

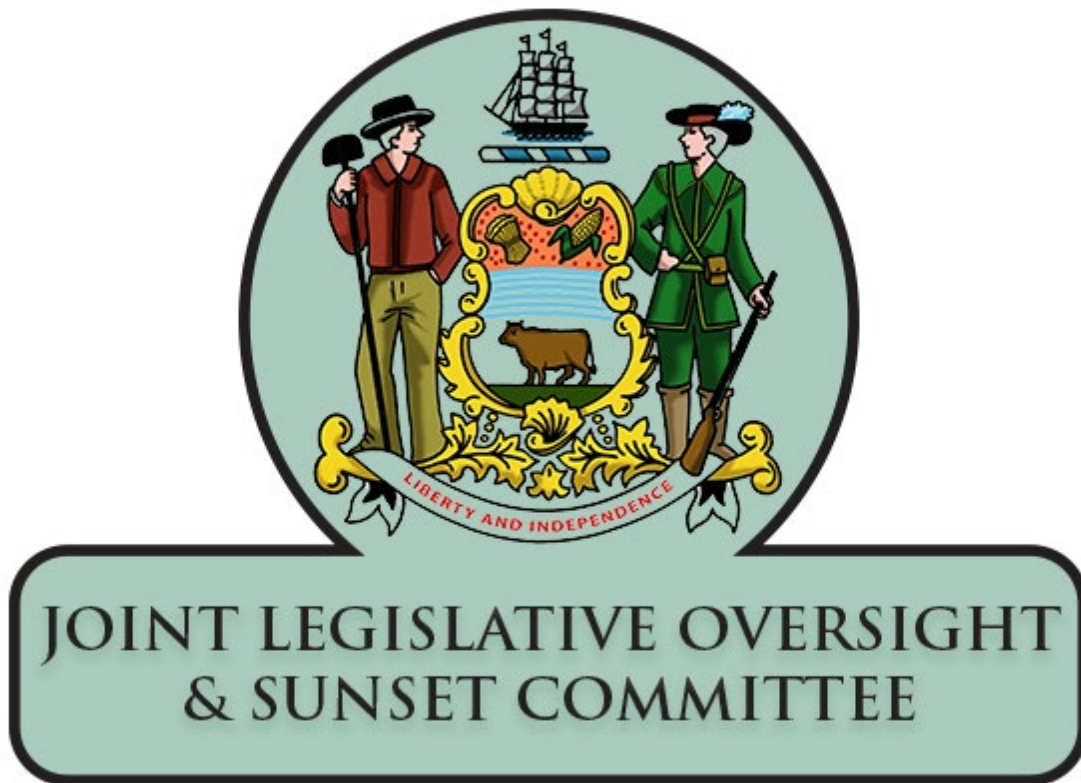
# Staff Report

## Focused Review: Adult Day and Employment Services (Division of Developmental Disabilities Services)

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*153<sup>rd</sup> General Assembly, 1<sup>st</sup> session*

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*Respectfully submitted to the  
Joint Legislative Oversight and Sunset Committee  
May 2025*

2025 Joint Legislative Oversight and  
Sunset Members:

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**Representative Cyndie Romer, Vice  
Chair**

**Senator Russell Huxtable**

**Senator Nicole Poore**

**Senator Brian Pettyjohn**

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# ABOUT THIS REPORT

This staff report, prepared by the Division of Legislative Services, contains a focused review of the services available to adults with developmental disabilities through the Division of Developmental Disabilities Services (“DDDS” or “the Division”), specifically highlighting DDDS procedures for service provider and case management oversight, service referrals, and service transitions. The Joint Legislative Oversight and Sunset Committee selected this topic and assigned it to the Division of Legislative Services staff on May 9, 2024.

The Joint Legislative Oversight and Sunset Committee (“JLOSC” or “Committee”) is a bipartisan 10-member legislative body which performs periodic legislative reviews of the performance and activities of state entities designed to increase accountability and improvement. The primary purpose of any JLOSC review is to assess genuine public need and performance of the entity under review. JLOSC performs its duties with support provided by the dedicated and objective staff of Division of Legislative Services. The Division of Legislative Services is an independent and confidential reference bureau for the General Assembly and supplies many services, including staff support for JLOSC.

JLOSC staff completes focused reviews as assigned by majority vote of JLOSC members. A focused review contrasts with the broader evaluation of a full review and evaluates a component within an entity, such as a specific statute, policy, rule, regulation, or program related to the entity. The Committee and its staff define the scope of a focused review, guiding the research process. Once the research is completed, a staff report is prepared for JLOSC members, summarizing the research, findings, conclusions, and recommendations.

JLOSC staff prepared this report following research conducted in line with an agreed-upon project scope. The focused review adhered to national evaluation standards, requiring thorough planning and execution to gather sufficient evidence supporting the findings and conclusions based on the review’s objectives and scope. Staff believe the evidence obtained provides a reasonable basis for their findings and conclusions. Additionally, the Objective, Scope, and Methodology section discusses the fieldwork procedures used while conducting the research and developing this report.

This staff report may contain recommendations for JLOSC to review and discuss. Committee members are not obligated to adopt the staff’s recommendations and may modify, reject, or propose new ones. Final recommendations are determined during public meetings and adopted with an affirmative vote from 7 members. Once JLOSC adopts recommendations, the review progresses to the implementation phase, which may involve drafting legislation.

## Next Steps

JLOSC will hold a public meeting to receive an overview of the staff report and accept public comment on the scope of the review.<sup>1</sup> Following this, the Committee will determine the appropriate next steps, which may include adopting recommendations or scheduling additional meetings for further discussion.<sup>2</sup>

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<sup>1</sup> Public meeting notices found on the Committee’s website and the State of Delaware’s Public Meeting Calendar.

<sup>2</sup> [29 Del. C. § 10214.](#)

# OBJECTIVE, SCOPE, AND METHODOLOGY

## Objective

Evaluate services for adults with developmental disabilities in their transition from youth services, including an in-depth overview of the current availability of adult day and employment services that the Delaware Division of Developmental Disabilities Services provides.

## Scope

This focused review examines the Division's adult day and employment service process and availability, encompassing service provider staffing, Division procedures and oversight, and service transitions. The review also considers recent updates that the Division has implemented, and potential future initiatives aimed at enhancing the service transition process and adult day and employment service availability overall.

## Methodology

This evaluation was designed to examine the Division's current adult day and employment service structure. The goal was to provide JLOSC with insights into current processes and potential improvements. The methodology involved conducting fieldwork that included reviewing publicly available information, observing the Division's most recent presentation before the Joint Finance Committee, and working with Division staff directly to gain insight on service processes in practice.

## Fieldwork Completed

- All available public documents and news articles.
- Related legislation.
- DDDS presentation to the Joint Finance Committee: February 26, 2025.
- DDDS enabling statute, [Title 29 § 7909A](#).
- DDDS regulations, [16 DE Admin. Code 2100-2102](#).
- Department of Education ("DOE") regulations governing Individualized Education Programs and transition planning from youth to adult services, [14 DE Admin. Code 925 7.0-8.7](#).
- JLOSC Staff Questionnaire provided to DDDS Director Jody Roberts and staff.
- Related research regarding DDDS' direct care workforce shortage:
  - DDDS Direct Support Professional Rate Rebase Study (2019).

# REVIEW BACKGROUND

The Delaware Division of Developmental Disabilities Services is established in Title 29, Chapter 79 of the Delaware Code<sup>3</sup> and serves under the direction and control of the Secretary of the Department of Health and Social Services.

The Division's purpose is to provide services and supports to individuals with developmental disabilities and their families, enabling them to make informed decisions that lead to an improved quality of life and meaningful participation in their communities.

The Division is tasked with providing case management and community-based services for individuals with developmental disabilities, including family supports, advocacy, respite, residential setting options, nurse and behavioral consultation, day services, and supported employment services to assist individuals in achieving their goals.

The Division promulgates regulations to implement its statutory duty, specifically outlining eligibility to receive services, the DDDS appeal process, and standards for certifying qualified autism services providers.

To be eligible for day and employment services through DDDS, an individual must:

- Be a Delaware resident and U.S. citizen or qualified alien.
- Be at least 3 years old.
- Have an intellectual disability, autism spectrum disorder, or Prader-Willi syndrome and significant limitations in adaptive behavior functioning which includes conceptual, social, and practical skills, with documented evidence that the disability originated prior to the age of 22 years (with certain exceptions).

The application for Division services is located in **Appendix A**.

Since the COVID-19 pandemic, the public has shared concerns about the availability of DDDS adult day and employment services in Delaware. There are also concerns about the efficiency and continuity of services during transition periods, most notably the transition from youth to adult services at the age of 21 years or from one type of day or employment service to another. The Division has identified ongoing direct care workforce shortages as the main factor for service delays. However, the Division has emphasized improvements in service placements in recent years with various policy adjustments and increased state agency collaboration.

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<sup>3</sup> [29 Del. C. § 7909A](#).

# REVIEW OBSERVATIONS

## Day and Employment Service Funding

DDDS provides access to day and employment services for individuals through 3 funding structures:

- 1915(c) “Lifespan” Waiver
  - A Centers for Medicare and Medicaid Services (“CMS”) approved waiver that provides access to all **5 types** of day and employment services for individuals who are eligible for both DDDS services and Medicaid, which represents approximately **95%** of the individuals currently served by the Division.
  - The Lifespan Waiver enables the Division to leverage a federal match, approximately **60% of total cost**, on nearly every service provided to individuals served.
    - Additionally, through the CMS approved Public Assistance Cost Allocation Plan (“PACAP”), the Division recovers funds for administrative efforts related to operationalization, authorization, and monitoring of services.
    - The Division receives an **increased federal match (90/10)** for service recipients that are eligible for Medicaid through the Modified Adjusted Gross Income (“MAGI”) expanded population group.
    - The Division is also able to leverage a **heightened federal match (90/10)** when implementing critical infrastructure to the DDDS service system, including current upgrades to the DDDS client data management system, the central database for managing and documenting all aspects of service delivery for the individuals that the Division supports.
- 1915(i) Pathways to Employment State Plan Amendment (“SPA”)
  - Appropriate funding source for Individual and Group Supported Employment services.
- State Plan Rehabilitation Option
  - Appropriate funding source for Day Habilitation and Prevocational services.

A reduction or limit on federal Medicaid funds may have an immediate impact on DDDS operations, service delivery, and overall service availability.



## Authorized Day and Employment Service Providers

DDDS offers 5 types of day and employment services:<sup>4</sup>

- Community Participation: community-based habilitative services for service recipients who require support to develop skills that lead to independent community navigation.
- Day Habilitation: services and supports to increase or maintain a service recipient's independence with community living skills, independent living skills, socialization, and activities of daily living.
- Pre-Vocational: services and supports to develop or gain the necessary work skills that will enable a service recipient to successfully pursue integrated community employment.
- Supported Employment: services and supports designed for those that want to work or are employed but need continued support or skills training in order to obtain employment or maintain employment, or increase their employment status to additional hours or higher level positions.
  - There are 2 types of supported employment: Individual Group (1 staff to 1 service recipient) or Small Group (1 staff to a range of service recipients that work together).

**Twenty-six** providers are currently authorized to provide day habilitation (facility or non-facility), prevocational, or supported employment services through at least one of the Division's Day and employment funding plans discussed above. Twenty-two service providers serve New Castle County, 15 serve Kent County, and 12 serve Sussex County.

