

Glossary of Terms

| Term | Definition |
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| (ADL) Activities of Daily Living | A series of basic activities performed by individuals, daily, necessary for independent living at home or in the community, IE personal hygiene, dressing, eating, maintaining continence, and mobility. |
| Aid Category | A designation under which a person may be eligible for public assistance and medical assistance. Medicaid has many aid categories. Examples of these categories are blind, disabled, and pregnant women. |
| Adaptive Skills | Practical, everyday skills needed to function and meet the demands of one's environment, including the skills necessary to effectively and independently take care of oneself and interact with others |
| Advocacy | The action of representing another individual's view or interests on their behalf. |
| Audit | A systematic process conducted by DDDS staff that is designed to gauge the quality of a specified program. |
| Authorized Representative | The person(s), on behalf of an individual without decision-making capacity, who has the highest priority to act for the individual under law, and who has the authority to make decisions on behalf of the individual. The individual's authorized representative could be a person designated by an individual under an advanced health-care directive, an agent under a medical durable power of attorney for health care decisions or financial decisions, a guardian of the person appointed pursuant to 12 Del.C. Ch. 30 and 39A, in accordance with the authority granted by the appointed court, a surrogate appointed under 16 Del.C. Ch 25, a person designated by an individual as a Supported Decision Maker pursuant to 16 Del.C. 94A, or a person who is otherwise authorized under applicable law to make the decisions on the individual's behalf, if the individual lacks decision-making capacity as documents by a health care professional. |
| Behavior Consultation | A service under the DDDS Medicaid Lifespan Home and Community Based Waiver that includes the development of a Functional Behavioral Assessment, a Behavior Support Plan and training for any individual that provides direct support to the member. |
| Behavior Modifying Medications | Any chemical agent used for the direct effect it exerts upon the central nervous system to modify thoughts, feelings, mental activities, mood, or performance. These are often categorized as follows: antipsychotic, antidepressants, mood stabilizers, antianxiety agents, stimulants, and sedative/hypnotics |
| (BSP) Behavior Support Plan | A person-focused, positive behavior intervention document of behavior and/or mental health supports developed from a functional assessment based on a foundation of positive, proactive values to aid the individual in striding towards his/her goals and objectives in life with minimal interference from behaviors that impede his/her progress. |
| Benefits Counseling | A Pathways to Employment service that is aimed at assisting participants in understanding the impact of their wages on benefit programs. It helps them make informed choices and use work incentives and other tools to achieve self-sufficiency through work. |
| Business Requirements Document (BRD) | A business requirements document (BRD), is a formal report that details all the objectives or "requirements" for a new project, program or business solution. It describes a business need or objective along with what is expected as the project proceeds. Once the BRD is approved, the company or team can begin finding the best approach to building the solution. In this way, BRD provides clarity, retains |

| Term | Definition |
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| | focus and removes ambiguity about the project's needs. |
| Care Management | This business process uses data collected in Member Management to establish a DDDS case record and to assign members to a case manager. This BP includes all activities related to the development and monitoring of a person-centered plan (see definition below) by a case manager. Information from this BP is used in Operations Management to authorize services for members at a detail level. |
| Career Exploration and Assessment | A Pathways to Employment service that helps participants identify career directions and develop plans for employment in integrated settings. The service is time-limited to make sure that participants get moving toward their program goals. |
| Caseload Based Role | The functionality assigned in CDMS (Therap) to users, that limits their system access only to those individuals who the user is assigned to support. |
| (CMS) Centers for Medicare and Medicaid Services | A federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid , the Children's Health Insurance Program (CHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments , and oversight of HealthCare.gov . |
| Chemical Restraint | A single dose of medication administered in response to an unanticipated urgent situation, with the intent of immobilizing an individual managing an already occurring event such as aggressive behavior that is placing the individual or others in imminent danger of physical harm. |
| Comprehensive Investigation | A systematic collection of information that documents details of an incident and is used to guide further investigation into root causes of the incident, as necessary to mitigate potential future risks to individuals' ongoing health and safety. |
| Community Bank Account | Any account established at a financial institution in the community |
| (CN) Community Navigator | The title of case managers working within the Targeted Case Management (TCM) vendor, who coordinate services for mostly those living in their family setting. |
| Configuration | The arrangement or setup of hardware/software that make up the CDMS |
| Contracted Provider | An entity that has been contracted to provide one or more DDDS services to meet the specialized needs of individuals with intellectual and developmental disabilities who live in the community. |
| Contractor Management | This business process accepts information received as a result of an RFP (conducted in a separate system) and award of contracts related to that RFP. This process uses information from Provider Management to create a set of services and related data that a provider is contracted to provide for a member. |
| Crisis Intervention Curriculum | A DDDS approved curriculum that provides instruction in the use of positive behavior supports, crisis prevention, and crisis intervention techniques. |

