psychological conditions.
 - Sleep.

Intent Statements

To ensure the safety of the persons served and determine the most appropriate and beneficial interventions, knowledge of each person's health and medical status and history are important. This knowledge will allow the home and community services to minimize unnecessary interventions, establish an accurate baseline of health and functional status, set realistic goals, and optimize results. Whether services are provided by credentialed personnel or non-credentialed personnel, the impact of these areas on the service delivery for each person served is observed, considered, reported as applicable,

and, as needed, addressed in the person-centered plan, including the involvement of additional team members as necessary.

16.b. The home and community services are aware of the effects of medications currently taken by the person served on the person's ability to participate in the services and tolerate therapeutic activity.

Examples

16.a. Allergies include medication allergies, food allergies, latex allergies, and any other allergies the services need to be aware of to ensure the safety of the person served.

16.b. In tailoring an exercise program for a person with diabetes, the physical therapist understands the impact of insulin action on the timing, frequency, and duration of exercise. The therapist educates the person served about the importance of self-monitoring of blood glucose (SMBG) and recognizing symptoms such as shakiness or sweating to avoid risks associated with hypoglycemia while exercising.

16.g. An example of this would be that the home health aide notices and reports that the person served is more fatigued and requires more assistance with bathing when the services are scheduled in the late afternoon. The nurse responsible for reviewing the service plan adjusts the plan to have home health visits occur in the morning.

16.h. Nutrition includes a person's diet as well as the consistency of the diet.

16.j. Risk factors may include that the person smokes, is overweight, is unsteady and therefore at risk of falling, can't afford the medications that are prescribed, or has hypertension.

- 4.V. **17. Depending on individual needs, the home and community services provide ongoing education and training to each person served that addresses:**
- a. Disease management.**
 - b. Health advocacy, including prompt communication about health issues.**

c. Prevention related to:

- (1) Recurrence of the illness, injury, impairment, disability, or a specific age or developmental need.**
- (2) Potential risks and complications due to the illness, injury, impairment, disability, or a specific age or developmental need.**

d. Primary healthcare.

e. Utilization of healthcare resources.

f. Wellness.

Intent Statements

The ability for persons served to become engaged with wellness and management of their health issues is key to maintaining the ability to remain in home and community settings. Appropriate education and training is provided to persons based on their needs.

Examples

Persons served may take advantage of technology (computer, DVD, CDs) to become better educated or engaged with exercise programs, etc. They may need education about areas such as how to be an advocate for their needs, physician appointments, screenings and their importance, how to become active in health issues, appropriate use of emergency/urgent care, etc.

17.b. It is important for persons served to be able to identify signs and symptoms and when it would be appropriate to contact their physician, home and community services provider, EMTs, etc. Signs and symptoms might include frequent falls, loss of consciousness, shortness of breath with chest pains, or increased inflammation of joints with inability to perform daily tasks. The sudden onset, abruptness, or increased intensity or frequency of these symptoms signal the person served to advocate for care, medications, additional services, etc.

17.e. Education on utilization of healthcare resources might include decision making related to which healthcare provider is the most appropriate to seek advice for specific health issues or how to use insurance funding most effectively to meet individual needs.

4.V. 18. The home and community services provide education on medication, as appropriate:

- a. To:**
 - (1) **Persons served.**
 - (2) **Families/support systems.**
- b. That addresses:**
 - (1) **Actions to take in an emergency.**
 - (2) **Administration.**
 - (3) **Dispensing.**
 - (4) **Disposal.**
 - (5) **Errors.**
 - (6) **Expiration dates.**
 - (7) **Identification, including purpose of each medication prescribed.**
 - (8) **Implications for management of multiple medications.**
 - (9) **Implications of abrupt discontinuation.**
 - (10) **Indications and contraindications.**
 - (11) **Obtaining medication.**
 - (12) **Sharing medication.**
 - (13) **Side effects.**
 - (14) **Storage.**

Intent Statements

Medication management in home and community settings differs from facility-based settings in which medications are controlled by pharmacists, nurses, and physicians. The ability to assess the understanding and competency of a person served and family/support system to manage medications is critical to the person's safety, health, and well-being.

Examples

Education is provided as appropriate to the needs of the persons served and families/support systems, the scope of the home and community services, and in accordance with any relevant practice acts or standards of practice.

18.b.(3) If persons served have difficulty opening medication bottles, the home and community services educate them about requesting blister packs or easy-to-open bottles. If there are vision limitations, the home and community services

educate them to request labels with large print or to investigate talking labels.

18.b.(8) If the home and community services identify that the person served is taking several medications that are prescribed by multiple physicians, services educate the person regarding the importance of notifying each prescribing physician about all the medications currently being taken, not just those related to the condition being managed by each physician.

Applicable Standards

Home and community services that provide respite services must also meet Standard 19.

- 4.V. 19. When respite services are provided somewhere other than the person's own home, the person served brings the following to the respite provider, if applicable:**
- a. Adaptive equipment.**
 - b. Assistive technology.**
 - c. Emergency contact information.**
 - d. Information on everyday routines.**
 - e. Information/instructions regarding any special needs.**
 - f. Instructions for specific healthcare procedures.**
 - g. Medications.**
 - h. Pertinent health/medical history.**

Intent Statements

The ability for the respite services to create an environment that will meet the needs of the person while in that setting is critical.

19.d. In order to maintain a person-centered approach, respite services are knowledgeable about the normal routine of the person served.

Examples

19.a.-b. Depending upon the types of persons served, respite providers may need to be able to use a variety of equipment and assistive technology and may need additional training to develop those competencies. Training might be provided by the family, vendors, or other resources.

19.c.–h. A portable profile or personal health information record may be used to provide information.

19.e. Special needs may include nutritional/dietary needs.

Additional Resources

Associations are frequently used resources for information on regulations, accessibility, quality, development, evidence-based practices, accepted practices in the field, and regulatory. Additional resources for information include:

- National Association for Home Care and Hospice
www.nahc.org
-  Canadian Home Care Association
www.cdnhomecare.ca

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Individual service plans
- Progress notes
- Policies and procedures manual
- Individual disaster preparedness plans
- Documented staff training

SECTION 5

Specific Population Designations/ Enhancements

The following table identifies the optional specific population designations/enhancements in this section that may be added to the programs/services in Sections 3 and 4. Refer to Sections 5.A.–5.F. for descriptions and applicable standards for each specific population designation/enhancement. If you need clarification or have any questions, please contact your resource specialist.

Specific Population Designations/Enhancements Applicability Matrix

	Children and Adolescents (Section 5.A.)	Older Adults/Dementia Care (Section 5.B.)	Medically Fragile (Section 5.C.)	Adults with ASD (Section 5.D.)	Children with ASD (Section 5.E.)	Workforce Development (Section 5.F.)
Section 3. Employment Services						
3.A. Employment Planning Services (EPS)				✓		✓
3.B. Comprehensive Vocational Evaluation Services (CVE)						✓
3.C. Employment and Career Centers (ECC)						✓
3.D. Employee Development Services (EDS)				✓		✓
3.E. Employment Skills Training Services (EST)				✓		✓
3.F. Organizational Employment Services (OES)		✓		✓		
3.G. Community Employment Services (CES)				✓		✓
3.H. Self-Employment Services (SES)				✓		✓
3.I. Affirmative Business Enterprise (ABE)				✓		✓
Section 4. Community Services						
4.A. Services for Children and Youth (SCY)			✓		✓	
4.B. Transition Services (TS)				✓		✓
4.C. Family Services (FS)	✓	✓	✓	✓	✓	
4.D. Foster Family Services (FFS)	✓	✓	✓	✓	✓	
4.E. Host Family/Shared Living Services (HF/SLS)	✓	✓	✓	✓	✓	

Specific Population Designations/Enhancements Applicability Matrix (Continued)

	Children and Adolescents (Section 5.A.)	Older Adults/Dementia Care (Section 5.B.)	Medically Fragile (Section 5.C.)	Adults with ASD (Section 5.D.)	Children with ASD (Section 5.E.)	Workforce Development (Section 5.F.)
4.F. Respite Services (RS)	✓	✓	✓	✓	✓	
4.G. Community Integration (COI)	✓	✓	✓	✓	✓	
4.H. Community Housing (CH)	✓	✓	✓	✓	✓	
4.I. Supported Living (SL)	✓	✓	✓	✓	✓	
4.J. Services Coordination (SC)	✓	✓	✓	✓	✓	✓
4.K. Assistive Technology Supports and Services (AT)	✓	✓	✓	✓	✓	✓
4.L. Behavioral Consultation Services (BCS)	✓	✓		✓	✓	
4.M. Comprehensive Benefits Planning (CBP)	✓			✓	✓	
4.N. Self-Directed Community Supports and Services: Flexible Supports Planning (SDCSS:FSP)						
4.O. Self-Directed Community Supports and Services: Employer of Record for Support Services (SDCSS:EOR)						
4.P. Personal Supports Services (PSS)	✓	✓	✓	✓	✓	
4.Q. Short-Term Immigration Support Services (STISS)						
4.R. Mentor Services (MS)	✓	✓	✓	✓	✓	
4.S. Supported Education Services (SE)				✓	✓	
4.T. Rapid Rehousing and Homelessness Prevention Program (RRHP)						
4.U. Centers for Independent Living (CIL)						
4.V. Home and Community Services (HCS)	✓	✓	✓	✓	✓	

A. Children and Adolescents Specific Population Designation

Description

Children and Adolescents is a specific population designation that can be added at the option of the organization to a community service being surveyed if children or adolescents are served and the organization desires this additional accreditation enhancement.

Such services are tailored to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

NOTE: *Legal emancipation generally occurs through marriage, a court order, or specific rules of the Indian Child Welfare Act.*

Applicable Standards

If an organization chooses to add the Specific Population Designation for Children and Adolescents to an appropriate service or services in Sections 3 or 4, the standards in this section must be applied in addition to the applicable standards for the individual services.

- 5.A. 1. **Information is gathered from families about each child/youth served that includes, as relevant to the scope of services provided:**
- Developmental history, such as developmental age factors.**
 - Motor development and functioning.**
 - Health history and status, including:**
 - Medical.**
 - Physical.**
 - Mental.**
 - Social/emotional.**
 - Immunization record.**
 - Prenatal exposure to alcohol, tobacco, or other drugs.**

- Culture/ethnicity, including specific needs and preferences.**
- School history.**
- Communication functioning, including:**
 - Speech.**
 - Hearing.**
 - Language.**
- Visual functioning.**
- Learning style.**
- Intellectual functioning.**
- Family relationships.**
- Interactions with peers.**
- Environmental surroundings.**
- History of use of alcohol, tobacco, or other drugs.**
- Past exposure to trauma.**
- Assistive devices or technology, if used.**
- Coordinated information if dealing with multiple systems or other current service providers for the child/youth.**

Intent Statements

Information concerning the individual's needs, abilities, and health status is gathered and used to develop a personalized service plan, which is appropriate to the intensity of services provided and identified in the program's scope. The intent is to collect an adequate amount of information to provide appropriate and safe services.

Examples

The organization establishes its protocol for gathering, assessing, and synthesizing information for persons served. The information listed may be acquired from referral sources, affiliations, associations, etc.

1.c.(5) Determination of the status of the child's immunization does not require a copy of the immunization record. Organizations can note, if appropriate to the scope of services provided, when children and adolescents are enrolled in school settings where verification of immunization is legally required.

-
- 5.A. **2. The methods used for gathering information are appropriate with respect to the child's or youth's:**
- a. Age.
 - b. Development.
 - c. Culture.
 - d. Education.
 - e. Functional limitations, if applicable.
 - f. Language/communication skills and abilities.

Intent Statements

The needs of the person served dictate the methods by which information is gathered.

Examples

Methods and strategies for gathering information are flexible and individualized to be appropriate to the person served. The organization may make use of input from select family members, authorities, and educational resources for the individual's planning process.

-
- 5.A. **3. Information gathered is shared with families in understandable terms so they can make informed decisions.**

Intent Statements

Families have the authority and are supported to direct and manage their own services/supports to the extent of their wishes. Information and support are available to help families make informed decisions.

Examples

In some instances, families may not have the experience or sophistication necessary to make informed decisions. In all cases, the organization is a supportive partner in helping the families served to choose wisely. Families served are satisfied that the overall service design meets their identified needs. Related areas may include input, accessibility, and performance management.

-
- 5.A. **4. The program works with family members to identify the following regarding the development of their child or youth:**
- a. Strengths.
 - b. Resources.

- c. Priorities.
- d. Expectations.
- e. Activities that might be beneficial.
- f. Concerns.
- g. Perceived barriers.

Intent Statements

The organization obtains information from the family regarding resources and services they want or require.

Examples

Families may provide a wealth of information that drives the design and delivery of services/supports. This information will be valuable to the organization in providing services that satisfy the needs and desires of the persons and families served.

-
- 5.A. **5. Program staff identify with the family:**
- a. Family values to be considered in services.
 - b. The amount of involvement that the family desires on an ongoing basis.

Examples

5.b. Family desires regarding control/input may include identifying a primary decision-maker or a specific contact person, if appropriate.

-
- 5.A. **6. Areas considered in identifying needs of each child/youth served, as relevant to the scope of services provided, include:**
- a. Healthcare.
 - b. Nutrition.
 - c. Physical activity.
 - d. Safety.
 - e. Education.
 - f. Emotional/behavioral.
 - g. Mobility and functional independence.
 - h. Child development.
 - i. Social and leisure.
 - j. Others, as identified.

Intent Statements

Methods are established to identify and respond to the individual's needs.

Examples

The organization may not provide services to address all needs, but identified needs may be addressed in planning and by referrals to other organizations. Also refer to Standards 2.B.1.–7. for additional planning guidelines.

5.A. 7. As appropriate to the scope of services, individualized services are provided based on:

- a. The identified needs of the child/youth served.
- b. The desired outcomes of the family.
- c. Information gathered.
- d. Results from and responses to previous services and supports, if applicable.

Intent Statements

Persons served are supported to direct and manage services to achieve their outcomes. Programs are developed based on the needs/desires of the child/youth served and their family.

Examples

The focus of the services is on the families, and the effectiveness of the services will ultimately be measured by how well the families use the resources of the organization and their communities. Their input into the service design is vital. See also the standards in Section 2.B. relating to individual planning.

Services may support development of mobility and functional skills, communication skills, adaptive/self-care, and community living skills. Based on age and individual preferences and needs, services to support skill development may be identified in areas such as early childhood development, family activities, physical activities, social and recreational activities, school activities, vocational or work-related activities, and independent living.

The organization regularly looks at the needs of the child/youth served and provides services based on those needs. Services may change from time to time based on trends of those served and their needs. Utilizing the data and demographics from an organization's performance management system, the services are designed and delivered to

achieve results and personal outcomes satisfaction.

7.a. Based on identified needs of the child or youth served, services may include the development of skills for independence, social skills, and social supports.

5.A. 8. Educational opportunities are available for the family to learn about:

- a. Child development.
- b. Aspects of disability, as appropriate.
- c. Futures planning.
- d. Community resources, including availability of support groups.
- e. Parenting skills.

Intent Statements

Educational opportunities may be provided by the organization or made available to the family through appropriate referrals.

5.A. 9. Service personnel receive training that covers, as appropriate to the scope of services:

- a. Child growth and development.
- b. Behavior support skills.
- c. Learning styles.
- d. Social and emotional needs.
- e. The effects of separation and placement on children.
- f. Health and nutrition.
- g. Applicable legal issues.
- h. Methods of communication.
- i. Crisis situations.
- j. Family support practices.
- k. Other specific needs.

Intent Statements

In order to achieve more successful outcomes in services, service personnel are knowledgeable about a range of factors that may impact the scope of services provided.

Examples

9.a. Includes readiness to learn, brain development, and cognitive development.

9.b. Includes dealing with aggressive or violent behaviors.

9.d. Includes identifying and reporting child maltreatment.

9.h. May include sign language and assistive communication technology.

9.k. Additional needs could include issues around attachment theory or specific issues to the child served such as medical or physical needs or the use of assistive technology.

5.A. 10. If providing early intervention services, the program provides guidance and/or information to families to support their child's acquisition of:

- a. Motor skills development.**
- b. Physical health and development.**
- c. Physical fitness.**
- d. Social development.**
- e. Intellectual/cognitive development.**
- f. Speech and language development.**
- g. Creativity.**
- h. Emotional development.**
- i. Safety.**
- j. Self-care.**
- k. Identity development.**
- l. Proper nutrition and growth.**
- m. Independence and self-determination.**

Intent Statements

When the organization is providing early intervention services, it is important that it provide as much training as possible to parents as early as possible. This training should help parents to further support development of their child.

5.A. 11. When the services disrupt the child's or youth's day-to-day educational environment, the service provides or makes arrangements for the continuity of the child's/youth's education.

Intent Statements

Education services are provided without undue disruption.

Examples

Such arrangements could include:

- Use of a facility-based school.
- Use of a private school at the organization.
- Use of on-site educators from a local school system.
- Coordination with home school services.
- Coordination and monitoring of assignments.
- Coordination with the community school to facilitate reintegration.

5.A. 12. Based on the needs and age of each child/youth served, or as required by law, an educational professional or transition specialist is a member of the planning team.

Intent Statements

When applicable, the educational specialist assists in planning, implementing, and evaluating educational activities for the child or youth.

The educational or transition specialist can be available when needed and is not required to attend all planning team meetings.

5.A. 13. If educational services are provided, they:

- a. Are appropriate to the child/youth served.**
- b. Meet applicable legal requirements.**

Intent Statements

Educational services should be individualized and appropriate to the needs of each child and youth served.

Examples

Educational services may include provisions for evaluation, group instruction, and/or individual instruction, as appropriate.

There are a number of related standard areas that can provide direction in meeting this standard. They include individualized planning, legal requirements, and analysis of data from an organization's outcomes system. By knowing the needs of its customers and stakeholders, services can be redesigned and the organization strategically positioned to meet their needs.

-
- 5.A. 14. If services are provided outside the home, the service environment is configured appropriately to meet the needs of the child/youth served, including:**
- The physical site.**
 - The furniture.**
 - Any equipment used in services.**
 - Environmental factors.**
 - Assistive technology, if utilized.**

Intent Statements

The environment or setting is configured in a manner that is consistent with identified needs and capabilities of the persons served.

Examples

Considerations include the provision of:

- Appropriately sized furniture.
- Recreational equipment.
- Age-appropriate reading materials and videos.

-
- 5.A. 15. The organization does not exclude children or youth from services solely on the basis of their juvenile justice status.**

Intent Statements

Although specific behaviors may be identified by a program as exclusionary admission criteria, children/youth cannot be excluded from services solely because they are involved in the juvenile justice system. Individuals who need services but are not eligible are linked to other resources.

-
- 5.A. 16. When a child/youth served moves to a school or other community service, transition planning/information is provided in a timely manner:**
- To the family.**
 - To the new service provider, with consent of the child/family.**

Intent Statements

Information and support are available to help a person served and family to make informed decisions and smooth transitions.

Examples

With a continued focus on the family and its role in the child's life, information about new services, alternative settings and strategies, etc., is provided for the family's use to assist in such transitions and to help give service continuity.

-
- 5.A. 17. The organization conducts criminal background checks on all personnel providing direct services to children or youth.**

Intent Statements

This standard relates to Standard 1.I.4. in Section 1 and applies to all personnel who may have direct contact with the children/adolescents served, including direct service personnel and support personnel such as transportation providers, administrative personnel, etc.

- ✳ In Canada, depending on provincial/territorial/tribal requirements, a criminal record check and a child welfare information system check would be required to meet this standard.

Examples

Background checks may include fingerprinting, FBI criminal history checks, child abuse and neglect registry, sex offender registries, or other appropriate methods available.

Resources

The Dru Sjodin National Sex Offender Public Website (www.nsopw.gov), coordinated by the U.S. Department of Justice, is a cooperative effort between jurisdictions hosting public sex offender registries ("Jurisdictions") and the federal government and is offered free of charge to the public. These Jurisdictions include the 50 states, U.S. Territories, the District of Columbia, and participating tribes. The website provides an advanced search tool that allows a user to submit a single national query to obtain information about sex offenders; a listing of public registry websites by state, territory, and tribe; and information on sexual abuse education and prevention. The criteria for searching are limited to what each individual Jurisdiction may provide. Also, because information is hosted by each Jurisdiction and not by the federal government, search results should be verified by the user in

the Jurisdiction where the information is posted. Users are advised to visit the corresponding Jurisdiction websites for further information and/or guidance, as appropriate.

-
- 5.A. 18. The program assists family members to optimize resources and opportunities as desired through:**
- a. Community linkages.**
 - b. Enhanced social support networks.**
 - c. Outreach to encourage involvement.**

Intent Statements

The organization is knowledgeable of the community and provides resource materials to parents.

Examples

18.b. Social support networks may include parent mentoring or support groups.

Applicable Standards

Standards 19.–21. apply only if the service provided is Community Housing, Supported Living, Foster Family Services, or Host Family/Shared Living Services.

-
- 5.A. 19. If residential services are provided, there are separate areas for beds for children/youth served according to their:**
- a. Age.**
 - b. Gender.**
 - c. Developmental needs.**
 - d. Other considerations.**

Intent Statements

Because of the unique needs of children in residential settings, the program provides sleeping quarters apart from adults. When family services are provided, the same sleeping areas may be appropriate. The program considers social, emotional, developmental, and cultural needs and actively addresses the need to designate space for privacy.

Examples

19.d. Other considerations may include a child who sleep walks, has night terrors, has enuresis, or has encopresis.

