

Elizabeth Richardson Center Adult Development Service Provision Procedures

I. Purpose

- A. To define scope, eligibility, enrollment, and service provision guidelines for the ERC Adult Development Program.

II. Scope

- A. The Adult Development Program at the Elizabeth Richardson Center (ERC) is designed to assist individuals with developmental disabilities 18 years of age and older to acquire knowledge in the areas of home and community living including but not limited to prevocational skills, time/money management, social skills, computer skills, health/safety/hygiene skills, gardening, and sensory management.
- B. This procedure applies to persons served in ERC's Adult Development Program
- C. All ERC employees and volunteers will be expected to comply with this procedure.

III. Definitions

- A. *Sensory Management* – Assisting individuals to integrate their senses in a more efficient manner and/to identify sensory tools that reduce stress.
- B. *Prevocational*- Employment training designed for individuals not expected to obtain a job in the community (unless through supported employment) within the next year.

IV. Eligibility Criteria

- A. Applicant must have a developmental disability.
- B. Applicant must be eighteen (18) years of age or older.
- C. Applicant must have graduated from high school if under the age of 21.
- D. Applicant must express or demonstrate a desire to participate in programming.
- E. Applicant must have identifiable needs for services, and specific goals or outcomes of program participation.
- F. Applicant must not pose a danger to self or others.
- G. Applicant must be capable of respecting the rights of others.
- H. Applicant must be ambulatory (can use walker, wheelchair, or appliance).
- I. Applicant must be able to attend at least 80% of the scheduled days. (*Priority will be given to applicants seeking full-time programming. Number of days applicant is requesting to attend will be considered. When considering part-time applicants, space availability will be considered for the days programming has been requested*).
- J. Applicant must complete a tour of the facility during regular service hours.
- K. If applicable, guardian must be willing and available to assist with program planning.
- L. Applicant must have Medicaid, private insurance or private pay that will reimburse Adult Development services.

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V. Application Process

A. The Application

1. The applicant must complete and return to ERC the Adult Development Application Packet that includes:
 - a. A valid Psychological Report that is less than five (5) years old.
 - b. A psychological exam showing a full scale IQ score is seventy (70) or less OR have epilepsy, cerebral palsy or autism and meet Arkansas Division of Development Disabilities criteria for developmental disability.
 - c. Submission of a valid social history that is less than five (5) years old.
 - d. Submission of a medical history and report of physical examination completed by a licensed medical doctor within the last year.
 - e. Submission of a prescription for Adult Development services assigned by medical doctor within the last year.
 - f. Submission of guardianship papers if the individual is not their own guardian.
 - g. Submission of high school graduation certificate if individual is under the age of twenty-one (21).

VI. Admission/Acceptance Procedures

- A. Due consideration will be given to all individuals requesting Adult Development services from ERC.
- B. Admission Committee
 - a. The Admission Committee will, at minimum, be comprised of the responsible Case Manager and a representative of the program to which the individual is applying.
- C. Admission Determination
 1. The Admission Committee will review the application/referral packet and all pertinent information and determine whether or not to accept and admit the individual requesting services. Admission Committee will maintain minutes.
- D. Admissions Committee will consider the following in the making admission determinations;
 - a. Will the applicant benefit from services offered at the available staffing ratios?
 - b. Will the applicant get along well with the other individuals participating in the program?
 - c. Is the applicant able self-medicate or participate in self-administering medication program?
 - d. Does the applicant have any major medical needs or skilled nursing care needs that pose a potential barrier to program participation?
 - e. Will the applicant be a risk to others in the program?
 - f. Will the applicant be at risk by others in the program?
- E. Admission Committee decisions will be communicated to the individual or the guardian by an ERC Case Manager.
 1. Admissions Committee recommendation may include the decision
 - a. Not accept and not to admit,
 - b. Accept and admit,
 - c. Accept and add the individual to the waiting list.