| Term | Definition |
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| Critical Incident | A subset of Reportable Incidents that has resulted in actual physical, mental and/or emotional harm to individuals served; or presents a significant, direct and immediate threat to the health and safety of a service recipient. This includes but is not limited to: staff not certified in LLAM training administering medication; physical/ emotional/sexual abuse; neglect; mistreatment; errors in medication administration identified as critical by the prescriber; medication diversion; missed medical appointments required for maintenance of serious health conditions; and significant injury to an individual. |
| (DH) Day Habilitation | The provision of regularly scheduled activities in a non-residential setting, separate from the participant's private residence or other residential living arrangement, such as assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living, physical development, basic communication, self-care skills, domestic skills, community skills and community-inclusion activities. |
| DHIN | Delaware Health Information Network |
| (DHSS) Department of Health and Social Services | A cabinet level agency established under Title, 29, Del.C. Ch. 79. The operating department that DDDS falls under, with the mission: To improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations. |
| (DSP) Direct Support Professional | Paid staff who provide direct support to people with intellectual and/or physical disabilities with the aim of assisting the individual to become integrated into their community or least restrictive environment, developing their skills, and aiding with activities of daily living as needed. |
| (DDDS) Division of Developmental Disabilities Services | A division within the Department of Health and Social Services established under Title, 29, Del.C. Ch. 79, section 7909A., that has the mission of valuing persons with intellectual and developmental disabilities, honoring abilities, respecting choice, achieving possibilities, and working together to support healthy, safe, and fulfilling lives. |
| (DHCQ) Division of Health Care Quality | Licenses and certifies health care facilities to protect elderly and disabled citizens living in long term care facilities including: Nursing Homes, Intermediate Care Facilities, Group and Neighborhood Homes, Rest (Family) Care Homes and Assisted Living facilities. Also investigates complaints of abuse, neglect and fraud in long term care facilities and works with the Attorney General's Office to coordinate investigations into abuse, neglect and fraud. Conducts criminal background checks for applicants for employment in long term care facilities. Manages the certification of Certified Nursing Assistants and manages the Adult Abuse Registry. |

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| (DMMA) Division of Medicaid and Medical Assistance | The Division in Delaware that supervises, provides guidance, and develops quality standards for Medicaid programs that are executed statewide. |
| (EMBS) Emergency Medical/Behavioral Intervention Strategies Form | A standardized form used to document the use of an Emergency physical restraint, and/or behavior intervention strategy approved in the plan such as planned emergency physical restraint, or planned PRN medication intervention |
| Emergency Preparedness | The steps taken to be ready to respond and survive during an Emergency. Every individual receiving DDDS services must have an Emergency Preparedness Plan in place. |
| (ETLA) Emergency Temporary Living Arrangement | A short-term residential placement for individuals who have been displaced. |
| Emotional Abuse | The use of oral, written, or gestured language that includes disparaging and derogatory terms to service recipients regardless of their age, ability to comprehend, or disability. Includes the violation or resident rights and privacy through the posting or inappropriate materials on social media. Examples of Emotional Abuse are ridiculing, demeaning, humiliating, or cursing at a patient or resident, punishment or deprivation, or threatening physical harm. |
| (EN) Employment Navigator | The title of case managers who work in the Pathways to Employment Program. These workers help participants access needed employment services and other supports, such as medical, social, and educational services, regardless of funding source. |
| Enhanced Monitoring | A program of service quality checks that augments standard DDDS monitoring of service provisions and may include but is not limited to: increased routine site visits, unannounced site visits, record review, billing review and observation of service delivery. |
| Evidence | The available body of facts or information identified through the course of an investigation indicating whether a belief or proposition is true or valid. |
| Feasibility | The criteria used to determine the amount of effort and resources to implement the requested changes |
| (FBR) Federal Benefit Rate | The maximum dollar amount paid to an aged, blind, or disabled person who receives Social Security Disability benefits under SSI. |
| Financial Coaching | A service offered by Pathways to Employment that is aimed at increasing the participant's capacity to understand and manage finances, to increase their financial stability and expand their economic opportunities. |
| (FFP) Federal Financial Participation | A percentage value of the federal share of Medicaid expenditures paid by the federal government for the administrative and program costs under the Medicaid program. |