-
- 5.A. 20. If residential services are provided, the in-home safety needs of the child/youth served are addressed with respect to:**
- a. Environmental risks.**
 - b. Abuse and/or neglect inflicted by self or others.**
 - c. Self-protection skills.**
 - d. Medication management.**

-
- 5.A. 21. If residential services are provided, the organization provides opportunities for visits, when appropriate and in compliance with applicable laws and court orders, with:**
- a. Family members and significant others.**
 - b. Peers.**

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the children and youth served
- Individual service plans
- Progress notes
- Information provided to the families about new services
- Procedures manual

B. Older Adults and Older Adults/Dementia Care Specific Population Designations

Description

Older adults (OA) is a specific population designation that can be added at the option of the organization to a service being surveyed if specialized services are being provided to older adults with long-term disabilities, often diagnosed in childhood, who are served to allow them to remain in their own homes, day services, and communities of choice as long as possible and to promote aging in place. When appropriate to services being provided, the organization may choose to add this additional accreditation enhancement. Persons served in this program have typically been service/support recipients for most of their lifetime.

Services for older adults with disabilities and/or their families may offer an array of options to meet their social, vocational, residential/housing, psychological, recreational, cultural, legal, health, and physical needs with a specific focus on the impact of aging. Eligibility for services is defined in terms of each person's functional needs, preferences, and characteristics rather than chronological age.

Options and choices are provided for the creation of individually tailored services that support healthy aging, compensate to the extent possible for any aging-related decline, educate on end-of-life issues, and enable the persons served to function as independently as possible for as long as possible.

Older adults/dementia care (OA/DC) is a specific population designation that can be added at the option of the organization to a service being surveyed if specialized services are being provided to older adults with long-term disabilities who have the additional support requirements due to Alzheimer's disease and related dementias (ADRD). With advances in medicine and

assistive technology, persons with intellectual or developmental disabilities (ID/DD) are living longer and more productive lives. This extended life expectancy also means that some of these individuals experience an increased risk for Alzheimer's disease and related dementias (ADRD) as they age. ADRD are debilitating conditions that impair memory, thought processes, and functioning, primarily among middle-aged and older adults. The effects of these conditions can be devastating for individuals with ADRD and their loved ones.

The National Task Group on Intellectual Disabilities and Dementia Practices (NTG) cites research confirming that, although dementia as experienced by adults with ID/DD "is generally similar to that as experienced by other persons, there are exceptions. Some individuals with select conditions (Down syndrome, in particular) are more at risk for dementia, experience earlier age of onset, more rapid decline, and a briefer duration between diagnosis and death."

Services for OA/DC implement practices when appropriate to the persons served to promote quality of care for individuals with ID/DD and dementia. Services are provided based on current assessments of the individual and person-centered care planning that considers the stage of the condition or cognitive decline and anticipated needs. Information is provided to families/caregivers about dementia and its progression. Direct-care personnel are educated on dementia-specific care, and a personnel support system is available to reduce worker stress and manage grief.

Program and support options may be provided in various settings, including adult day services and programs or services for persons who are living in private homes with a caregiver, alone or with a housemate, in a group residence, or a specialized dementia-capable residence. Environments support the rights of persons served and promote their safety and security.

Some examples of the quality results desired by the different stakeholders of these services include:

- Safety and security.
- Slowing or mitigating of declines associated with normal aging.
- Ongoing assessment of individual's functioning.
- Maintenance of self-care skills.
- Health and wellness promoted.
- Medical advocacy.
- Physical health promoted.
- Positive mental health status.
- "Aging in place."
- Social functioning.
- Active community involvement.
- Social inclusion.
- Interpersonal relationships.
- Happiness and maintaining quality of life.
- Retirement.
- Mediating issues between family choice and person-served choice.
- Group activities of choice.
- Grief counseling.
- Support with end-of-life issues.
- Education of persons served, families, and staff about options for end-of-life supports.
- Transition planning.
- Preparation for hospice.
- Access to palliative care.

Applicable Standards

If an organization chooses to add the Specific Population Designation for Older Adults to an appropriate service or services in Section 3 or 4, Standards 1.–11. in this section must be applied in addition to the applicable standards for the individual services.

If the persons served by the program include *any* persons with Alzheimer's disease or other forms of dementia, Standards 12.–17. in this section must also be applied, which adds the

Specific Population Designation for Older Adults/Dementia Care to the program.

Alzheimer's disease and related dementias are debilitating conditions that impair memory, thought processes, and functioning, primarily among middle-aged and older adults

- 5.B. 1. **Persons served and/or their families receive an array of individually tailored services based on their individual needs that include direct provision of or referral for:**
- a. **Supports to maintain community involvement as desired.**
 - b. **Advocacy for healthcare and increased support needs of the persons served, including with funding resources.**
 - c. **Coordination that provides the persons served with access to needed services.**
 - d. **Advocacy to meet medical and psychological needs.**
 - e. **Promoting continuity of care between different environments/ programs that are involved with the person.**
 - f. **Support for caregivers, including those who may themselves have special needs related to aging.**
 - g. **Education about end-of-life support services.**
 - h. **Supports to deal with grief and loss.**

Intent Statements

The organization ensures that the needs identified are met either by providing the necessary services/supports or by arranging for linkages with an array of community services.

Examples

1.a. Persons served receive supports that allow them to continue participation in valued life activities.

Supports are individualized to ensure that the program is tailored to the individual rather than persons served having to conform to a ready-made program.

The program collaborates with various agencies in the community, providing education to staff and support for persons served where needed.

1.c. Examples may include access to palliative care or to behavioral health services that promote optimal functioning across settings.

1.e. The program ensures that all involved receive the information needed to make informed decisions regarding the individual's care.

1.g. The program provides support for the persons served and families/caregivers. Education about death, burial insurance, and life support systems are important parts of the individual's person-centered plan.

-
- 5.B. 2. As requested by persons served and/or caregivers, the program provides assistance or information about resources available to assist them in making:**
- a. Legal decisions.**
 - b. Financial decisions.**
 - c. Residential decisions.**
 - d. Healthcare decisions.**
 - e. Mental health related decisions.**
 - f. Other decisions.**

Intent Statements

This may include referrals to appropriate professionals for advice as needed.

Examples

2.f. May include decisions related to the individual's care, end-of-life choices, hospice options, financial planning, and supports for family members to deal with guilt and decision-making related to placing a loved one into care.

Resources

- National Task Group on Intellectual Disabilities and Dementia Practices (NTG): www.the-ntg.org/
- National Task Group Consensus Recommendations for the Evaluation and Management of Dementia in Adults with Intellectual Disabilities:

[www.mayoclinicproceedings.org/article/S0025-6196\(13\)00371-6/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(13)00371-6/fulltext)

- Down Syndrome and Alzheimer's Disease: www.alz.org/alzheimers-dementia/what-is-dementia/types-of-dementia/down-syndrome

-
- 5.B. 3. Personnel document periodic screenings, observation, or review of each person served to identify:**
- a. Functional changes in:**
 - (1) Activities of daily living.**
 - (2) Mobility.**
 - (3) Cognition.**
 - (4) Communication and interaction skills.**
 - (5) Community participation.**
 - b. Changes in behavior.**

Intent Statements

Assessment of changes indicates the need for revision of individual plans of persons served.

Examples

3.a.(5) This would include areas such as leisure and community participation, e.g., attending groups, clubs, church/spiritual activities.

3.b. This could include depression, withdrawal, aggression, or other behavior deemed by personnel to require alternative interventions or techniques.

-
- 5.B. 4. The program provides activities that promote wellness of persons served.**

Intent Statements

Activities are individualized to the person served. Wellness includes maintenance of physical, mental, cognitive, and social well-being.

Examples

The program provides a diverse range of activities that meet the needs and interests of the persons served. Activities are designed to support persons served in improving or maintaining their physical conditioning and capabilities, nutritional balance, mental health, hygiene, and self-care. It could also include providing persons and their families with information to promote

healthy aging, e.g. diet and nutrition guidelines, medications, exercise suggestions.

-
- 5.B. 5. The service personnel are trained in:**
- The normal aging process.**
 - Understanding the impact of age-related changes on the functioning of individuals with certain types of disabilities.**
 - Recognizing changes that may be early signs of Alzheimer's disease and other forms of dementia.**
 - Signs of sensory impairment.**
 - Monitoring function.**

Intent Statements

The service personnel receive ongoing specialized training regarding the aging process, as well as information specific to aging in persons with intellectual and developmental disabilities.

Examples

The organization provides or arranges for access to relevant training based on the assessed needs of the service personnel and the ongoing needs of the persons and families served. This standard is linked to other standards in Section 1.I. as they relate to job qualifications, experience, training, and evaluation.

5.a. Training includes information on typical cognitive and physical changes that may occur as persons age.

5.c. Service personnel are trained to recognize early indications of possible Alzheimer's disease or other forms of dementia as well as other underlying conditions that may have similar symptoms and may be treatable.

-
- 5.B. 6. Services for persons served are provided under the supervision of a staff member who has specific knowledge of and training in aging with intellectual and developmental disabilities.**

Intent Statements

To ensure that the services address the wide range of needs of older adults with disabilities and their families, the supervisor has the

qualifications of a designated aging specialist or equivalent specific knowledge and experience.

Examples

An *aging specialist* is a qualified professional who possesses a knowledge and understanding of age-related physical and psychological changes in people with disabilities and possesses the skills to work with older families in establishing future plans and promoting the autonomy of the person served. Such a specialist would have knowledge of community resources that provide support as well.

-
- 5.B. 7. The program provides transition planning and supports for:**
- Persons served as roles and functioning change.**
 - Families/caregivers providing care to persons served.**

Intent Statements

Transition planning would include changes in residential situations, when these are anticipated due to changes in functioning.

-
- 5.B. 8. The program demonstrates comprehensive knowledge of and the ability to identify and provide, or make arrangements with external resources to provide, care options and settings that meet the needs of the persons served.**

Intent Statements

The organization demonstrates collaboration with other direct service providers, community organizations, advocacy groups, governmental entities, etc., to ensure that persons served and their families have information about and access to all services and funding sources available to address their needs.

-
- 5.B. 9. The organization promotes community awareness of its specialized program for older adults as a resource for other agencies and professionals.**

Intent Statements

The organization assists interested individuals and organizations in accessing needed information.

Examples

This assistance may be achieved through the program's publications and website, the activities of its staff and board members, and participation in the community.

Community libraries and website links can be educational tools to promote awareness.

5.B. 10. Consistent with the scope of the program, end-of-life planning:

- a. Is directed by the wishes/desires of the person served, power of attorney, and/or guardian.
- b. Includes advocacy of hospice, palliative care, or other end-of-life choices.
- c. Includes spiritual or religious elements, if desired by the person served.
- d. Includes the guidance of a medical professional, if desired by the person served.
- e. Is submitted in the required format as per specific jurisdiction to:
 - (1) The primary healthcare provider.
 - (2) The hospital, if applicable.
- f. Is shared with significant others, as determined by the person served.

Intent Statements

Persons served, families/support systems, and personnel have opportunities to talk about end-of-life issues and the persons served are engaged in identifying their wishes.

Examples

Numerous areas are considered in end-of-life planning, including medical and healthcare issues, legal issues, financial and estate planning, referral to resources for assistance in resolution of family conflicts, spirituality, and family supports.

Advance directives may relate to organ donation and orders not to resuscitate (DNR). Considerations may include religion, legal parameters,

how orders should be documented, and who is responsible for making a DNR decision.

DNR orders are known and strictly adhered to. Efforts are made to clarify issues related to an individual's end-of-life wishes to avoid any misunderstanding on the part of personnel and/or family/support systems.

10.b. Palliative care is the active total care of the person's body, mind, and spirit, and also involves support for the family.

Persons served and their families/support systems receive information about palliative care options, including hospice. The program demonstrates an understanding of personal choice and supports these choices.

Resources

Resources and information to help people with disabilities and others deal with end of life issues is available at www.aaidd.org/news-policy/policy/position-statements/caring-at-the-end-of-life.

-
- 5.B. 11. When a person served dies, opportunities are provided as needs are identified for peers, other persons in the program, family/caregivers, and staff members to:**
- a. Express grief and remembrance.
 - b. Develop and participate in:
 - (1) Memorial service, if desired.
 - (2) Memorial rituals and other forms of grief expression, as desired.

Intent Statements

Persons served, families/support systems, and personnel have opportunities to talk about end-of-life issues and participate in creating end-of-life protocols to assist in dealing with the loss.

Examples

There may be the opportunity provided for others to remember the value and contributions that the person served brought to others' lives.

Applicable Standards

Standards 12.–17. are applied if the persons served by the program include any persons with Alzheimer’s disease or other forms of dementia.

- 5.B. 12. Assessments of the persons served are conducted by qualified service personnel or through referral and are documented:**
- Within 30 days of the initiation of services.**
 - Ongoing at a frequency that is consistent with the needs of the persons served as determined by the service team.**
 - In response to changes in care needs.**
 - In response to changes reported by the family/caregiver.**

Intent Statements

Assessments may be conducted by qualified service personnel or arranged through referral.

Examples

For persons served who are exhibiting signs of Alzheimer’s disease or other forms of dementia:

- Initial and ongoing screenings/assessments identify:
 - Prior daily routines.
 - The preferences of the persons served.
 - The choices of the persons served.
 - The personal goals of the persons served.
- May address the following areas:
 - Behavior.
 - Cognition.
 - Communication.
 - Dental.
 - Function.
 - Health.
 - Medications.
 - Nutrition.
 - Pain management.
 - Physical.
 - Psychological.

- Recreation and leisure.
- Social.
- Spiritual.
- Others, as appropriate to the needs of the persons served.

-
- 5.B. 13. Based on current assessments, service plans are implemented for the persons served that address:**

- Identified service needs to support quality of life.**
- Necessary:**
 - (1) Interventions.
 - (2) Approaches.
 - (3) Supports.
 - (4) Environmental modifications.
- The choices and behaviors of the person served that relate to past history, routines, and preferred activities from earlier in life.**
- The choices and behaviors of the person served that pose a risk to the person’s health or safety or to the health and safety of others.**
- Identification of the preferences of the person served for involvement of members of the family/support system.**
- The changing lifespan issues of the person served.**

Intent Statements

This standard applies in conjunction with Standard 2.B.5.

Examples

13.b.(4) If residential services are provided, there are many safety considerations that have added significance for older adults and older adults affected by dementia.

-
- 5.B. 14. Person-centered care planning considers:**

- Stage of disease progression.**
- Anticipated needs of the person served.**
- End-of-life decisions and plans.**

Intent Statements

Person-centered care planning includes the person served, family members, caregivers, and significant others as identified by the person served.

5.B. 15. In response to evolving needs as persons transition through stages, the program revises plans and supports to address:

- a. Changes in:**
 - (1) **Functional abilities.**
 - (2) **Cognitive abilities.**
 - (3) **Physical abilities.**
 - (4) **Medical conditions.**
- b. Support personnel's needs.**
- c. Families'/caregivers' needs.**

Intent Statements

The program supports individuals in living out their lives as they wish or did wish and provides them with quality and individualized supports and services as needs change.

Examples

As the cognitive incapacity of the person served progresses, the program must rely on what the person expressed at an earlier point regarding the person's wishes.

5.B. 16. Education for all service personnel on dementia-specific topics:

- a. Is provided:**
 - (1) **Initially.**
 - (2) **At least annually**
- b. Includes:**
 - (1) **Co-occurring conditions.**
 - (2) **Stages of disease progression and process.**
 - (3) **Understanding the varying methods of communication used by persons served.**
 - (4) **Effective communication strategies.**
 - (5) **Understanding dementia behaviors and how to relate and adapt to the individual.**

Examples

16.b.(2) One of the most difficult aspects of caring for an individual with Alzheimer's disease (or other forms of dementia) is dealing with the behavioral and psychological symptoms. These behaviors are often difficult for the caregiver to accept and may be upsetting. When such behaviors occur (and may be perceived as dangerous, disruptive, or troubling), the response is usually to try to get the individual to change the behavior. However, with dementia, it is often not possible for persons to voluntarily change their behavior, as it is a result of the brain disease. The behaviors can only be influenced by various approaches, including how the individual is approached, by diversion, and by manipulating the environment. The service provider must accept the inevitable changes brought on by the disease and adapt their style of directing and interacting with the person. When disruptive behaviors are present, it is useful to prevent or manage them so that they are minimized. Managing such behaviors requires finding the cause, working around the behaviors, and acting in a way that maintains the individual's dignity. Appropriate training to guide staff in how to manage behaviors can help to maintain the quality of services, ensure safety, and increase job satisfaction.

16.b.(3) Personnel are trained to understand other means persons may use to communicate likes and dislikes, including body language.

16.b.(4) Personnel are also trained to modify their communications to better meet the needs of individuals.

5.B. 17. Information regarding the expected progression of dementia and the impact on the individual is available to families/caregivers/support systems of the persons served.

Intent Statements

Caregivers/support systems include persons who are not service personnel of the program.

Examples

Support systems may include respite providers and personal care providers.

Additional Resources

- The National Task Group on Intellectual Disabilities and Dementia Practices consensus recommendations for the evaluation and management of dementia in adults with intellectual disabilities, available at www.aadmd.org/ntg.
- *California Department of Developmental Services: Thinking ahead: my way, my choice, my life at the end.* (www.dds.ca.gov/wp-content/uploads/2020/07/CC_ThinkingAhead_English.pdf). This easy-to-use workbook and companion videos assist people in making decisions about the end of their life.
- *Getting on with Cancer.* (Donaghy, V., Bernal, J., Tuffrey-Wijne, I., & Hollins, S. London: Books Beyond Words. 2002) Tells the story of a woman with Down Syndrome who has cancer; designed to be used as a counseling tool by anyone working with people who have both intellectual disabilities and cancer.
- *Caring at the End of Life:* www.aaidd.org/news-policy/policy/position-statements/caring-at-the-end-of-life

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of the persons served
- Individual service plans
- Progress notes
- Staff training information
- Outreach and promotional materials
- Qualifications of supervisors
- Information regarding collaboration and participation with other community providers
- Procedures manual, including policies and procedures related to aging in place, referral out, transitions (e.g., moving locations), monitoring change over time, and electronic monitoring if used
- Assessments of persons served

C. Medically Fragile Specific Population Designation

Description

Medically Fragile is a specific population designation that can be added at the option of the organization to a service being surveyed if it specializes in serving persons with a serious ongoing illness or a chronic health condition that requires daily monitoring and ongoing medical treatments and may include the routine use of a medical device or assistive technology. Persons with such needs require overall care planning to achieve optimum health and developmental status and to achieve community integration to the maximum extent possible. Services augment and support independence, empowerment, and dignity of persons served through the provision of flexible and efficient services.

A program specializing in serving persons with medically specific needs assists the persons served in achieving or maintaining an optimal state of health through developmentally appropriate care to have an enhanced quality of life throughout their life span. This may include achieving optimal functionality according to their physical capacities.

Service design is based on the needs, desires, and expectations of the person served and includes consideration of age, medical acuity, medical stability, impairments, activity limitations, participation restrictions, psychological status, behavioral status, cultural diversity, family/caregivers, and long-term outcomes expectations. Appropriate medical consultation occurs specific to each person served in addition to medical consultation related to policies and procedures.

The services support transitions in a person's life and are changed as necessary to meet the identified needs and desires of the persons served and their families/caregivers.

Some examples of the quality results desired by the different stakeholders of these services include:

- Development of an efficient and effective network of community support services including access to therapies, medical supports, and guidance.
- Achievement of personal development in health, education, and activities of daily living.
- Being able to choose and pursue meaningful activities in the least restrictive environment possible to achieve personal satisfaction in life activities.
- Maintenance of health and well-being.
- Restored or improved functioning.
- Enhanced quality of life.
- Educational achievements.
- Personal and family development.
- Supported transitions between levels of care as needed.
- End-of-life supports and care.
- Meaningful closures to end-of-life services and supports for the persons served and others.

Applicable Standards

If an organization chooses to add the Population Designation for Medically Fragile to an appropriate service or services in Sections 3 or 4, it must meet Standards 1.–19. in this section in addition to the applicable standards for the individual services.

If the services are provided in a residential setting, Standards 20.–24. in this section are also applied.

If the program specializes in serving children/adolescents, the standards in Section 5.A. Children and Adolescents Specific Population Designation also must be applied.

- 5.C. **1. The program plan that guides the delivery of the services includes:**
- a. A description of the program including:**
 - (1) The philosophy or mission statement of the program.**
 - (2) Program scope and goals.**
 - b. Assurance that adequate resources are available to deliver the services.**
 - c. Procedures for providing or arranging for crisis intervention services.**
 - d. Procedures for coordinating and communicating with internal and external service providers.**
 - e. A process for developing program policies and procedures that:**
 - (1) Identifies the medical and healthcare competencies required by program staff.**
 - (2) Includes consultation with other medical and healthcare professionals as needed.**
 - f. A process for the plan to be regularly reviewed and modified as needed.**

Intent Statements

The program clearly defines, in writing, how service delivery is accomplished and demonstrates that it has the knowledge, facilities, space, materials, partnerships, and staffing to provide the proper amount of care for the appropriate length of time based on the needs of the persons served.

Examples

The plan may be described in policy and procedure manuals, a program handbook, brochures, or other documentation. It may vary in length, depending on the size of the organization and the complexity of services provided. The description includes information such as the populations and age groups served, relevant characteristics of the populations, schedule of operations, after hours' contacts, and admission/transition criteria.

This standard relates to Standard 2.A.1., which identifies additional parameters that the program should document regarding its scope of services.

1.a.(1) The program's philosophy may be documented separately or included in other

documents such as a program plan or marketing materials. An emphasis might be placed on maximizing or maintaining independence of persons served, achieving community integration to the maximum extent possible, and how changing acuity needs will be addressed.