DDDS' client database monitors the services an individual is authorized to receive by service type and hours of support, called service authorizations, in contrast to "enrollment" in DDDS services overall. The table in **Appendix B** shows the current authorizations of each provider for an individual service recipient. It is important to note that the authorization numbers reflect individuals that may be receiving multiple types of services at one provider, or multiple providers based on the individual's needs.

In total, the 26 day and employment service providers in Delaware have **2,183 service authorizations**.

## Day and Employment Service Referral Procedure

An individual must have an appropriate source of funding (see "Day and Employment Service Funding" section above), which the appropriate case manager verifies, to receive services. A case manager must assist the service recipient in applying for the appropriate funding source, if necessary.

A service recipient must be informed about all authorized providers and services available to meet the recipient's goals as part of the person-centered planning process and based on the recipient's current funding source. The information must be provided to a service recipient at least annually. In addition, provider lists are available to service recipients on the DDDS website. The Division works to foster a match with a service provider that offers the identified service or services and has the capacity to meet the service recipient's support needs. The appropriate case manager must coordinate with each service recipient and the recipient's family to submit a day service referral package, including funding source, transportation referrals, provider interviews or tours, and other

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<sup>4</sup> [Definitions](#) for each type of day or employment service located on the Division's website.



standardized documents. Day service providers must then review the referral package and accept the service recipient, send a letter requesting more information from the service recipient, send notification that the day service is at capacity, or deny the service recipient with valid reasoning, including if the service is at maximum capacity.

The case manager must update all services and paperwork accordingly and coordinate day service recipients with day service providers to discuss services needed. The step-by-step referral process and necessary paperwork is outlined in **Appendix C**.

### **Service Provider Staffing**

DDDS conducted a provider staff vacancy survey in November 2021. At that time, there were approximately 38 DDDS authorized service providers operating in Delaware, and 36 provided responses to the survey.

- 22 providers indicated that they had 0-20 vacancies.
- 8 providers indicated that they had 21-50 vacancies.
- 5 providers indicated over 50 staff vacancies.

The full survey results can be found in **Appendix D**.

For reference, as of May 2025, there are approximately **53** authorized service providers in the DDDS' service system. This number includes assistive technology providers, behavioral consultation providers, day and employment service providers, nursing consultation providers, personal care providers, residential providers, respite providers, and supported living providers. Various service providers provide more than one type of service. A chart detailing all authorized service providers and the services provided in Delaware is in **Appendix E**.

The Division continues to highlight the persistence of provider staffing shortages.

### **Service Provider Oversight**

The Division oversees each contracted day and employment service provider to ensure compliance with established standards and effective delivery of authorized services.

Before services are rendered, each provider agency and the Division review deliverables, performance measures, compliance expectations, and required remediation protocol. Every provider is subject to an annual quality service review ("QSR") conducted by the Division's Service Integrity and Enhancement ("SIE") unit. The review includes both service documentation and delivery, and physical site inspections. A provider agency must submit corrective action plans to the Division if any areas are identified as inadequate. Contracted providers are also required to submit monthly and quarterly reports detailing service utilization, key performance metrics, client outcomes, and annual independent audited financials. DDDS and the provider community use the WellSky platform for overall incident resolution and service integrity management. WellSky documents all reportable incidents, site surveys, and Quality Improvement Plans ("QIP"), and manages service provider workflows from start to finish.

DDDS is required to report on federal performance measures to the Delaware Division of Medicaid and Medical Assistance ("DMMA") related to service providers' compliance with staff training, maintaining service recipient health, welfare, and safety, and the submission and implementation of corrective action plans for "Lifespan" Waiver and Pathways to

Employment members on a quarterly and annual basis. DMMA also conducts random audits of Person-Centered Plans (“PCPs”) for both programs on a quarterly basis.

The Division is also required to submit a proof of compliance report to the Center for Medicaid Services. A performance measure that is below 86% compliance for the quarter or year requires the Division develop, approve, and implement a corrective action plan. CMS issues random Payment Error Rate Measurement (“PERM”) audits directly to service providers, which requires the provider to verify that services were provided as outlined in the PCP.

### **Case Management**

Each DDDS service recipient is assigned the appropriate case manager who assist, plan, coordinate, mentor, and evaluate services on a case-by-case basis. A service recipient may have one or more case managers on their DDDS team, depending on the recipient’s changing goals, services, or supports.

There are a variety of case managers that are either employed or contracted through DDDS:

- Community Navigators
  - Contracted through the Columbus Organization.
  - Provide case management services to service recipients living in their own home or family home.
- Support Coordinators
  - Employed through DDDS.
  - Provide case management services to service recipients receiving residential habilitation services through a DDDS provider agency.
- Family Resource Coordinators
  - Employed through DDDS.
  - Collaborate with Managed Care Organization Coordinators, which are case managers for service recipients that have elected to receive their services through the Diamond State Health Plan Plus “LTSS Waiver,” to help service recipients navigate and access services that DDDS offers.
- Employment Navigators
  - Employed through DDDS.
  - Provide employment specific case management services to service recipients that are enrolled in the Pathways to Employment Program.

Case managers must develop and update PCPs, in collaboration with each service recipient and various state agencies or school districts, to determine which services are appropriate to assist the service recipient with the recipient’s desired goals. Case managers complete referrals to the providers of identified services until a match is made between the service recipient and provider. After services are initiated, case managers conduct regular follow-ups, including reviews of provider service documentation, quarterly PCP reviews with each service recipient and their families, quarterly in-person visits at day service locations to ensure health, welfare, and safety, team meetings to review areas of concerns as needed, and documentation of interactions with or on behalf of service recipients.

### **Case Management Oversight**

The Division uses a centralized client data management system, Therap, for service delivery support, informed team communication, and data initiatives.

Currently, DDDS is in the process of implementing 6 enhancements to the Therap database:<sup>5</sup>

- Public Application Form.
  - Creates an online version of the Public Application Form, where applicants can fill out information online with supporting documentation for DDDS services eligibility consideration.
- Master Client Index (“MCI”) Interface.
  - Allows for a seamless interface between an individual’s MCI number and Oversight ID in Therap, ensuring the 2 systems are in communication and an individual’s unique identity travels with them across these platforms.
- Oversight Billing.
- Delaware Health Information Network Interface.
- Provider Contract Management capabilities.
- Incident Management Interface.

These enhancements aim to streamline collaboration among providers, state entities, and the Division for efficient case management, and to streamline vital processes for both the public and service community.

The Division uses set policies, procedures, and best practice guidelines to review the delivery of case management services. Additionally, the Division conducts monthly, quarterly, and annual audits of individual case managers, reviewing service documentation, PCPs, and case management standards compliance, as well as verifying case manager quarterly in-person visits. Performance measure reports and audits for case management services are required on a quarterly or annual basis, with similar stipulations to the service provider standards reports and audits discussed under the “Service Provider Oversight” section above.

## **Service Transitions**

### Youth to Adult Service Transitions:

Students with disabilities that receive special education services in Delaware public or charter schools are required to have an Individualized Education Program (“IEP”) per the federal Individual with Disabilities Education Act (“IDEA”). Special education teachers and service specialists regularly update a student’s IEP forms, which outline learning goals and services that a school must provide to the student to meet those goals. A student’s IEP team is comprised of the student, the student’s parent or legal guardian, a general education teacher, a special education teacher, and appropriate service specialists. Special education teachers are responsible for coordinating regular IEP meetings with all appropriate stakeholders.<sup>6</sup>

At the age of 14 years or in 8<sup>th</sup> grade, a student’s IEP must include a section for transition planning. A transition IEP (**Appendix F**) details a student’s post-high school goals and includes what supports the student will need to reach these goals. According to the DOE’s regulations, it is the IEP team’s responsibility to “invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services,” such as the Division. Accordingly, DDDS coordinates with the Division of Vocational Rehabilitation (“DVR”), the DOE, and the local school district to conduct

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<sup>5</sup> [The CDMS Project.](#)

<sup>6</sup> [DE Department of Education IEP Guidance.](#)

assessments on each service recipient's preferences, needs, and goals for youth and, eventually, adult services. In recent years, the Division has also fostered a collaboration with the Department of Services for Children, Youth, and Their Families ("DSCYF").

The Division maintains that youth to adult service transitions and service placements have improved in recent years, but delays in service transitions occur mainly when an individual has both complex medical needs and behavioral health needs in addition to an intellectual disability. Division Director Jody Roberts has cited consistent collaboration with the Division of Substance Abuse and Mental Health ("DSAMH") and the University of Delaware Center for Disabilities Studies as a continued viable solution.

#### Provider to Provider Service Transitions:

Per the Division's answer to Question 5 of JLOSC staff's questionnaire (**Appendix G**), if an authorized provider or program ceases operations, the Division knows about or anticipates the closure well in advance in nearly every instance. With proper notice, the Division can provide temporary support or coordinate with another authorized provider to transition the services to meet the needs of the service recipients affected by the previous provider's closure. The case manager meets with the service recipient and their family to review the recipient's PCP to evaluate desired goals and outcomes. Provider-to-provider service transition protocol mirrors the day and employment service referral procedure and is overseen by the appropriate case managers.

According to the Division, these types of transitions are not common, but if they do occur, all parties are notified promptly, and the proper protocol is followed.

#### **Service Delivery Improvements and Delays**

At DDDS' February 2025 Joint Finance Committee hearing, Director Jody Roberts expressed that the Division has, in recent years, improved its practice of placing individuals aging out of youth services by using service providers that are currently contracted through DDDS. The Division has continued to work closely with the Department of Services for Children, Youth, and Their Families to ensure the continuity of services during the transition from youth to adult services. The Director stated that the Division continues to work with the Division of Substance Abuse and Mental Health and the University of Delaware's Center for Disability Studies to improve service delivery and transitions for individuals with both intellectual disabilities and complex medical or behavioral health needs.

Per the Division's answers to JLOSC staff's questionnaire, the Division continues to invest in procedural and systemic enhancements to strengthen the process of connecting individuals to services more efficiently and effectively. For example, the Division sends service referrals to multiple providers that offer the appropriate services or additional services at one time. This allows a service recipient to explore each provider and its services that the recipient may not have known about previously, which has often led to a more robust service programming week. Accordingly, the Division has noticed a shift in the way service recipients access services over the last 3 years. Before COVID-19, service recipients typically received all services from one provider throughout the week. Now, service recipients use services from multiple providers that offer multiple different services, directing how and where recipients want to spend their time.

In both the Division's 2025 JFC hearing and JLOSC staff's questionnaire, the Division cited consistent service provider staffing challenges as the main reason for delayed service transitions and service delivery overall:

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*“When an individual is still awaiting a service, the root cause is typically one of two scenarios. First, it may be that a provider best suited to meet the needs of that individual has not been identified, or appropriate supports for that individual to be successful in that service have not been put into place or are currently unavailable. While alignment with providers can sometimes pose a barrier to immediate access to a service, the real limiting factor on provider capacity is workforce. That is, the gap or disparity that may exist between an individual, already deemed eligible and enrolled in DDDS services, and actively looking for a specific day or employment service and actually participating in a program, is a direct result of provider capacity, which is a direct result of workforce.”*

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Although the direct care worker and direct support professional shortage is a multifaceted issue spanning beyond the Division, DDDS suggest ongoing efforts from DDDS:

- Direct Support Professional Compensation.
  - In 2019, DDDS completed a Direct Support Professional (“DSP”) Rate Rebase Study.<sup>7</sup> The recommended benchmark rates for DSPs by service type in the study are reflected in the Fiscal Year 2024 DDDS Home and Community Based Services Provider Rates.<sup>8</sup>
  - In October 2024, DDDS initiated an updated comprehensive provider rate study, tentatively expected to be completed by August 2025.
- Interagency Collaboration.
  - The Division identified a need for collaborative efforts among various state agencies and healthcare sectors that may be imperative to comprehensive solutions to the improve the direct care workforce.
  - Specifically, the Division highlighted a need for improved data collection on and data integration of direct support professionals and direct care workers throughout all healthcare sectors and state agencies. This may aid in expanding candidate pools for the Division.