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| Financial Exploitation | <p>The illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the elderly person or the vulnerable adult by any person or entity for any person's or entity's profit or advantage other than for the elder person or the vulnerable adult's profit or advantage. "Financial exploitation" includes, but is not limited to:</p> <p>a. The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with an elderly person or a vulnerable adult to obtain or use the property, income, resources, or trust funds of the elderly person or the vulnerable adult for the benefit of a person or entity other than the elderly person or the vulnerable adult;</p> <p>b. The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the elderly person or the vulnerable adult for the benefit of a person or entity other than the elderly person or the vulnerable adult; and</p> <p>c. Obtaining or using an elderly person or a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the elderly person or the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds. (31 Del. C 3902(11))</p> |
| Financial Transaction | <p>Use or movement of an individual's personal money or financial resources. This may include, but not limited to, the transfer or commitment of funds to, from, or between the following: investments, donation, bank accounts (including ATM transaction), insurance policies, financial contracts or agreements.</p> |
| Functional Behavior Assessment | <p>An instrumental process to gain an understanding of why the problem behavior occurred. The goal is to identify what the person is trying to communicate and/or identify medical and psychiatric issues.</p> |
| (HCBS) Home and Community Based Services | <p>Services provided in the community as an alternative to institutional services under the authority of a 1915(c) Home and Community Based Waiver that provide opportunities for Medicaid beneficiaries to become more independent.</p> |
| Home and Community Based Services Waiver | <p>A Medicaid authority codified at section 1915(c) of the Social Security Act that allows states to offer services in the community as an alternative to institutional services. CMS must approve the state's waiver application before it will authorize funding for these services. DDDS operates the Medicaid Lifespan HCBS Waiver. The waiver application describes how the state will administer the waiver, who is covered, what services are offered, what types of providers can deliver the services and how the state will use a person-centered plan to authorize and monitor services.</p> |

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| Health Related Supports | Supports ordered or designed by a Therapist and approved by a Physician for the purposes of treating a medical disorder/condition or preventing injuries that could occur because of a medical condition. Health Related Supports (such as wheelchair seatbelts or harnesses, splints, helmets, mitts) must first have the permission of the individual prior to application; therefore, it cannot be forced upon him/her. In addition, Health Related Supports are required to be designed so that the individual can freely remove the device and/or staff, family/guardian can assist in the removal of the device at the individual's request. Using Health Related Supports as Mechanical Restraints for the purposes of addressing behavior challenges is prohibited. |
| (HIM) Health Information Management | The practice of acquiring, analyzing and protecting digital and traditional medical information vital to providing quality patient care. |
| (HRC) Human Rights Committee | A group of people who are not employees of DDDS who provide monitoring to assure the protection of legal and human rights of Individuals with Intellectual Disabilities. The membership may include physicians, lawyers, parents, or other volunteers. A DDDS employee shall act as a liaison between the HRC and the regional offices. |
| Impact | The criteria used to determine the prioritization of requested changes |
| Inclusion | All people, regardless of their abilities, disabilities or health care needs have the right to: Be treated, respected and appreciated as valuable members of their communities; Participate in civic, cultural, volunteer, religious and recreational activities in neighborhood settings with their non-disabled peers; Work at jobs in the community that pay a competitive wage and have careers that use their capacities to the fullest; and Attend general education classes with peers from preschool through college as well as continuing education. |
| Incident Record | A set of data with all details of an incident, documenting the history of the incident from reporting to resolution, including original report, investigation, conclusions, remediation (Quality Improvement Plan - QIP), verification of completion of QIP components, and assessment of durable improvements Achieved |
| Individual | Any person living in the community, who meets the DDDS eligibility criteria, and receives authorized waiver supports and/or services through DDDS. |
| Individual Funds | Benefit payments, currency, gift cards, debit cards, any form of electronic payment such as, but not limited to, Apple Pay, Pay Pal, Venmo, Bit Coin, which belong to the individual. |
| Informed Choice | A process that includes the following steps: Provide information about the benefits of integrated settings; Facilitate visits or other experiences; and Offer opportunities to meet with other individuals with disabilities. |