1.c. There are procedures in place that address emergency medical needs and may include behavioral crisis intervention procedures if applicable.

- 5.C. **2. Services are managed by an individual who has:**
- a. The education, training, and experience needed to meet the needs of persons with medically complex needs.**
 - b. The competencies needed to manage the services.**

Intent Statements

The program identifies the background and competencies required based on the scope of services provided.

Examples

Based on the services provided, the individual's education, training, and experience may be in areas such as healthcare or nursing, health advocacy, health aspects of developmental disability, health problems commonly co-occurring with developmental disability, aging and elder care, palliative care, or medication management.

Job descriptions identify qualifications needed and ensure compliance with applicable guidelines and legal requirements. Local, state/provincial/territorial, or federal laws and national/professional organizations may be excellent resources for establishing qualifications.

- 5.C. **3. Initial assessments of each person served gather information as appropriate, including:**
- a. Developmental history, such as developmental age factors.**
 - b. Motor development and functioning.**

- c. **Health history and status, including:**
 - (1) **Medical.**
 - (2) **Physical.**
 - (3) **Mental.**
 - (4) **Social/emotional.**
- d. **Culture/ethnicity, including specific needs and preferences.**
- e. **Educational history.**
- f. **Communication functioning, including:**
 - (1) **Speech.**
 - (2) **Hearing.**
 - (3) **Language.**
- g. **Visual functioning.**
- h. **Learning style.**
- i. **Intellectual functioning.**
- j. **Family relationships.**
- k. **Interactions with:**
 - (1) **Peers.**
 - (2) **Sexual partner, if relevant.**
- l. **History of use of alcohol or other drugs.**
- m. **Current use of assistive devices or technology.**
- n. **Other information relevant to the person served, as applicable.**

Intent Statements

Initial assessments are individualized and document the history and background of the person served as well as the present status of the person served and family involvement.

Examples

Documentation of the person's health, emotional well-being, and functioning may be derived from referral information, persons served and family observations, testing, staff recordings, and mentor or volunteer input. The organization establishes its protocol for gathering, assessing, and synthesizing assessment information for persons served.

3.b. Medical/physical health history would include information such as immunization records, the need for sedation during treatment or procedures, and other service providers who are involved in the person's care.

3.d. Cultural needs and preferences may include areas such as religious background and practices, dietary needs and preferences, and diversity.

3.n. Other relevant information may include environmental needs and preferences, employment history, close personal relationships that are important to the person, and personal interests and aptitudes.

5.C. 4. Assessments are appropriate with respect to the person's:

- a. **Age.**
- b. **Development, including physical and cognitive ability.**
- c. **Culture.**
- d. **Education.**
- e. **Functional limitations, if applicable.**

Intent Statements

The needs of the person served dictate the methods by which information is gathered.

Examples

Methods and strategies for gathering information are flexible and individualized to be appropriate to the person served. The organization may make use of input from select family members, authorities, and educational resources for the individual's planning process.

5.C. 5. The program implements written procedures to ensure that assessments are updated:

- a. **At least annually.**
- b. **As needed:**
 - (1) **According to the specific needs of an individual.**
 - (2) **Depending on changes in a person's functioning.**

Intent Statements

Assessments are performed regularly for all persons served including those whose status does not appear to have changed. Procedures are in writing and address the specific needs of the person served. Consideration is also given for meeting the update requirements of funding and referral sources within a specific timeframe.

Examples

Updated assessments may be recommended by the service delivery team or external treatment providers, or they may be triggered by requests for changes from the person served or the family or caregivers.

-
- 5.C. **6. Each person served and family or guardian, as appropriate, have decision-making roles in the following:**
- a. Individual services planning, including planning for transition and/or discharge if appropriate.
 - b. Coordination of care.
 - c. Referral to appropriate resources based on the needs and preferences of persons served and their families.
 - d. Advance directives.

Intent Statements

The individual and family as appropriate have decision-making roles in all aspects of the individual's life and receive guidance and counseling as desired in making informed decisions, advance directives, and life planning.

Examples

In recognition of continuous changes in the lives of persons served and families, the organization fully and comprehensively explores changes and choices with the person served and family in daily living and services.

6.d. Persons served and their families are involved in the development of advance directives and in identifying the extent to which medical intervention is to be administered.

-
- 5.C. **7. The service delivery team for each person served:**
- a. Provides services that are consistent with:
 - (1) The needs and preferences of the person served.
 - (2) The individual care plan.

b. Addresses:

- (1) Emergent issues.
- (2) Ongoing issues.
- (3) Transitions in levels of care as needs change, including identifying the skills necessary to be successful in the next environment for:
 - (a) The person served.
 - (b) Their families/caregivers.

c. Ensures that, based on ongoing assessments of the person served:

- (1) Treatments change as appropriate.
- (2) Resource allocations change as appropriate.
- (3) Predicted outcomes change as appropriate.

d. Considers the impact of changes on:

- (1) The person served and their families/caregivers.
- (2) The individual care plan of the person served.

Intent Statements

The team responds to the preferences and needs of the person served. The person served and their family/caregivers are able to participate in all aspects of the team planning process as desired.

Examples

The organization obtains information from the persons served regarding resources and services/supports they want or require that will meet their identified needs, and offers an array of services/supports it provides or arranges for. The organization provides the persons and families served with information so they can make informed choices and decisions. The services and supports are changed as necessary to meet the identified needs of the persons served and other stakeholders.

-
- 5.C. 8. The service delivery team for each person served is designed and modified as needed based on:**
- a. The individual services planning process.**
 - b. Initial and ongoing assessments.**

Intent Statements

Based on ongoing assessments and a person-centered planning process that ensures individual choice, the service delivery team is modified as needed to ensure the level of support is adequate to meet the needs of the person served.

Examples

Persons served participate in decisions about their service including how services will be delivered and possible alternatives for services within the organization and the community.

A primary care physician or rehabilitation physician should be an active team member when it is determined that either or both should be part of the team. The program is able to show how the physician has input into the ongoing direction of the plan, how the physician has input into review of the progress of the person served, and how that input is incorporated into the team process. The expectation is that the physician be involved in more than just signing orders.

Another option would be for a physician extender to participate on the team as the physician's representative. The use of physician extenders must meet the legal requirements of the state/province/territory in which the program is provided.

-
- 5.C. 9. There is a designated care coordinator for each person served who ensures:**
- a. That all team members:**
 - (1) Are aware of the plan of care for each person served.**
 - (2) Exchange information as appropriate.**
 - (3) Implement the plan of care/ supports for each person served.**

- b. That all changes are communicated to the entire team.**
- c. Appropriate communications with:**
 - (1) The primary care physician of the person served.**
 - (2) Other external stakeholders.**

Intent Statements

A designated individual monitors the implementation of the individual plan for each person served.

Examples

Team member involvement can be accomplished by a variety of methods such as conference calls; sending information via fax, email, messenger, or mail; and telephone calls or conversations between team members.

9.c. Communications with external stakeholders might include, with the consent of the person served, sharing information with doctors regarding a person's reaction to treatments, or informing a guardian about changes in the person's plan.

The primary care physician is informed of significant changes in the status of the person served, such as an acute illness that precipitates transfer to another level of care or a fall that results in significant injury.

-
- 5.C. 10. Before the person served moves from the program to another service or another level of care, transition planning is conducted and involves:**
- a. The person served.**
 - b. The family, as appropriate.**
 - c. Service delivery team members.**
 - d. Appropriate personnel from the next service, as available.**
 - e. Consultation from the person's primary care physician and other healthcare specialists, if applicable.**

Intent Statements

Information and support are available to help the person served and family to make informed decisions and smooth transitions.

-
- 5.C. 11. The program provides information to families/caregivers and the person served, as appropriate, about options as the person transitions through life stages.**

Intent Statements

Planning for a person with complex medical issues and the person's family is life long. The organization examines the individual life needs and updates services and shapes services and community resource linkages accordingly.

Examples

Transitions through life stages for persons with serious medical needs are complex and require provider organizations to consider many facets of persons' needs and expectations. Often, mentors who have "been there" can provide guidance and resource knowledge that can be shared with the family and caregivers. Some of the areas of concern may include support for an aging caregiver, medical and healthcare issues, and financial and estate planning.

-
- 5.C. 12. As relevant to the needs of the persons served and the scope of the program, staff members demonstrate competency in the following areas:**

- a. The medical needs of the individuals served, including signs/symptoms requiring immediate response and appropriate actions.
- b. Assistive technology, adaptive equipment, and medical devices used by the persons served.
- c. Methods of communication.
- d. Positive behavior support skills.
- e. Learning styles.
- f. Social, emotional, and sexual needs.
- g. The effects of separation and placement on children and families or as adults transition to different living situations.
- h. Grief and end-of-life support issues.
- i. Other specific needs of the persons served.

Intent Statements

The organization determines staff competencies and provides or arranges for competency-based training in areas that reflect the specific needs of the persons served.

Examples

Staff training is an ongoing process. Competency-based training may include training that is provided or recognized by a professional association, is part of a formal training curriculum, or is acquired through continuing education. Training may be provided through in-services or access to external resources.

12.i. Other specific needs depend on the specific persons or populations served and may include areas such as medication monitoring and management, training or information related to specific medical equipment or devices used, or training on aging or diversity issues.

-
- 5.C. 13. The program collaborates with the healthcare providers who provide specialized medical, psychological/behavioral, and other therapeutic care to the person served.**

Intent Statements

The program shares information and planning with other providers as needed to promote consistency and continuity of care.

-
- 5.C. 14. With the permission of the persons served, the program provides advocacy by sharing feedback from the person served regarding services the person has received from other organizations and professionals providing ancillary services.**

Intent Statements

Sharing feedback from persons served and their families helps focus the community healthcare system on meeting the needs and expectations of the persons served.

Examples

Networks, partnerships, and referral arrangements are maintained when the services meet expectations of the persons served and their

families with regard to quality. When those expectations are not met, feedback is shared with the provider and persons may be referred to other services. No information specific to an individual is disclosed unless the person authorizes it.

-
- 5.C. 15. The program assists families and caregivers to optimize resources and opportunities through involvement in support networks such as peer support groups, local advocacy groups, and self-help groups.**

Intent Statements

The program is knowledgeable of the community resources available and provides information to families and caregivers to allow them to make informed choices about resources and opportunities.

Examples

Social support networks may include parent mentors or support groups in the community.

-
- 5.C. 16. If the program is responsible for medical equipment and devices used by persons served, it follows a written schedule according to manufacturers' specifications for maintenance and/or calibration of the equipment.**

Intent Statements

The program ensures that equipment and devices used by the persons served are in proper working order.

Medical equipment and devices includes adaptive and assistive technology equipment and durable medical supplies such as wheelchairs, walkers, splints, etc.

Examples

Written schedules for maintenance and calibration of medical equipment and devices are developed, and records of equipment checks and maintenance performed are kept.

Some equipment may require more frequent maintenance than what is recommended by the manufacturer to maintain proper functioning. The program may implement an inspection

schedule to ensure that equipment and devices are working properly.

Maintenance and calibration may be performed by an outside company that is contracted for its expertise and is qualified to do so.

-
- 5.C. 17. If services are provided in the home, the program identifies in-home safety needs of the person served and addresses as appropriate:**
- a. Environmental risks.**
 - b. Abuse and/or neglect by self or others.**
 - c. Self-protection skills.**

Intent Statements

Safety needs are determined on the basis of the individual's strengths and needs. Individual risk management in home settings considers health and safety issues and steps to be taken to mitigate the chances of the risk occurring.

Examples

The organization conducts assessments of potential risks to the person's health and safety in their home environment, and implements strategies for mitigating the individual's risk. Individual risk management is considered in the individual assessment and planning process.

-
- 5.C. 18. As appropriate to the scope of the program, end-of-life planning:**
- a. Is directed by the wishes/desires of the person served and/or guardian.**
 - b. Includes advocacy of hospice, palliative care, or other end-of-life choices as needed.**
 - c. Includes spiritual or religious elements, if desired by the person served.**
 - d. Includes the guidance of a medical professional, if desired by the person served.**
 - e. Is submitted to the hospital in the required format, if applicable.**

Intent Statements

Persons served, families/support systems, and personnel have opportunities to talk about

end-of-life issues and participate in planning memorial services.

Examples

Numerous areas are considered in end-of-life planning, including medical and healthcare issues, legal issues, financial and estate planning, referral to resources for assistance in resolution of family conflicts, spirituality, and family supports.

Advance directives may relate to organ donation and orders not to resuscitate (DNR). Considerations may include religion, legal parameters, how orders should be documented, and who is responsible for making a DNR decision.

DNR orders are known and strictly adhered to. Efforts are made to clarify issues related to an individual's end-of-life wishes to avoid any misunderstanding on the part of personnel and/or family/support systems.

18.b. Palliative care is the active total care of the person's body, mind, and spirit, and also involves support for the family.

Persons served and their families/support systems receive information about palliative care options, including hospice. The program demonstrates an understanding of personal choice and supports these choices.

Resources

Resources and information to help people with disabilities and others deal with end of life issues is available at www.aaidd.org/news-policy/policy/position-statements/caring-at-the-end-of-life.

-
- 5.C. 19. When a person served dies, opportunities are provided as appropriate to peers, other persons in the program, family/caregivers, and staff members to:**
- a. Express grief and remembrance.**
 - b. Develop and participate in:**
 - (1) Memorial services.**
 - (2) Memorial rituals.**
 - (3) Other forms of grief expression, as desired.**

Intent Statements

Persons served, families/support systems, and personnel have opportunities to talk about end-of-life issues and participate in planning the memorial service and creating end-of-life protocols.

Resources

Resources and information to help people with disabilities and others deal with end of life issues is available at www.aaidd.org/news-policy/policy/position-statements/caring-at-the-end-of-life.

Community Residential Settings

Applicable Standards

If the program provides services in a residential setting, Standards 20.–24. must also be met.

-
- 5.C. 20. The living environment provided for persons served is:**
- a. Inclusive and integrated into the community.**
 - b. Physically supportive to meet the needs of the persons living in the residence.**
 - c. Psychologically supportive to meet the emotional and social needs of the persons served.**

Intent Statements

The program creates and supports a living environment that is designed to assist the persons served to achieve success in and satisfaction with community living, as appropriate for and desired by the persons served.

Examples

Community housing is provided in partnership with persons served. Residences are physically integrated into the community and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of individuals. The services/supports are focused on home and community integration. Community residential settings enhance the dignity of persons served, support

personal choice, and provide privacy for the person served.

20.b. The physical environment supports safe and effective use of medical equipment and devices or other adaptive and assistive technology used by the persons served.

5.C. 21. On-site support is available to meet the individual needs of the persons served.

Intent Statements

Personnel are available on site based on the needs of the persons served, as identified in their individual plan.

Examples

The person's plan is monitored and modifications are made in on-site support as the needs and circumstances of the person served change. Personnel have the experience and training needed to effectively address the needs of the persons served.

5.C. 22. Persons served have input regarding and access to:

- a. Nutritious meals and snacks or enteral feedings.**
- b. Liquid refreshment on an ongoing basis, as appropriate for the person served.**

Intent Statements

Persons served have choices and their individual health and nutrition needs are met.

Examples

The program continually addresses the nutrition needs and preferences of the persons served. Medical and or nutritional consultants often provide guidance for the planning and delivery of nourishment and snacks.

22.a. Meals and snacks are provided within appropriate guidelines for the individual. Nutritional needs are defined in the person's individual plan, if appropriate.

5.C. 23. There are separate beds and sleeping areas for persons served according to their:

- a. Ages.**
- b. Genders.**
- c. Needs.**

Intent Statements

Persons served in a residential setting have their own personal space that respects privacy and promotes personal security, health, and emotional well-being.

This standard does not require a separate room for each resident, but it does suggest provision of a safe, secure, private location that meets the needs and respects the preferences of persons served. The program considers social, emotional, developmental, and cultural needs as are important to individuals.

5.C. 24. The program provides for visits, including opportunities for privacy when appropriate, with:

- a. Family members and significant others.**
- b. Friends.**

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Program plan, including scope of services
- Records of the persons served
- Assessments
- Individual service plans
- Progress notes
- Staff training information
- Outreach and promotional materials
- Qualifications of supervisors
- Information regarding collaboration and participation with other community providers
- Procedures manual

D. Adults with Autism Spectrum Disorder (ASD:A)

Description

Supports for adults with autism spectrum disorder (ASD:A) enhance accessibility and community membership opportunities for adults with ASD. Education, employment, residential, social, and recreational opportunities; identification from research of successful techniques to apply to service provision including treatment and intervention research; and lifelong planning are means to achieve full inclusion and participation.

Standards for ASD services and supports present a roadmap for successful outcomes in the lives of persons with ASD by encouraging organizational values that focus on individualized, person-centered services for persons to achieve full inclusion and participation as desired in their communities. Services involve families, networks of resources, and education and support communities for older adolescents transitioning to adulthood and adult persons with ASD.

The standards in this section focus on planning for transitions and development of supports as needed for persons with ASD, with the outcomes of employment, further education, community living, and life planning.

Some of the quality results (outcomes) desired by the different stakeholders of ASD services may include:

- Creating and supporting lifelong self-advocacy skills.
- Developing supports and community resources for persons and families.
- Enhancing quality of life by increasing social contacts and support communities.
- Encouraging service provider capacity building by networking with governmental, educational, business/employer, and other community resources.
- Recognizing and sharing reliable evidence-based knowledge, innovations, interventions,

and therapies with proven, research-based, and peer-reviewed track records of getting results.

- Planning for transition from school to successful employment and community living supports.
- Individualized, comprehensive life planning that is transferred to other service providers to ensure continuity of service planning and supports.
- Persons served moving toward:
 - Optimal use of natural supports.
 - A social supports network.
 - Self-help.
 - Greater self-sufficiency.
 - Greater ability to make appropriate choices.
 - Greater control of their lives.
 - Increased participation in the community.
 - Employment and/or continued education.

NOTE: *The Specific Population Designation of Adults with Autism Spectrum Disorder (ASD:A) is typically applied if the population served is at the age of majority or older.*

If the population served is individuals from birth to the age of majority, the standards in Section 5.E. Children/Adolescents with Autism Spectrum Disorder (ASD:C) typically would be applied.

CARF allows that there may be services provided to adolescents and adult persons who are technically in transition range from one category to the other and does not require strict adherence to these age cutoffs. This would be identified in the program's scope of services.

Applicable Standards

If an organization chooses to add the specific population designation for Adults with Autism Spectrum Disorder to an appropriate service or services in Section 3 or 4, the standards in this section must be applied in addition to the applicable standards for the individual services.

5.D. 1. The program:

- a. Remains current with ASD research findings.
- b. Communicates identified benefits of research to staff and families, as appropriate.
- c. Bases education and services on reputable, evidence-based research findings.
- d. Utilizes peer-reviewed and accepted practices to establish treatments that are helpful to the person and family.
- e. Monitors outcomes of services to evaluate treatment efficacy and monitor possible negative effects of interventions.

Intent Statements

1.c. and **1.d.** Reputable, evidence-based research and peer-reviewed and accepted practices include research that has indicated successful techniques and field recognition from professionals and advocacy organizations.

Through its active efforts the organization promotes increased community understanding and opportunities for persons with ASD. Persons are part of the community and are included without a label.

Resources

- The goal of the World Health Organization's Parent Skills Training program is to support families that lack access to adequate professional autism care for whatever reason. It involves a system of master trainers and community facilitators who provide parents and other caregivers with evidence-based strategies for working with children who have autism and other developmental disabilities: <https://www.who.int/teams/mental-health-and-substance-use/treatment-care/who-caregivers-skills-training-for-families-of-children-with-developmental-delays-and-disorders>
- Autism Speaks provides resources to individuals with autism and their families: <https://www.autismspeaks.org/resource-guide>

5.D. 2. The program:

- a. Acts as an informational resource for community professionals regarding ASD.**
- b. Promotes community awareness of ASD that:**
 - (1) Respects individuals with ASD.**
 - (2) Supports increased community integration and participation of persons with ASD.**
- c. Advocates for resources that are knowledgeable about ASD.**

Examples

2.a. Community professionals may include educators, therapists, and medical personnel.

The organization provides opportunities for schools and teachers to receive training on evidence-based practices in ASD, including:

- Strategies for teaching interdependence.
- Building on successes and rewards.
- Establishing educational philosophies that focus on the child and understanding the family.
- Resources for additional support/professional consultation.
- Generalization intervention methods across settings.

2.b. The organization promotes community awareness, understanding, and acceptance of ASD through education in its newsletter and other media publications, ability awareness celebrations, community trainings, public service announcements, and other events.

The organization promotes awareness of the contributions of individuals with ASD to their communities and the workforce.

Educational efforts can help move some focus on “autistic traits” of individuals from the negative to the positive; e.g., persons who are nonverbal don’t have lengthy conversations around the water cooler with coworkers. Efforts could also include development of an inclusive-community curriculum that addresses successful transition planning from a student, parent, and community perspective.

The U.S. Centers for Disease Control and Prevention (CDC) launched a campaign to make doctors and parents aware of the need for early diagnosis of autism. The CDC has distributed posters and checklists to doctors that describe developmental milestones for each age and also developed a distribution kit to help volunteers to reach local media outlets.

5.D. 3. Initial and ongoing training is provided for staff on:

- a. Understanding ASD.**
- b. Evidence-based/generally accepted interventions for ASD.**
- c. Needs of families with children with ASD, when appropriate to the ages served.**
- d. Supports that are available for families as well as the person with ASD.**
- e. Communication techniques.**

Intent Statements

Professionals should be knowledgeable about the range of treatment options and supports that may be offered in order to educate families about evidence-based versus nonevidence-based interventions.