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<sup>7</sup> [2019 DSP Rate Rebase Study](#)

<sup>8</sup> [DDDS Rate Schedules](#)

# JLOSC STAFF FINDINGS AND RECOMMENDATIONS

## Finding #1

The Delaware Division of Developmental Disabilities Services effectively oversees case management services and service providers, with various federal and state agency reporting and auditing mechanisms in place to ensure compliance with case management and provider standards. Accordingly, the Division consistently documents service referrals, authorizations, transitions, and delivery using the centralized databases Therap and WellSky. However, this information is not consistently shared with the General Assembly.

## Recommendation #1 – Annual Report.

JLOSC may consider drafting legislation requiring DDDS to submit an annual report that details service transitions; service requests and referrals, including requests that could not be met and why; and observed gaps in service delivery. The report would be similar to the annual report that the Division of Services for Aging and Adults with Physical Disabilities is required to submit.<sup>9</sup> An annual report may increase the transparency of DDDS services and highlight unmet needs for efficient service delivery. JLOSC and DDDS staff will work together to develop statutory revisions, incorporating technical corrections as needed. This work will begin in July 2025.

## Finding #2

Twenty-six authorized day and employment service providers deliver community participation, day habilitation, prevocational, or supported employment services to service recipients. However, the primary hindrance for efficient day or employment service delivery and availability is the ongoing direct care worker and direct support professional workforce shortage.

## Recommendation #2 – Division Update.

An update from DDDS in 2026 may be beneficial to understand ongoing issues, progress, and future needs surrounding efficient day and employment services. It may be helpful for DDDS to present:

- The findings and recommendations of the 2025 provider rate study, potentially aligning rate studies with actual provider reimbursements.
- Efforts to improve the direct care workforce within DDDS specifically.
- Legislative needs the Division has identified to cultivate a collaboration among DDDS and healthcare sectors or state agencies overall regarding the status of Delaware's direct care workforce.
- Updates on the status of Division federal funds and impacts.

JLOSC staff will supply an update form and presentation guidelines. As this topic is of mutual interest to members of the Joint Finance Committee, JLOSC staff will extend an invitation for JFC members to attend the presentation.

## Recommendation #3 – Updated Division Staff Vacancy Survey.

As the Division has not conducted a staff vacancy survey for service providers since November 2021, it may be beneficial for the Division to conduct an updated survey to gauge the needs and makeup of current providers.

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<sup>9</sup> [29 Del. C. § 7920 \(d\) \(6\)](#).



## APPLICATION FOR DDDS SERVICES

### I certify that I am the: (select one)

- ☐ applicant, age 18 or older without a legal guardian  
☐ legal parent or guardian of the applicant, under age 18      Name \_\_\_\_\_  
☐ legal guardian of the adult applicant, age 18 or older      Name \_\_\_\_\_

I have previously applied for DDDS Services    ☐ Yes    ☐ No    ☐ I don't know

Applicant Last Name:	First Name:	Preferred Name:
Date of Birth: (MM/DD/YYYY)	Age:	Social Security #:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female	Identifies as: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Declined to answer <input type="checkbox"/> Other:	
<i>*Attach copy of Birth Certificate, Social Security Card, and Medicaid Card (if applicable)</i>		

### APPLICANT CONTACT INFORMATION

Mailing Address:		
City:	State:	Zip Code:
Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Alternate Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Email Address:		

### PARENT/GUARDIAN CONTACT INFORMATION (if applicable): ☐ Check if same as above

Mailing Address:		
City:	State:	Zip Code:
Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Alternate Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Email Address:		
If applicant does not have a guardian, does the applicant have a <b>substitute decision maker</b> who can help with making healthcare decisions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name and contact information: _____		

### Applicant Race (select all that apply)

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native    | <input type="checkbox"/> White    |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Declined |

### Ethnicity

- ☐ Hispanic or Latino  
☐ Non-Hispanic or Latino  
☐ Unknown/Declined





Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**DIAGNOSTIC INFORMATION NECESSARY TO DETERMINE ELIGIBILITY**

*(The following information is requested as part of the review process)*

Have you been diagnosed with any of the following? (must check yes for at least one option)

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Intellectual Disability
<input type="checkbox"/>	<input type="checkbox"/>	Autism Spectrum Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Prader Willi Syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Brain Injury that occurred prior to age 22

If yes to any of the above, please attach a copy of all supporting documentation, including any standardized psychological testing or assessment for verification. The standardized testing or assessment must have been completed prior to age 22 to be used to determine eligibility.

**CITIZENSHIP AND RESIDENCY INFORMATION**

*(The following information will be used for eligibility determination purposes.)*

Is applicant a citizen of the United States of America? ☐ Yes ☐ No

Is applicant a lawful alien of the United States of America? ☐ Yes ☐ No ☐ N/A  
(If a lawful alien, you must provide documentation of your lawful status.)

Is applicant a resident of the State of Delaware? ☐ Yes ☐ No

Possible residency documentation includes:

- Valid Delaware State Driver's license or ID issued by the Department of Motor Vehicles
- Other Delaware picture ID card that includes applicant's residential address issued by a city or county agency
- Recent pay stub, telephone or utility bill with address, or current lease or mortgage
- Copy of current Individualized Education Plan (IEP) that includes the student's DE address

**ADDITIONAL QUESTIONS**

Preferred Language of Applicant: \_\_\_\_\_

Preferred Language of Family (if different than applicant): \_\_\_\_\_

Interpreter Services Needed (if we need to contact you)? ☐ Yes ☐ No

Applicant communicates:    Verbally ☐ Yes    ☐ No                      In writing ☐ Yes    ☐ No



**Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

How did you find out about DDDS? (check all that apply)

- ☐ Family or Friend      ☐ School      ☐ Medical Professional  
☐ Other State Agency      ☐ Internet/social media      ☐ Other: \_\_\_\_\_

May a representative from DDDS leave a telephone message on the voice mail at the number(s) provided?      ☐ Yes      ☐ No

May a representative from DDDS contact the applicant, parent, guardian, and person assisting the applicant via the email addresses on this application?      ☐ Yes      ☐ No

*I understand that this application is to determine eligibility for DDDS services. I certify that to the best of my knowledge I have provided true and complete answers to the questions. I understand that providing false information for government subsidized benefits may be grounds for denial of eligibility.*

*I understand and agree that to access DDDS Home and Community-Based or Institutional Services that can potentially be funded by Delaware Medicaid, I must:*

- apply for, be approved for, and maintain eligibility for a Delaware Medicaid Program that covers Home and Community-Based Services.*
- apply for all Social Security benefits to which I may be entitled, if I am seeking supports in a DDDS provider-managed residential setting, such as a group home, so that I can pay for my room and board costs.*

*DDDS will not use state funds for Home and Community-Based or Institutional Services that can be covered by Delaware Medicaid if the Applicant chooses not to enroll in the appropriate Delaware Medicaid program.*

**REQUIRED SIGNATURE (SELECT ONE)**

Signature of Applicant, age 18 or older without a legal guardian	Date:
Signature of legal parent or guardian of applicant, under age 18	Date:
Signature of legal guardian of applicant, age 18 or older	Date:



Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**CONSENT FOR PROTECTED HEALTH INFORMATION TO DETERMINE ELIGIBILITY  
FOR DDDS SERVICES**

I, or my legal parent/guardian, hereby authorize the Division of Developmental Disabilities Services (DDDS) to disclose to the entities indicated below that I am applying for DDDS services, and to provide my Personal Health Information and/or any other documents requested on this consent for the purpose of determining my eligibility for DDDS services:

**\*Only check entities where you have received services**

ORGANIZATION	Check all that apply	ORGANIZATION	Check all that apply
Child Development Watch		Nemours A.I. DuPont Hospital for Children	
Delaware Psychiatric Center		Rockford Center	
Division of Services for Children, Youth, and their Families		Social Security Administration/Disability Determination Services (DDS)	
Division of Substance Abuse and Mental Health		SUN Behavioral Health	
Division of Vocational Rehabilitation: <b>Location:</b>		Other: Name _____ Contact info. _____	
Dover Behavioral Health System		Other: Name _____ Contact info. _____	
Meadow Wood Behavioral Health System		Other: Name _____ Contact info. _____	

Schools: Indicate last school attended (not to include college):

☐ Current School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

☐ Former School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

**Requesting Agency** (to whom the information will be sent):

Division of Developmental Disabilities Services (DDDS), Office of Applicant Services		
<b>Street Address:</b> 1052 South Governor's Avenue, Suite 101		
<b>City:</b> Dover	<b>State:</b> DE	<b>Zip:</b> 19904



Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**SPECIFIC INFORMATION TO BE RELEASED:**

<b>INFORMATION TYPE</b>	<b>Check all that apply</b>	<b>INFORMATION TYPE</b>	<b>Check all that apply</b>
Comprehensive Evaluation Reports		Evaluation Summary Reports	
Individualized Education Program (IEP) reports		Psychoeducational Evaluations	
Psychological Evaluations		Standardized Intellectual Functioning Assessments (IQ tests)	
Standardized Adaptive Behavior Functioning Assessments		Comprehensive Evaluation with a standardized Assessment for Autism Spectrum Disorder (ASD)	
Medical Records to confirm diagnosis		Other:(specify)	

The information requested includes assessments, medical evaluations, psychological testing, consultations, and discharge summaries. The dates of service to be covered by this authorization include all years of services received or admissions, or specific timeframes designated on the consent.

This authorization is valid for one (1) year from the date signed, and I understand that I may revoke this authorization at any time by written communication to the Director of Applicant Services, Woodbrook Professional Center, 1052 South Governor's Avenue, Suite 101, Dover, DE 19904.

My signature indicates that I know what information is being disclosed and have had the chance to correct or change the information to make sure it is correct and complete. My signature also means that I have read this form, and/or had it read to me and explained in a language I can understand.

**REQUIRED SIGNATURE (SELECT ONE)**

Signature of Applicant, age 18 or older without a legal guardian	Date:
Signature of legal parent or guardian of applicant, under age 18	Date:
Signature of legal guardian of applicant, age 18 or older	Date:

CONSENT FOR PROTECTED HEALTH INFORMATION TO DETERMINE ELIGIBILITY FOR DDDS SERVICES - Page 2



**Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**AUTHORIZATION TO ASSIST WITH DDDS APPLICATION FOR SERVICES**

Do you want to authorize anyone to assist you with the application process? ☐ Yes ☐ No

I hereby authorize the individual(s) named below to assist me in applying for DDDS services.

If additional information is needed after I submit the application, I authorize DDDS Applicant Services to include the person(s) assisting me on all correspondence related to the application process (e.g., letters detailing what information is needed, details of the eligibility determination, appeal process, etc.)