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| Informed Consent | The consent of a patient to the performance of health care services by a health care provider who as informed the patient both verbally and in writing, to an extent reasonably comprehensible to general lay understanding, of the nature of the proposed procedure or treatment and of the risks and alternatives to treatment which a reasonable patient would consider material to the decision whether to undergo the treatment. The patient must understand the information provided by the health care provider. |
| Informal Dispute Resolution Process | A continuous informal process that includes ongoing professional communication between the Contracted Provider and the DDDS Service Integrity from the time the Quality Service Review (QSR) begins until the final report is received by the Contracted Provider. |
| Integration | Exercising the equal right of individuals with developmental disabilities to access and use the same community resources as are used by and available to other individuals without disabilities |
| (IDD) Intellectual Developmental Disability | A set of neurodevelopmental disorders that begin in during the developmental period and are characterized by intellectual difficulties as well as difficulties in conceptual, social, and practical areas of living. |
| Interface | Data Information Exchange between two organizational parties |
| (ICAP) Inventory for Client and Agency Planning | An assessment tool used to determine the number of support hours for each DDDS consumer who has been approved to receive a day or residential service. Hours of support are determined by two assessment resulting scores, the <i>Broad Independence</i> and <i>Maladaptive</i> . These scores are entered in a matrix which determines the number of support hours needed to assist the individual with ADLs and other support needs. |
| Interim Plan of Care | An initial plan of care that indicates the services a member will receive under a Medicaid Home and Community Based Waiver. The initial plan of care must accompany an application for services under the Waiver. CMS allows states to operate under an interim plan of care for up to 60 days after Medicaid determines the member is determined eligible for the waiver. |
| Legal Guardian | Individuals that have legal authority to care for another person, person's property, and/or person's interests. In most cases, this defaults to the individual's biological parents until the age of 18, at which, the individual becomes their own guardian and for someone else to obtain guardianship over an individual, they must be court appointed. |
| Management Transfer | A mandatory transfer of Contract Provider services and service sites to another Contracted Provider at the direction of DDDS. Every attempt will be made to honor the wishes of the service recipient, in balance with documented health and safety issues. A Management Transfer will not occur if the site is owned by the Contracted Provider unless the Contracted Provider supports the Management Transfer. |
| (MCI) Master Client Index | DHSS Data System for individuals receiving services within the State. |

| Term | Definition |
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| Mechanical Restraint | The use of any equipment, material, or mechanical device attached or adjacent to an individual's body that they cannot remove easily and restricts the freedom of movement or normal functioning of the whole body or a portion of the body. Mechanical restraints do not include the use of medically necessary devices for the purposes of physical support or prevention of injury because of a medical condition. |
| (MCO) Medicaid Managed Care Organization | An organization that is contracted by the Medicaid Agency to provide Medicaid services for enrolled members. DDDS members who are Medicaid eligible receive their acute care medical benefits from an MCO. |
| (MMIS) Medicaid Management Information System | A mechanized claims processing and information retrieval system used by State Medicaid programs. Delaware's MMIS is called the Delaware Medicaid Enterprise System (DMES) |
| (PRN) Medical Intervention | Any action that requires involvement of a health care professional in response to an event requiring medical treatment beyond first aid |
| Member Management | This business process includes all activities beginning with an Application for DDDS services submitted by an individual seeking services from DDDS and including establishing eligibility for one or more programs operated by DDDS, culminating with the enrollment of the member into one or more DDDS programs. This business also includes the management of grievances and appeals related to eligibility or enrollment, disenrollment of members from a DDDS program and communications with members about all functions in this business area. |
| Mistreatment | The inappropriate use of medications, isolation, or physical or chemical restraints on a service recipient |
| Natural Supports | Personal associations and relationships typically developed in the community that enhance the quality and security of life for people, included, but not limited to family relationships, friendships reflecting the diversity of the neighborhood and the community, association with fellow students and employees in regular classrooms and work places, and associations developed through participation in clubs, organizations, and other civic activities. |
| Neglect | <p>A form of abuse where the perpetrator, who is responsible for caring for someone who is unable to fully care for themselves, fails to do so. Within DDDS forms of Neglect include, but are not limited to:</p> <ul style="list-style-type: none"> - Failure to report problems or changes in health problems or health conditions to an immediate supervisor or charge nurse - Failure to carry out an individual's person-centered plan of support and services, resulting in a negative impact or significant potential negative impact - Inadequate staffing which results in a medical emergency or harm to any service recipient, or documented history of prior substantiated instances of inadequate staffing, which document a pattern of neglect. |
| Non-Critical Incident | A substantiated incident that does not adhere to the criteria of a critical incident. See Critical Incident. |