Examples

3.a. and 3.e. Includes understanding of relationship-based models; sensory processing, visual-spatial and language/auditory processing issues; and use of alternative means of communication.

3.b. The organization follows new research and new interventions, staying up to date on what is developing in the field and implementing new approaches as evidence-based and accepted interventions change.

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- a. The needs of persons with ASD.**
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The organization identifies the extent of its services and the required expertise of personnel to support the population served.

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- 5.D. 5. Strategies for reasonable accommodations include, as needed, the use of assistive technology or adaptations in:**
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 - d. Education and training.**
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 - h. Sensory needs.**
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 - j. Other needs as identified by:**
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Intent Statements

Assistive technology and other reasonable accommodations enable persons served to have increased access to or participation in life, employment, education, and/or inclusion in the community.

Examples

Assistive technology is considered in all aspects of services, including:

- Diagnosis.
- Treatments.
- Training.
- Transition to school.
- Education.
- Life planning.
- Improving communication.

The organization acts as a resource for parents to understand available options and choose appropriate assistive technology based on research and advice from qualified assistive technology professionals. In some instances, families may not have the experience or knowledge necessary to make

informed decisions, and the organization helps the families served to choose wisely.

Examples include communication devices, communication “books” and booklets, and sign language; sensory sensitivity accommodations; handheld devices and computers; travel training; cellular phone communication; independent living skills; supported and independent employment including micro-enterprise and part time work; gym and sports activities; and public and other alternative opportunities for travel.

5.j. Might include providing tools for visual supports. Visit Visual Supports for Home, School, and Community: www.iidc.indiana.edu/irca/resources/visual-supports/index.html.

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- a. Is based on a comprehensive evaluation that considers the person’s needs and preferences.**
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Assistive technology planning is individualized and considers the person’s interests, involves the family in reviews of the home environment and other natural settings, and takes into account long-term costs for servicing and potential replacement. Planning also considers the nature of the disability and factors such as changing medical needs and changes in needs as the person grows older.

Examples

6.c. Includes consideration of adaptations other than technology that could work for families with limited budgets or funding.

6.d. Consideration of the environment and setting includes all functional environments as appropriate to the person, such as the home, childcare providers, preschool or other educational settings, community activities, and vocational or employment settings.

5.D. 7. Assistive technology and adaptations are considered in:

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Leading organizations apply technology that is available for everyday use to expand options for persons served. Today's technology offers options to assist with cognition, communication, health, organization, and general living. Available tools in the general marketplace help us stay connected, work from anywhere, and be productive. Computers and cell phones come loaded with what was once considered "AT."

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- 5.D. 8. Based upon individual needs and desires, the services facilitate connections for persons and/or families served to community resources that offer:**
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Examples

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By sharing the successful experiences, service approaches, and desires of the person served, consistency and greater continuity of services during transitions in the person's life are possible.

Examples

Information may include individual education plans, individual service plans, individual program plans, consultations, and allied health service reports.

Information may be collected regularly through behavioral data collection and presentation at individual program plan meetings with the individual and other significant stakeholders.

Information includes the “must haves” in the person’s life, e.g., sensory considerations such as low lighting or soft music and personal items important to the person such as a favorite baseball cap.

5.D. 10. As appropriate to the services provided, the program provides or participates in transition planning for the persons served.

Intent Statements

Timely planning for transitions is a critical element to support persons when the environment is changing.

Examples

Preferred practices indicate that if transition-from-school planning begins at least by age fourteen, the likelihood of successful transition is enhanced. In general, transition planning may be better beginning at an even earlier point based on individual needs. Families must also be included in the planning process for transitions as it can be as difficult for the family to transition their young adult into adult services as it is for the individual. This planning is further beneficial at an earlier age because the waiting list for some services may be quite long.

5.D. 11. The services assist persons and/or families served in enhancing their quality of life by providing or connecting them to opportunities to develop and/or increase as desired:

- a. Social networks.**
- b. Personal relationships.**

c. Community supports.**d. Supports from peer mentors, alumni from the program, or self-advocates with real life experiences.****Intent Statements**

The persons and/or families served are included in their communities to the degree they desire.

Examples

Opportunities are based on the unique learning style of each individual and the need for individualized supports. Peer mentors add the dimension of persons with ASD who understand the personal needs of a person with ASD. Families are provided with opportunities to meet with other families who have participated or are participating in the program. Families often benefit from parent-to-parent support that can be accessed from a family support network component.

Based on the level and age of the person served, there could be great variability in availability and involvement of the family or in the desire of the person served to have the family involved.

The organization could assist families served, as desired, to:

- Develop a personal circle of advocates.
- Have opportunities for parent-parent supports and networking.
- Locate referral resources for specialized and generic care.

Examples include developing natural supports at an individual’s place of employment, significant relationships with staff, clergy, other family members, and members of local chapters of advocacy organizations; e.g., Autism Society of America, the Arc, Autism Canada (www.autismcanada.ca), Society for Autism Support and Services (www.sta-ab.com/), and U.S. Autism Association (www.usautism.org). The organization may link the family to an appropriate community agency that can assist with this.

State/provincial agency personnel may provide information and training on community resources and benefits planning; funding and

program opportunities; foundation grants; referrals to insurance agencies, financial and estate planners, and allied health professional resources in the areas of speech, behavioral, occupational, and physical therapies; and autism-specific resources.

5.D. 12. The services provide information about or referrals to community resources to persons served, as desired, in the areas of:

- a. Educational development.**
- b. Living skills development.**
- c. Interpersonal relations.**
- d. Recreation and leisure time opportunities.**
- e. Vocational development, employment, or career advancement.**
- f. Access to generic community resources.**
- g. Housing.**
- h. Transportation.**

Intent Statements

Through providing information about or referrals to supports, the organization facilitates growth and development in the personal lives of persons served. Services enhance opportunities for independent and productive living.

Examples

By addressing these areas, services seek to counter a problem identified in professional journals that "... completion of high school means isolation and restricted social contexts for transitioning youth and young adults on the autism spectrum as they lose access to peer groups." (Crabtree, L., *OT Practice*, Volume 16, Issue 12.)

Information might be provided in different ways, such as using an existing community resource directory or a compilation by United Way. This information could give persons access to supports as desired to enhance independent living skills, money management skills, communication skills, social interactions, exercise, community employment opportunities, house-keeping activities, hygiene, food shopping, meal preparation, reduction of maladaptive behaviors,

and use of community resources, e.g., library or gym.

Providers are encouraged to offer safety-and-risk life skills education early and often, suited to the person's ability and learning styles. For some persons with ASD, learning how to disclose is a key to their personal safety during a high risk situation, such as a sudden interaction with law enforcement professionals. Without disclosure, accommodation would be difficult to get.

Anticipating disruptive behaviors that might occur in the community can facilitate ensuring prior training for staff members, an adequate ratio of personnel to persons served participating in the activity, and advance planning for an emergency situation.

12.a. Services seek to address a problem identified in professional journals that "Many students on the autism spectrum are being admitted to higher education, but they lack the social and organizational skills to be successful." (Van Bergeijk, E., Kim, A., & Volkmar, F. (2008) Supporting more able students on the autism spectrum: College and Beyond. *Journal of Autism and Developmental Disorders*, 8.)

12.f. Generic community resources are resources in the community that are used by the general population without disabilities, and may include local, state/provincial, or federal financial resources.

Resources

A website offering some suggestions on risk management specific to the population with ASD is **www.autismriskmanagement.com**.

5.D. 13. Self-advocacy support services are individualized to each person served and family and include:

- a. Self-advocacy skills training and support systems.**
- b. Developing new skills and supports on an ongoing basis, including self-determination.**

Intent Statements

Support is given to persons and families served for development of their advocacy skills.

Examples

Quality of life is specific to and defined by each person and/or family served. Skills and supports to enhance quality of life will be determined and their effectiveness reported by persons and families served.

Accessibility to forums of self-determination and decision making is key to meeting the needs of persons with ASD.

Support for advocacy activities may be provided within the organization, through support for participation in activities such as consumer councils, or support for self-facilitation of a person's individual planning meeting; or in the community, through support for participation in activities sponsored by advocacy groups; or support in self-advocacy to access benefits, services, etc. These examples of self-direction are not the only means by which support for advocacy may be provided.

An important first step is ensuring that persons served feel safe in their environment before they explore opportunities to enhance their advocacy skills. There also must be a strong emphasis on communication, including teaching how to communicate, providing tools with which to communicate, and making sure that communication systems are part of every plan. Self-advocacy does little without the ability to communicate. Likewise, due to prevalent dysfunction in choice-making being one of the characteristics of autism, choice-making may have to be taught through supports and experience.

For some persons who are not capable of participating themselves, this might include significant others, i.e., family, friends, or respite providers. This might include the concept of creating a support circle, as many families are isolated and don't have anyone other than themselves to support the individual with autism.

13.a. Examples of self-advocacy may include attending and participating in individual program plan meetings, goal development, employment opportunities, participating in community meetings, attending human rights conferences and trainings, membership on human rights committees and other organizational boards, participating in group leisure

activities and travel, participating in political events and voting, and participating in safety committees. Alternative methods, e.g., non-verbal communication, for self-advocacy may be used. Depending on the persons served, efforts may focus on very basic skills such as communication of basic wants and needs.

5.D. 14. As relevant to the desires of the persons served and the scope of the program, life planning:

a. Is updated and adjusted:

- (1) As the life of the person served changes.
- (2) At least every two years.

b. Considers:

- (1) Concerns of the person and family.
- (2) Resources.
- (3) Priorities.
- (4) Expectations.
- (5) Beneficial activities.
- (6) Alternatives.

Intent Statements

As ASD is considered to be a lifelong condition, some persons will need long-term support services. Life planning for these persons documents future expectations for the person served as they transition through life's stages and the family situation changes.

Examples

A wealth of information is available on the internet by searching "Life planning in ASD" or "ASD life planning."

Based on the preferences and needs of the person served, life planning services may include:

- Direct guidance or participation to the extent desired by the person served.
- Outreach/facilitation to encourage the active participation of the person served.
- Coordination of, or assistance with, crisis intervention and stabilization services as appropriate.
- Assisting the person served to achieve goals for independence as defined by the person.

- Optimizing resources and opportunities through community linkages and enhanced social support networks.
- Exploring living options reflective of the individual desires of the person.
- Exploring employment, career changes, or educational activities, as desired by the person.
- Planning for anticipated transitions as soon as the person enters services.

The life plan is individualized and person-centered and may include long-term planning considerations such as:

- Support for caregivers, including those who may themselves have special needs related to aging.
- Medical and other healthcare issues.
Medicaid and Medicare in the United States, provincial/territorial health insurance systems in Canada, and private insurance are critical life-planning concerns.
- Financial and estate planning.
Wills and trusts and estate planning should also be considered to protect the parent and the child. Appropriate estate planning may be one that provides persons served with access to assets, while simultaneously protecting Supplemental Security Income (SSI) and Medicaid eligibility. Life insurance is an essential part of a complete financial plan and ensures protection in case of the loss of a parent.
- Guardianship.
- Family supports, including sibling supports if applicable.
- Living arrangements, including social, recreational, and community involvement.
This may include real estate rental or purchase, choice of group home, living with family, and residential staff supports.
- Career or educational development.
Learning and development is a life-long process. Higher education, community college, vocational education, and individualized training should be part of a life plan.

Independent, competitive employment; supported community employment; sheltered workshops; natural supports; day activities; etc., and all issues affecting life planning. Impairment-related work expenses and targeted tax credits are incentives for employment for both the individual served and the employer.

- Referral to resources for assistance in resolution of family conflicts.
- Implementing the life plan.

The life planning process considers daily living activities including, as appropriate:

- Communication.
- Budgeting.
- Meal planning.
- Personal care.
- Housekeeping and home maintenance.
- Financial services.
- Medical and dental needs.
- Community resources.
- Social skills.
- Recreational skills.

Recreation is an area that contributes to the health, well-being, and quality of life for each individual. Television, gym access, hobbies, travel, the arts, etc., all contribute to a healthy life plan.

- Employment skills.
- Educational opportunities.
- Use of community transportation.
- Spiritual or religious interests.
Developing a way of living and working that brings inner peace, humility, gratitude, joy, and maturity while enhancing the life process and social interactions can be an essential part of the life plan.
- Safety skills.

Some organizations are assisting persons and families served to set up individual communities of supports for the person served as cooperatives. Considerations include:

- Revenues and expenses.
- Financial trends.

- Financial opportunities.
- Specifying the functions and responsibilities of each party in the cooperative.
- Management information.
- Fiscal oversight and financial solvency, including remediation plans when appropriate.

A benefits planning service can educate persons served and their families about long-term earnings, long-range budgeting, tools, and resources for ongoing benefits management.

Some persons may choose volunteerism over employment, and life planning would also apply to this.

Although the persons served are always involved, because the disability is one of deficits in both socialization and communication and many cannot express themselves and do not understand complex or abstract concepts, the inclusion of advocates and/or family is also important.

5.D. 15. The program ensures that individual benefits planning as desired by the person served is:

- a. Reviewed to stay current with:
 - (1) Changes in the person's life.
 - (2) Changes in regulations.
- b. Updated accordingly.

Intent Statements

At the time of development of or modification to a life plan, determinations are made for eligibility for funding sources, entitlements, and benefits.

Examples

Considerations may include:

- Diagnosis.
- State/provincial agencies and services provided.
- Individual transition plan (residential, vocational considerations).
- Documentation (birth certificate, Social Security (U.S.) or Social Insurance Number (Canada) card, medical diagnoses, allergies, medications, and psychological/behavioral evaluations).

- Transportation.
- Availability of community resources.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of persons served
- Individual service plans
- Progress notes
- Procedures manual
- Organizational newsletters or other communications for parents
- Documented service strategies
- Information about community resources/networks
- Advocacy training materials
- Individual personal scrapbooks of persons served
- Life plans

E. Children/Adolescents with Autism Spectrum Disorder (ASD:C)

Description

Early identification, intervention, treatment planning, and educational strategies for children with autism spectrum disorder (ASD) remain a challenge for families, their physicians, community supports, and educational systems. Early recognition of the condition allows families to receive advice and support to help them adjust to the child's learning and development challenges and to mobilize resources to provide the best early intervention services for the child.

Services for children and adolescents with ASD are designed to provide to the child/adolescent and family a variety of resources that reflect sound research. The family will have access to results-oriented therapies, education, advocacy, and supports for their child's optimal progress and to establish a lifetime of positive learning and behaviors. Services involve families, networks of resources, and education and support communities for adolescents transitioning to adulthood. Individuals served under this designation may range from birth to the age of majority, although sometimes services for adolescents transitioning to adulthood are provided by programs that also serve adults. Ages served would be identified in a program's scope of services.

Organizations with accredited services/supports for children with ASD are a resource for families, community services, and education. With the focus on continuous learning about ASD, the organization can assist parents with:

- Obtaining early intervention screening.
- Obtaining early intervention services.
- Obtaining an evaluation by clinicians experienced in evaluating children with ASD to improve treatment and outcomes.
- Navigating the multiple and complex systems that families need to coordinate, including medical, educational, mental health, disability, and community services.

- Connecting to resources to identify and treat medical or other conditions associated with ASD, as they are needed, to improve independence, family well-being, and adaptive behavior.
- Gaining understanding of the core features of ASD and associated conditions.
- Adjusting and adapting to the challenges of raising a child with ASD.
- Understanding the future opportunities, services, and challenges that lay before them as they raise their child.
- Planning for transition to/from school and life planning.
- Building linkages within segments of school systems and across school systems to facilitate successful transitions between placements.
- Providing outcomes information to schools to enhance individualized education plans and employment transition planning.
- Connecting with mentors and parent-to-parent support groups or contacts.
- Connecting with community organizations and support groups dedicated to people with ASD.
- Becoming an advocate for policy changes, as desired.

NOTE: *The Specific Population Designation of Children/Adolescents with Autism Spectrum Disorder (ASD:C) is typically applied if the population served is individuals from birth to the age of majority.*

If the population served is individuals at the age of majority or older, the standards in Section 5.D. Adults with Autism Spectrum Disorder (ASD:A) typically would be applied.

CARF allows that there may be services provided to adolescents and adult persons who are technically in transition range from one category to the other and does not require strict adherence to these age cutoffs. This would be identified in the program's scope of services.

Applicable Standards

If an organization chooses to add the specific population designation for Children/Adolescents with Autism Spectrum Disorder to an appropriate service or services in Sections 3 or 4, the standards in this section must be applied in addition to the applicable standards for the individual services.

5.E. 1. The program:

- a. Remains current with ASD research findings.
- b. Communicates identified benefits of research to staff and families, as appropriate.
- c. Bases education and services on reputable, evidence-based research findings.
- d. Utilizes peer-reviewed and accepted practices to establish treatments that are helpful to the person and family.
- e. Monitors outcomes of services to evaluate treatment efficacy and monitor possible negative effects of interventions.

Intent Statements

1.c. and **1.d.** Reputable, evidence-based research and peer-reviewed and accepted practices include research that has indicated successful techniques and field recognition from professionals and advocacy organizations.

Through its active efforts the organization promotes increased community understanding and opportunities for persons with ASD. Persons are part of the community and are included without a label.

Resources

- The goal of the World Health Organization's Parent Skills Training program is to support families that lack access to adequate professional autism care for whatever reason. It involves a system of master trainers and community facilitators who provide parents and other caregivers with evidence-based strategies for working with children who have autism and other developmental disabilities:

<https://www.who.int/teams/mental-health-and-substance-use/treatment-care/who-caregivers-skills-training-for-families-of-children-with-developmental-delays-and-disorders>

- Autism Speaks provides resources to individuals with autism and their families:
<https://www.autismspeaks.org/resource-guide>

5.E. 2. The program:

- a. Acts as an informational resource for community professionals regarding ASD.
- b. Promotes community awareness of ASD that:
 - (1) Respects individuals with ASD.
 - (2) Supports increased community integration and participation of persons with ASD.
- c. Advocates for resources that are knowledgeable about ASD.

Examples

2.a. Community professionals may include educators, therapists, and medical personnel.

The organization provides opportunities for schools and teachers to receive training on evidence-based practices in ASD, including:

- Strategies for teaching interdependence.
- Building on successes and rewards.
- Establishing educational philosophies that focus on the child and understanding the family.
- Resources for additional support/professional consultation.
- Generalization intervention methods across settings.

2.b. The organization promotes community awareness, understanding, and acceptance of ASD through education in its newsletter and other media publications, ability awareness celebrations, community trainings, public service announcements, and other events.

The organization promotes awareness of the contributions of individuals with ASD to their communities and the workforce.

Educational efforts can help move some focus on “autistic traits” of individuals from the negative to the positive; e.g., persons who are nonverbal don’t have lengthy conversations around the water cooler with coworkers. Efforts could also include development of an inclusive-community curriculum that addresses successful transition planning from a student, parent, and community perspective.

The U.S. Centers for Disease Control and Prevention (CDC) launched a campaign to make doctors and parents aware of the need for early diagnosis of autism. The CDC has distributed posters and checklists to doctors that describe developmental milestones for each age and also developed a distribution kit to help volunteers to reach local media outlets.

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Timely planning for transitions is a critical element to support persons when the environment is changing.

Examples

Preferred practices indicate that if transition-from-school planning begins at least by age fourteen, the likelihood of successful transition is enhanced. In general, transition planning may be better beginning at an even earlier point based on individual needs. Families must also be included in the planning process for transitions as it can be as difficult for the family to transition their young adult into adult services as it is for the individual. This planning is further beneficial at an earlier age because the waiting list for some services may be quite long.

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- 5.E. **11. The organization provides, arranges for, or has access to early diagnostic services for children with ASD that result in:**
- a. A comprehensive evaluation that provides diagnosis.
 - b. Identification of options and referrals for appropriate treatment.

Intent Statements

Comprehensive evaluations give service providers information needed to ensure appropriate planning and services.

Examples

Comprehensive evaluations give guidance for:

- Referrals to appropriate family support services.

Family support services include providing information and education in the basics of autism immediately upon diagnosis to assist parents with understanding the condition and preparing to make informed decisions about treatment options and choices.

- Education plans for families and support systems.

Educational plans are developed with the cooperation of the school district, whenever possible, and the service provider takes an active role in planning for transition to school.

- Developmental plans for therapy and education.
- Medication management planning, if needed.
- Creation of collaborative teams for therapy and support, including as needed dietary support and sensory integration support.
- Treatment planning and intervention for behavior redirection.

Planning considers the needs of the child as well as the family/support system and encourage nonchemical therapeutic interventions.

5.E. 12. Information is available to the family to promote:

- a. Increased awareness and understanding of ASD by parents and siblings.
- b. Referral to and use of appropriate therapies.
- c. Connections to educational and medical resources.
- d. Communications with other families and persons with ASD.

- e. Identification of appropriate community resources.
- f. Involvement and adjustment of family members.
- g. Empowerment of the family to make decisions.
- h. Opportunities for family members and caregivers to learn and carry over treatment techniques and learn about appropriate environments for children with ASD.

Intent Statements

Information is available to assist parents and families in greater understanding to facilitate informed decision making and supporting their child with ASD.

Examples

12.h. The family is an essential member of the team, providing coaching and empowering family inclusion through communication, behavior, and environmental interventions.

5.E. 13. Mentor services for families are offered or referred, as available, for:

- a. Training in advocacy.
- b. Accessing local community resources.
- c. Understanding the importance of certifications and training of support staff.
- d. Creating a community of supports and locating qualified service providers.
- e. Understanding research findings on ASD.
- f. Connecting to parent and sibling groups.

Intent Statements

Mentors help parents and families understand the active role they need to take in the implementation of professional support services and how to become effective advocates for their child with ASD.

Examples

Mentors are individuals with expertise because they have had the same or similar experience.