Individual authorized to assist me:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If you would like to authorize a second individual to assist, please complete section below:**

Individual authorized to assist me:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REQUIRED SIGNATURE (SELECT ONE)**

Signature of Applicant, age 18 or older without a legal guardian	Date:
Signature of legal parent or guardian of applicant, under age 18	Date:
Signature of legal guardian of applicant, age 18 or older	Date:



**Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### FINANCIAL RESPONSIBILITY NOTICE

THIS NOTICE DESCRIBES THE FINANCIAL RESPONSIBILITY OF THE APPLICANT OR  
PARENT OF A MINOR CHILD APPLYING FOR THE DIVISION OF DEVELOPMENTAL  
DISABILITIES SERVICES (DDDS)

The applicant or parent of a minor child must demonstrate due diligence in taking all necessary steps for the applicant to become eligible for Medicaid and other benefits, such as those provided by the Social Security Administration. This may include the establishment of qualifying trusts that enable income and resources to be excluded from financial eligibility determinations for the purpose of establishing Medicaid eligibility.

Applicants seeking DDDS services who choose not to apply and/or maintain eligibility for Medicaid are legally responsible for the full cost of services. (29 Delaware Code, Section 7940).

Applicants seeking to receive institutional services at Stockley Center who choose not to apply and/or maintain eligibility for Medicaid are legally responsible for the full cost of services per 16 Delaware Code, Section 5520 for payment obligations.

The applicant is also responsible for any applicable premiums, co-pays, deductibles, and any other medical related expenses (i.e., medication, medical practitioner assessments, diagnostic tests, hospitalizations, etc.) not covered by health insurance.

### REQUIRED SIGNATURE (SELECT ONE)

Signature of Applicant, age 18 or older without a legal guardian	Date:
Signature of legal parent or guardian of applicant, under age 18	Date:



**Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**ACKNOWLEDGEMENT OF HIPAA NOTICE OF PRIVACY PRACTICES**

**REQUIRED SIGNATURE (SELECT ONE)**

**My signature indicates that I have reviewed the attached HIPAA Notice of Privacy Practices.**

Signature of Applicant, age 18 or older without a legal guardian	Date:
Signature of legal parent or guardian of applicant, under age 18	Date:
Signature of legal guardian of applicant, age 18 or older	Date:

If you have any questions, please do not hesitate to call us:

Phone: (302) 744-9700

TOLL FREE: (866) 552-5758, Option 2

FAX: (302) 744-9711





## HIPAA Notice of Privacy Practices

**Revised Date: October 13, 2016**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**PLEASE REVIEW THIS DOCUMENT CAREFULLY**

### **DDDS Responsibilities**

- The Delaware Division of Developmental Disabilities Services (DDDS) is a “covered entity” under HIPAA. As a covered entity, DDDS is required by law to maintain the privacy of your Protected Health Information (PHI), and to give you notice about our privacy practices, our legal duties, and your rights concerning your PHI. DDDS is also required to notify you of any breach of your unsecured PHI.

### **HEALTH INFORMATION RIGHTS**

- **Right to Inspect and Copy:** With certain exceptions, you have the right to inspect or copy the PHI that we maintain on you. You must make a request in writing to obtain access to your PHI. Request must be made to: DDDS Health Information Management Department 26351 Patriots Way Georgetown, DE 19947. If you request copies, we may charge a reasonable, cost-based fee for staff time, postage, and printing cost.
- **Right to Amend:** you have the right to request that we amend the PHI that we maintain on you. We may deny your request to amend PHI if: (a) we did not create it and the originator remains available; (b) it is accurate and complete; (c) it is not part of the information that we maintain; or (d) it is not part of the information that you would be permitted to inspect or copy.
- **Right to Confidential Communications:** You have the right to request that we contact you in a specific way or send mail to a different address.
- **Right to Request Restrictions:** You have the right to request restrictions on how we use or disclose PHI.
- **Right to Disclosure Accounting:** You have the right to receive an accounting of the disclosures we have made of your PHI.
- **Breach Notification:** You have the right to be notified by us if there is a breach of your unsecured PHI.
- **Copy of Notice:** You have the right to receive a paper copy of this notice upon request.

**YOU DO NOT HAVE TO DO ANYTHING. THIS NOTICE IS JUST FOR YOUR INFORMATION.**



If you wish to inspect, copy, amend, make restrictions, or obtain your health information you must request it in writing to the: DDDS Health Information Management Department 26351 Patriots Way, Georgetown, DE 19947.

DDDS may use and disclose your protected health information without your authorization for treatment, payment and operational needs. We have listed the allowed uses and releases for which your authorization is not required below.

- **For Treatment:** We may share information about you to help you get health care. For example, we may tell your doctor about care you get in an emergency room.
- **For Payment:** We may use and share information so the care you get can be billed and paid for. For example, we may ask an emergency room before we pay the bill for your care.
- **For Business Operations:** We may need to use and share information for our business operations. For example, we may use information to review the quality of the care you get.
- **Exceptions.** For certain kinds of records, your permission may be needed even for release for treatment, payment, or business operations.
- **As Required by Law.** We will share information when we are required by law to do so. Examples of such release would be law enforcement or in response to a court order or subpoena. We may also share information to prevent a serious threat to health, safety or other emergencies. We may also share information to allow government agencies to review our activities.
- **With your Permission.** If you give us permission in writing, we may use and share your information. If you give us permission, you have the right to change your mind and take it back. This must be in writing too. We cannot take back any uses already made with your permission.

DDDS has the right to change this notice. A changed notice will be for information we already have as well as information we get in the future. We must follow whatever notice is currently in effect. We will send a new notice to you if the change we make is important. We will also post a copy of the current notice on our website at <https://dhss.delaware.gov/dhss/ddds/>

If you believe your privacy rights have been violated, you may file a complaint by writing to:

Stockley Center  
Attention: HIPAA Privacy/Complaints Officer  
26351 Patriots Way  
Georgetown, DE 19947

**Or:**

Region III, Office for Civil Rights, U.S. Department of Health and Human Services  
150 S. Independence Mall West, Suite 372, Public Ledger Building  
Philadelphia, PA 19106-3499  
Main Line (215) 861-4441  
Hotline (800) 368-1019

**You will not be penalized for filing a complaint with the federal government.**


# APPENDIX B

<i>Service Population</i>		
<i>(County)</i>	<i>Day and Employment Service Providers</i>	<i>Current Service Authorizations</i>
NCC	Abundant Life Community Development Corp. Inc	45
NCC, KC	Ability Focused Professional Services	14
NCC	Allies Inc.	8
NCC, KC	Arc of DE	13
All	Autism DE	178
All	Choices for Community Living	58
NCC, KC	C.E.R.T.S. Inc.	46
All	Chimes	346
NCC	Community Interactions Inc.	27
All	Community Integrated Services	295
NCC	Conexio Care	5
KC, SC	Delmarva Community Services	8
KC, SC	DE Mentor	86
All	Easter Seals	374
NCC	Elwyn	21
NCC	Endless Possibilities in the Community	130
NCC	FED CAP Rehab Services	7
All	Goodwill	4
NCC	Kaleidoscope Family Solutions	28
NCC	KenCrest	13
KC, SC	Kent Sussex Industries	182
All	Point of Hope	124
All	Service Source	82
NCC, KC	Thrive	32
SC	The Salvation Army	54
NCC	University of Delaware	3
<i>Total</i>		<b>2183</b>

# APPENDIX C



## DDDS Procedure Day Service Referral Procedure DS PRO001

Revision Date	Sections Revised	Description of Revision
02/01/2016	All	Origination date
02/22/2018	All	Revision
02/20/2023	All	Revision
Director's Signature/Date:  Jody A. Roberts 2/24/2023		<b><i>Live signature is located in the Office of the Director</i></b> Effective:



## DDDS Procedure Day Service Referral Procedure DS PRO001

### 1. Purpose

The Day Service Referral Procedure ensures that the service recipient is fully informed about the services available to them and has an opportunity to observe and/or have an understanding of those services before a true informed choice can be made. This document describes the DDDS approved procedure for referring and coordinating day and/or employment services.

### 2. Definitions

- a. **Authorized Provider:** A contracted vendor that has been reviewed and approved by DDDS to provide specific services to meet the needs of service recipients supported by DDDS.
- b. **Case Manager:** A person who assists in the planning, coordination, monitoring, and evaluation of services for a service recipient with emphasis on quality of care, continuity of services, and cost- effectiveness. DDDS employs or contracts with five different types of case managers. DDDS service recipients could be supported by the following entities: Community Navigator, Employment Navigator, Family Resource Coordinator, OBRA Case Manager, and Support Coordinator.
- c. **Circle of Support:** Any group of people who meet regularly to help a service recipient advocate for and achieve their goals and personal objectives in order to live the life they choose. This includes unpaid supports.
- d. **Informed Choice:** Informed choice is a decision-making process based on accurate and complete information. A person making an informed choice understands the options as well as the risks and benefits on any given decision. Informed Choice is not a one-time process, it's a long-term supported decision-making process.
- e. **Legal Guardian:** A person appointed by the Court to make decisions about the personal and medical care and/or financial welfare of a person with a disability while keeping the person's best interest in mind.
- f. **Person-Centered Plan:** A plan developed by the service recipient and their circle of support that is focused on what is important to and for the service recipient and includes the outcomes the service recipient wants to achieve to live a valued life.
- g. **Power of Attorney:** A written document signed by a person giving another person the power to act in conducting the signer's business.
- h. **Risk Mitigation Plan:** A risk mitigation plan is part of the person-centered planning process and is developed by the service recipient and their support team. Risk mitigation is an important

component of the person-centered planning process as it details what services, supports, resources, steps, etc. have been identified and are to be implemented in order to reduce the potential of a specifically defined risk to the person or to other persons in pursuit of the service recipients stated service outcome

- i. **Supported Decision Maker/Supporter:** A person who provides assistance in gathering and assessing information, making informed decisions, and communicating decisions to adults who do not need a guardian or other substitute decision maker for such activities, but who would benefit from decision- making assistance under 16 Del.C. Chapter 94A.
- j. **Transfer Planning Checklist and Summary:** The designated form to document what actions need to be taken prior to the transition in residential and day services, who is responsible and when the actions will occur
- k. **Transfer Planning Conference (TPC):** The service recipient's meeting with his or her chosen circle of support and transferring and receiving authorized providers in preparation for a change in provider or service.

### 3. Scope

- 3.1 DDDS Staff: Day and Transition staff; Support Coordinators, Employment Navigators, Family Resource Coordinators, and the OBRA Case Manager.
- 3.2 DDDS Authorized Provider(s): Day and Employment Providers, Pathways to Employment Providers, and the Targeted Case Management Provider.

### 4. Related Documents

- 4.1 Inventory for Client and Agency Planning (ICAP) Adaptive Assessment Process  
CS PRO 250

### 5. Standards

- 5.1 In order to utilize Day and/or Employment Services, the service recipient must have an appropriate funding source for the service(s) they are requesting.

