

2015 EMPLOYMENT AND COMMUNITY SERVICES PROGRAM DESCRIPTIONS

There are three parts to this listing of programs and specific population designations from the ECS Standards Manual:

- Part 1. Employment and Community Services Program Descriptions, from Section 3.
- Part 2. Specific Population Designations, from Section 2.
- Part 3. Psychosocial Rehabilitation Programs, from Section 4.

Contents

Part 1: Employment and Community Services Program Descriptions.....	3
Affirmative Business Enterprises (ABE).....	3
Assistive Technology Supports and Services (AT)	3
Behavioral Consultation Services (BCS).....	4
Centers for Independent Living (CIL)	5
Child and Youth Services (CYS).....	6
Community Employment Services	6
Community Employment Services: Job Development (CES:JD).....	7
Community Employment Services: Employment Supports (CES:ES).....	8
Community Housing (CH).....	9
Community Integration (COI)	10
Comprehensive Benefits Planning (CBP).....	12
Comprehensive Vocational Evaluation Services (CVE)	14
Employee Development Services (EDS)	15
Employment Planning Services (EPS)	16
Employment Skills Training Services (EST).....	17
Family Services (FS)	17
Foster Family Services (FFS)	17
Home and Community Services (HCS).....	18
Host Family/Shared Living Services (HF/SLS)	19
Mentor Services (MS).....	20
Organizational Employment Services (OES)	21
Personal Supports Services (PSS).....	21
Rapid Rehousing and Homelessness Prevention Program (RRHP)	22
Respite Services (RS)	22
Self-Directed Community Supports and Services (SDCSS).....	23
Self-Directed Community Supports and Services (SDCSS): Flexible Supports Planning (FSP).....	24
Self-Directed Community Supports and Services (SDCSS): Employer of Record for Support Services (EOR)	24
Self Employment Services (SES)	24
Services Coordination (SC)	25
Short-Term Immigration Support Services (ISS)	25
Supported Education Services (SE).....	26
Supported Living (SL).....	27
Supports for Persons [and for Children] with Autism Spectrum Disorder	28
Targeted Employment Screening Services (TES)	28
Transition Services (TS)	28
Part 2: Specific Populations Designations	29
Autism Spectrum Disorder Specific Population Designation (ASD)	29
Children/Adolescents with Autism Spectrum Disorder Specific Population Designation (ASD:C).....	29
Adults with Autism Spectrum Disorder Specific Population Designation (ASD:A).....	30
Children and Adolescents Specific Population Designation.....	31
Medically Fragile Specific Population Designation	31
Older Adults and Older Adults/Dementia Care Specific Population Designations	32
Part 3: Psychosocial Rehabilitation Programs	35
Assessment and Referral (AR)	35
Case Management/Services Coordination (CM)	35
Community Housing (CH).....	35
Community Integration (COI)	36
Diversion/Intervention (DVN).....	37
Prevention (P)	37
Supported Living (SL).....	38

Part 1: Employment and Community Services Program Descriptions

Affirmative Business Enterprises (ABE)

Affirmative business enterprises (ABE) are designed to provide significant economic benefits to their employees in a businesslike, integrated setting. 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.

In order for a program to seek accreditation as an ABE, all employees must be paid minimum wage or higher.

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.

Assistive Technology Supports and Services (AT)

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.

Behavioral Consultation Services (BCS)

The focus of the service is to increase the person's ability to express more effective and acceptable behaviors. Behavioral strategies are identified and used to teach the person better ways to deal with the environment and personal stressors to ensure that targeted behaviors are discouraged and positive behaviors are learned and maintained. Through redirection of a targeted behavior to a more socially and culturally acceptable behavior, persons are able to achieve increased participation in mainstream community activities. This includes services to persons to address targeted behaviors in the home or community, such as eating disorders, disruptive behaviors, or self-injurious behaviors.

Centers for Independent Living (CIL)

Centers for Independent Living (CILs) are consumer-controlled, community-based organizations providing nonresidential services and advocacy by and for persons with all types of disabilities. The four core services provided by Centers for Independent Living are:

- Advocacy
- Independent living
- Information and referral
- Peer counseling

Many CILs also provide transition services to support opportunities for persons to return to the community instead of placement in hospitals or nursing homes.

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 the 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. Outcome 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.

Child and Youth Services (CYS)

Child and youth services provide one or more services, such as prenatal counseling, service coordination, early intervention, prevention, preschool programs, and after-school programs. These services/supports may be provided in any of 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 settings, equipment, and environments meet the identified needs of the children and youth served and their families. Families are the primary decision makers in the process of identifying needs and services and play a critical role, along with team members, in the process.

Some examples of the quality results desired by the different stakeholders of these services include:

- Services individualized to needs and desired outcomes.
- Collection and use of information regarding development and function as relevant to services.
- Children/youths developing new skills.
- Collaborative approach involves family members in services.