Refer to the Section 4.R. Mentor Services (MS) for additional information and examples.

5.E. 14. The program:

- a. Promotes family-centered care.**
- b. Provides or refers for family education programs on parenting techniques and family well-being.**
- c. Coordinates a system of supports for family members.**
- d. Assists with planning for educational transition.**
- e. Promotes a life-span perspective on ASD needs and planning.**

Examples

The program is knowledgeable about state/provincial ASD guidelines, if applicable, and IDEA services that are available for children from birth through age 21. The program coordinates with and helps families advocate for those services to which their child is entitled.

14.c. Supports for family members may include networking opportunities, advocacy training, respite care services, support groups, mentor services to assist families with psychological adjustment and coping with stress that may result from an ASD diagnosis, and integrating various services the family is receiving.

14.d. The organization works with schools and other organizations to develop collaborative training agendas for teachers and others who work with children with ASD.

14.e. Promoting a life-span perspective on ASD may include assisting children with ASD, when they are old enough and depending on their level of cognitive function, in understanding their condition and learning effective techniques to minimize its impact in their lives. Life-span issues may also include assisting parents with planning for their long-term needs and the challenges involved in having an adult child with ASD.

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- 5.E. 15. When a child begins school, services provide advocacy, if requested and with family consent, to educational staff about the family's knowledge about their child.**

Intent Statements

Family insight is important and valuable. Emphasis should be placed on developing a working relationship between the family and the school system.

Examples

It is important to develop understanding among school staff about what will succeed with a specific child. The family can provide information about the strengths and needs of the child; the family's interests, priorities, and needs; current behavioral and emotional goals; and specific behavioral interventions that work for the child.

-
- 5.E. 16. When partnering with the education system, the program shares to the extent possible its knowledge of the child to give guidance to developing the most effective individual educational model, including the effectiveness of treatment approaches and assistive technology being used.**

Intent Statements

The organization identifies the current scholastic level and educational needs of the child, including functional assessments of behavior, communication, social skills, and family involvement, and works in cooperation with the family and school system to determine appropriate, individualized learning models.

Examples

If there are medical and psychological records, the program could assist the family to procure these records from the entity that provided the services.

Learning models are developed to ensure adequate levels of direct instruction and effective behavioral interventions as needed to provide educational benefit and improvement of social and communication skills.

Considerations include:

- The child's strengths, needs, abilities, and preferences.
- Successful environmental accommodations and adaptations.
- Appropriate level placements.
- Instructional adaptations.
- Accommodations.
- Assistive technology.
- Opportunities for the generalization of skills.
- Language and learning strategies to improve functional skills.
- Sensory issues and appropriate interventions and supports, including ergonomics and body mechanics as well as environmental issues.

Health and safety risks are also considered, and strategies to reduce such risks are implemented.

5.E. 17. Opportunities for education of the child's peers, when appropriate and desired, are provided.

Intent Statements

Educational opportunities for peers are individualized and are based on the preferences of the family.

Examples

Education may include understanding the social and emotional needs of the child with ASD and learning strategies for developing friendships and supporting development of social skills. Education of parents and siblings of peers who befriend the child with ASD may also be provided as appropriate.

The child's parents are involved and give their consent and input regarding information about the child to be shared with peers or others.

Curriculum might include topics such as:

- Learning about the strengths and difficulties of the child with ASD.
- How to become a mentor or friend.
- Understanding why the child with ASD needs accommodations.
- Actual skills for peers to develop and use.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Records of persons served
- Individual service plans
- Progress notes
- Procedures manual
- Organizational newsletters or other communications for parents
- Documented service strategies
- Information about community resources/networks
- Advocacy training materials
- Individual personal scrapbooks of persons served
- Life plans

F. Standards for Workforce Development Services

Description

The design of workforce development services is results oriented and focused on the employment and career development goals of the person served with consideration for sustaining the resources needed to maintain the family unit. Services provide persons with information they can use to make informed choices and career decisions. The services aim to break the cycle of underemployment, unemployment, and public assistance and to provide opportunities for skill, educational, and career development of persons to become productive members of the workforce. Quality workforce development services have an individualized, customer focus. Services consider the individual's needs and follow the referral plan of the One-Stop Career Center (OSCC)/ American Job Center (AJC). At present in the U.S., workforce development contracts usually emanate from the local OSCC/AJC. However, the field is evolving and at this time CARF recognizes that these standards are also applicable to contracts with related service initiatives, such as Welfare to Work programs, Department of Rehabilitation, and the Veterans Administration. The services are provided in a customer-friendly environment using good business principles. The person served is treated with respect as a valued customer. These services must also consider the personnel needs of the employers in the local job market, the community resources available, and the trends and economic considerations in the labor market.

Some examples of the quality results desired by the different stakeholders of these services include:

- Employment in the local labor market with or without ongoing support.
- Employment that meets the individual's desires and goals.

- Wages, hours per week, employment schedules, and benefits at the level required to maintain the family unit.
- Employment services that result in job retention and advancement in position, earnings, and/or benefits.
- Career development, including education and training, as desired.

Applicable Standards

An organization choosing to add the enhancement of workforce development services to an appropriate program/service in Section 3 or 4 must meet the standards in this section in addition to the applicable standards for that program/service.

NOTE: *Section 2.B. Individual-Centered Service Planning, Design, and Delivery does not apply to Workforce Development Services. The planning element for services that is contained within Section 5.F. will be reviewed as part of the on-site survey.*

The term One-Stop Career Center (OSCC)/ American Job Center (AJC) used in this section originates from the Workforce Investment Act (WIA), subsequently updated by the Workforce Innovation and Opportunity Act of 2014, which reaffirms the role of the public workforce system and brings together and enhances several key employment, education, and training programs. The OSCC/AJC delivery system is a system where entities responsible for administering separate workforce investment, educational, and other human resource programs and funding streams (referred to as OSCC/AJC partners) collaborate to create a seamless system of service delivery designed to enhance access to the programs' services and improve long-term employment outcomes for individuals receiving assistance. The local Workforce Investment Board selects the operator of the OSCC/AJC.

The standards in this subsection assert basic principles that should be demonstrated by any organization seeking accreditation in the area of workforce development services.

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- 5.F. **1. A formal agreement is in place with the One-Stop Career Center (OSCC)/ American Job Center (AJC) that clarifies common issues.**

Intent Statements

A contract or memorandum of understanding (MOU) is used to clarify the services arrangements with local or state workforce development referral and funding sources.

Examples

At present in the U.S., workforce development contracts or MOUs usually emanate from the local OSCC/AJC. However, CARF also recognizes that these standards may be applicable to contracts with related service initiatives, such as Welfare to Work programs.

Common issues that might be covered in the agreement include:

- Common vision.
- The fee/rate to be charged for services.
- Data sharing agreements.
- A conflict resolution process for issues which may arise between the provider and the center.
- The use of appropriate release-of-information forms.
- Electronic networking (internal and external).
- Marketing and promotion of the organization's services.
- Definition of the relationship between the OSCC/AJC and the service provider.
- Criteria for eligibility of persons served.
- Responsibility for provision of reasonable accommodations.

-
- 5.F. **2. Policies and procedures that document the relationship between the organization and the local OSCC/AJC are:**
- a. Communicated to staff members.**
 - b. Followed by staff members.**

Intent Statements

Written policies provide the basis for educating staff about the expectations of the local referral and funding entity.

Examples

These policies and procedures are available for staff review and would be part of a new employee's orientation.

-
- 5.F. **3. The organization's administration uses indicators of performance to maintain compliance with the agreement between the OSCC/AJC and the provider.**

Intent Statements

The organization uses the performance indicator reports to improve individual and organizational results.

Examples

Typical performance indicator reporting includes effectiveness, efficiency, and satisfaction measurements. Performance indicators are used to:

- Continuously monitor performance.
- Identify any need for corrective action.
- Determine methods to improve services.
- Identify actions to take to improve services.
- Evaluate the effectiveness of actions taken.

For further guidance, refer to Section 1.M.

Networking with other organizations may give guidance in determining methods to improve services. Consider resources available through the internet, such as Baldrige quality criteria.

-
- 5.F. **4. As requested, the organization provides information to the local OSCC/AJC on the following:**
- a. Outcomes performance.**
 - b. Service utilization.**
 - c. Customer satisfaction.**

Intent Statements

The information reported to the referral source is timely and provided in an understandable format.

Examples

See related standards in Section 1 and Section 2.A.

- 5.F. **5. The organization's outreach efforts provide information:**
- About the services offered.**
 - About how services may be accessed.**
 - In a manner that reaches the target audience.**

Intent Statements

An organization's outreach efforts are not uniformly part of established relationships with OSCCs/AJCs. Information should be conveyed in such a way that it is understandable and useful to the target audience.

Examples

Outreach can be conducted in a variety of ways, including the use of promotional literature, a website, participation in community job club activities, and public service announcements. Additionally, public information is shared with many stakeholders, such as:

- Customers and potential customers of services.
- Local government.
- Local and state workforce development boards.
- Legislature.
- Local community.
- Funding and referral agencies.
- Regulatory agencies.

Examples include written annual reports, brochures, web pages, videos, audio recordings, graphic illustrations, and charts.

- 5.F. **6. The organization provides:**
- Individualized services for the customer per the guidelines of the OSCC/AJC.**
 - Reports to the center, as requested, concerning the person's performance.**

Intent Statements

Individual plans are created and implemented around the identified needs of the customer served.

Examples

The organization ensures that all persons involved understand the plans and their involvement in achieving the outcomes. Reports are disseminated in a timely manner. No information specific to an individual is disclosed unless the person has authorized it.

- 5.F. **7. The organization provides an orientation to the services for the customer.**

Intent Statements

The organization's orientation gives each person an opportunity to learn about the services and to learn about service options and provides information for persons seeking services to make informed choices.

Examples

A good practice an organization may follow is to put some of the common information in a handbook, video, or audio recording. Information that might be covered includes:

- A review of the specific objectives for the services.
- Identification of those staff members responsible for the provision of services.
- Rights of the person served.
- Responsibilities of the person served, including any conditions for maintaining participation in services.
- Other information that would assist the person to achieve the objectives.

The organization is responsive to the persons served and treats each person with respect as a valued customer. Orientation is provided at a time and place convenient to the person.

- 5.F. **8. When a person is served from more than one entity designated by the OSCC/AJC, the organization participates as requested by the center in the coordination of services.**

Intent Statements

The sharing of satisfaction of the persons served with services with other entities focuses the

community on meeting the expectations of the persons and families served.

Examples

Procedures are followed that ensure optimal services. No information specific to an individual is disclosed unless the person authorized it. Service coordination may include activities such as:

- Planning of individual services.
- Delivery of services.
- Documentation of progress.
- Regular review of service objectives.
- Service revision, if needed.
- A procedure for sharing information about the person served with all providers serving the individual.
- Formal evaluation of satisfaction with services by the person.

-
- 5.F. **9. Policies and procedures are in place to address at a minimum:**
- a. **Confidentiality of information.**
 - b. **Current employment-related laws and regulations.**
 - c. **Resources that ensure staff development to support these policies and procedures.**

Intent Statements

The organization is knowledgeable of the issues listed above, and its training and staff development reflects this knowledge base.

Documentation Examples

The following are examples of the types of documents and other information you should have available to demonstrate conformance to the standards in this section. Note that for some items, evidence of conformance is not required to be in writing. See Appendix A for more information on standards that specifically require written documentation.

- Written agreement with the OSCC/AJC or in some circumstances contracts with related service initiatives, such as Welfare to Work

programs, Department of Rehabilitation, and the Veterans Administration

- Data sharing policy
- Conflict resolution policy/procedure
- Release-of-information form
- Eligibility criteria
- Information on performance indicators
- Promotional literature, brochures, etc.
- Annual report
- Reports to the OSCC/AJC
- Individual service plans
- Handbook and information regarding rights and responsibilities
- Orientation checklist, information, etc.
- Procedure for sharing information when a participant receives services from other additional providers
- Evaluation of satisfaction by customers
- Confidentiality of information policy/procedure
- Informed consent policy/procedure
- Documentation showing staff training
- Curriculum of training areas



Required Written Documentation

When used in the CARF standards, the following terms always indicate the need for written evidence to demonstrate conformance: *policy*, *plan*, *documented*, *documentation*, and *written*. The following tables list only those standards that explicitly require some form of written evidence to demonstrate conformance. This appendix is intended to provide a quick reference to such standards and provide a tool that organizations may find helpful in preparing for their surveys.

What is *not* included in this Appendix:

During a site survey, an organization may provide a variety of documents and written materials related to standards that are not listed here, including:

- Documents and written materials that demonstrate conformance to standards that do not explicitly require written evidence; e.g., procedures that do not specify written or assessments that do not specify documented.
- Documents and written materials that support conformance to standards but are not specifically required by the standards; e.g., minutes of meetings or orientation packets for persons served.

NOTE: This appendix is available in an editable electronic format at www.carf.org/Documentation_and_Time_Lines/ or through the Resources section in Customer Connect (<https://customerconnect.carf.org/>).

Section 1. ASPIRE to Excellence®

Standard(s)	Requirements
1.A. Leadership	
1.A.5.a.	Cultural competency, diversity, and inclusion plan
1.A.6.a., b.	Written ethical codes of conduct and written procedures to deal with allegations of violations of ethical codes
1.A.7.a.	For U.S. organizations receiving federal funds, policy on corporate compliance adopted by organization leadership
1.A.7.b.	For U.S. organizations receiving federal funds, written procedures that address exclusion of individuals and entities from federally funded healthcare programs
1.A.7.c.(1)	For U.S. organizations receiving federal funds, documentation of staff member designated to serve as the organization's compliance officer
1.A.9.a.	Written procedures related to organizational fundraising, if applicable

Section 1. ASPIRE to Excellence® (Continued)

Standard(s)	Requirements
1.B. Governance (Optional)	
1.B.1.	Governance policies that facilitate ethical governance, assure stakeholders that governance is active and accountable, and meet legal requirements of governance
1.B.2.	Governance policies that address board selection, orientation, development, education, leadership, structure, and performance
1.B.5.	Governance policies that address executive leadership development and evaluation, including a written performance review and succession plan
1.B.6.	Governance policies that address executive compensation
1.C. Strategic Planning	
1.C.2.b. and c.	Strategic plan
1.E. Legal Requirements	
1.E.2.	Written procedures to guide personnel in responding to subpoenas, search warrants, investigations, and other legal action
1.E.3.	Policies and written procedures on records
1.F. Financial Planning and Management	
1.F.2.c.	Budget documents reasonable projections of revenue, expenses, and capital expenditures and approval by the identified authority
1.F.4.d.	Financial solvency remediation plans, if appropriate
1.F.5.	Documentation regarding related entities, if applicable
1.F.6.a.	Fiscal policies and written procedures including internal control practices
1.F.7.b.	Review of representative sample of bills of persons served, if applicable
1.F.9.b.	Results of annual financial statement review or audit by an independent, authorized accountant including, if applicable, resulting recommendations and management's response
1.F.10.	Written procedures regarding managing funds of persons served, if applicable

Section 1. ASPIRE to Excellence® (Continued)

Standard(s)	Requirements
1.G. Risk Management	
1.G.1.a.	Risk management plan
1.G.3.	Written procedures regarding communications that address media relations and social media
1.G.4.	Documented reviews of contract services, if applicable
1.H. Health and Safety	
1.H.2.	Written procedures to promote the safety of persons served and personnel
1.H.4.	Documentation of competency-based training in health and safety for personnel at orientation and at least annually
1.H.5.	Written emergency and evacuation procedures
1.H.7.	Written evidence of unannounced tests of each emergency procedure, including analyses
1.H.8.	For programs that provide services in locations that are not owned/ leased or controlled/operated by the organization, written procedures that address safety at the service delivery site for persons served and personnel
1.H.10.	Written procedures regarding critical incidents
1.H.11.	Written analysis of critical incidents
1.H.12.	Written procedures regarding infections and communicable diseases
1.H.13.h.	Written emergency procedures related to transportation services
1.H.13.l.	Documented reviews of contracts for transportation services, if applicable
1.H.14.b.	Health and safety self-inspection reports
1.H.15.b.	External health and safety inspection reports
1.H.16.	Written procedures for safe handling, storage, and disposal of hazardous materials
1.I. Workforce Development and Management	
1.I.1.	Documentation of the composition of the organization's workforce
1.I.3.b.	Written job descriptions
1.I.4.	Written procedures related to verification of backgrounds, credentials, and fitness for duty, if required, of the workforce

Section 1. ASPIRE to Excellence® (Continued)

Standard(s)	Requirements
1.I.6.d.(1)	Policies and written procedures related to workforce engagement
1.I.7.a.–c.	Documentation of competencies, assessments of competency, and timeframes/frequencies related to the competency assessment process
1.I.8.	Written procedures for performance appraisals
1.J. Technology	
1.J.2.b.	Technology and system plan
1.J.3.	Policies related to the organization's use of technology
1.J.4.	Written evidence of tests of the organization's procedures for business continuity/disaster recovery, including the analysis
1.J.5.	Documentation of initial and ongoing personnel training on cyber-security and the technology used in performance of job duties
1.K. Rights of Persons Served	
1.K.1.	Policies on the rights of persons served
1.K.3.a.	Policy and written procedure by which persons served may make a formal complaint
1.K.3.b.	Complaint forms, if applicable
1.K.3.c.	Documentation of formal complaints
1.K.4.	Documented analysis of all formal complaints
1.L. Accessibility	
1.L.2.a.	Accessibility plan
1.L.3.d.	Documentation of requests for reasonable accommodations
1.M. Performance Measurement and Management	
1.M.3.a.	Performance measurement and management plan that addresses all elements listed in the standard
1.M.4.	For each program/service seeking accreditation, documented objectives and performance indicators to measure results achieved for the persons served (effectiveness)
1.M.5.	For each program/service seeking accreditation, documented objectives and performance indicators to measure experience of services received and other feedback from the persons served

Section 1. ASPIRE to Excellence® (Continued)

Standard(s)	Requirements
1.M.6.	For each program/service seeking accreditation, documented objectives and performance indicators to measure experience of services and other feedback from other stakeholders
1.M.7.	For each program/service seeking accreditation, documented objectives and performance indicators to measure the resources used to achieve results for the persons served (efficiency)
1.M.8.	For each program/service seeking accreditation, documented objectives and performance indicators to measure service access
1.M.9.	Documented objectives and performance indicators to measure business function in priority areas determined by the organization
1.M.10.	Documented education and training for personnel in accordance with their roles and responsibilities for performance measurement and management
1.N. Performance Improvement	
1.N.1.a.–e.	Documented analysis of service delivery performance
1.N.1.f.(2)	Action plan(s) to address improvements needed
1.N.2.a.–e.	Documented analysis of business function performance
1.N.2.f.(2)	Action plan(s) to address improvements needed

Section 2. Quality Individualized Services and Supports

Standard(s)	Requirements
2.A. Program/Service Structure	
2.A.1.a.	Scope of services
2.A.3.	Entry, transition, and exit criteria
2.A.8.	Written procedures for mobile unit services
2.A.9.	Policies and procedures for acceptance into services
2.A.11.	Complete record maintained for each person served
2.A.14.	Policy and written procedures that address the program's use of positive interventions
2.A.16.b.	Policy on rights restrictions (if applicable)
2.A.17.	Policy on responding to unsafe behaviors of the persons served and identifying whether, and under what circumstances, seclusion and/or restraints are used

Section 2. Quality Individualized Services and Supports (Continued)

Standard(s)	Requirements
2.A.18.b.	Record of the person's criminal history, when services are provided to persons placed in services through an arrangement with a court or criminal justice system
2.A.19.	Policy that identifies whether the organization has any role related to medications used by persons served
2.B. Individual-Centered Service Planning, Design, and Delivery	
2.B.3.	Individualized service plan for persons served
2.B.5.	Coordinated individualized service plan for persons served
2.B.6.	Assistive technology and reasonable accommodations, addressed in individual plans
2.B.7.b.	Risk assessment results, documented in individual service plan
2.B.10.	Exit summary report
2.C. Medication Monitoring and Management	
2.C.1.	Record of all medications used by the person served
2.C.2.	Written procedures for medication handling
2.C.4.	Documentation that the use of all medications by the person served is reviewed on at least an annual basis
2.C.5.	Written procedures for medication management
2.C.6.	Written procedures for medication management
2.D. Employment Services Principle Standards	
2.D.7.	For U.S. organizations, if persons served receive less than the minimum wage, documentation that the organization maintains a current certificate authorizing Special Minimum Wage Rates under Section 14(c) of the Fair Labor Standards Act
2.E. Community Services Principle Standards	
2.E.2.	Individualized service plans of persons served
2.E.5.a.	Documented training and education for personnel about the early signs of dementia and age-related decline

Section 2. Quality Individualized Services and Supports (Continued)

Standard(s)	Requirements
2.F. Service Delivery Using Information and Communication Technologies	
2.F.1.	Written procedures related to use of information and communication technologies to deliver services
2.F.2.	Documentation of competency-based training for personnel as specified in the standard
2.F.8.	Documentation of scope of services

Section 3. Employment Services

Standard(s)	Requirements
3.A. Employment Planning Services (EPS)	
3.A.4.	Written employment planning report
3.B. Comprehensive Vocational Evaluation Services (CVE)	
3.B.1.	Individual evaluation plans for persons served
3.B.3.	Individual evaluation plans for persons served
3.B.6.b.	Written instructions for evaluators using work samples to provide assessments
3.B.9.	Evaluation report from functional capacities assessment
3.C. Employment and Career Centers (ECC)	
3.C.5.	Individualized service plans for persons served
3.C.11.	Written procedures for orientation of persons served; registration for services; coordination with partner organizations regarding individualized service plans, if applicable; referral to other services and supports; provision of information on current job openings; and referral of persons served to prospective employers
3.C.12.	Written criteria for selection of partner organizations, if applicable
3.C.13.	Contract with partner organizations, if applicable
3.D. Employee Development Services (EDS)	
3.D.3.a.	Course description for employee development training course