Day Services		
Day Service	Appropriate Funding Source(s)	
Community Participation	Lifespan Waiver	
Day Habilitation	Lifespan Waiver	State Plan Rehabilitation Option
Group Supported Employment	Lifespan Waiver	Pathways to Employment

Individual Supported Employment	Lifespan Waiver	Pathways to Employment
Prevocational	Lifespan Waiver	State Plan Rehabilitation Option

- 5.2 DDDS authorized providers and Pathways to Employment providers may differ. Employment Navigators initiate referrals for Pathways to Employment services. Support Coordinators and Community Navigators initiate the referrals for Lifespan Waiver services. Community Navigators, Family Resource Coordinators and the OBRA Case Manager initiate the referrals for day and pre-vocational services covered under the State Plan Rehab Option.
- 5.3 Informed choice is a decision-making process based on accurate and complete information. A service recipient making an informed choice understands the options as well as the risks and benefits on any given decision. Informed Choice is not a one-time process, it's a long-term supported decision-making process. Service recipients should be informed about all authorized providers and services available to them as part of the person-centered planning process and based on their current funding source. The information is provided to service recipients at least annually. In addition, provider lists will be available to service recipients at any time on the DDDS website
- 5.4 DDDS has the following menu of Day Service Options:
- Individual Supported Employment**- intensive supports to attain and maintain individual integrated community employment for which the service recipient is paid minimum wage or higher
- Group Supported Employment** – supports to a small group of service recipients to maintain integrated community employment for which persons are paid minimum wage or higher.
- Day Habilitation** – services and supports to increase or maintain a service recipient's independence with Community Living Skills, Independent Living Skills, Socialization and Activities of Daily Living
- Pre-Vocational Services** – services and supports to develop or gain the necessary work skills that will enable a service recipient to successfully pursue integrated community employment.
- Community Participation**-community-based habilitative services for service recipients who require support to develop skills that lead to independent community navigation.
- 5.5 The Employment First Act of 2012 requires state agencies that provide services to persons with disabilities consider, as their **first option**, employment in an integrated setting for persons with disabilities. It should be clearly documented in the person-centered plan if the service recipient doesn't wish to pursue employment.
- 5.6 This Workforce Innovation and Opportunity Act (WIOA) requires that persons with disabilities aged 24 and younger, who wants to work, must first receive pre-employment transition services and employment services with the Division of Vocational Rehabilitation (DVR). If these efforts reveal that the person is not currently ready for integrated employment, then the person can be considered for alternate services such as pre-vocational program where a person can work but must be paid minimum wage or higher. Delaware does not have any sheltered workshop providers subject to WIOA.



- 5.7 A person-centered plan is developed through the person-centered planning process, driven by the service recipient and includes persons chosen by the service recipient. The person-centered planning process provides necessary information and support to the service recipient, offers choices to the service recipient regarding services and supports, the service recipient receives and from whom, and includes individually identified goals and preferences related to relationships, community participation, employment, income and savings and others. 42 CFR § 441.725 Person Centered Service Plan

## 6. Procedure

### Action by:

### Action:

#### Case Manager

1. **Verifies** the services the service recipient is eligible for based on their funding source(s), (refer to chart in section 5.1) If the service recipient has the appropriate funding source, proceed to step 2. If the service recipient doesn't have the appropriate funding source, the Case Manager **Assists** the person with applying for the appropriate funding source.
2. **Informs** the service recipient about the Employment First Act of 2012 and about all Employment and Day Service options available to them.
3. **Confirms** the service recipient has an ICAP that reflects their current support needs. Proceed to step 4. If no ICAP, completes ICAP referral (see CS PRO 250 ICAP Process) and proceeds to step 4.
4. **Reviews** transportation options available to the service recipient and makes appropriate referrals as necessary. (ex. DART Paratransit)
5. **Assists** the service recipient to identify the type of Day and/or Employment Services needed via a person-centered planning process.
  - a) An interview is required for all Employment/Day Service providers. A "tour" is also required if the person will be receiving services in a facility-based setting.
  - b) The service recipient should meet with two or more providers for interviews and/or tours. A choice of one is not a choice. If a service recipient or guardian declines to tour and/or interview other providers, the Case Manager documents their attempts to provide choice in the person-centered plan.
  - c) An interview and/or tour needs to include a formal person-centered discussion. Provider Fairs or large events do not meet this expectation. The interview must pertain to what the person wants to achieve, what supports will likely be needed and what services and supports the provider has to offer.

6. **Reviews** the Employment and Day Service Disclosure Form (DSC Form 006) with the service recipient and/or legal guardian.
7. **Documents** in the designated location in the electronic case record system the choice process as part of the person-centered planning process.
  - a) Community Navigator/Support Coordinator/Employment Navigator will document the choice process in the person-centered plan and/or Employment Plan.
  - b) Family Resource Coordinator and OBRA Case Manager will document the choice process in an ISP note.
8. **Completes** the form "Day Service Referral Form" (DSC FORM 001) for all selected services except for Pathways to Employment services which will be completed by the Employment Navigator on the "Pathways to Employment Provider Referral Form" (DSC FORM 002).
9. **Sends** via secure email the form "Day Service Referral Form" (DSC FORM 001) or the form "Pathways to Employment Referral Form" (DSC FORM 002) and the required attachments listed on the form to:
  - a) DDDS Day Service Mailbox with the name of the service, service recipient name, County, and Agency in the subject line (Smith, John-County-Agency X) of the email to:  
[DHSS-DDDS-Day-Employment@delaware.gov](mailto:DHSS-DDDS-Day-Employment@delaware.gov)
  - b) DVR point of contact, if applicable
  - c) Selected Service Provider(s)

**Employment/Day Service  
Provider**

**\*Incomplete packets will be returned.**

10. **Reviews** the referral package.
  - a. If accepted, notifies the service recipient/guardian and Case Manager via email, proceeds to step 10.
  - b. If more information is needed, sends letter (DSC 003) stating more information is needed within 10 business days of receipt of referral. \*
  - c. If the agency is at capacity, sends letter (DSC 004) to the service recipient/guardian. \*
  - d. If denied, sends denial letter (DSC 005) explaining reason for denial (this includes at capacity) within 10 business days, Case Manager returns to step 5. \*

**Case Manager**

\*Sends letter to Service Recipient/Guardian and Day Service Regional Supervisor

## Employment/Day Service Provider

11. **Schedules** and Participates in a person-centered planning process type meeting to discuss support needs and outcomes with Service Recipient and/or guardian and service provider. During this meeting a state date must be given. This meeting will satisfy the requirement for the Transfer Planning Conference provided both the sending and receiving Service Providers are in attendance and transition activities are discussed and resolved. This meeting is in addition to the interview/tour listed in step 5.
12. **Sends** a request for a service authorization to be completed to the designated resource mailbox:

[DHSS\\_DDDS\\_Day\\_Employment@delaware.gov](mailto:DHSS_DDDS_Day_Employment@delaware.gov)

with a cc' to the assigned Assistant Day Program Administrator and Case Manager. \*Please note-DDDS must authorize the service prior to the service(s) being delivered; however, will consider each circumstance on its own merit but will NOT "back date" an authorization more than 7 calendar days from the date of the original request.

Requests must include the following information:

- a) Name of service recipient
- b) Date of birth
- c) MCI #
- d) Type of Service
- e) Name of provider
- f) Start date of Service(s)
- g) Days attending Provider Agency (And/or times if split-service within the same day)
- h) Place of Employment, if applicable
- i) Days and hours worked per week, if applicable
- j) Transportation plan and/or Transportation type

## Case Manager

13. **Updates** the Person-Centered Plan or Employment Plan to include the type, scope, frequency, and duration of the service
14. **Provides** the updated Person-Centered Plan or Employment Plan to the service recipient/legal guardian maker as requested.
15. **Notifies** all service providers there was a change to the plan. Providers have access to see the changes in the electronic case record. If the provider does not access, a copy of the updated Plan must be sent to the Provider.

## Assistant Program Administrators Agency Point of Contact

16. **Verifies** the Person-Centered Plan or the Employment Plan matches the requested service authorization. If it does match, go to step 16. If it doesn't match, forwards the requesting day service provider email to the assigned Case Manager and TCM Liaison to have the plan updated. Once the plan has been updated, go to step 16.

**OBSS Contract Manager**

17. **Completes** the day service authorization, within 5 business days of request.
18. **Forwards** completed service authorization form to:
  - a. Service Provider (All service providers listed on authorization)
  - b. Case Manager
  - c. OBSS Mailbox: DHSS\_DDDS\_DAYAUTHS@delaware.gov
  - d. Electronic Case Record System Mailbox:  
[DDDS\\_ECRSRequest@delaware.gov](mailto:DDDS_ECRSRequest@delaware.gov)
19. **Completes** the prior authorization in the Medicaid System (DMES), within 10 business days
20. **Sends** the updated provider roster to the Service Provider and cc's the Day and Transition Day Service Resource Mailbox.

## Related Documents

DSC 001 Day Service Referral Form

DSC 002 Pathways to Employment Provider Referral

DSC 003 We Needs Letter

DSC 004 Capacity Letter

DSC 005 Denial Letter

DSC 006 Employment and Day Service Disclosure



**SUBJECT:** Summary Results of DDDS Staff Vacancy Survey

DDDS is well aware of the ongoing staffing and workforce challenges facing many of our providers sharing anecdotes of the impact that these conditions are creating for their operations. However, we have been missing a more comprehensive view of these challenges, and their impacts, on our system as a whole.

To gain a more data-informed perspective on the workforce challenges facing the intellectual and developmental disabilities service system, DDDS conducted a survey of its provider system in November 2021. Of the approximately 38 providers currently operating in the State of Delaware, 36 of the organizations provided responses. Providers were asked questions in three categories: overall change in staffing/staff vacancies compared to pre-pandemic totals; impact on operations; and efforts taken to address shortages. Takeaways from this survey include:

- Scale of Shortages by total numbers:
  - 63% (n=22) of respondents indicated staffing shortages of between 0-20
  - 23% (n=8) have shortages between 21-50
  - 14% (n=5) have **greater than 50 staff vacancies**
- Scale of Shortages by percent of workforce:
  - 28% (n=10) are missing between 20-30% of their workforce
  - 30% (n=11) are missing **between a third and a half of their total workforce**
- Impacts on operations:
  - 66% (n=24) indicated that senior leadership are providing direct services
  - 61% (n=22) have postponed program expansion
  - 50% (n=18) have not been able to accept new referrals, and 25% have been unable to welcome back all *existing* service recipients,
  - 11% (n=4) providers **permanently closed a program site decreasing overall capacity**
  - 42% (n=15) indicated that they have **lowered expectations for quality** in their efforts to recruit staff
- Efforts taken by providers:
  - 78% (n= 28) have increased communications and outreach to potential applicants,
  - 42% (n=15) increased interactions between leadership and staff, e.g., hosting town halls
  - 56% (n=20) offered recruitment and retention bonuses from their own general budget
  - 39% (n=14) have used CARES Act, Health Care Relief, or other COVID-related funding to support recruitment and retention efforts
  - 42% (n=15) have offered more flexible work schedules and provided financial incentives to employees to work longer shifts

This snapshot of current operations within the I/DD provider network are concerning not only for the number of open positions and proportion of vacancies left unfilled within agencies of all sizes, but the long-term impact this is going to have on service quality and service availability for years to come.