Community Employment Services

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 individual placements, contracted temporary personnel services, competitive employment, supported employment, transitional employment, mobile work crews, contracted work groups, enclaves, 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 program descriptions and applicable standards):

- Job Development (CES:JD)
- Employment Supports (CES:ES)

Note: *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.*

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.

If any clarification is needed, please contact your CARF resource specialist. There is no charge for consultation.

Community Employment Services: 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.

Some examples of the quality outcomes desired by the different stakeholders of these services include:

- Persons obtain community 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.
- Job retention/length of employment.
- Potential for upward mobility.
- Self-sufficiency.
- Integration.
- Responsive services.
- Safe working conditions.

- Cost-effective for placement achieved.
- Reasonable length of time from referral to placement.
- Employers satisfied with the services.

Community Employment Services: Employment Supports (CES:ES)

Employment support services are activities that are employment-related to 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 nonwork 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.

Some examples of the quality outcomes desired by the different stakeholders of these services include:

- Performance level achieved meets requirements of job or position.
- Increase in skills.
- Increase in hours worked independently.
- Increase in productivity.
- Increase in hours worked.
- Increase in pay.
- Employment retention.
- Full-time employment.

- Employment with benefits.
- Increase in natural supports from co-workers.
- Persons served treated with respect.
- Increase in participation in the community.
- Minimize length of time for supports.
- Type and amount of staff interaction meets needs.
- Job/career advancement.
- Employer satisfaction.
- Satisfaction outcomes that reflect needs and expectations of the employee are met.
- Responsiveness to customers.
- Job club to provide a forum for sharing experiences.

Community Housing (CH)

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 twelve 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 Intent to Survey. These sites will be visited during the survey process and identified in the survey report and accreditation outcome 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 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.

Community Integration (COI)

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.
- Development of work attitudes.
- Employment activities.
- 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:

- Increased community participation, including by reverse integration.
- 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.

Comprehensive Benefits Planning (CBP)

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 consumer of services 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 youths transitioning from school reach their employment and community living goals.

Comprehensive Vocational Evaluation Services (CVE)

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.
- Identification of assistive technology or other accommodations.
- 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.

Employee Development Services (EDS)

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 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 his or her job.
- Person served obtains improved benefits.
- Increased wages.
- Increased skills.
- Increased work hours.
- Movement to 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).

Employment Planning Services (EPS)

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 his or her 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.

Employment Skills Training Services (EST)

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.

Family Services (FS)

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 the person served to remain involved with his or her 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.

Foster Family Services (FFS)

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.

In this program description and these standards, *provider* refers to the individual(s) supporting the person served. Although the “home” is generally the 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.

Home and Community Services (HCS)

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 staff, 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 co-workers 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.*

Host Family/Shared Living Services (HF/SLS)

Host family/shared living services assist a person served to find a shared living situation in which he/she 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 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 him/her and identifies applicant providers who are a potential match with the person's identified criteria. The person served makes the final decision of selecting his or her 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 the community. The service 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 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 provider encourages and supports the person served to make his or her own 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. In this program description and these standards, *provider* refers to the individual(s) supporting the person served. Although the "home" is generally the 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.

Mentor Services (MS)

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.

Organizational Employment Services (OES)

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.

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 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.

Personal Supports Services (PSS)

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 person in other services/programs, such as employment or community integration services. The services are primarily delivered in the home or community 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 that do not involve direct personal care supports such as transporting persons served, information and referral services, translation services, programs offering advocacy and assistance by professional volunteers (such as legal or financial services), training or educational activities (such as English language services), mobile meal services; or other support services, such as supervising visitation between family

members and parent aides.

A variety of persons may provide these services/supports other than a program's staff, such as volunteers and subcontractors.

Rapid Rehousing and Homelessness Prevention Program (RRHP)

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 his or her desired housing outcome, 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.*

Respite Services (RS)

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.

Self-Directed Community Supports and Services (SDCSS)

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.

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.
- 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 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 select, hire, fire, and manage the workers who provide their supports and services.
- 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 (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 (EOR) work with persons served as the managing employer, ensures that governmental payroll requirements are met, and often acts as a human resource consultant.

Self-Directed Community Supports and Services (SDCSS): Flexible Supports Planning (FSP)

Flexible Supports Planning services provide information and assistance for persons served to plan and direct their individual budgets for supports and services. 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.

Self-Directed Community Supports and Services (SDCSS): Employer of Record for Support Services (EOR)

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.

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Self Employment Services (SES)

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 telecommuting. 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.

Services Coordination (SC)

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.

Short-Term Immigration Support Services (ISS)

Immigration Support Services (ISS) 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 under this subcategory 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.