Section 3. Employment Services (Continued)

Standard(s)	Requirements
3.E. Employment Skills Training Services (EST)	
3.E.2.	Course description/curriculum
3.E.4.	Course description/curriculum
3.E.5.c.	Clear description of role and function of program staff members assigned to the apprenticeship site
3.E.5.e.(2)	Contingency plans for supervision when the supervisor is late or absent
3.E.5.f.	Written procedures and techniques specific to the services provided and the location, shared with all appropriate parties
3.G. Community Employment Services (CES)	
Job Development (CES:JD)	
3.G.2.	Individual service plans
Employment Supports (CES:ES)	
3.G.7.b.	Backup contingency plans for support staff's absence or tardiness
3.H. Self-Employment Services (SES)	
3.H.3.	Self-employment plan of implementation for person served
3.I. Affirmative Business Enterprise (ABE)	
3.I.1.	Business plan
3.I.2.	Marketing plan
3.I.3.c.	Written job descriptions for each position
3.I.3.f.	Annual performance evaluations for all personnel

Section 4. Community Services

Standard(s)	Requirements
4.A. Services for Children and Youth (SCY)	
4.A.18.	Criminal background checks for all personnel providing direct services to children or youths
4.A.19.a.	Documented personnel training that addresses all elements listed in the standard

Section 4. Community Services (Continued)

Standard(s)	Requirements
4.B. Transition Services (TS)	
4.B.3.	Plan for transition from school to community services
4.C. Family Services (FS)	
4.C.5.	Plan for family relief, including 24-hour emergency response system and respite services and supports if needed
4.D. Foster Family Services (FFS)	
4.D.9.	Plan for foster family relief, including 24-hour emergency response system and respite services and supports if needed
4.D.10.a.	Signed foster family provider agreement
4.E. Host Family/Shared Living Services (HF/SLS)	
4.E.6.a.	Written agreements with each host family/shared living provider
4.E.7.d.	Documentation of results of monitoring visits
4.E.8.	Evidence of provider plans for respite/relief and emergency response
4.K. Assistive Technology Supports and Services (AT)	
4.K.6.	Individual service plan that identifies each person's desired outcomes from using assistive technology
4.K.7.	Individual service plan, additional requirements
4.K.12.	Exit summary report for persons served
4.L. Behavioral Consultation Services (BCS)	
4.L.7. and 4.L.8.	Documented behavioral assessments
4.L.11.	Written behavioral strategies for persons served that include all areas listed in the standard
4.L.13.	Written procedures that address the use of behavioral strategies and include all areas listed in the standard
4.L.14.a.	Curriculum for Early Intensive Behavior Intervention (EIBI), if provided
4.L.18.	Written procedures specifying that the consultation service provides or arranges for crisis intervention services
4.L.19.	Plan for the supervision of direct service personnel

Section 4. Community Services (Continued)

Standard(s)	Requirements
4.P. Personal Supports Services (PSS)	
4.P.3.	Plan and written procedures for the supervision of personnel, including provision of timely feedback to enhance skills, and for addressing unplanned absences to ensure continuity of supports
4.P.6.	If training/education is provided, a written description for each offering that includes all items listed
4.N. Self-Directed Community Supports and Services: Flexible Supports Planning (SDCSS:FSP)	
4.N.7.b.	Individual budgets, developed based on input from persons served
4.O. Self-Directed Community Supports and Services: Employer of Record for Support Services (SDCSS:EOR)	
4.O.2.	Written guidelines to avoid conflicts of interest
4.O.4.	Brochures and other informational materials provided to persons served
4.O.6.a.–d.	Detailed job description for employees hired by the person served
4.O.7.	Information and documents maintained by the employer of record for support services
4.O.9.	New-employee packets provided to persons served to orient staff they hire
4.O.10.f.	Disaster recovery plan
4.O.12.	Regularly conducted internal accounting audit to ensure accuracy and compliance with generally accepted accounting practices
4.Q. Short-Term Immigration Support Services (STISS)	
4.Q.3.	If direct personal care supports are provided, plan and written procedures for supervision of personnel and addressing unplanned absences
4.Q.6.	If training or an educational activity for the persons served is provided, written description of each offering that includes the elements listed in the standard
4.T. Rapid Rehousing and Homelessness Prevention Program (RRHP)	
4.T.3.	Landlord recruitment and retention plan
4.T.7.	Housing plan for each person served
4.T.11.	Documented personnel training

Section 4. Community Services (Continued)

Standard(s)	Requirements
4.T.12.	Written analysis of performance in relationship to established targets for length of time from entry to the program to rehousing and the percentage of persons served who achieve permanent housing
4.U. Centers for Independent Living (CIL)	
4.U.1.	Work plan, based on community input
4.U.2.	Policies and procedures for the use of government funds
4.U.3.	Policies and procedures for meeting state/provincial and federal grant requirements and assurances, as applicable
4.U.4.a.	Timely performance information analyses, records, and reports to meet the specific provision of referral and funding sources
4.V. Home and Community Services (HCS)	
4.V.3.	Written procedures to verify backgrounds of personnel
4.V.5.	Policies and written procedures addressing all listed service delivery issues
4.V.6.	Documented risk assessments for each person served
4.V.8.	Emergency plans that include assessment of current knowledge, physical environment, modifications necessary, community resources, utility needs, program continuation, provisions for communication, contingency plans, emergency preparedness
4.V.11.	Policies and written procedures to facilitate collaboration with family/support system

Section 5. Specific Population Designation Standards

Standard(s)	Requirements
5.A. Children and Adolescents Specific Population Designation	
5.A.18.	Criminal background checks for all personnel providing direct services to children or youths
5.B. Older Adults and Older Adults/Dementia Care Specific Population Designations	
5.B.3.	Periodic screenings, observation, or review of persons served to identify functional changes and changes in behavior
5.B.12.	Assessments of persons served
5.B.13.	Service plans for persons served

Section 5. Specific Population Designation Standards (Continued)

Standard(s)	Requirements
5.C. Medically Fragile Specific Population Designation	
5.C.1.	Program plan for service delivery
5.C.3.	Assessments of persons served
5.C.5.	Written procedures for updating assessments annually and as needed
5.C.16.	Written schedule for equipment maintenance
5.D. Adults with Autism Spectrum Disorder (ASD:A)	
5.D.9.	Information about persons served is obtained, maintained, and shared with other providers or educators, when related to services the person is receiving or transition to other services
5.E. Children/Adolescents with Autism Spectrum Disorder (ASD:C)	
5.E.9.	Information about persons served is obtained, maintained, and shared with other providers or educators, when related to services the person is receiving or transition to other services
5.F. Standards for Workforce Development Services	
5.F.1.	Formal agreement with the OSCC/American Job Center
5.F.2.	Policies and procedures that document the relationship between the organization and the OSCC/American Job Center
5.F.9.	Policies on confidentiality of information, employment-related laws and regulations, and resources for staff development



Operational Timelines

The following tables list standards that require activities be conducted at specific time intervals. The evidence assembled as part of survey preparation should support that these activities occur at the specified intervals.

During an original survey, an organization is expected to demonstrate that the activity has occurred at least once within the specified time period prior to the survey.

The timelines for the standards listed in the last table, Activities to be Conducted at a Frequency Determined by the Organization (e.g., verification of backgrounds, credentials, and fitness for duty of members of the workforce, or data collected about persons served at appropriate intervals during services) may be influenced by various factors such as regulatory requirements or the needs of the organization and the persons served. For these standards, the organization should identify the frequency at which the activities are scheduled to be conducted. The survey team will look for evidence that the organization adheres to the timelines it has identified.

What is *not* included in this Appendix:

- Standards that require an organization's policy or written procedure to include a timeframe, such as timeframes for addressing a formal complaint or entering information into the records of the persons served, are not listed in this appendix.
- Standards that require activities be conducted on an *ongoing* or *as needed* basis are not included in this Appendix.

Please contact your resource specialist with any questions.

NOTE: This appendix is available in an editable electronic format at www.carf.org/Documentation_and_Time_Lines/ or through the Resources section in Customer Connect (<https://customerconnect.carf.org/>).

Activities to be Conducted at Least Every Two Years

Related Standard	Activity
5.D. Adults with Autism Spectrum Disorder (ASD:A)	
5.D.14.	Life planning for persons served is updated and adjusted

Activities to be Conducted at Least Annually

Related Standard	Activity
Section 1. ASPIRE to Excellence®	
1.A.5.d.	Cultural competency and diversity plan reviewed for relevance

Activities to be Conducted at Least Annually (Continued)

Related Standard	Activity
1.B.2.g.(3), (5)–(6)	Self-assessment of entire board; written conflict-of-interest and ethical-code-of-conduct declarations signed
1.B.5.b.(1)	Executive leadership succession plan reviewed for relevance
1.B.6.e.(6)	Review of executive compensation records
1.B.7.	Review of governance policies
1.C.2.d.	Strategic plan reviewed for relevance
1.F.2.a.	Budgets prepared prior to the start of the fiscal year
1.F.9.	Review or audit of the financial statements of the organization by an independent accountant authorized by the appropriate authority
1.G.1.b.(1)	Risk management plan reviewed for relevance
1.G.2.a.	Review of organization's insurance package for adequacy
1.G.4.d.	Documented reviews of contract services, if applicable
1.H.4.b.	Personnel receive competency-based training in health and safety topics listed in the standard
1.H.7.	Unannounced test of each emergency procedure, including as relevant to the procedure complete actual or simulated physical evacuation
1.H.11.	Written analysis of all critical incidents provided to or conducted by leadership
1.H.13.l.	If transportation services are contracted, contract reviewed against Standards 1.H.13.a.–k.
1.H.15.	Comprehensive external health and safety inspection conducted
1.J.2.e.	Technology and system plan reviewed for relevance
1.J.4.	Test of the organization's procedures for business continuity/ disaster recovery
1.K.2.a.(3)	Rights of persons served communicated to persons served in a program longer than one year
1.K.4.	Documented analysis of all formal complaints
1.L.2.b.	Accessibility plan reviewed for relevance
1.M.3.b.	Performance measurement and management plan reviewed for relevance
1.N.1.	Documented analysis of service delivery performance
1.N.2.	Documented analysis of business function performance

Activities to be Conducted at Least Annually (Continued)

Related Standard	Activity
2.A. Program/Service Structure	
2.A.1.c.	Review of scope of services
2.A.15.b.	Personnel training in the use of positive interventions
2.C. Medication Monitoring and Management	
2.C.4.	Review of use of medications by persons served, when applicable
2.D. Employment Services Principle Standards	
2.D.10.b.	Analysis of prices for products and services
3.D. Employee Development Services (EDS)	
3.D.3.b.(1)	Course content is reviewed
3.F. Organizational Employment Services (OES)	
3.F.4.	Persons are provided informed choices for exploration of other work opportunities
3.I. Affirmative Business Enterprise (ABE)	
3.I.3.c.(1)	Written job description for each position is reviewed
3.I.3.f.	Performance evaluations for all personnel employed by the affirmative business enterprise
3.I.7.	Prices of products are analyzed
4.O. Self-Directed Community Supports and Services: Employer of Record for Support Services (SDCSS:EOR)	
4.O.6.b.	Job descriptions for employees hired by the person served are reviewed
4.T. Rapid Rehousing and Homelessness Prevention Program (RRHP)	
4.T.12.	Written analysis of performance in relationship to established targets for length of time from entry to the program and housing and the percentage of persons served who achieve permanent housing
4.U. Centers for Independent Living (CIL)	
4.U.1.	Work plan is created with community input
5.B. Older Adults and Older Adults/Dementia Care Specific Population Designations	
5.B.16.a.(2)	Education for service personnel on dementia-related topics
5.C. Medically Fragile Specific Population Designation	
5.C.5.a.	Assessments are updated

Activities to be Conducted at Least Semiannually

Related Standard	Activity
Section 1. ASPIRE to Excellence®	
1.H.14.*	Comprehensive health and safety self-inspections conducted on each shift, resulting in a written report
2.D. Employment Services Principle Standards	
2.D.8.a.	When the organization is the employer of record it informs persons served about how their productivity affects their wage
3.G. Community Employment Services (CES)	
3.G.12.	For persons receiving long-term services, review of the level of ongoing supports needed
* <i>Applicable only to locations owned, rented, or leased by the organization and pertaining to the services seeking accreditation, including administrative offices.</i>	

Activities to be Conducted at Least Quarterly

Related Standard	Activity
Section 1. ASPIRE to Excellence®	
1.E.7.	Review of representative sample of bills of the persons served
4.E. Host Family/Shared Living Services (HF/SLS)	
4.E.7.a.(2)	Monitoring of provider performance
4.L. Behavioral Consultation Services (BCS)	
4.L.4.	Team meetings with all involved in the person's behavioral consultation plan
4.L.12.d.	Meeting with team members regarding formal monitoring of the behavioral strategies implemented

Activities to be Conducted at Least Monthly

Related Standard	Activity
Section 1. ASPIRE to Excellence®	
1.F.3.c.	Review of actual financial results
1.F.10.g.	If responsible for funds of the persons served, monthly account reconciliation provided to persons served

Activities to be Conducted Daily

Related Standard	Activity
4.H. Community Housing (CH)	
4.H.2.e.	Daily meals and snacks provided

Activities to be Conducted at a Frequency Determined by the Organization

Related Standard	Activity
Section 1. ASPIRE to Excellence®	
1.B.2.g.(4)	Periodic self-assessment of individual members of board
1.B.5.a.	Formal written review of executive leadership performance
1.H.13.b.	When transportation services are provided to persons served, regular review of driving records of all drivers
1.H.13.k.	Maintenance of vehicles owned or operated by the organization according to manufacturer's recommendations
1.I.4.c.	Verification of backgrounds, credentials, and fitness for duty of workforce
1.I.7.c.	Timeframes/frequencies related to the competency assessment process
4.E. Host Family/Shared Living Services (HF/SLS)	
4.E.7.a.(1)	Monitoring of provider performance
4.H. Community Housing (CH)	
4.H.2.a.	Regular meetings between the persons served and staff
4.L. Behavioral Consultation Services (BCS)	
4.L.12.a.	Regularly collecting, summarizing, and reviewing empirical data related to formal monitoring of behavioral strategies implemented
4.L.14.a.	Regularly develops documented curriculum for Early Intensive Behavior Intervention (EIBI), if provided
4.L.14.f.	Reassessments of the persons served at regular intervals, if consultation in Early Intensive Behavior Intervention (EIBI) is provided
4.M. Comprehensive Benefits Planning (CBP)	
4.M.1.b.	Regular analysis of environmental trends

Activities to be Conducted at a Frequency Determined by the Organization (Continued)

Related Standard	Activity
4.N. Self-Directed Community Supports and Services: Flexible Supports Planning (SDCSS:FSP)	
4.N.7.h.	Individual budgets for home- and community-based supports are reviewed and monitored according to a determined method and frequency
4.N.12.	Regular reporting to appropriate oversight agency or organization
4.O. Self-Directed Community Supports and Services: Employer of Record for Support Services (SDCSS:EOR)	
4.O.12.	Regular internal accounting audits to ensure accuracy and compliance with generally accepted accounting practices
4.P. Personal Supports Services (PSS)	
4.P.6.f.	Regular review of written descriptions for training/educational activities offered
4.Q. Short-Term Immigration Support Services (STISS)	
4.Q.6.f.	Regular review of written descriptions for training/educational activities offered
4.T. Rapid Rehousing and Homelessness Prevention Program (RRHP)	
4.T.11.a.(2)	Personnel training at regular intervals
4.V. Home and Community Services (HCS)	
4.V.3.b.	Backgrounds of all personnel verified at stated intervals throughout employment
5.C. Medically Fragile Specific Population Designation	
5.C.16.	Written schedule for equipment maintenance and calibration



Required Training

The following tables list the standards that explicitly require an organization to provide some form of education or training to personnel, persons served, and/or other stakeholders.

Some standards require competency-based training or education. As defined in the CARF Glossary, competency-based training is an approach to education that focuses on the ability to demonstrate adequate skills, knowledge, and capacity to perform a specific set of job functions.

What is *not* included in this Appendix:

- Standards that require specifically qualified or trained personnel to provide certain services or require an organization to verify or ensure that personnel have appropriate qualifications, education, and/or training but do not require the organization to directly provide the requisite education or training are not listed in this Appendix.
- Many standards require sharing or exchange of information with persons served, personnel, and/or other stakeholders. Although this may be accomplished through educational efforts, such standards are not listed in this Appendix.

NOTE: This appendix is available in an editable electronic format at www.carf.org/Documentation_and_Time_Lines or through the Resources section in Customer Connect (<https://customerconnect.carf.org>).

Section 1. ASPIRE to Excellence®

Standard(s)	Training Requirements	Provided To	Competency-Based	Frequency
1.A. Leadership				
1.A.6.c.	Education on ethical codes of conduct	Personnel and other stakeholders	No	None specified
1.A.7.d.	Training on corporate compliance	Personnel	No	None specified
1.A.8.	Education to stay current in the field	Personnel	No	None specified
1.A.9.b.	Training related to fundraising written procedures, if applicable	Personnel	No	Initial and ongoing
1.B. Governance				
1.B.2.b., d.	Board member orientation and education	Board members	No	None specified

Section 1. ASPIRE to Excellence® (Continued)

Standard(s)	Training Requirements	Provided To	Competency-Based	Frequency
1.F. Financial Planning and Management				
1.F.6.b.	Training related to fiscal policies and written procedures	Appropriate personnel	No	Initial and ongoing
1.H. Health and Safety				
1.H.3.	Education designed to reduce identified physical risks	Persons served	No	None specified
1.H.4.	Health and safety training that addresses all areas listed in the standard	Personnel	Yes	Orientation and at least annually
1.H.12.b.	Training on procedures regarding infections and communicable diseases	Persons served, personnel, and other stakeholders	No	None specified
1.H.13.g.	If the program provides transportation for persons served, training regarding the organization's transportation procedures and unique needs of persons served	Personnel with driving responsibilities	No	None specified
I. Workforce Development and Management				
1.I.5.a.–b.	Orientation and on-the-job training included in onboarding and engagement activities	Personnel	No	None specified
1.I.7.f.	Education and training included in workforce development activities	Personnel	No	None specified
1.J. Technology				
1.J.5.a. and b.	Training on cybersecurity and technology used to perform job duties	Personnel	No	Initial and ongoing
1.M. Performance Measurement and Management				
1.M.10.	Education and training in accordance with roles and responsibilities for performance measurement and management	Personnel	No	None specified

Section 2. Quality Individualized Services and Supports

Standard(s)	Training Requirements	Provided To	Competency-Based	Frequency
2.A. Program/Service Structure				
2.A.15.	Training in use of positive interventions	Service personnel	No	Initially and annually
2.A.16.c.(2)	Training in the use of restrictive procedures (if restrictions are placed on the rights of a person served)	Service personnel	No	Prior to implementation
2.C. Medication Monitoring and Management				
2.C.3.a.	Advocacy training to assist persons served in being actively involved in making decisions related to use of medications	Persons served	No	As requested
2.C.3.b.	Training and education regarding medications	Persons served	No	As requested
2.E. Community Services Principle Standards				
2.E.5.a.	Education and training in the early signs indicating possible dementia and aging-related decline	Personnel, as relevant to their job responsibilities	No	When appropriate to services and population served
2.F. Service Delivery Using Information and Communication Technologies				
2.F.2.	Training on how to deliver services effectively via information and communication technologies and the equipment used	Personnel who deliver services via information and communication technologies	Yes	None specified
2.F.3.	Instruction and training on equipment used in service delivery via information and communication technologies and creating an appropriate environment to receive services	Persons served, families/support systems, and others, as appropriate	No	None specified

Section 3. Employment Services

Standard(s)	Training Requirements	Provided To	Competency-Based	Frequency
3.F. Organizational Employment Services (OES)				
3.F.2.	Training activities that address all areas listed in the standard, as needed by the person served	Persons served	No	Based on individual need
3.G. Community Employment Services (CES)				
3.G.3.f.	Education in self-directed job search and ADA rights and EEOC, as needed per individual plans of persons served	Persons served	No	Based on individual need
3.G.3.g.	Disability awareness education, when indicated	Employers	No	Based on individual need

Section 4. Community Services

Standard(s)	Training Requirements	Provided To	Competency-Based	Frequency
4.A. Services for Children and Youth (SCY)				
4.A.12.	Educational opportunities for families	Family	No	None specified
4.A.19.	Training that covers all areas listed in the standard, as relevant to the scope of services	Personnel, as relevant to their job responsibilities	No	None specified
4.D. Foster Family Services (FFS)				
4.D.2.	Training to meet identified needs of the persons served that covers all areas listed in the standard	Foster family providers	No	None specified
4.E. Host Family/Shared Living Services (HF/SLS)				
4.E.5.	Training that addresses all areas listed in the standard	Host family/shared living providers	Yes	None specified
4.H. Community Housing (CH)				
4.H.6.	Skill development necessary to live as independently as possible	Persons served	No	None specified

Section 4. Community Services (Continued)

