*Executive Office of Health and Human Services*

*Department of Developmental Services*

**POLICY TITLE: Adults with Mental Retardation in Nursing Facilities**

**DDS POLICY #: 2000-4**

**DATE ISSUED: 10/2/00**

**EFFECTIVE DATE: 10/2/00**

**COMMISSIONER’S SIGNATURE: Commissioner**

**A. Policy Statement**

It is the policy of the Department of Mental Retardation ("the Department" or "DMR") that services and supports that DMR provides to nursing facility residents with mental retardation should be appropriate to their needs and abilities. The Department recognizes that there are nursing facility residents for whom other residential settings may be more appropriate. The Department is committed to determining whether a move is appropriate for a nursing facility resident. When a move is determined appropriate and is consistent with the wishes of the resident or his or her guardian, the Department will assist the resident, subject to available resources, in making such a move.

**B. Scope of Policy**

This policy covers adults with mental retardation in nursing facilities who are eligible for supports and services provided, purchased, or arranged by the Department.

**C. Standard for Recommending Community Residential Setting**

Whether a resident should move out of a nursing facility must be determined on an individual basis, taking into account factors that vary from individual to individual. The Department will offer community residential supports and other supports appropriate to the needs of a nursing facility resident unless the DMR, in its professional judgment, determines that the individual cannot "handle and benefit from" a community residential setting. The factors to be considered in deciding whether a nursing facility resident can "handle and benefit from" a community residential setting, include: (1) opportunities to interact with family and friends; (2) accessibility to appropriate work or day supports; (3) opportunity for meaningful participation in aspects of community life; (4) the presence or absence of an advanced medical condition that would have a significant adverse effect on the individual's safety; (5) the presence or absence of a fragile health condition such that the main supports are nursing services for medical and basic needs; (6) the presence or absence of a substantial risk of substantial transfer trauma which cannot be mitigated by individual clinical intervention; and (7) adequate levels of support in the community system to ensure safety.

**D. Community Residential Options for Nursing Facility Residents**

DMR retains the discretion as to when to provide residential and other supports to individual nursing facility residents. In presenting an offer of community residential supports pursuant to Paragraph C, the Department will give the resident (1) the opportunity to express his or her interests and preferences and any ties he or she might have to a particular community or locale; (2) information about community residential supports in a manner that reflects the resident's ability to understand and communicate information; and (3) the opportunity to visit and observe similar community settings.

The Department will plan for and develop community residential supports pursuant to Paragraph C for residents who do not knowingly object or whose guardian accepts the provision of such supports. As part of the planning and development activities, the Department will take into account the capacity of the community residential service system to meet the level and intensity of supports required by the resident, the resident's interests and preferences, any ties that he or she may have to a particular community or locale, and available resources.