| Term | Definition |
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| Non-Medical Transportation | A Pathways to Employment service available to participants who have no other means to get to work. Whenever possible, family members, friends, carpools, ride shares, or community agencies must be used. This service is offered in addition to the medical transportation that is provided as a Medicaid State Plan service. |
| Nurse Consultation | A service under the DDDS Medicaid Lifespan Home and Community Based Waiver that consists of overall coordination and monitoring of the health status and healthcare needs of a waiver member that requires the expertise and training of a Registered Nurse. |
| Operations Management | <p>This business process includes both DDDS and provider activities related to the delivery of and payment for services authorized in the person-centered plan.</p> <p>DDDS Operations Management - This business process codifies the authorization of services from the person-centered plan to include the amount, duration and frequency for each service at a level of detail that will eventually enable the provider to bill for services rendered. This BP includes the assignment of a prior authorization number by DDDS that the provider will use to bill for services. This BP uses rate and benefit information from Program Management to set the maximum allowable payment for prior authorizations. This BP includes DDDS's development and management of standardized templates the providers will use to document the delivery of services.</p> <p>Provider Operations Management - This business process begins after DDDS has authorized a service in the person-centered plan and has referred the member to a provider based on the member's selection of the provider. The provider receives the prior authorization indicating the maximum amount, duration and frequency of each service DDDS has authorized them to provide. This BP includes the providers documentation of the services they deliver using the standardized template and other information such as the results of medical appointments and data capture about the members they support. This BP includes the provider's reporting of "general events". This BP is where This BP includes the requirements for providers of personal care to document service delivery via Electronic Visit Verification. This BP uses rate and benefit information from Program Management to price claims to be submitted by the provider against the maximum allowable payment on the prior authorization. This BP includes the provider submission and management of HIPAA standard electronic claims and other transactions for Medicaid covered services they have delivered.</p> |
| (OIR) Office of Incident Resolution | This business process includes investigations for allegations of abuse, neglect or mistreatment of DDDS members. Investigations are processed by DDDS investigators and/or Provider investigators. |
| Organizational Change Management | Organizational change management is a structured approach to plan, implement, and manage the process of transitioning an organization from a current state to a desired future state. It considers the full organization and what needs to change, as well as how people and teams are affected by the change. |