Standard(s)	Training Requirements	Provided To	Competency-Based	Frequency
4.J. Services Coordination (SC)				
4.J.3.g.	Skill development services needed to enable persons served to perform daily living activities, including all areas listed in the standard	Persons served	No	None specified
4.L. Behavioral Consultation Services (BCS)				
4.L.1.b.(2)	Training provided by the behavioral consultation service's personnel	Individuals involved with the person served	No	None specified
4.L.2.	Training on specific behavioral change strategies/techniques	Direct service staff	No	None specified
4.L.10.	Training, as needed to develop socially and culturally acceptable behaviors, in all areas listed in the standard	Persons served, family, and support persons, as needed for each person served	No	Prior to implementation of behavioral strategies
4.L.14.b.	Curriculum training (if consultation in Early Intensive Behavior Intervention is provided)	Families, intervention workers, and other relevant individuals	No	None specified
4.L.14.g.	Training in behavioral learning principles and practical skills (if consultation in Early Intensive Behavior Intervention is provided)	Interveners	No	None specified
4.L.17.	Education as relevant to the needs of the person served and family	Persons served and family	No	None specified
4.L.21.	Training in the use of adaptive devices and equipment, when applicable	Personnel, persons served, family, and caregivers	No	None specified
4.M. Comprehensive Benefits Planning (CBP)				
4.M.3.	Training on competency in all areas listed in the standard	All new benefits planning specialists	Yes	None specified
4.M.7.	Education for persons served on all areas listed in the standard	Persons served	No	None specified

Section 4. Community Services (Continued)

Standard(s)	Training Requirements	Provided To	Competency-Based	Frequency
4.O. Self-Directed Community Supports and Services: Employer of Record for Support Services (SDCSS:EOR)				
4.O.8.	Mandatory training, as required	Employees hired by persons served	No	None specified
4.P. Personal Supports Services (PSS)				
4.P.2.	Training that includes all areas listed in the standard	Personnel	No	None specified
4.P.4.a.	Training in the use of adaptive devices and equipment, when applicable	Personnel	No	None specified
4.P.4.b.–d.	Training in the use of adaptive devices and equipment, when applicable	Person served, family, and caregivers	No	None specified
4.Q. Short-Term Immigration Support Services (STISS)				
4.Q.2.	Training that includes all areas listed in the standard	Personnel	No	None specified
4.Q.4.a.	Training in the use of adaptive devices and equipment, when applicable	Personnel	No	None specified
4.Q.4.b.–d.	Training in the use of adaptive devices and equipment, when applicable	Person served, family, and caregivers	No	None specified
4.R. Mentor Services (MS)				
4.R.2.	Design and continuous improvement of competency-based training process for mentors	Mentors	Yes	None specified
4.T. Rapid Rehousing and Homelessness Prevention Program (RRHP)				
4.T.11.	Training that addresses tenant and landlord rights and responsibilities, fair housing laws, housing first approach, terminology used in rental/lease agreements, financial management, and other topics as appropriate to the needs of the persons served	Personnel	No	At orientation and regular intervals
4.U. Centers for Independent Living (CIL)				
4.U.9.e.	Skills training for independent living	Persons served	No	None specified

Section 4. Community Services (Continued)

Standard(s)	Training Requirements	Provided To	Competency-Based	Frequency
4.V. Home and Community Services (HCS)				
4.V.12.	Education that addresses all areas listed in the standard, in accordance with identified needs	Persons served, families/support systems, and other relevant stakeholders	No	None specified
4.V.15.d.	Education related to financial literacy	Persons served	No	None specified
4.V.18.	Education on medication that addresses all areas listed in the standard, as appropriate	Persons served and families/support systems	No	None specified

Section 5. Specific Population Designations

Standard(s)	Training Requirements	Provided To	Competency-Based	Frequency
5.A. Children and Adolescents Specific Population Designation				
5.A.8.	Educational opportunities for families	Family	No	None specified
5.A.9.	Training that covers all areas listed in the standard, as appropriate to the services provided	Service personnel	No	None specified
5.B. Older Adults and Older Adults/Dementia Care Specific Population Designations				
5.B.1.g.	Education on end-of-life services	Persons served and/or families	No	None specified
5.B.5.	Training in aging processes and their implications for older adults with disabilities, changes that may indicate Alzheimer's disease or other forms of dementia, signs of sensory impairment, and monitoring of function	Service personnel	No	None specified
5.B.16.	Education for service personnel on dementia-related topics	Personnel	No	Initial and annual
5.D. Adults with Autism Spectrum Disorder (ASD:A)				
5.D.3.	Training on ASD that covers all areas listed in the standard	Personnel	No	Initial and ongoing
5.E. Children/Adolescents with Autism Spectrum Disorder (ASD:C)				
5.E.3.	Training on ASD that covers all areas listed in the standard	Personnel	No	Initial and ongoing

GLOSSARY



NOTE: *This glossary has been prepared for use with all CARF standards manuals. Terms have been selected for definition because they are subject to a wide range of interpretation and therefore require clarification of their usage in CARF's standards and materials. The glossary does not define practices or disciplines.*

CARF has not attempted to provide definitions that will be universally applicable. Rather, the intention is to define the meanings of the terms as they are used by CARF.

These definitions apply to all programs and services seeking accreditation. In some instances, glossary terms are used differently in different standards manuals. In such cases, the applicable manual is noted in parentheses after the term heading and before the definition.

Access: Barriers or lack thereof for persons in obtaining services. May apply at the level of the individual persons served (timeliness or other barriers) or the target population for the organization.

Acquired brain injury: Acquired brain injury (ABI) is an insult to the brain that affects its structure or function, resulting in impairments of cognition, communication, physical function, or psychosocial behavior. ABI includes both traumatic and nontraumatic brain injury. Traumatic brain injuries may include open head injuries (e.g., gun shot wound, other penetrating injuries) or closed head injuries (e.g., blunt trauma, acceleration/deceleration injury, blast injury). Nontraumatic brain injuries may include those caused by strokes, nontraumatic hemorrhage (e.g., ruptured arterio-venous malformation, aneurysm), tumors, infectious diseases (e.g., encephalitis, meningitis), hypoxic injuries (e.g., asphyxiation, near drowning, anesthetic incidents, hypovolemia), metabolic disorders (e.g., insulin shock, liver or kidney disease), and toxin exposure (e.g., inhalation, ingestion). ABI

does not include brain injuries that are congenital, degenerative, or induced by birth trauma.

Acquired impairment: An impairment that has occurred after the completion of the birthing process.

Acquisition: The purchase by one legal entity of some or all of the assets of another legal entity. In an acquisition, the purchasing entity may or may not assume some or all of the liabilities of the selling entity. Generally, the selling entity continues in existence.

Activities of daily living (ADL): The instructional area that addresses the daily tasks required to function in life. ADL encompass a broad range of activities, including maintaining personal hygiene, preparing meals, and managing household chores.

Activity: The execution of a task or action by an individual. (This definition is from the World Health Organization's *International Classification of Functioning, Disability, and Health [ICF]*.)

Activity limitations: Difficulties an individual may have in executing activities. (This definition is from the World Health Organization's *International Classification of Functioning, Disability, and Health [ICF]*.)

Adaptive equipment: Equipment or devices, such as wheelchairs, walkers, communication devices, adapted utensils, and raised toilet seats, that help persons perform their activities of daily living.

Adjudicated: (Behavioral Health, Child and Youth Services) Sentenced by a juvenile court or criminal court.

Administration: The act of managing or supporting management of an organization's business affairs. Business affairs include activities such as strategic planning, financial planning, and human resources management.

Administrative location: Sites where the organization carries out administrative operations for the programs or services seeking accreditation and/or personnel who provide the programs or services seeking accreditation are located.

Adolescence: The period of life of an individual between childhood and adulthood, beginning at puberty and ending when one is legally recognized as an adult in one's state or province.

Advance directives: Specific instructions given by a person served to a care provider regarding the level and extent of care he or she wishes to receive. The intent is to aid competent adults and their families to plan and communicate in advance their decisions about medical treatment and the use of artificial life support. Included is the right to accept or refuse medical or surgical treatment. Includes psychiatric advance directives where allowed by law.

Adverse events: An untoward, undesirable, and usually unanticipated event such as a death of a person served, an employee, a volunteer, or a visitor in a provider organization. Incidents such as a fall or improper administration of medications are also considered adverse events even if there is no permanent effect on the individual or person served.

Advocacy services: Services that may include one or more of the following for persons with disabilities or other populations historically in need of advocacy:

- Personal advocacy: one-on-one advocacy to secure the rights of the person served.
- Systems advocacy: seeking to change a policy or practice that affects the person served.
- Legislative advocacy as permitted by law: seeking legislative enactments that would enhance the rights of and/or opportunities for the person served.
- Legal advocacy: using the judicial and quasi-judicial systems to protect the rights of the person served.
- Self-advocacy: enabling the person served to advocate on his/her own behalf.

Affiliation: A relationship, usually signified by a written agreement, between two organizations

under the terms of which one organization agrees to provide specified services and personnel to meet the needs of the other, usually on a scheduled basis.

Affirmative enterprises: Operations designed and directed to create substantial economic opportunities for persons with disabilities.

Assessment: Process used with the person served to collect information related to his or her history and strengths, needs, abilities, and preferences in order to determine the diagnosis, appropriate services, and/or referral.

Assistive technology: Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase or improve functional capabilities of individuals.

Aversive conditioning: Procedures that are punishing, physically painful, emotionally frightening, deprivational, or put a person served at medical risk when they are used to modify behaviors.

Behavioral health: A category of medicine and rehabilitation that combines the areas of alcohol and other drug services, mental health, and psychosocial rehabilitation.

Board: See *Governing board*.

Catastrophe: A disaster or accident that immediately impacts an organization's ability to provide its programs or services or significantly impacts how the programs or services will be provided in the future.

Child/adolescent: An individual up to the age at which one is legally recognized as an adult according to state or provincial law.

Commensurate wage: A wage that is proportionate to the prevailing wage paid to experienced workers in the vicinity for essentially the same type of work. It is based on the quantity and quality of work produced by the worker with a disability compared to the work produced by experienced workers.

Communication skills: The instructional area that teaches the use of adaptive skills and assistive technology for accomplishing tasks such as

reading, writing, typing, managing finances, and storing and retrieving information.

Community integration: (Aging Services, Child and Youth Services) Being part of the mainstream of family and local community life, engaging in typical roles and responsibilities, and being an active and contributing member of one's social groups, local town or area, and of society as a whole.

Community relations plan: (Opioid Treatment Program) Supports program efforts to help minimize negative impact on the community, promote peaceful coexistence, and plan for change and program growth.

Community resources: Services and/or assistance programs that are available to the members of a community. They commonly offer persons help to become more self-reliant, increase their social connectedness, and maintain their human rights and well being.

Community settings: Locations in the community that are owned or leased and under the control of another entity, organization, or agency, and where organization personnel go for the purpose of providing services to persons in those locations. Examples include: community job sites that are owned or leased by the employer(s) where the organization may provide employment supports such as job coaching, vocational evaluation, or work adjustment; school settings where services such as early intervention or prevention services may be provided during the school's regular school, pre-school, or after-school program hours; or public or private sites such as libraries, recreational facilities, shopping malls, or museums where services such as community integration, case management, or community support may be provided.

Comparative analysis: The comparison of past and present data to ascertain change, or the comparison of present data to external benchmarks. Consistent data elements facilitate comparative analysis.

Competency: The criteria established for the adequate skills, knowledge, and capacity required to perform a specific set of job functions.

Competency-based training: An approach to education that focuses on the ability to demonstrate adequate skills, knowledge, and capacity to perform a specific set of job functions.

Computer access training: The instructional area that teaches the skills necessary to use specialized display equipment in order to operate computers. This includes evaluating the person served with large print, synthetic speech, and Braille access devices in order to perform word processing functions and other computer-related activities.

Concurrent physician care: Services delivered by more than one physician.

Concurrent services: Services delivered by multiple practitioners to the same person served during the same time period.

Congenital impairment: An impairment that is present at the completion of the birthing process.

Consolidation: The combination of two or more legal entities into a single legal entity, where the entities unite to form a new entity and the original entities cease to exist. In a consolidation, the consolidated entity has its own name and identity and acquires the assets and liabilities of the disappearing entities.

Continuum of care/Continuum of services: A system of services addressing the ongoing and/or intermittent needs of persons at risk or with functional limitations resulting from disease, trauma, aging, and/or congenital and/or developmental conditions. Such a system of services may be achieved by accessing a single provider, multiple providers, and/or a network of providers. The intensity and diversity of services may vary depending on the functional and psychosocial needs of the persons served.

Contract: A written agreement between two or more parties that sets forth enforceable obligations between or among the parties.

Controlled/operated: The right or responsibility to exercise influence over the physical conditions of a facility where service delivery/administrative operations occur. An organization is considered in control of all facilities where it delivers services to persons who are present at the time of service delivery for the sole purpose of receiving services

from the organization (e.g., services provided to students at a school outside of the school's regular school, pre-school, or after-school program hours). An organization is not considered in control of facilities where it delivers services to persons who are present at the time of service delivery for purposes other than receiving services from the organization (e.g., services provided at a school to students who are present at the school to participate in the school's regular school, pre-school, or after-school programs).

Co-pharmacy: The use of two or more medications from the same class, e.g., two antidepressant medications or two antipsychotic medications.

Core values: The essential and enduring tenets of an organization. They are a small set of timeless guiding principles that require no external justifications. They have intrinsic value and importance to those inside the organization.

Corporate citizenship: An organization's efforts, activities, and interest in integrating, contributing, and supporting the communities where it delivers services to better address the needs of persons served.

Corporate status: The existence of an entity as a corporation under applicable law. Maintenance of corporate status typically requires ongoing compliance with state requirements.

Costs: The expenses incurred to acquire, produce, accomplish, and maintain organizational goals. These include both direct costs, such as those for salaries and benefits, materials, and equipment, and indirect costs, such as those for electricity, water, building maintenance, and depreciation of equipment.

Cultural competency: An organization's ability to recognize, respect, and address the unique and diverse needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual's racial, ethnic, religious, and/or social groups or sexual orientation.

Culturally normative: Providing the persons served with an opportunity to experience patterns and conditions of everyday life that match as closely as possible those patterns and conditions typical of the mainstream experience

in the local society and community. This requires the use of service delivery systems and settings that adapt to the changing norms and patterns of communities in which the persons served function so as to incorporate the following features:

- Rhythms of the day, week, and year and life cycles that are "normal" or typical of the community.
- A range of choices, with personal preferences and self-determination receiving full respect and consideration.
- A variety of social interactions and settings, including family, work, and leisure settings and opportunities for personal intimacy.
- Normal economic standards.
- Life in housing typical of the local neighborhoods.

Culture: The integrated pattern of human behavior that includes the thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, social, or other group.

Customers: The persons served, families, communities, funding agencies, employers, etc., who receive or purchase services from the organization.

Data: A set of values of qualitative or quantitative variables, e.g., facts, objective information, or statistics collected, assembled, or compiled for reference, analysis and use in decision-making.

Demonstrate: To show, explain, or prove by evidence presented in program documentation, interviews, and behavior how an organization or a program consistently conforms to a given standard.

Debt covenants: Requirements found in loan documents that require an organization to meet certain predefined performance targets to be measured at predefined time periods. The performance targets can be financial (for example, the organization must maintain a certain level of days with cash on hand) or nonfinancial (an organization must maintain a certain occupancy level).

Detoxification treatment: (Opioid Treatment Program) Dispensing an opioid agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects of withdrawal from the continuous or sustained use of an opioid drug and as a method of bringing the individual to a drug-free state within such period.

Discharge summary: (Aging Services, Behavioral Health, Child and Youth Services, and Opioid Treatment Program) A document prepared at discharge by the staff members designated with the responsibility for service coordination that summarizes the person's course of treatment, level of goal(s) achievement, final assessment of current condition, and recommendations and/or arrangements for further treatment and/or aftercare.

Diversion control plan: (Opioid Treatment Program) A document that contains specific measures to reduce the possibility of diversion of controlled substances from legitimate treatment use and must assign specific responsibility to medical and administrative staff for implementation.

Diversity: Differences due to cognitive or physical ability, culture, ethnicity, language, religion, economic status, gender, age, or sexual orientation.

Donated location/space: Physical space not owned or leased by the organization but made available to the organization without charge for the purposes of delivering services or for administrative operations on an ongoing basis and which the organization controls or operates during the time of service delivery/administrative operations. The location and availability of the space does not vary at the discretion of the donating entity.

Durability: Maintenance or improvement over time of outcomes achieved by persons served at the time of discharge.

Duty of care: Obligation of governing board members to act with the care that an ordinarily prudent person in a similar position would use under similar circumstances. This duty requires governing board members to perform their

duties in good faith and in a manner they reasonably believe to be in the organization's best interest.

Duty of loyalty: Obligation of governing board members to refrain from engaging in personal activities that would harm or take advantage of the organization. This duty prohibits governing board members from using their position of trust and confidence to further their private interests. It requires an undivided loyalty to the organization and demands that there be no conflict between a governing board member's corporate duty and self-interest.

Duty of obedience: Obligation of governing board members to perform their duties according to applicable statutes and the provisions of the organization's articles of incorporation and bylaws.

Effectiveness: Results achieved and outcomes observed for persons served. Can apply to different points in time (during, at the end of, or at points in time following services). Can apply to different domains (e.g., change in disability or impairment, function, participation in life's activities, work, and many other domains relevant to the organization).

Efficacy: The ability to produce an effect, or effectiveness.

Efficiency: Relationship between resources used and results or outcomes obtained. Resources can include, for example, time, money, or staff/FTEs. Can apply at the level of the person served, program, or groups of persons served or at the level of the organization as a whole.

Employee-owner: An individual who delivers administration or services on behalf of an organization if such individual is also:

- with respect to a for-profit organization, a person holding an ownership interest in the organization; or
- with respect to a nonprofit organization, a person with the right to vote for the election of the organization's directors, unless that right derives solely from the person's status as a delegate or director.

Entitlements: Governmental benefits available to persons served and/or their families.

Executive leadership: The organization's principal management employee, often referred to as the chief executive officer, president, or executive director. The executive leadership is hired and evaluated directly by the organization's governing board and is responsible for leading management in conducting the organization's business and affairs.

Family/support system: (Aging Services, Continuing Care Retirement Communities, and Medical Rehabilitation) A group of persons of multiple ages bonded by affection, biology, choice, convenience, necessity, or law for the purpose of meeting the individual needs of its members.

Family: (Behavioral Health, Child and Youth Services, Employment and Community Services, Vision Rehabilitation Services) A person's parents, spouse, children, siblings, extended family, guardians, legally authorized representatives, or significant others as identified by the person served.

Family of origin: Birth family or first adoptive parents.

Fee schedule: A listing of prices for services rendered. These prices may be designed for and used with third-party payers, outside funding sources, and/or the persons served, their families, and caregivers.

Functional literacy: The ability to read, comprehend, and assimilate the oral and written language and numerical information required to function in a specific work or community environment. Accommodation strategies for those with reduced functional literacy may include picture instructions and audio or video recordings.

Governance authority: (Medical Rehabilitation, Opioid Treatment Program) The individual or group that provides direction, guidance, and oversight and approves decisions specific to the organization and its services. This is the individual or group to which the chief executive reports.

Governing board: The body vested with legal authority by applicable law to direct the business and affairs of a corporate entity. Such bodies are often referred to as boards of directors, trustees, or governors. Advisory and community relations boards and management committees do not constitute governing boards.

Governmental: Regarding any city, county, state, federal, tribal, provincial, or similar jurisdiction.

Grievance: A perceived cause for complaint.

Home: (Employment and Community Services) The individual's living environment as impacted by the individual's personal articles, friends, roommates, or significant others. Individuals' homes are considered central to their identity.

Host organization: Employer of an individual eligible for employee assistance program services.

Impairment: Problems in body function or structure such as a significant deviation or loss. (This definition is from the World Health Organization's *International Classification of Functioning, Disability, and Health [ICF]*.)

Implement: Consistent actions that demonstrate a policy, plan, procedure, or practice is in effect.

Independent (board representation): The absence of conflict of interest by a governing board member with respect to any organizational transaction. A governing board member is typically independent with respect to a transaction if neither the individual nor any related person or entity benefits from the transaction or is subject to the direction or control of a person or entity that benefits from the transaction. (See definition of *unrelated*.) For purposes of the foregoing, direction or control is often evidenced by the existence of an employment relationship or other compensation arrangement.

Indigenous: Indigenous people are the descendants—according to a common definition—of those who inhabited a country or a geographical region at the time when people of different cultures or ethnic origins arrived. CARF is using the term *indigenous* as a generic term as defined by the United Nations for many years. Practicing unique traditions, indigenous people retain

social, cultural, economic and political characteristics that are distinct from those of the dominant societies in which they live. In some countries, there may be preference for other terms including tribes, first peoples, or Aboriginals; specific examples include Native Americans, First Nations, Métis, and Inuit.

Individual plan: An organized written statement of the proposed service/treatment process to guide a provider and a person served throughout the duration of service/treatment. It identifies the input from the person served regarding goals and objectives and services to be provided, persons responsible for providing services, and input from the person served.

Information: Understanding derived from looking at facts; conclusions from looking at data.

Informed choice: A decision made by a person served that is based on sufficient experience and knowledge, including exposure, awareness, interactions, or instructional opportunities, to ensure that the choice is made with adequate awareness of the alternatives to and consequences of the options available.

Integration: (Behavioral Health, Child and Youth Services) Presence and participation in the mainstream of community life. *Participation* means that the persons served maintain social relationships with family members, peers, and others in the community who do not have disabilities. In addition, the persons served have equal access to and full participation in community resources and activities available to the general public.

Integration: (Aging Services, Continuing Care Retirement Communities, Employment and Community Services, Medical Rehabilitation, Vision Rehabilitation Services) The opportunity for involvement in all aspects of community life. Integration into communities, work settings, and schools provides all individuals opportunities to be active, fully participating members of those communities or environments. In integrated settings, diversity is viewed as a goal; it is recognized that diversity enriches all community members.

