

SERVICE STANDARD
INDIANA DEPARTMENT OF CHILD SERVICES
Developmental and Intellectual Disabilities (DD/ID) program
(Effective Date 1/1/2014)

I. Service Description

This service standard applies to the program and services provided to children placed in residential programs approved by DCS as a Developmental and Intellectual Disabilities (DD/ID) program. This program provides highly structured, intensive services to children with developmental and intellectual disabilities, including autism spectrum disorders. These children and their families may also be affected by physical abuse, sexual abuse, emotional abuse, and/or neglect. It is expected that other behavioral/emotional issues will be addressed in the course of treating the abuse or neglect. In addition, counseling may be provided to address family or youth issues that resulted in the involvement of juvenile probation.

Each child must receive a continuous active treatment program which includes aggressive, consistent implementation of a program of specialized and generic training and treatment and which consists of needed interventions and services in sufficient intensity and frequency to support the achievement of each child's Individual Program Plan (IPP – see below for more on the IPP).

II. Service Delivery

Therapeutic Services

Residential providers will be expected to adopt and utilize evidence-based treatments that best suit the needs of children with developmental and intellectual disabilities. Providers may choose a range of evidence-based models, approaches and interventions; however, the most commonly accepted approaches with this population are behaviorally based.

Population-Specific Competency

Residential providers will be expected to implement a comprehensive training program to ensure that all staff who work directly with the youth demonstrate population-specific competency (i.e., are competent to work with DD/ID youth). Each child's active treatment program must be integrated, coordinated and monitored by a Qualified Developmental Disabilities Professional (QDDP)¹.

A QDPP is a person who has specialized training or one (1) year of experience in treating the DD/ID population, and is one (1) of the following:

- (1) A licensed psychologist.
- (2) A licensed doctor of medicine or osteopathy.
- (3) An educator with a degree in education from an accredited program.
- (4) A social worker with a bachelor's or master's degree in social work from an accredited program.
- (5) A person with a bachelor's or master's degree in a human services field other than social work and at least three (3) years of social work experience under the supervision of a

¹ QDDP used to be referred to as a Qualified Mental Retardation Professional (QMRP).

qualified social worker or at least one year of experience working directly with persons with intellectual disabilities or other developmental disabilities.

(6) An occupational therapist who:

- a) is a graduate of an occupational therapy curriculum accredited jointly by the council on medical education of the American Medical Association and the American Occupational Therapy Association;
- b) is eligible for certification by the American Occupational Therapy Association under its requirements in effect on September 29, 1978; or
- c) has two (2) years of appropriate experience as an occupational therapist and has achieved a satisfactory grade on the approved proficiency examination, except that such determinations of proficiency shall not apply with respect to persons initially licensed by the state or seeking initial qualifications as an occupational therapist after December 31, 1977.

(7) A speech pathologist or audiologist licensed pursuant to IC 25-35.6-3.

(8) A registered nurse licensed pursuant to IC 25-23-1-11.

(9) A therapeutic recreation specialist who is a graduate of an accredited program.

(10) A rehabilitative counselor who is certified by the Committee of Rehabilitation Counselor Certification.

(11) A physical therapist who is licensed pursuant to IC 25-27.

(12) A person with a master's degree in psychology from an accredited program.

The QDDP ensures:

- service design and delivery which provides each child with an appropriate active treatment program;
- that any discrepancies or conflicts between programmatic, medical, dietary and vocational aspects of the child's assessment and program are resolved; and
- a follow-up to recommendations for services, equipment or programs.

Comprehensive Functional Assessment

The facility must complete a comprehensive functional assessment within 30 days of admission, which addresses the child's:

- Physical development and health;
- Nutritional status;
- Sensorimotor development;
- Affective (emotional) development;
- Speech and language (communication) development;
- Auditory functioning;
- Cognitive development;
- Vocational development;
- Social Development; and
- Adaptive behaviors or independent living skills.

The functional assessment must also identify the child's:

- Specific developmental strengths, including child preferences;
- Specific functional and adaptive social skills the child needs to acquire;

- Presenting disabilities, and when possible their causes;
- Need for services; and
- Specific developmental and behavioral management needs.

At least annually, the comprehensive functional assessment of each child must be reviewed by the interdisciplinary team for its relevancy and updated, as needed.

Treatment Plan/Individual Program Plan (IPP)

The interdisciplinary team must prepare a treatment plan for each child, referred to as an Individual Program Plan (IPP) for Developmental and Intellectual Disabilities program. The IPP must be consistent with the treatment plan requirements in 465 IAC 2 and the Residential Contract. Additionally, the IPP objectives must be organized to reflect a developmental progression appropriate to the child. The IPP must include opportunities for child choice and self-management and must identify: the discrete, measurable, criteria based objectives the child is to achieve; and the specific individualized program of specialized and generic strategies, supports, and techniques to be employed. The IPP must be directed toward the acquisition of the behaviors necessary for the child to function with as much self-determination and independence as possible, and the prevention or deceleration of regression or loss of current optimal functional status. The IPP must include specific objectives to meet the child's needs, as identified in the functional assessment. Until it has been demonstrated that the child is developmentally incapable of acquiring these skills, the IPP must also include, for those children who lack them, training in skills essential for privacy and independence including, but not limited to:

- toilet training
- personal hygiene
- dental hygiene
- self-feeding
- bathing, dressing
- grooming
- communication of basic needs

The IPP must also identify mechanical supports, if needed, to achieve proper body position, balance, or alignment. The IPP must also include generalization of skill training to the community when safe and appropriate.