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| (PTE) Pathways to Employment | A Medicaid State Plan Home and Community Based Services program operated by DDDS under the authority of section 1915(i) of the Social Security Act that is designed to support low-income teens and young adults with disabilities in Delaware who want to work. The program helps participants get prepared for work, find jobs, and succeed in the workplace. |
| (PM) Performance Measure | A quantifiable indicator used to assess how well DDDS is achieving its desired objectives |
| Personal Care | A service that provides assistance with activities of daily living (bathing, dressing, personal hygiene, transferring, toileting, skin care, eating, and mobility) needed by participants to get ready for work, while at the workplace, and/or in getting to and from work. The service can be provided by an agency or by an attendant hired and supervised by the participant. Participants enrolled in Diamond State Health Plan Plus may also be authorized by their Managed Care Organization (MCO) to receive personal care through that program and may use it for work-related needs, if they so choose. Personal care services in addition to what the MCO may authorize may be provided through Pathways to Employment. |
| Person Centered Planning | A process for selecting and organizing the services and supports that a person with an intellectual and developmental disability may need to live in the community. The process is directed by the person who receives the support with the assistance of a case manager. This process involves those family members, friends, providers and other individuals important to the person. |
| (PCP) Person Centered Plan | A document required as part of the operation of Medicaid Home and Community Based Service programs that describes the supports that the individual will receive in the community in order to live as independently as possible and from whom. The planning model builds upon the individual's strengths and capacity to engage in community activities, while honoring the individual's preferences, choices, and abilities. |
| (PA) Physical Abuse | Unnecessarily inflicting pain or injury to an individual. This includes, but is not limited to, hitting, kicking, punching, slapping or pulling hair. When any act constituting physical abuse has been proven, the infliction of pain is assumed: All staff-to-service recipient; Service Recipient to Service Recipient; and other-to-service recipient. |
| Positive Behavior Supports | An integrated approach to teach an individual adaptive and socially appropriate skills and competencies. Supports may include teaching strategies and/or environmental supports to increase adaptive behaviors. These approaches must treat individuals in a respectful, age-appropriate manner, and should be built into the individual's daily life. |
| Prevocational Services | The provision of regularly scheduled employment related activities that may be furnished at a fixed-site (facility), in the general community, or any combination of service locations, provided that the activities take place in a non-residential setting that is separate from the participant's private residence or other residential living arrangement. |

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| Prior Authorization | Prior authorization is a process through which a request for provisional affirmation of coverage is submitted for review before the service is rendered to a beneficiary and before a claim is submitted for payment. Under prior authorization, the provider or supplier submits the prior authorization request and receives the decision before services are rendered. Prior authorization is a requirement by the insurance company to approve certain medications or procedures before they can be covered by insurance. |
| Procedure Codes | Procedure codes are a sub-type of medical classification used to identify specific surgical, medical, or diagnostic interventions. The structure of the codes will depend on the classification; for example, some use a numerical system, others alphanumeric. |
| Provider Investigator | An employee of the Contracted Provider that has completed a DDDS approved training on investigation of reportable incidents |
| Provider Program Administrator or Program Coordinator | A person who oversees the house manager or is in a Director position. |
| (PE) Program Evaluator | An individual employed by DDDS that is tasked with the responsibility of evaluating contracted provider programs, and their sites, against the DDDS Provider Standards and determine provider compliance. |
| Program Management | This business process establishes and maintains a benefit package that can be accessed by members who qualify for the benefit based on established program rules. This area also includes the establishment and maintenance of a set of rates for the benefit package. |
| Provider | An entity that has been determined to meet the qualification standards for one or more DDDS services and authorized by DDDS to provide services to meet the specialized needs of individuals with intellectual and developmental disabilities. |
| Provider Management | This business process includes all activities beginning with an Application to Provide DDDS Services submitted by a prospective provider of DDDS services. The process includes DDDS activities to determine whether a provider meets DDDS criteria to be qualified to provide one or more DDDS services. Qualified providers are offered a state contract. Qualified providers may also be required to separately enroll with the Delaware Medical Assistance Program (DMAP) in order to deliver Medicaid services to an enrolled Medicaid beneficiary. |
| Public Application Form | The Public Application Form is currently a paper-based form filled in by an applicant (or a guardian of the applicant) for DDDS services offered by the State. Completed applications along with supporting documents are submitted to DDDS by postal service or e-mail. The division staff then assesses the information submitted through the Public Application Form for eligibility to Developmental Disability Services and/or Pathways to Employment (PTE). |
| (QIP) Quality Improvement Plan | A plan to include the process of objectivity and systematically monitoring and evaluating the quality and appropriateness of service delivery and to identify and resolve identified issues. |
| (QSR) Quality Service Review | To ascertain the quality of the services provided by the providers and to ensure that minimum standards are met with respect to divisional regulations and policies (compliance). |