# APPENDIX E

	Assistive Technology	Behavior Consultation	Day and Employment	Nursing Consultation	Personal Care	Residential	Respite	Supported Living
Ability								
Abled Directions								
Above Expectations								
Abundant Life								
Allies								
Arc of DE								
Autism DE								
Bancroft Neurohealth								
Benchmark								
Blue Ridge								
Chimes DE								
Choices for Community Living								
Community Integrated Services								
Community Interactions								
Community Systems								
Conexio Care								
Delaware Elwyn								
Delaware Mentor								
Delmarva Community								
Easter Seals DE								
Edlyncare								
Endless Possibilities in the Community								
FED CAP Rehabilitation								
First State Residential Living								
Forward Journey								
Goodwill DE								
Grace Residential								
Hope Community								
Integrity Nursing								
Interim Healthcare DE								
JMK Behavior								
Kaleidoscope Family Solutions								
KenCrest								
Kent Sussex Industries								
Keystone Human Services								
LumiCare								
Merakey Allos								
Mosaic DE								
Neighborhood Home Care								
Point of Hope								
Pride Health Consulting								
Quality Management								
Resources for HD								
Rising Sun								
Sea Care LLC								
Service Source								
Shujaa Healthcare								
St. John's Community								
Salvation Army								
Thrive								
TOBOLA Health								
Village of Hope America								
Walk With Me								

# APPENDIX F

## ANNOTATED - Individualized Education Program (IEP) - TRANSITION

State of Delaware

School District

302-

### Student Information

Student Name: _____	Date of Birth: _____
_____	Current Grade: <i>This is the grade in which the student is enrolled when the IEP meeting occurs</i>
Student ID#: _____	
Address: _____	
District of Residence: _____	Attending Building: _____
	Disability Classification: _____

Parent* 1: _____	E-mail: _____
Address (if different): _____	(Cell) _____
Telephone (Home): _____ (Work) _____	
Parent* 2: _____	E-mail: _____
Address (if different): _____	(Cell) _____
Telephone (Home): _____ (Work) _____	

### IEP Status

Meeting Date	_____	Most Recent Evaluation Summary Report Date	_____
IEP Initiation Date	_____	IEP Revision Date	_____
IEP End date	_____	IEP Revision Date	_____

### Temporary Placement

Agency Representative:	<i>DE Admin Code §925.23.4</i>
Parent:	_____
Date:	_____
<i>Within 60 days, an IEP meeting must be held</i>	

### Meeting Participants

Role	Name	Signature
Parent* 1	<i>DE Admin Code §925.22</i>	
Parent* 2	_____	
Student	_____	
General Ed. Teacher	_____	
Special Ed. Teacher	_____	
Administrator / Designee	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

\* Parent includes legal guardian, educational surrogate parent and relative caregiver.



Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Data Considerations

1. What are the student's strengths?  
*DE Admin Code §925.24.1.1 and 925.24.1.1*  
*It is important to ask what the student's current achievements are relative to what may be necessary and appropriate for successful transition into adult life? The IEP team is asked to develop the Data Considerations Section of the IEP on academic achievement and functional performance, both of which impact a student's successful transition. The context for the Data Considerations discussion should be based upon the student's postsecondary goals.*  
*The Data Considerations Section becomes the basis for planning the transition supports, activities and services in the IEP.*  
*Information about the child's strengths, interests, how he or she learns best can be documented in this section. This can include both academic and functional living skills.*  
*Information should focus on strengths, as well as relevant deficits and weaknesses. The information should lead toward the identification of supports, activities and services a student needs to achieve his or her desired postsecondary goals. Information from age-appropriate transition assessments can be placed in this section as well.*

**Employment Strengths:**

*Add information specific to the child's employment strengths in this section. Information gained from age-appropriate transition assessments should be placed in this section. Reference assessments used.*

**Post-Secondary Education/Training Strengths:**

*Add information specific to the child's post-secondary education and training in this section. Information gained from age-appropriate transition assessments should be placed in this section. Reference assessments used.*

**Independent Living Strengths:**

*Add information specific to the child's independent living in this section. Information gained from age-appropriate transition assessments should be placed in this section. Reference assessments used.*

2. What are the educational concerns of the parent (or student, if appropriate)?  
*DE Admin Code §925.24.1.2*  
*The most valuable sources for assessment information are the student and family. Concerns and needs can be solicited from the parent or student in this section. This may be something that the school obtains prior to the meeting, or a form may be sent home for the parent to consider various aspects of education and independent skills prior to arriving at the meeting. All relevant information should be considered when identifying the unique needs of the student and the accommodations, supports and services needed to address those needs.*

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3. What data sources and age appropriate transition assessments (including district or statewide assessments) are being used to create this IEP?  
*DE Admin Code §925.24.1.3 and 925.20.2.1*  
*"Age appropriate" means a student's chronological, rather than developmental age.*  
*Age-appropriate transition assessment information can be obtained from a variety of individuals.*  
*The most valuable sources for assessment information are the student and family. Other critical individuals include: school guidance personnel, employers, adult agency personnel, school psychologist, transition specialists, classroom teachers*  
*Information and data that are considered as part of the IEP should be included in this section. This can include transition inventories, self-determination skill development, interviews, surveys, work samples, situational assessments, learning style assessments, universal screening, progress monitoring, teacher data/observations, therapy reports, formal and informal assessments, achievement testing, medical history (which may include information the parent brings to the meeting). All relevant information should be considered when identifying the unique needs of the student and the accommodations, supports and services needed to address those needs.*  
☐ Survey/Questionnaires information (including the name of the assessment) about which surveys were completed can be included here and date administered \_\_\_\_  
☐ Profiles/Portfolios \_\_\_\_ and date administered \_\_\_\_  
☐ Vocational Assessment: \_\_\_\_ and date administered \_\_\_\_  
☐ Student Success Plan: A summary of information can be included here about the Student Success Plan. and date administered \_\_\_\_  
☐ Other: \_\_\_\_ and date administered \_\_\_\_

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4.	How does the child's disability affect the child's involvement and progress in the general education curriculum? <i>DE Admin Code §925.20.1.1.1</i>
5.	What are the child's other educational needs that result from the child's disability (e.g., organizational skills, self care, fine/gross motor)? <i>DE Admin Code §925.20.1.2.1</i>
6.	Will the student participate with non-disabled students in extracurricular and non-academic areas? If yes, identify supports and services on the "Needs, Services and Annual Goals" page. If no, explain why below. <i>DE Admin Code §925.20.1.5 and 922.7 and 922.17</i> <i>Description: Indicate yes or no to each item (extracurricular and non-academic). Non-academic and extracurricular areas may include: meals, recess periods, counseling services, athletics, health services, recreation activities, special interest groups or clubs sponsored by the district, referrals to agencies that provide assistance and employment of students, including both employment by the district and assistance in making outside employment available. An explanation should be provided here if answering no to either item. If yes is indicated, supports and services needed would be added to the appropriate "need" on the "Needs, Services and Annual Goals" page of the IEP.</i>

**Other Factors to Consider:**

IEP team must consider each of the factors.

If there is a need identified, check "yes" and address in the IEP.

Yes	No	<i>DE Admin Code §925.24.2</i>
<input type="checkbox"/>	<input type="checkbox"/>	Communication needs of the student
<input type="checkbox"/>	<input type="checkbox"/>	Braille instruction for students who are blind or visually impaired
<input type="checkbox"/>	<input type="checkbox"/>	Communication and language needs for students who are deaf/hard of hearing
<input type="checkbox"/>	<input type="checkbox"/>	Language needs for students with limited English proficiency
<input type="checkbox"/>	<input type="checkbox"/>	Positive behavior interventions, supports, and strategies for students whose behavior impedes learning
<input type="checkbox"/>	<input type="checkbox"/>	Need for assistive technology devices and services
<input type="checkbox"/>	<input type="checkbox"/>	Intervention supports and strategies for students who have difficulty accessing and/or using grade-level textbooks and other core materials in standard print formats

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Transition

#### Student's Post-High School Goals: DE §925.20.2.1

Post School Employment Goal	<p><i>Required</i> <i>IDEA 2004 requires that the measurable post-secondary goals be based on age-appropriate transition assessments. As a student proceeds through high school, postsecondary goals should also become more specific and focused on the next steps in adult life for that student.</i></p> <p><i>A measurable postsecondary goal is a statement that articulates what the child would like to achieve after high school based on student's strengths, preferences and interests. Appropriate measurable postsecondary goals are: measurable ("measurable" means you can count it, observe it, and document it); based upon age appropriate transition assessments; communicates what the child would like to achieve after high school; an outcome that occurs after the person has exited high school; related to training, education, employment and when appropriate, independent living skills; a measurable postsecondary goal is NOT an activity, step, wishful intent, or the process of pursuing or moving toward the desired outcome.</i></p> <p><i>To write measurable postsecondary goals use results-oriented terms such as "will be enrolled in", "will work", "will live independently", and use descriptors such as "full time" and "part-time".</i></p> <p><i>Initially, broad descriptions of the student's preferences, strengths, interests, or vision of what they might like to do in employment, education, training, and independent living are appropriate. Each year the IEP/Transition Team should reassess and refine the student's postsecondary goals. By a student's last IEP, the measurable postsecondary goals should be specific and measurable one year out by the last year's IEP.</i></p>
Post Education/Training	<i>Required ... see statement above.</i>
Independent Living (if needed)	<i>IEP team determines if a goal is needed for this section. It is recommended that each student should have a goal in this area. If the IEP team determines a goal is not needed in this area justification must be evidenced in the results of the age-appropriate transition assessment(s).</i>
The student plans to exit school with:	<input type="checkbox"/> Diploma <input type="checkbox"/> Certificate

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#### Courses of Study: DE Admin Code §925.20.2.2

Grade	Courses of Study (from student's current year to year of graduation)
_____	<p><i>The IEP team must determine what instruction and educational experiences will assist the child to prepare for the transition from secondary education to post-secondary life. Courses of study should focus on: all courses and educational experiences; how the educational program can be planned and relate directly to the child's goals beyond secondary education; and, show how those courses are linked to those goals. The course of study must be reviewed and updated annually.</i></p> <p><i>The process for developing the courses of study should assist students and their family in selecting courses that are meaningful and motivate students to complete their education.</i></p>
_____	<p><i>The courses of study must be a specific listing of courses to determine they will reasonably enable the student to achieve his/her post school goals.</i></p>
_____	<p><i>Only listing "core academic", "3 pathway credits", "electives" is not sufficient. SPECIFIC COURSES MUST BE LISTED</i></p>

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**Activities and Services to Reach Goal:** *DE Admin Code §925.20.2 - DE §925.20.2.2*

Employment Goal: <i>Required ... see statement above under Student's Post-High School Goals.</i>			
Activities/Services needed to reach goal	Responsible Party	Start Date	Completion Date
<i>What activities and strategies can be identified in the IEP to help the child move toward the realization of post-secondary outcomes? What services, supports or programs will this child need in order to achieve his or her desired post-school goals and ensure success as he or she enters the adult world? How can the child be linked to the needed post-school services, supports or programs before he or she leaves the school setting? The school's responsibility is to help identify activities and strategies, involve appropriate agencies and coordinate the process so that Student's goals are met. All of the activities/strategies must be reviewed and refined each year based on what has been accomplished, current and future needs, and emerging strengths, preferences and interests. Not all of the activities will be the responsibility of the school to oversee, provide or pay for. It is the responsibility of the team to ensure that appropriate outside agencies are involved in transition planning, and there is coordination among all responsible parties. The transition activities/services should build to the student's unique needs and annual goals.</i>  <i>The activities and services should align with the student's post school goals. They should reasonably enable to student to reach his/her goals.</i>	<i>Who is responsible providing the activities/services</i>		

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Post-Secondary Education/Training Goal: <i>Description: Required - see statement above under Student's Post-High School Goals.</i>			
Activities/Services needed to reach goal – See description above	Responsible Party	Start Date	Completion Date

