

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT ON DISABILITY SERVICES**



<b>POLICY</b>	
Department on Disability Services	Subject: Most Integrated Community –Based Setting
Responsible Program or Office: Developmental Disabilities Administration	Policy Number: 2015-DDA-POL001
Date of Approval by the Director: January 9, 2015	Number of Pages: 4
Effective Date: January 9, 2015	Expiration Date, if any: N/A
Supersedes Policy: Rights of Persons with Intellectual Disabilities and/or Developmental Disabilities to the Provision of Services and Supports in the Most Integrated Community Setting, updated to comply with People First Language policy	
Cross References, Related Policies and Procedures, and Related Documents: Nursing Facility Placement Policy & Procedure; PASRR Procedure; Human Rights Advisory Committee Policy	

All underlined words/definitions can be found in the Definitions Appendix.

**1. PURPOSE**

The purpose of this policy is to establish the standards and guidelines by which the Department on Disability Services ("DDS"), Developmental Disabilities Administration ("DDA"), will assist people with intellectual disabilities to obtain services and supports in the least restrictive and most integrated community-based setting that is most appropriate to the needs of the person.

**2. APPLICABILITY**

This policy applies to all DDA employees, subcontractors, providers/vendors, consultants, volunteers, and governmental agencies that provide services and supports on behalf of people with disabilities receiving services as part of the DDA Service Delivery System funded by DDA or the Department of Health Care Finance (DHCF).

**3. AUTHORITY**

The authority for this policy is established in the Department on Disability Services (DDS) as set forth in D.C. Law 16-264, the "Department on Disability Services Establishment Act of 2006," effective March 14, 2007 (D.C. Official Code § 7-761.01 *et seq.*); and D.C. Law 2-137, the "Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.*).

**4. POLICY**

It is the policy of DDS to ensure all people receiving services from the DDA service system do so in the most integrated community setting appropriate to that person. DDA will utilize

person-centered planning and the assumption that all people will live in the most inclusive setting possible. Community integration in housing, work, education, personal supports, social and/or spiritual life will be supported and fostered through DDA providers. DDA providers are responsible for the provision of supports and services consistent with the assessed needs of the person, and which result in the person's acquisition and maintenance of physical, mental, and social skills and well-being that enable the person to live successfully in the community. Any barriers to obtaining the needed supports and services will be addressed in the Individual Support Plan (ISP) and any restriction to access to the most integrated setting by the Restrictive Control Review Committee (RCRC).

## **5. RESPONSIBILITY**

The responsibility for this policy is vested in the Director, Department on Disability Services. Implementation for this policy is the responsibility of the Deputy Director, Developmental Disabilities Administration.

## **6. STANDARDS**

The following are the standards by which DDS will evaluate compliance with this policy:

- A. Persons with intellectual disabilities have the fundamental right to gain and sustain an optimum level of independence and competency to make decisions and have control over their lives and choices. Services and supports shall be provided in a manner that promotes:
  1. Human dignity.
  2. Self-determination and freedom of choice to the person's fullest capability.
  3. The opportunity to live and receive supports and services in the most integrated and most inclusive setting, possible.
  4. The opportunity to undergo typical developmental experiences, even though such experience may have an element of risk, provided that the person's safety and well-being shall not be unreasonably jeopardized.
  5. The opportunity to engage in activities and styles of living that encourage and maintain the integration of the person in the community, including:
    - a. Social integration in settings typical of the community, which maximize the person's contact with others who live or work in that community.
    - b. Maintaining a personal appearance that is appropriate to the person's chronological age and the practices of the surrounding community and that is consistent with his or her choices and preferences and social and cultural background.
    - c. Active engagement in activities, patterns, and routines of living that are appropriate to the person's age and the practices of the surrounding community, and that are consistent with his or her interests and choices.
    - d. Communications that are courteous, respectful of the dignity of the person, and facilitate the person's understanding of what is being communicated.

- e. Active participation in recreation and leisure time activities in the community, which are appropriate to the person's age, interests, and choices.
- g. A home in a community integrated setting in which the person feels safe, and that is physically accessible to public transportation and community resources.  
Possessions, which are appropriate to the person's age and consistent with the person's interests and choices.
- h. Privacy, including the opportunity wherever possible, to be provided clearly defined private living, sleeping, entertaining, and personal care spaces.
- i. Freedom from discomfort, distress, and deprivation that arise from an unresponsive and inhumane environment.

B. Any limitations on a person's rights must be addressed in the ISP and reviewed by the RCRC. Documentation must include reasons for the restrictions and the actions being taken to restore the rights.

C. Abuse or Mistreatment

No person covered under the scope of this policy shall abuse or mistreat a person or permit the abuse or mistreatment of a person by persons in its employ or subject to its direction.

D. Most Integrated Work/Day Supports

The ISP shall emphasize provision of services and supports that assist the person to obtain and maintain paid employment; foster vocational skills to assist in the movement toward paid employment; support retirement activities; or to assist the person to gain the social and leisure skills for increased presence and independence in the community. If the most integrated work/day supports for the person are not available, the unmet needs of the consumer shall be clearly identified in the ISP whether or not such services are currently available and the ISP team will develop, document, and implement an action plan to meet those needs.

E. Most Integrated Residential Supports

The ISP shall emphasize residential supports that promote the person's independence and the opportunity to actively engage with other citizens who live and work in that community. Toward this goal, the ISP team process shall consider residential supports that actively promote and enhance each person's growth, attainment, and maintenance of independence, and that least interfere with the person's independence while providing the services that address the person's needs.

The determination of residential supports, including 24-hour staffing, shall depend on the needs of each person as determined by the ISP process. If the most

integrated residential supports for the person are not available, the unmet needs of the person shall be clearly identified in the ISP whether or not such services are currently available and the ISP team will develop, document, and implement an action plan to meet those needs.

F. Nursing Facility Placements

1. The Nursing Facility Placement Policy and Procedure contains the eligibility requirements for nursing facility placements.
2. The DDS Human Rights Advisory Committee (HRAC) reviews all placements for appropriateness.
3. The Nursing Facility Placement/PASRR (Pre-Admission Screening and Resident Review) procedure delineates DDA's role in reviewing and evaluating all referrals to nursing facilities.



Laura L. Nuss, Director



Approval Date

Attachments:

1. Nursing Facility Placement Policy
2. Nursing Facility Placement/PASRR procedure