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| Reportable Incident | Any occurrence, event or suspicion of the following: Abuse as defined in 16 DEL. C.11 § 1131 , Bullying as defined by the Department of Health and Social Services Policy Memorandum #46, Financial exploitation as defined in 16 Del. C.11 § 1131 , Medication Diversion as defined in 16 Del. C.11 § 1131 , Mistreatment as defined in 16 Del. C.11 § 1131 , Neglect as defined in 16 Del. C.11 § 1131 , Significant Injury as defined by the Department of Health and Social Services Policy Memorandum #46, Unanticipated death as defined by the Department of Health and Social Services Policy Memorandum #46. DDDS may include as reportable events, at its discretion, events that are necessary for the ensuring of the health and safety of individuals receiving services. |
| Reporting | The process of communicating information of interest that is detail specific and accurate to the parameters of its request. |
| Residential Habilitation | Residential services that can include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional community-based setting. |
| Restrictive Intervention | Any intervention that is used to restrict the rights or freedom of movement of a person with an intellectual disability, including chemical restraint, mechanical restraint, and seclusion |
| Rights Complaint | An allegation that an individual's rights have been violated. |
| Scope | An agreement of the work needed for the project. It brings together all the most important elements of the project. |
| Seclusion | The involuntary confinement of an individual alone in a room, enclosure, or space that is either locked, or while unlocked, physically disallows egress. |
| Service Authorization | Service authorization is the process of obtaining confirmation from a patient's funding source that the patient is eligible to receive their intended services or procedures. |
| Service Codes | HCBS service codes are used for billing and reimbursement of home and community-based services. The codes are used to indicate the type of service provided and the funding source. The codes are usually specific to the state or region where the service is provided. The codes may include additional required codes and rates. |
| (SIE) Service Integrity and Enhancement | A unit within DDDS that is responsible for evaluating performance, measuring compliance with federal/state/DDDS mandates and standards, providing technical assistance to Contracted Providers to help correct persistent performance challenges and assessing when sanctions may be lifted |
| Service Recipient | Any person living in the community, who meets the DDDS eligibility criteria, and receives DDDS authorized services. |
| Sexual Abuse | Includes, but is not limited to: 1) any sexual contact, sexual penetration, or sexual intercourse by an employee or contractor with a service recipient, as defined in § 761 of Title 11. It shall be no defense that the sexual contact, sexual penetration, or sexual intercourse was consensual; 2) Non-consensual service recipient to service recipient; 3) Non-consensual other to service recipient. |

| Term | Definition |
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| (SLP) Shared Living Provider | A DDDS credentialed private home owned by the principal care provider who lives in the home in which residential habilitation is delivered to an individual. This includes personal care and supported services, companionship, medication oversight, community inclusion and transportation. |
| Signature or Signed | The writers' first initial, last name, title or credentials and date or an authentic digital signature OR a mark by the individual, with a witness signature, or the legal representatives first and last name and/or date when required. |
| Significant Injury | <p>Significant Injury is when:</p> <ul style="list-style-type: none"> -Injury requires transfer to acute care; -Injury requires periodic neurological reassessment up to 24 hours; -Contusions/bruises are caused by staff to a service recipient; - Areas of contusions or bruises on a service recipient are caused by staff during ambulation, transport, transfer or bathing; - A burn greater than first degree occurs; - The source of injury is unknown, and injury is deemed suspicious after evaluation by a licensed medical professional of the extent and location of the injury, number of injuries observed at one time, or the incidence of injuries over time; - Any serious, unusual, and/or life-threatening injury. - Infestation of any service site by lice, bed bugs or other pest. -Suicide/Suicide attempts by service recipients. -Unanticipated Deaths are all deaths of service recipients served that are of a suspicious and/or unusual nature, and deaths over which the Division of Forensic Science assumes jurisdiction. -Witness/Victim Intimidation is any event in which a victim or witness of a Reportable Incident is coached, threatened, or otherwise pressured in a way intended to prevent or retaliate for reporting of a Reportable Incident or testifying in an investigation |
| Skill | The ability to do something well; expertise. |
| Social Skills | The skills used to communicate and interact with each other, both verbally and non-verbally, through gestures, body language and our personal appearance. |
| Stakeholders | Persons receiving services, representatives of persons served and advocates. |
| Stratified Sample | A sample that is composed of mutually exclusive strata that are representative of the larger population. |
| Substantiated | Weighing the facts and circumstances, a reasonable person has concluded by a preponderance of evidence that the incident did occur, and enough information is available to reasonably assign fault for the incident |
| Substantiated: Administration | An incident most likely resulting from a failure of Contracted Provider administration including but not limited to: failure to communicate new standards, regulations, or policies to employees and assure training; failure to staff facilities to proper levels; failure to repair or ensure repair of facility infrastructure |
| Substantiated: Criminal | An incident requiring police involvement due to criminal activities including but not limited to: drug use on premises; assault/abuse, sexual abuse/assault; theft of the property/assets of a service recipient. |