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2. Individuals will receive a response within two (2) working days after admission decision.
- F. Order of Acceptance
 1. If everything is equal, admission will be based on date the application/referral packet is completed and received.
 2. Eligible individuals who are accepted and not admitted will be added to a waiting list.
 - a. A Waiting List Contact Sheet will be maintained for all interested adults.
 - b. ERC staff will attempt to contact individual via previously provided information. If no response within seven (7) business days, ERC will contact the next eligible applicant on the waiting list.
- G. Procedure when not found eligible
 1. Individuals determined not to be eligible will receive a phone call or letter informing them of decision not to accept along with:
 - a. the reason(s) not accepting/ admitting
 - b. referral information including name(s) of alternative service(s)
 - c. Application packet will be returned to applicant or destroyed.

VII. Pre-Admission Procedures

- A. The AD Case Manager will ensure that the following information is obtained prior to admission:
 1. Face sheet information
 2. Signed emergency medical release and all other necessary release forms (i.e., Publicity, field trip, fund raising, etc.).
 3. Statement of Legal (competency) status.
 - a. Updated forms (i.e., medical prescription, financial screen, Application for Block Grant (DHS-100), etc), if needed.
- B. The individual and/or guardian is oriented to program by the responsible AD Case Manager.
 1. Client handbook
 2. AD Case Manager contact information

VIII. Programming Procedures

- A. Individual receives an orientation first day on-site. Orientation is documented on checklist.
- B. A comprehensive assessment is completed within the first thirty (30) days of admission. This assessment is updated annually thereafter. (See IPP section below for more detail.)
- C. The following is updated annually or as needed:
 1. Face sheet
 2. Client Handbook (obtain signed receipt)
 3. Medical prescription for services
 4. Documentation on how productivity for those individual's receiving a special minimum wage is affected by disability
 5. Daily schedule (basic is done at admission and more detail added during 30-day staffing)
 - a. Follows normal daily routine of community
 - b. Based on input from individual and/or guardian

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- c. Includes training, work, meal times/breaks and sleeping/rest times (if applicable)
 6. Obtain and/or update informed consents and releases of information
 7. Application for Block Grant (DHS-100)
 8. Impact of Disability on Productivity (updated semi-annually)
- D. Personal Futures Planning
 1. Developed based on input of individual and/or guardian and other individual's in within the support network.
 2. Contains a description of the individual's preferred lifestyle, including:
 - a. The type of setting in which the individual wants to live or work;
 - b. With whom the individual wants to socialize;
 - c. The social, leisure, religious, or other activities in which the individual wants to participate;
 - d. Reflect the individual's and/or guardian's choice of services which are relevant to the individual's age, abilities, life goals/outcomes;
 - e. Address areas such as the individual's health, safety and challenging behaviors which may put the individual at risk;
 - f. Demonstrates the rights and dignity of the individual and guardian (if applicable);
 - g. Incorporates the individual's and/or guardian's orientation and integration to the community, its services and resources;
 - h. The necessary activities, training, materials, equipment, assistive technology and services needed to assist the individual in achieving his or her preferred lifestyle;
 - i. Describes how opportunities for individual choice will be provided;
 - j. Be approved, in writing by the individual and/or guardian.
 3. Is prepared in writing.
 4. Is reviewed regularly and revised when necessary.
- E. Individualized Program Plan (IPP)
 1. Individual and/or guardian are included as active participants and give direction in all aspects of planning and revision process.
 2. The AD Case Managers will follow the pre-approved IPP format.
 3. IPP is based on personal futures planning.
 4. IPP is also based on the comprehensive assessment:
 - a. Assessments utilized include:
 - i. Street Survival Skills Questionnaire (SSSQ)
 - ii. Work Personality Profile (WPP)
 - iii. Interest Checklist/Questionnaire
 - iv. Informal Interview/Observation (to include informed choices for exploration of other work opportunities within the organization or in the community, as desired)
 5. Information gathered includes:
 - a. Relevant medical history (physical must be current within year)
 - b. Relevant psychological information
 - c. Relevant social information (social history)
 - d. Changes in financial status – earnings/benefits
 - e. Information on previous direct services and supports