Independent Living Goal (if needed): <i>Description: IEP team determines if a goal is needed for this section. It is recommended that each student should have a goal in this area. If a goal is listed there must be activities/services.</i>			
Activities/Services needed to reach goal – See description above	Responsible Party	Start Date	Completion Date

**In addition to School Supports, the Student Will Need the Assistance of:**

Agency	Contact Person	Phone Number
<i>Description: There are many agencies that may help the child and family in the transition to adult life.</i>	<i>Description: When the school district or charter school plans to invite an agency to participate in the IEP meeting for a student, it is required to have parent consent, or consent of the child if he/she has reached the age of majority.</i>	<i>Description: The parent consent, or consent of the child if he/she has reached the age of majority, must be signed before the invitation goes out to the agency. There should also be evidence the agency was invited to the IEP meeting.</i>

Transition IEP

Transition

5/2010

▲  
**Is there a current Interagency Release of Information Form on file with the school?**

☐ Yes      ☐ No (If no, discuss form for transition planning with appropriate agencies)

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Unique Educational Needs and Characteristics</b>	Provide a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will enable the child: <ul style="list-style-type: none"> <li>• to advance appropriately toward attaining the annual goals;</li> <li>• to be involved in and make progress in the general education curriculum, and to participate in extracurricular and other nonacademic activities; and,</li> <li>• to be educated and participate with other children with disabilities and non disabled children.</li> </ul>			
<u>DE Admin Code §925.24.1.4</u> <u>Description:</u> Add a specific academic or functional need here	<u>DE Admin Code §925.20.1.4</u> <u>Description:</u> Add a broad statement about the services that will be provided to the child. This should include any specialized services including accommodations and modifications that will be needed. If related services will be added as a resource for this specific need, a narrative about the involvement could be added. This can either be in sentence format or in bullet form. This area is basically meant to answer the question "what are we doing to support the need described above?"			
<b>Services, Aids &amp; Modifications</b>	<b>Start Date</b>	<b>Frequency</b>	<b>Duration</b>	<b>Location</b>
<u>DE Admin Code §925.20.1.4</u> <u>Description:</u> Add specific services that are provided as part of the classroom instruction. Related services would NOT be included here (that is later in the IEP). Typically accommodations would not be added to this section. This is used to describe any explicit instruction that is needed to address the need above.	<u>DE Admin Code §925.20.1.7</u> <u>Description:</u> The regulation requires that the projected date for the beginning of services, and frequency, duration and location are included.	<u>DE Admin Code §925.20.1.7</u>	<u>DE Admin Code §925.20.1.7</u>	<u>DE Admin Code §925.20.1.7</u>

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<b>PLEP (Present Level of Education Performance):</b> <u>DE Admin Code §925.20.1.1</u> <u>Description:</u> Add a present level of educational (academic or functional) performance here. There should be a direct relationship between the PLEP and the annual goal. "Not yet measured" or "no baseline" is not an appropriate PLEP. The PLEP should be measurable, based upon data of the child's current performance.
<b>Benchmark #1 1st Marking Period</b> <u>Description:</u> Benchmarks are the steps needed to measure the annual goal. There should be a direct line from the PLEP (above) and the statement of special education services (above) towards the measurable annual goal (below). The marking period drop down should match to the next marking period that would occur during this IEP cycle. <u>Measured progress must be reported to parents at least as often as it is reported to parents of non-disabled children.</u>
<b>Benchmark #2 1st Marking Period</b>
<b>Benchmark #3 1st Marking Period</b>

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 Add a present level of educational (academic or functional) performance here. There should be a direct relationship between the PLEP and the annual goal. "Not yet measured" or "no baseline" is not an appropriate PLEP. The PLEP should be measurable, based upon data of the child's current performance.

Deleted: Description: Benchmarks are the steps needed to measure the annual goal. There should be a direct line from the PLEP (above) and the statement of special education services (above) towards the measurable annual goal (below). The marking period drop down should match to the next marking period that would occur during this IEP cycle. Measured progress must be reported to parents at least as often as it is reported to parents of non-disabled children.



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Related Services

Services	Type of Delivery	Start/End Date	Frequency	Duration	Location
_____	<i>Description: Three types of delivery are available as part of this drop down - Individual, Group, and Consult. Only one type of delivery model can be chosen for each row.</i>	<i>DE Admin Code §925.20.1.7 The regulation requires that the projected date for the beginning of services, and frequency, duration and location are included.</i>	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____
_____	Individual	_____	_____	_____	_____



Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation** [\*DE Admin Code §922.7.3\*](#)

Special transportation needs? If yes, specify: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is it necessary to place this student, who is transported from the school by bus into the charge of a parent or other authorized responsible person? If so, Transportation Department will be notified by: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Participation in Statewide Assessment**

<input type="checkbox"/>	Student will participate in regular testing conditions without accommodations unless one of the below is checked.
<input type="checkbox"/>	Student participates with accommodations as documented on the attached Student Accommodation Checklist.
<input type="checkbox"/>	Student is included in Alternate Assessment. The Participation Guidelines form is attached and #500 is filled in on the Student Accommodation Checklist.
<input type="checkbox"/>	Student is not in a grade that is assessed.

**Discipline**

The student will adhere to School Code of Conduct. (Check below if any of the following are needed):	
<input type="checkbox"/>	Interventions and supports are described under services/supports and/or in goals.
<input type="checkbox"/>	Behavior intervention and support plan (see attached).
<input type="checkbox"/>	Other: _____

**Participation in Twelve-Month Program**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
By State Law [14 Del.C. §1703], parents of students with certain disability classifications may choose a 12-month program which does not exceed 217 school days (Severe Mental Disability; Trainable Mental Disability; Orthopedic Impairment; Traumatic Brain Injury; Deaf-Blind) or 241 school days (Autism). As a parent of a qualifying student, I choose a 12-month program.		

**Consideration of Eligibility for Extended School Year Services (ESY)**

IEP team must consider each of the following factors:					
• Regression / Recoupment		• Vocational Skills		• Degree of Impairment	
• Breakthrough Skills		• Extenuating Circumstances			
<b>Is ESY needed?</b>					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> To Be Determined	
<input type="checkbox"/> ESY offered, but declined by parent					
Rationale for decision: _____					
Specify goals and services: _____					
<input type="checkbox"/> See attached page (if needed)					
<b>Services</b>	<b>Type</b>	<b>Start/End Date</b>	<b>Frequency</b>	<b>Duration</b>	<b>Location</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Least Restrictive Environment/Placement

A student with a disability shall not be removed from education in age appropriate regular classes solely because of needed modifications in general education curriculum. Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

[DE Admin Code §923.14.2](#)

Use the option below to determine the appropriate setting.

<input type="checkbox"/>	A.	<b>Regular Setting</b> Includes pull-out related services and team classrooms. Student served inside the regular classroom greater than or equal to 80% of the day.
<input type="checkbox"/>	B.	<b>Services Provided Both in Separate Special Education Classes and Regular Setting</b> Student served inside the regular classroom greater than or equal to 40% of the day and no more than 79% of the day.
<input type="checkbox"/>	C.	<b>Separate Special Education in an Integrated Setting</b> Student served inside the regular classroom less than 40% of the day.
<input type="checkbox"/>	D.	<b>Separate School</b> Student served in public or private separate day school facility for greater than 50% of the school day or a residential facility if student does not live at the facility.
<input type="checkbox"/>	E.	<b>Residential Facility</b> where student resides during the school week.
<input type="checkbox"/>	F.	<b>Homebound or Hospital</b>
<input type="checkbox"/>	G.	<b>Correctional Facilities</b> (only used by DSCYF and Prison Education) Students placed in short-term detention or correctional facilities.

An explanation must be provided about the extent, if any, to which the child will not participate with nondisabled children in the regular class.

[DE Admin Code §925.20.1.5](#)

Description: \_\_\_\_\_

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### Student Parent Signatures

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I acknowledge that I have received a copy of the Procedural Safeguards. My due process rights under those Procedural Safeguards have been explained to me.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I agree with the program described in this document.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I agree with the placement decision as noted above and discussed at this meeting.
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	At least one year before the age of majority (18), student has been informed that rights will transfer to him/her unless a legal guardian has been appointed.

\_\_\_\_\_  
Parent/ Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Student Signature

\_\_\_\_\_  
Date

### If Parent Does Not Attend

Staff member below is responsible for forwarding a copy of the IEP and Procedural Safeguards and explaining content, if necessary to the Parent.

✓ Name \_\_\_\_\_ Position \_\_\_\_\_ Method of Contact \_\_\_\_\_

Transition IEP

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5/2010

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# APPENDIX G

## DDDS Questions for May 14, 2025

1. Are there any updates available that the legislature should be aware of with federal funding and DDDS programs for day and employment services?

DDDS provides access to day and employment services through three mechanisms: the 1915(c) “Lifespan” waiver; the 1915(i) Pathways to Employment State Plan Amendment (SPA); and the State Plan Rehab Option. The Lifespan waiver is a CMS-approved waiver and provides access to services for individuals eligible for DDDS services who are also eligible for Medicaid, which represents approximately 95% of the individuals currently served by DDDS. This partnership enables the Division to leverage federal match, approximately 60% of total cost, on nearly every service provided to nearly every individual served. In practice, that means taking, for example, a contribution of \$150M in state funding for FY2025 and creating a total budget of more than \$300M to support services across the state. Additionally, through the CMS approved Public Assistance Cost Allocation Plan (PACAP), the Division recovers funds for administrative efforts (staff time) related to operationalization, authorization, and monitoring of these services. The Division receives an increased federal match (90/10) for any service recipients that are eligible for Medicaid through the Modified Adjusted Gross Income (MAGI) expanded population group. Finally, the Division is able to leverage a heightened match (90/10) when implementing critical infrastructure to our service system, which includes projects like our current upgrades to our client data management system – the central database for managing and documenting all aspects of service delivery for the individuals we support.

While there has been no impact on Division federal funds to date, the Division is mindful that many of the ideas introduced for limiting or reducing Medicaid funding could have an immediate impact on operations, services delivery, and availability of services. Proposals to cap federal match would reduce the overall availability of funds.

2. Is the provider directory online (last update 11/18/2024) for day and employment services still current?

Yes, the list of providers listed on the Division website is accurate and up to date.

- Is there data on current enrollment with each provider? If so, is it possible to share current enrollment numbers with us?

Yes. For clarification and accuracy, DDDS service recipients are not tracked by “enrollment”; instead, our database monitors the services an individual is authorized to receive (service type and hours of support) by an authorized provider in the DDDS system.

There are twenty-six providers authorized to provide day habilitation (facility or non-facility), prevocational, or supported employment services through at least one of the Division’s plans (Lifespan, Pathways to Employment, or State Plan). The table below reflects authorizations each

provider has for an individual service recipient. Note that a single individual may be accessing services from multiple providers.

Abundant Life	45
AFPS	14
Allies	8
Arc of DE	13
Autism DE	178
CCL	58
CERTS	46
Chimes	346
CIINC	27
CIS	295
Conexio	5
DCS	8
DE Mentor	86
Easter Seals	374
Elwyn	21
EPIC	130
FedCap	7
Goodwill	4
Kaleidoscope	28
KenCrest	13
KSI	182
POH	124
Service Source	82
Thrive	32
TSA	54
UofD	3
<b>Grand Total</b>	<b>2183</b>

3. How many adults (aged 21 and older) are eligible for DDDS day and employment services, and how many are currently enrolled in day and employment services? (Note: If providing enrollment data in question #2, disregard current enrollment in this question).

