



TITLE: Supplemental One-to-One Support for Vendored Services

DOCUMENT: Service Standard

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Approved by the Department of Developmental Services on January 25, 2011

Supplemental one-to-one (1:1) support services are intended to provide:

- *temporary* support or assistance:
 - during a course of active treatment or rehabilitation in a medical setting when the needs of the client cannot be met by the regular staffing in that setting;
 - for the management of challenging behaviors that jeopardize an individual's residential placement or program or present a danger to the health and safety of the client or those around him;

- *ongoing* support to ensure the health or safety of the client or those around him **in a residential, day, after-school or Saturday program setting that, with the support, is the most appropriate and cost-effective environment,.**

This policy does not apply to day programs or other services designed to serve clients on a 1:1 or 1:2 staff-to-client ratio.

Temporary Support in a Medical Setting

One-to-one services may be purchased when necessary to supplement the regular staffing in an acute care hospital, rehabilitation facility or other medical setting to support the special needs of the client while he is receiving active treatment in that setting.

Temporary Support in a Residential, Day Program or Vendored After-School or Saturday Program

Supplemental 1:1 services may be purchased for the management of challenging behaviors only after all other programming, services, and interventions that may reasonably address the need have been fully explored and utilized without success. Supplemental 1:1 services are initially authorized for a period not to exceed three months. They may be **purchased** when **all** of the following **criteria** are met:

- 1) The client exhibits significant and serious behavioral challenges which jeopardize his placement in the most appropriate and least restrictive environment. Examples of such behaviors include severe self-abuse, noncompliance with medical procedures, aggression, property destruction, inappropriate sexual conduct, and elopement.
- 2) The **provider** of the supplemental services has submitted a written **behavior plan** that describes:
 - the type, severity and frequency of the target behaviors;
 - reasons why the current program and interventions have failed to manage these behaviors and how the proposed plan will provide a remedy;
 - the proposed intervention including, but not limited to, the duration, number of hours, and the purpose and role of the 1:1 support services in the plan;
 - measurable goals and objectives, expected outcome, and how progress will be measured; and
 - a strategy to fade the 1:1 services.

In situations where there is an immediate danger to the health or safety of the client, emergency 1:1 support services may be considered for a period of up to two weeks pending the development of a behavior plan.

- 3) The **interdisciplinary (ID) team**, including a regional center psychologist, has **reviewed** and **approved** the **behavior plan** and recommends 1:1 services with a specified number of hours on a time-limited basis. The following items are considered when determining the number of hours and duration of service:
 - the staffing level of the home or program in which the 1:1 services will be provided;
 - for 1:1 services that will be provided in a residential facility, the number of hours the client is not in the home;
 - the appropriateness of the behavioral plan; and
 - the relative cost-effectiveness of providing 1:1 services in the current environment compared to moving the client to a more restrictive environment where additional 1:1 services would not be required.

The provider must submit monthly reports describing progress toward goals and objectives; rationale for continuing the services, if needed; the number of additional hours required; and the duration of services.

Continued Authorization

Authorization of 1:1 services for an additional three month period may be considered by the ID team if criteria 1-3, above, continue to be met and there is evidence that progress has been made toward achievement of the goals and objectives in the behavior plan.

If 1:1 services have not resulted in progress in three months and if continued supplemental support continues to be required, the ID team re-evaluates the appropriateness of the current home or program **environment and its cost-effectiveness. If there is a more cost-effective and appropriate alternative, the ID team may move the client to the alternative environment.**

Ongoing Support

If the current setting with the supplementary services is the most appropriate and cost-effective environment, the 1:1 services may be continued. In this case, the need for continued 1:1 services is reevaluated on an annual basis.