Interdependence: Movement from dependence toward interdependence may be demonstrated by an increase in self-sufficiency, self-advocacy, or self-determination, with offsetting decreases in artificial or paid services.

Interdisciplinary: Characterized by a variety of disciplines that participate in the assessment, planning, and/or implementation of a person's program. There must be close interaction and integration among the disciplines to ensure that all members of the team interact to achieve team goals.

Investigation: A detailed inquiry or systematic examination by a third party into the appropriateness of acts by an organization or its personnel, if such acts: (a) relate directly to conformance or nonconformance to applicable standards; or (b) are of such breadth or scope that the organization's entire operations may be affected. Without limiting the foregoing, an investigation includes any governmental notice of regulatory or other noncompliance that requires submission of a written corrective action plan.

Joint venture: A business undertaking by two or more legal entities in which profits, losses, and control are shared, which may or may not involve the formation of a new legal entity. If a new entity is formed, the original entities continue to exist.

Kinship care: (Child and Youth Services)

Kinship care is the full-time care, nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child. This definition is designed to be inclusive and respectful of cultural values and ties of affection. It allows a child to grow to adulthood in a family environment. (This definition is from the Child Welfare League of America [CWLA].)

Leadership: Leadership creates and sustains a focus on the persons served, the organization's core values and mission, and the pursuit of organizational and programmatic performance excellence. It is responsible for the integration of the organization's core values and performance expectations into its management system. Leadership promotes and advocates for the

organization's and community's commitment to the persons served.

Legal representative: An individual who is legally authorized to make decisions on behalf of the person served regarding healthcare choices, financial decisions, or life care planning. Legal terminology may vary from jurisdiction to jurisdiction; e.g., healthcare power of attorney, power of attorney, and guardianship.

Linkages: Established connections and networks with a variety of agencies, companies, and persons in the community.

Living arrangements: (Employment and Community Services) The individual model of services delivered—Supported Living, Independent Living, Group Home, Intermediate Care Facility (ICF), etc.

Long-term detoxification treatment: (Opioid Treatment Program) Detoxification treatment for more than 30 days but no more than 180 days.

Maladaptive behavior: Behavior that is destructive to oneself, others, or the environment, demonstrating a reduction or lack of the ability necessary to adjust to environmental demands.

Manual skills: The instructional area that is designed to assess and enhance skills in all aspects of sensory awareness with an emphasis on adaptive and safety techniques. Skill training focuses on organization, tactual awareness, spatial awareness, visual skills, memory sequencing, problem solving, and confidence building. Activities range from basic tasks using hand tools to advanced tasks using power tools and wood-working machinery.

Material litigation: A legal proceeding initiated by a third party concerning the appropriateness of acts by an organization or its personnel, if such acts: (a) relate directly to conformance or nonconformance to applicable standards; or (b) are of such breadth or scope that the organization's entire operations may be affected.

Medical director: (Opioid Treatment Program) A physician, licensed to practice medicine in the jurisdiction in which the opioid treatment program is located, who assumes responsibility for administering all medical services performed by

the program either by performing them directly or delegating specific responsibility to authorized program physicians and healthcare professionals functioning under the medical director's direct supervision.

Medically complex: (Behavioral Health, Child and Youth Services) Persons who have a serious ongoing illness or a chronic condition that meets at least one of the following criteria:

- Has lasted or is anticipated to last at least twelve months.
- Has required at least one month of hospitalization.
- Requires daily ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members.
- Requires the routine use of a medical device or the use of assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living.
- The medically complex condition of the person served presents an ongoing threat to his or her health status.

Medically fragile: (Employment and Community Services) An individual who has a serious ongoing illness or a chronic physical condition that has lasted or is anticipated to last at least 12 months or who has required at least one month of hospitalization. Additionally, this individual may require daily ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members. Moreover, this individual may require the routine use of a medical device or the use of assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living.

Medically supervised withdrawal (MSW): A medically supervised, gradual reduction or tapering of dose over time to achieve the elimination of tolerance and physical dependence to methadone or other opioid agonists or partial agonists.

Medication-assisted treatment: (Opioid Treatment Program) Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance use disorders, a combination of medication and behavioral therapies is most successful. MAT is clinically driven with a focus on individualized patient care. (Definition from SAMHSA)

Medication control: (Aging Services, Behavioral Health, Child and Youth Services, Employment and Community Services, Opioid Treatment Program) The practice of providing a secure storage area and controlled access for medications that are brought into a program and used by the person served. This would include medications self-administered by the persons served or the use of samples.

Medication management: (Aging Services, Employment and Community Services, Medical Rehabilitation, Vision Rehabilitation Services) The practice of prescribing, administering, and/or dispensing medication by qualified personnel.

It is considered management when personnel in any way effect dosage, including taking pills out of a bottle or blister pack; measuring liquids; or giving injections, suppository, or PRN medications.

Medication management: (Opioid Treatment Program) The practice of prescribing, administering, and/or dispensing any medications approved for the treatment of opioid use disorder by qualified medical personnel.

Medication monitoring: (Employment and Community Services, Vision Rehabilitation Services) The practice of providing a secure storage area and controlled access for medications that are brought into a program and used by the person served. The person served must take the medication without any assistance from personnel.

Medication unit: (Opioid Treatment Program) A facility that is part of but geographically separate from an opioid treatment program from which licensed private practitioners or

community pharmacists dispense or administer an opioid agonist treatment medication or collect samples for drug testing or analysis.

Medication use: (Aging Services, Behavioral Health, Child and Youth Services, Employment and Community Services, Opioid Treatment Program) The practice of handling, prescribing, dispensing and/or administering medication to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed efficacious.

Mental status: A person's orientation, mood, affect, thought processes, developmental status, and organic brain function.

Merger: The combination of two or more legal entities into a single legal entity, where one entity continues in existence and the others cease to exist. In a merger, the surviving entity retains its name and identity and acquires the assets and liabilities of the disappearing entities.

Mission: An organization's reason for being. An effective mission statement reflects people's idealistic motivations for doing the organization's work.

Natural proportions: A principle that states that the number of persons served in any given setting, such as a work setting, should be in proportion to the number of persons with disabilities in the general population.

Natural supports: (Behavioral Health, Child and Youth Services) Supports provided that assist the persons served to achieve their goals of choice and facilitate their integration into the community. Natural supports are provided by persons who are not paid staff members of a service provider but may be initiated or planned, facilitated in partnership with such a provider.

Natural supports: (Employment and Community Services, Vision Rehabilitation Services) Supports that occur naturally in the community, at work, or in a social situation that enable the persons served to accomplish their goals in life without the use of paid supports.

Offender: An inmate, detainee, or anyone under the community supervision of a criminal justice agency.

On-the-job evaluation: An evaluation performed in a work setting located outside the organization in which a person is given the opportunity to experience the requirements necessary to do a specific job. Real work pressures are exerted by the employer, and the person's performance is evaluated by the employer and the evaluator.

Opioid agonist treatment medication: (Opioid Treatment Program) Any opioid agonist drug approved by the U.S. Food and Drug Administration under Section 505 of the Federal Food, Drug, and Cosmetic Act for use in the treatment of opioid use disorder.

Organization: A legal entity that provides an environment within which services or programs are offered.

Orientation and Mobility (O&M): The instructional area that addresses the use of the remaining senses in combination with skill training utilizing protective techniques and assistive devices in order to travel independently in a safe, efficient, and confident manner in both familiar and unfamiliar environments.

Outcome: Result or end point of care or status achieved by a defined point following delivery of services.

Outcomes measurement and outcomes management: A systematic procedure for determining the effectiveness and efficiency of results achieved by the persons served during service delivery or following service completion and of the individuals' satisfaction with those results. An outcomes management system measures outcomes by obtaining, aggregating, and analyzing data regarding how well the persons served are functioning after transition/exit/discharge from a specific service. Outcomes measures should be related to the goals that recent services were designed to achieve. Other measures in the outcomes management system may include progress measures that are appropriate for long-term services (longer than six months in duration) that serve persons demonstrating a need for a slower pace in order to achieve gains or changes in functioning.

Paid work: Employment of a person served that results in the payment of wages for the production of products or provision of services. Paid work meets the state and/or federal definition of employment.

Participation: An individual's involvement in life situations. (This definition is from the World Health Organization's *International Classification of Functioning, Disability, and Health [ICF]*.)

Participation restrictions: Problems an individual may experience in involvement in life situations. (This definition is from the World Health Organization's *International Classification of Functioning, Disability, and Health [ICF]*.)

Pathological aging: Changes due to the impact of disease versus the normal aging process.

Pediatric medicine: The branch of medicine dealing with the growth, development, and care of infants, children, and adolescents and with the treatment of their diseases.

Performance indicator: A quantitative expression that can be used to evaluate key performance in relation to objectives. It is often expressed as a percent, rate, or ratio. For example, a performance indicator on return to work might be: percentage of clients in competitive employment 90 days after closure.

Performance target: Measurable level of achievement identified to show progress toward an overall objective. This could be set internally by the program, organization, or it could be a target established by an external entity. The performance target could be expressed as a certain percentage, ratio, or number to be reached.

Periodically: Occurring at intervals determined by the organization. The organization uses information about and input from the persons served and other stakeholders to determine the frequency of the intervals.

Person served: Persons served are the primary consumers of services. They are the principal decision makers throughout the course of a program/service. Persons served have the right to choose whether members of the family, support system, or advocates may participate in that decision-making process. In circumstances

when the person served is unable to exercise self-representation at any point in the decision-making process, person served is interpreted to also encompass those persons legally authorized to make decisions on behalf of the person served

Personal care: Services and supports, including bathing, hair care, skin care, shaving, nail care, and oral hygiene; alimentary procedures to assist one with eating and with bowel and bladder management; positioning; care of adaptive personal care devices; and feminine hygiene.

Personal representative: An individual who is designated by a person served or, if appropriate, by a parent or guardian to advocate for the needs, wants, and rights of the person served.

Personnel: Workers involved in the delivery, oversight, and support of the programs/services seeking accreditation, regardless of employment status.

Persons with severe and persistent mental illness: (Behavioral Health) Adults with a primary diagnosis of schizophrenia, psychiatric disorders, major affective disorders (such as treatment resistant major depression and bipolar disorder), or other major mental illness according to the current *Diagnostic and Statistical Manual of Mental Disorders*, which may also include a secondary diagnosis.

Pharmacotherapy: Any treatment of the persons served with prescription medications, including methadone or methadone-like drugs.

Plan: Written direction that is action oriented and related to a specific project or defined goal, either present and/or future oriented. A plan may include the steps to be taken to achieve stated goals, a timeline, priorities, the resources needed and/or available for achieving the plan, and the positions or persons responsible for implementing the identified steps.

Plan of care: The document that contains the program that has been designed to meet the needs of the person served. This document is prepared with input from the team, including the person served. The plan is modified and revised, as needed, depending upon the needs of the person served.

Policy: Written course of action or guidelines adopted by leadership and reflected in actual practice.

Polypharmacy: The use of multiple medications to treat different conditions.

Predicted outcomes: The outcomes established by the team at the time of the completion of the initial assessment.

Preferred practice patterns: Statements developed as a guideline for blind rehabilitation specialists that specify procedures, clinical indications for performing the procedures, clinical processes, setting, equipment specifications, documentation aspects, and expected outcomes.

Primary care: Active, organized, structured treatment for a presenting illness.

Private homes: An apartment, duplex, house, or condominium owned or leased by a person served.

If a person served and the organization co-sign a lease for the person served for an apartment, duplex, or townhouse, this living arrangement will be considered a private home. The organization will not technically be considered a lessor of this private home for the person served, but will be considered a financial guarantor for the person served who is leasing his or her own private home.

Procedure: A “how to” description of actions to be taken. Not required to be written unless specified.

Prognosis: The process of projecting:

- The likelihood of a person achieving stated goals.
- The length of time necessary for the person to achieve his or her rehabilitation goals.
- The degree of independence the person is likely to achieve.
- The likelihood of the person maintaining outcomes achieved.

Program: A system of activities performed for the benefit of persons served.

Program sponsor: (Opioid Treatment Program) The person named in the application for certification as responsible for the opioid treatment program and who assumes responsibility for all its employees, including any practitioners, agents, or other persons providing medical, rehabilitative, or counseling services at the program or any medication units.

Proprietary organization: An organization that is operated for profit.

Publicly operated organization: An organization that is operated by a governmental entity.

Qualified behavioral health practitioner: (Behavioral Health, Child and Youth Services, Opioid Treatment Program) A person certified, licensed, registered, or credentialed by a governmental entity or professional association as meeting the educational, experiential, or competency requirements necessary to provide mental health or alcohol and other drug services. Persons other than a physician who are designated by a program to order seclusion or restraints must be permitted to do so by federal, state, provincial, or other regulations.

Qualified practitioner: (Child and Youth Services) A person who is certified, licensed, registered, or credentialed by a governmental entity or professional association as meeting the educational, experiential, or competency requirements necessary to provide human services.

Reasonable accommodations: Modifications or adjustments, which are not unduly burdensome, that assist the persons served or staff members to access benefits and privileges that are equal to those enjoyed by others. Examples taken from the Americans with Disabilities Act include making existing facilities readily accessible to and usable by persons with disabilities; restructuring jobs; modifying work schedules; reassigning persons to vacant positions; acquiring or modifying equipment or assistive devices; adjusting or modifying examinations, training materials, policies, and procedures; and providing qualified readers or interpreters.

Regular: Occurring at fixed, uniform intervals of time determined by the organization. The organization assesses and uses information about

and input from the persons served and other stakeholders to determine the frequency necessary.

Rehabilitation: The process of providing those comprehensive services deemed appropriate to the needs of persons with disabilities in a coordinated manner in a program or service designed to achieve objectives of improved health, welfare, and realization of the person's maximum physical, social, psychological, and vocational potential for useful and productive activity. Rehabilitation services are necessary when a person with a disability is in need of assistance and it is beyond the person's personal capacities and resources to achieve his or her maximum potential for personal, social, and economic adjustment and beyond the capabilities of the services available in the person's usual daily experience. Such assistance continues as long as the person makes significant and observable improvement.

Rehabilitation nursing services: The formalized organizational structure that delineates the appropriate accountability, staff mix, and competencies and provides a process for establishing, implementing, and maintaining patient care standards and nursing policies that are specific to rehabilitation nursing. The nursing staff includes members who provide direct care and those who provide supervision and perform support functions. This staff usually includes clinical nurse specialists, registered nurses, licensed practical (vocational) nurses, nursing assistants, and unit clerical support. Nursing services are provided under the direct supervision of a registered nurse unless supervision is otherwise defined by applicable state practice acts or provincial legislation for nursing.

Rehabilitative treatment environment: A rehabilitation setting that provides for:

- The provision of a range of choices, with personal preference and self-determination receiving full respect and consideration.
- A variety of social interactions that promote community integration.

- Treatment of a sufficient volume of persons served to ensure that there is an environment of peer support and mentorship.
- Treatment of a sufficient volume of persons served to support professional team involvement and competence.
- A physical environment conducive to enhancing the functional abilities of the persons served.

Reliability: The process of obtaining data in a consistent or reproducible manner.

Representative sample/sampling: A group of randomly selected individuals determined through a procedure such that each person has an equal probability of inclusion in the sample. If sampling is used, the sample should reflect the population to which the results are generalized. Although no specific percentage of persons served is required to be included in the sample, general principles of data analysis state that the larger the sample, the less the error that is expected in comparing the sample to the entire population of persons served. The number of persons sampled within each program area or subgroup should be sufficient to give confidence that the characteristics of the sample reflect the distribution of the entire population of persons served.

Residence: (Employment and Community Services) The actual building or structure in which a person lives.

Residential settings: (Employment and Community Services) The individual model of services delivered—Supported Living, Independent Living, Group Home, Intermediate Care Facility (ICF), etc.

Restraint: The use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. Restraint is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm.

Risk: Exposure to the chance of injury or loss. The risk can be external, such as a natural disaster, injury that occurs on the property of

a program, or fire. The risk can be internal to the organization and include things such as back injuries while performing job duties, it can involve liability issues such as the sharing of information about a person served without consent, or it can jeopardize the health of those internal or external to the organization due to such things as poor or nonexistent infection control practices.

Risk factors: (Behavioral Health) Certain conditions and situations that precede and may predict the later development of behavioral health problems. Examples of risk factors may include poverty, family instability, or poor academic performance. Examples of protective factors may include an internal locus of control, a positive adult role model, and a positive outlook.

Risk factors: Aspect of personal behavior or life-style, environmental exposure, or variable or condition that increases the likelihood of an adverse outcome.

Screening: A face-to-face, computer-assisted, or telephone interview with a person served to determine his or her eligibility for services and/or proper referral for services.

Seclusion: The separation of an individual from normal program participation in an involuntary manner. The person served is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is not considered seclusion.

Sentinel event: An unexpected occurrence within a CARF-accredited program involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such an event is called sentinel because it signals the need for immediate investigation and response. Without limiting the foregoing, a sentinel event includes any governmental notice of regulatory or other noncompliance that results in immediate jeopardy to the health or safety of any person (e.g., a Level 4 deficiency issued by the U.S. Centers for Medicare & Medicaid Services).

Service: Activities performed for the benefit of persons served.

Service access: The organization's capacity to provide services to those who desire or are in need of receiving it.

Service referral: The practice of arranging for a person to receive the services provided by a given professional service unit of the organization or through some other appropriate agent. This arrangement, which is usually made by the individual responsible for the program of the person served, should be documented by notation in the person's permanent record.

Short-term detoxification treatment: (Opioid Treatment Program) Detoxification treatment for no more than 30 days.

Should: Inasmuch as CARF is a standards-setting and consultative resource rather than a regulatory or enforcement agency, the term *should* is used synonymously with the term *shall*. CARF's intent is that each applicable standard and each policy within this document will be addressed and met by organizations seeking to become accredited or maintain current accreditation.

Skilled healthcare provider: Licensed, certified, or registered healthcare provider (e.g., nurse, physician, or respiratory therapist).

Skilled healthcare provider: (Behavioral Health, Child and Youth Services) Licensed, certified, or registered healthcare provider (e.g., nurse, physician, or respiratory therapist). Can also include specifically trained natural or foster family member knowledgeable in the care of the specific individual.

Staff member: A person who is directly employed by an organization on either a full- or part-time basis.

Stakeholders: Individuals or groups who have an interest in the activities and outcomes of an organization and its programs and services. They include, but are not limited to, the persons served, families, governance or designated authority, payers, regulators, referral sources, personnel, employers, advocacy groups, contributors, supporters, landlords, business interests, and the community.

Strategic planning: An organization's directional framework, developed and integrated from a variety of sources, including but not limited to financial planning, environmental scans, and organizational competencies and opportunities.

Supervisor: The lead person who is responsible for an employee's job performance. A supervisor may be a manager or a person with another title.

Supports: Individuals significant to a person served and/or activities, materials, equipment, or other services designed and implemented to assist the person served. Examples include instruction, training, assistive technology, and/or removal of architectural barriers.

Team: At a minimum, the person served and the primary personnel directly involved in the participatory process of defining, refining, and meeting the person's goals. The team may also include other significant persons such as employers, family members, and/or peers at the option of the person served and the organization.

Team integration: The process of bringing individuals together or incorporating them into a collaborative team. The entire team becomes the dominant culture and decision-making body for the rehabilitation process. There is recognition of and respect for the value of information provided by an individual team member, with a focus on the interdependence and coordination of all team members. Through coordinated communication, there is accountability by the team 24 hours per day, 7 days per week for all decisions made.

Transition (from school): (Employment and Community Services) The process of moving from education services to adult services, including living and working in the community.

Transition: The process of moving from one level of care or service/support to another, changing from child/adolescent service systems to adult systems, or leaving care or services/supports.

Transition plan: (Aging Services, Behavioral Health, Child and Youth Services, Opioid Treatment Program) A document developed with the full participation of the person served that (a) focuses on a successful transfer/transition between program or service phases/levels/steps

or (b) focuses on a successful transition to a community living situation. The plan could be part of the individual plan and details how the person served will maintain the gains made during services and support ongoing recovery and/or continued well-being at the next phase/level/step.

Treatment: A professionally recognized approach that applies accepted theories, principles, and techniques designed to achieve recovery and rehabilitative outcomes for the persons served.

Unrelated (board representation): The absence of an affiliation between a governing board member and any person or entity that benefits from any organizational transaction. For purposes of the foregoing, *affiliation* generally means a relationship that is:

- Familial;
- Characterized by control of at least a 35 percent voting, profits, or beneficial interest by the member; or
- Substantially influenced by the member.

Validity: Refers to the appropriateness, meaningfulness, and usefulness of a measure and the inferences made from it. Commonly regarded as the extent to which a test measures what it is intended to measure.

Value: The relationship between quality and cost.

Visit: Episode of service delivery to one person served on one day by one service or discipline.

Visual skills: The instructional area that addresses the needs of persons with partial vision to gain a better understanding of their eye problems through patient education and teaches them how to utilize their remaining vision effectively through the use of low vision techniques. It also includes assessment and training with special optical aids and devices designed to meet the various needs of the persons served. These needs may include reading, activities of daily living, orientation, mobility, and home repairs.

Wellness education: Learning activities that are intended to improve the patient's health status. These include but are not limited to healthcare education, self-management of medication(s),

nutritional instruction, exercise programs, and training in the proper use of exercise equipment.

Youth: The time a person is young—generally referring to the time between childhood and adulthood.



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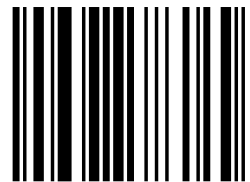
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