As noted above, for clarity and accuracy, DDDS does not use the term “eligibility” for tracking service recipients and their connection to a specific service. As part of the person-centered planning process, goals and associated service needs are identified, and the Division works to foster a match with a service provider that offers the identified service and has capacity to meet the service recipient’s support needs.

That is not to imply that there is always a 1:1 alignment between an individual seeking a service and that individual having an active authorization for that service with a specific provider. When an individual is still awaiting a service, the root cause is typically one of two scenarios. First, it may be that a provider best suited to meet the needs of that individual has not been identified, or appropriate supports for that individual to be successful in that service have not been put into place or are currently unavailable. As an example: I am looking for a service that can provide me with one-on-one support while engaging in my community during the day but only on Tuesdays because I work and receive Supported Employment services the other four days of the week. There are several providers of Community Participation, which offers that one-on-one support in the community, however it may take time to identify a staff that is looking for very limited part time work or adjusting assigned staffing of other service recipients to free up a staff member for the one identified day that Community Participation services are needed.

- If there is a disparity in eligibility and enrollment, is there a known reason? (i.e. lack of transparency/advertisement/education about services available, limited workforce for service providers, limited DDDS case workers, inefficient service transitions from childhood to adulthood, insufficient case management system/IT/technology).

While alignment with providers can sometimes pose a barrier to immediate access to a service, the real limiting factor on provider capacity is workforce. That is, the gap or disparity that may exist between an individual, already deemed eligible and enrolled in DDDS services and actively looking for a specific day or employment service and actually participating in a program, is a direct result of provider capacity, which is a direct result of workforce.

There are system enhancements that the Division continues to invest in that can help strengthen the process of connecting individuals to services more efficiently and more quickly. For example, sending referrals to multiple providers as service recipients and families may only be aware of one or two providers and only request those one or two providers. Sometimes, however, those providers may not offer the services they are seeking, they may have limited capacity at the time to accept new service recipients, or they may only have part-time availability. This allows service recipients to explore multiple providers, which often leads to a more robust service programming week for the person. Over the last 3 years there has been a noticeable shift in the way service recipients are accessing services in comparison to years past. Historically service recipients received services from one provider even if they were accessing more than one service across the week. Now service recipients are accessing services from as many as 4 providers across multiple service lines as they are directing how and where they want to spend their time. While much of this change was instigated by the limited availability resulting from the public health emergency, the outcome has been access to a greater diversity of services and opportunities for individuals in the DDDS system.

- Are there any unmet needs DDDS has that would improve service delivery?

The Division is extraordinarily fortunate to have a robust and diverse provider network across the state. In partnership with those providers, the Division has a strong track record of supporting individuals to achieve a wide variety of personal goals. And our equally strong partnership with our advocates ensures we remain committed to growing, evolving, and adapting our system to ensure the services that are needed are already available by the time that need comes. DDDS has continuously added or enhanced existing services when the Lifespan waiver was first amended to include people living in their own or family home to try to better meet the needs of the people and families we support. While we are confident in the strengths of our Division and our service system, we are mindful of three core areas in need of ongoing monitoring and support.

Support for workforce development: The primary limitation to all service delivery is availability of a robust, trained, and resilient workforce. There are many ways to grow and support the workforce that is needed, but building this workforce is a collaborative effort. As the Division looks ahead to growth and needs, there are at least three areas for attention. The first is ensuring rates for services are regularly updated and that the State does what it can to align those rate studies with actual reimbursements. Predictability in this process allows our provider agencies to know what to expect, and when, which enables them to grow in a more predictable fashion. Second, ensuring an adequate workforce is a job bigger than DDDS and more appropriately aligned with statewide workforce development efforts. By 2050, the direct care workforce, of which direct support professionals in the DD system are just one component, will be the largest and most needed labor sector in the state. The Division cannot fill this need alone. Finally, supporting the first two needs requires better data and an integration of data regarding DSPs and DCWs into data about the healthcare workforce more broadly. Doing so would simultaneously align goals of growing a future healthcare workforce through an expanded pool of candidates while monitoring the health of the DCW more directly.

Support for the continued evolution of the Division: Today's Division of Developmental Disabilities Services serves more than five thousand individuals in communities across the state. But more than a century after the establishment of the Delaware Colony for the Feeble-minded, now the Stockley Center, the Division still carries the vestiges of its earlier operations – most notably in its staffing structure. Division vacancies are often interpreted as hard to fill positions; but in many cases within DDDS, vacancies are positions that were once critically needed when the Stockley Center served more than 700 individuals on its campus across multiple living arrangements. As the Division shifted focus towards offering services in the community, positions were moved, but not always updated to reflect the new realities or expectations of service delivery. Evolving and modernizing the Division must also include ongoing assessment and realignment of staffing with mission.

Support for access and inclusion in the community: There is no greater unmet need for improving service delivery than overcoming the legacy of bias that our service recipients encounter. Unfortunately, the greater community continues to try to impose limitations, restrictions, or requirements that would never be imposed on their nondisabled peers, related to accessing health care, housing, or generally available community resources. Additionally, if they are able to make meaningful connections in the community, transportation creates yet another obstacle that must be overcome. The goal of our work is to enable life in the community, not simply living there; but meeting that goal requires all of us.

4. What are the responsibilities and duties of case managers for day and employment services?

First, the Division would like to note that there is a variety of “case managers” working with or on behalf of DDDS, all of which have a role related to employment and day services if any of the service recipients on their assigned caseload are, or would like to, access those services. DDDS directly employs Support Coordinators, who provide case management to service recipients receiving residential habilitation services with a DDDS provider agency. DDDS also directly employs Employment Navigators that provide employment specific case management services to individuals enrolled in the Pathways to Employment program. The Division currently contracts with the Columbus Organization to provide case management services to individuals living in their own home or family home. For those service recipients that have elected to receive their services through the Diamond State Health Plan Plus (aka LTSS waiver) that is operated by their selected Managed Care Organization (MCO), they receive case management services from their assigned MCO Care Coordinator. DDDS recognized years ago that most MCO Care Coordinators are not familiar with DDDS services, so the Family Resource Coordination Unit was developed to help those service recipients navigate and access services offered by DDDS. A service recipient may have one or some combination of case managers on their DDDS team, which may change as the services and supports they are accessing change.

Case managers for day and employment services play a vital role in ensuring individuals receive comprehensive support tailored to their needs. This can begin as early as age 14 as the service recipient and their parents begin to think about transition to adulthood. Case managers conduct assessments based upon the service recipient’s preferences, needs, and desired outcomes while coordinating with other applicable agencies including the Division of Vocational Rehabilitation (DVR), Department of Education, and local school districts. This information is used to develop the person-centered plan (PCP) and to determine which service(s) are appropriate to assist the service recipient with their desired goals. The case manager completes referrals to providers of the identified service(s) and assists with, for example, tours and intake meetings, until a match is made between the service recipient and provider. After services are initiated, regular follow-up occurs including reviews of provider service documentation, quarterly PCP reviews with the service recipient and family to ensure services and goals remain in alignment, quarterly face to face visits including at the day service location(s) to ensure health, welfare, and safety, and team meetings to review areas of concerns as needed, and document their interactions with or on behalf of the service recipient.

5. What is the process for transition from one day and employment service provider (or program) to another if the enrolled provider or program closes operations?

Fortunately, this does not happen very often within the DDDS provider network, and in nearly every instance this closure is known or anticipated because the provider has shared this intention with the Division to ensure an orderly process for transitioning services. When the Division is given proper notice, we strive to keep the services in place whenever possible by offering support and assistance to try to keep the service/location open. The Division may do this by providing temporary supports to the provider looking to exit; or coordinating with another provider to transition the site and service(s) offered with capacity to meet the needs of those supported within that program/site. When these options are not available, official notification from the existing provider to the service recipients and their families is paramount. The Division manages the notification to case management to ensure that they are clear about next steps since this is not a common occurrence. The case manager then meets with the service recipient and their family to review their PCP to evaluate their current desired goals and outcomes to see if anything has changed and makes updates to the PCP as appropriate. While the closure and transition may be challenging for service recipients, it can also be an opportunity for them to consider new options that they may not have otherwise even thought about. After carefully discussing the situation with the service recipient and their family and reviewing all available options, the case managers will, for example, complete referrals, assist with tours and intake meetings, to facilitate the transition of services.

6. How does DDDS oversee case management for day and employment services?

The Division of Developmental Disabilities Services (DDDS) oversees case management for day and employment services using a systematic, multi-tiered approach that ensures quality, consistency, and accountability. DDDS has developed detailed policies, procedures, and best practice guidelines for the delivery of case management services and conducts monthly, quarterly, and annual audits of individual case managers by reviewing service documentation, person-centered plans, compliance with case management standards, and verification of quarterly face to face visits. This is then aggregated across the state so that not only individual case manager issues can be addressed but also systemic issues are identified and remediated through corrective action when needed. DDDS is required to report on federal performance measures to the Delaware Division of Medicaid and Medical Assistance (DMMA) related to case management performance measures for waiver and pathways to employment members on a quarterly and annual basis. DMMA also conducts random audits of person-centered plans for both programs on a quarterly basis. DDDS also submits an evidentiary (proof of compliance) report to CMS for each of the programs. Any performance measure that is below 86% compliance for the quarter or annually requires a corrective action plan be developed, approved, and implemented.

7. How does DDDS oversee contracted provider services for day and employment services?

DDDS oversees contracted provider services for day and employment services through a comprehensive, multi-layered framework designed to ensure providers comply with established standards and deliver the services they have been authorized to provide. This begins with the



contract between DDDS and the provider agency for service(s), which outlines deliverables, performance measures, compliance expectations, and required remediation if there are identified areas of concern. Case managers review service documentation at the individual service recipient level to ensure the service(s) is being delivered as authorized, conduct face to face visits at the service location, and meet with the service recipient to review all of their service and supports to ensure they are satisfied with each of their providers. At a systems level, every provider is subject to an annual quality service review (QSR) conducted by the Division's Service Integrity and Enhancement (SIE) unit to ensure they are meeting the established provider standards for each of the services they are authorized to provide. This review includes both service documentation and delivery as well as physical site inspections. Any noted area of deficiency requires a corrective action plan to be submitted, approved, and implementation is verified. Additionally contracted providers are required to submit monthly and quarterly reports that include service utilization, key performance metrics, client outcomes, and annual independent audited financials. DDDS is required to report on federal performance measures to the Delaware Division of Medicaid and Medical Assistance (DMMA) related to service providers compliance with staff training, maintaining service recipient health, welfare, and safety, and the submission and implementation of corrective action plans for waiver and pathways to employment members on a quarterly and annual basis. DMMA also conducts random audits of person-centered plans for both programs on a quarterly basis. DDDS also submits an evidentiary (proof of compliance) report to CMS for each of the programs. Any performance measure that is below 86% compliance for the quarter or annually requires a corrective action plan be developed, approved, and implemented. Further, CMS issues random Payment Error Rate Measurement (PERM) audits directly to providers of services that requires the provider to respond with identified information to verify that services were provided as outlined in the PCP, including the authorized scope, amount, frequency, and duration, what was provided meets the scope of the service authorized, and the amount billed matches what was authorized.