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- f. Information on previous work history, if applicable
 - g. Information on previous education and training history
 - h. Strengths
 - i. Abilities
 - j. Needs
 - k. Preferences
 - l. Desired outcomes/Long Term Goals
 - m. Reasonable accommodation needs
 - n. Other information provided during application and admission process
 - o. Other issues, as identified
6. The IPP will identify
- a. Least restrictive environment
 - b. Barriers
 - c. Long-range goals and annual goals
 - d. Specific measurable objectives (listed in Therap)
 - e. Opportunities for community inclusion
 - f. Methods and techniques to be used to achieve objectives.
- F. Data Collection
- 1. Measures and records progress on short-term objectives.
 - 2. Collected on daily activities.
 - 3. Includes starting and ending times.
 - 4. Includes name/title of person responsible for providing services.
 - 5. Includes documentation in Therap T-logs of significant events.

IX. Program Monitoring and Revision

- A. The AD Case Manager will monitor and update services to ensure that they proceed in an orderly, purposeful and timely manner.
- B. Monitoring is documented every three (3) months or ninety (90) days in the form of a Quarterly Report (which is dated and signed by the AD Case Manager).
- C. Data collection and case notes are utilized in preparation of the Quarterly Report.
- D. Reports must be specific to reflect the individual's performance concerning goals and short-term objectives.
- E. Reports must include established goals and short-term objectives which are:
 - 1. Accomplished
 - 2. To be continued
 - 3. Modified or deleted (with statement of reason or barrier)
 - 4. Will be worked on for the next three (3) months or ninety (90) days
- F. All persons responsible for implementation of services must contribute to the Quarterly Report.
- G. Revisions to goals, if needed, are made only after a meeting with the Interdisciplinary Team (IDT).
- H. Quarterly report is communicated to the individual and/or guardian every three (3) months or ninety (90) days (communication is documented).
- I. Quarterly report must include space for individual and/or guardian to evaluate services and make comments.

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X. Transition/Discharge/Exit Procedures

- A. Transitions, discharges, or exits from the program may be done on a voluntary or involuntary basis. An involuntary discharge requires an IDT meeting.
- B. Discharge Criteria:
 - 1. Consumer no longer meets eligibility for AD Program.
 - 2. Consumer moves out of ERC service area.
 - 3. Consumer and/or guardian withdraw from services.
 - 4. Family of consumer interferes with the service delivery of a consumer through verbal or physical threats or acts of violence to ERC personnel.
 - 5. Consumer's attendance falls below 80% and there are no extenuating circumstances.
 - 6. Consumer does not complete or follow through with required medical and/or financial reporting requirements.
- C. AD Case Manager will prepare an exit summary and will complete an exit interview at time of exit. This is done when an individual changes services or leaves organization. The report will:
 - 1. Summarize the results of services
 - 2. Make recommendation for future services
 - 3. Suggest referrals to other services, if applicable, not available through the organization
 - 4. Be documented in a T-log via Therap
 - 5. Be provided to the Individual/Guardian
- D. The AD Case Manager will conduct follow-up with the individual and/or guardian thirty (30) days after exit and will document this follow-up in a T-log via Therap.

XI. Re-Admission Procedures

- A. Individual and/or guardian must re-initiate the application process.
- B. Previous discharge issues must be resolved before re-admission will be considered.

XII. Reviewed / Approved by

- A. COO and Case Managers reviewed and approved all portions on 04/10/2014.
- B. COO and Case Managers reviewed and approved all portions on 7/23/2015.
- C. AD Case Managers and Director of Administration reviewed/approved on 9/22/2016.
- D. Adult Management team revised and approved on 3/16/17.

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