Supported Education Services (SE)

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.

Supported Living (SL)

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 sampling 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 intent to survey 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.

Supports for Persons [and for Children] with Autism Spectrum Disorder

This is no longer available as a program. Autism Spectrum Disorder is now available as a Specific Population Designation. Please refer to page 28 for the description.

Targeted Employment Screening Services (TES)

The service model includes targeted personnel tests or samples of jobs designed to assess aptitudes/skills in a very specific, limited area as identified by the employer/funder. Many organizations have contracts with funding sources and/or businesses that are quite specific to the questions to be answered which will occur in a time-limited assessment situation. The screening situation may be a simulated business/work environment or specific psychometrics per the employment opportunity.

Transition Services (TS)

Transition services are integrated, community-oriented, systematic services for students 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 youths leaving school, including post-secondary education, supported education, vocational training, 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 children 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.
- Vocational training.
- Independent or supported living.
- Community participation.
- Employment.
- Volunteer placement.
- Connections to community resources.
- Appropriate benefits/supports as persons leave school.

Part 2: Specific Populations Designations

Autism Spectrum Disorder Specific Population Designation (ASD)

Autism Spectrum Disorder Specific Population Designation may be applied as:

- Children/Adolescents with Autism Spectrum Disorder (ASD:C) Individuals served under this designation generally range from birth to the age of majority.
- Adults with Autism Spectrum Disorder (ASD:A) Individuals served under this designation are at the age of majority and older.

Note: *CARF allows that there may be services provided to adolescent/adult persons technically in a transitional range from one category to the other and does not require strict adherence to the age cut-offs above. This would be identified in a program's scope of service.*

Children/Adolescents with Autism Spectrum Disorder Specific Population Designation (ASD:C)

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.

Adults with Autism Spectrum Disorder Specific Population Designation (ASD:A)

Supports for persons with autism spectrum disorder (ASD) 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.

Children and Adolescents Specific Population Designation

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.*

Medically Fragile Specific Population Designation

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.

Older Adults and Older Adults/Dementia Care Specific Population Designations

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.

Part 3: Psychosocial Rehabilitation Programs

Assessment and Referral (AR)

Assessment and referral programs provide a variety of activities, including prescreening, screening, psychosocial assessment, determination of need, and referral to appropriate level of care. The provision of information on available resources is not considered a full assessment and referral program. An adequate assessment must be conducted to provide more informed referrals.

Such programs may be separate, freestanding programs, an independent program within a larger organization, or a specifically identified activity within a system of care. Organizations performing assessment and referral as a routine function of entrance into other core programs, such as their outpatient treatment, case management, or residential programs, are not required to apply these standards unless they are specifically seeking accreditation for assessment and referral.

Case Management/Services Coordination (CM)

Case management/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 service 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.

Case management/services coordination may be provided by an organization as part of its person-centered 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 case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/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.

Community Housing (CH)

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 are provided may be owned, rented, leased or operated directly by the organization, or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing is provided in partnership with individuals. These services 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 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 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 recovery homes, transitional housing, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. 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 residents.

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 can be offered in apartments or homes, or 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 at which community housing services are provided must be identified in the Intent to Survey. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a Community Housing program.

Community Integration (COI)

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.

- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Note: *The use of the term persons served in Community Integration may include members, attendees, or participants.*

Diversion/Intervention (DVN)

Diversion/Intervention programs may include programs traditionally thought of as intervention that focus on changing outcomes for persons served and targeting antecedents of the problem. Diversion/Intervention programs utilize strategies designed to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Within the child welfare field, examples include alternative response, differential response, or multiple response systems. Diversion/Intervention programs may serve persons on a voluntary and/or involuntary basis. Programs that serve persons on an involuntary basis are designed to implement special strategies for engaging this population.

Diversion programs may include programs such as juvenile justice/court diversion, substance abuse diversion, truancy diversion, DUI/OWI classes, report centers, home monitoring, after-school tracking, anger management, and building healthy relationships.

Intervention programs target persons who are exhibiting early signs of identified problems and are at risk for continued or increased problems.

Prevention (P)

Prevention programs are proactive and evidence-based/evidence-informed, striving to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach. Prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse or neglect,

exposure to or experience of violence in the home and community; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings.

Organizations may provide one or more of the following types of prevention programs, categorized according to the population for which they are designed:

- *Universal* programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.
- *Selected* programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors.
Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, smoking prevention, child abuse prevention, and suicide prevention.
- *Training* programs provide curriculum-based instruction to active or future personnel in human services programs.
Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Supported Living (SL)

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons 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 sampling of these sites will be visited as part of the interview process of the person served. 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 cosign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant. 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 intent to survey or identified as a site on the accreditation outcome.

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 provided. This is not intended to be certification, licensing, or inspection of a site.*