| Term | Definition |
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| Substantiated: Dereliction | An incident of an employee or employees failing to follow established policy, protocol or training including but not limited to: sleeping on the job; failure to document services properly; failure to provide medications on schedule. |
| Substantiated: NoFault | The event is verified to have occurred but is deemed an accident and that there was no breach in policy, protocol, or standard of care. (In this case, no QIP is required.) |
| Substantiated: Supervision | An incident most likely resulting from a lack of proper supervision including but not limited to: supervisors allowing deviation from policy protocols or procedures without correction; failure to properly schedule coverage; failure to enforce sanitation requirements at group homes. |
| Substantiated: Training | An incident most likely resulting from a lack of proper training including, but not limited to: staff administering medications without proper LLAM training; inability of staff to recognize a reportable incident. |
| Super Role | The functionality assigned in CDMS (Therap) to users that defines which modules the user has access and what type of record changes (view/add/edit/delete, etc.) can be performed. |
| (SC) Support Coordinator | A worker who provides case management to DDDS members who live in a provider-managed residential setting. |
| (SE) Supported Employment | A DDDS service that provides one-on-one or group supports to participants to help them get and maintain jobs or carry out self-employment in integrated settings. Participants who receive this service have jobs that are compensated at or above the customary wages and benefits for the same or similar work performed by persons without disabilities. |
| Support Team/Circle of Support | Includes the individual and the people who are important in their lives. At minimum, all teams shall include the individual who is receiving supports, their guardian (if applicable), a DDDS representative, and the persons who the individual request to be involved in the person centered planning process. |
| Supported Living | A DDDS Lifespan Waiver service that enables an individual to receive direct support in his/her own home. |
| Target Behavior | Any observable and measurable behavior that is the focus for the analysis and intervention in the Behavior Health Support Plan. |
| (TCM) Targeted Case Management | A Medicaid State Plan authority under section 1915(g)(1) that enables DDDS to deliver case management to two target groups: individuals living in a provider managed setting (Support Coordinator) and individuals living in the family home or their own home (Community Navigator). These case managers are responsible for developing a person-centered plan for members enrolled in the DDDS Medicaid HCBS Lifespan Waiver |
| Temporary Setting | A setting that meets the individual’s current needs as delineated in the person-centered plan while exploring permanent residential options. |
| Termination of Provider Contract | The termination of a contract between DDDS and a Contracted Provider for the provision of a DDDS authorized service. This level of sanction requires the approval of the Division Director prior to imposition |
| Therapeutic Options | A comprehensive and sensible approach to reducing violence and the use of restraint and seclusion in behavioral health care, health care, habilitation, and education settings. The program provides the tools to keep people safe while maintaining their commitment to positive approaches in serving individuals whose behavior sometimes poses danger to themselves or others. It is Evidence Based; Person Centered; Relationship Driven; Prevention Focused; and Trauma Informed. |

| Term | Definition |
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| Unanticipated Deaths | All deaths of service recipients served that are of a suspicious and/or unusual nature, and deaths over which the Division of Forensic Science assumes jurisdiction |
| Unified Client Case Record | Single Source/Centralized file of client activity |
| Unsubstantiated | Evidence is not able to support or prove that the incident occurred or is not complete enough to assign fault |
| Unsubstantiated: Nuisance | An allegation of wrongdoing that cannot be verified to have occurred and that may be part of a pattern of false allegation |
| Unsubstantiated: Undocumented | A lack of routine and mandatory documentation was identified as the primary reason an investigation of a specific incident could not be concluded. This shall result in a separate incident investigation to discover and correct the contributing factors to the lack of documentation |
| Witness/Victim Intimidation | Any event in which a victim or witness of a Reportable Incident is coached, threatened, or otherwise pressured in a way intended to prevent or retaliate for reporting of a Reportable Incident or testifying in an investigation |