



ADMINISTRATIVE DIRECTIVE

Transmittal:	ADM 2022-01 Levels of Supervision (LOS)
To:	Executive Directors of Voluntary Provider Agencies Executive Directors of Care Coordination Organizations Developmental Disabilities State Operations Offices (DDSOO) Directors Developmental Disabilities Regional Offices (DDRO) Directors
Issuing OPWDD Office:	Division of Service Delivery-State Operations & Statewide Services
Date:	March 1, 2022
Recission	20-ADM-07 December 1, 2020, and its revisions
Subject:	The Development or Modification of Policies and Procedures Pertaining to Levels of Supervision (LOS) for Individuals Receiving Services
Suggested Distribution:	Service Delivery Administrators and Management Staff Care Managers and Care Management Supervisors Clinical Staff and Clinical Staff Supervisors Quality Improvement Staff Direct Support Staff and Direct Support Supervisors
Contact:	Director of Statewide Services, or designee at: opwdd.behavioral.intervention.regulation@opwdd.ny.gov
Attachments:	Attachment 1: Summary of Levels of Supervision

ADMs/INFs	Cancelled	Authority	Authority	Retention
OPWDD ADM #2019-09R	OPWDD ADM #20-ADM-07	14 NYCRR §624	NYS MHL 33.13(a)	
OPWDD ADM #2017-01		14 NYCRR §633.16	NYS MHL § 13.01, 13.07, 16.00, and 16.01	
OPWDD ADM #2017-02R		14 NYCRR §633.4 14 NYCRR §686.16		
		14 NYCRR §690.6 14 NYCRR §636 42 CFR §483.440 and 483.450		

PURPOSE

To improve the quality of care provided to individuals who receive services and supports authorized by the Office for People With Developmental Disabilities (OPWDD), this Administrative Memorandum (ADM) establishes consistent terminology, definitions, and factors to consider when planning, documenting, and delivering the necessary Levels of Supervision (LOS) to individuals receiving services. Agency policy and procedure pertaining to LOS shall incorporate the person-centered levels of supervision defined herein.

This ADM is not intended to prescribe the circumstances requiring a defined LOS. Determinations are made by the treatment/program planning team and customized to meet the needs of the individual in their respective environment. This guidance does not supersede or replace any regulations or laws pertaining to health, safety, behavioral intervention, or clinical services.

BACKGROUND

OPWDD requires that service providers deliver quality care, protecting each individual's rights and ensuring their health, safety, and emotional, spiritual, and physical well-being.

This ADM standardizes the language to be used for supervision in care planning and approved assessment tools to assure consistency with intent and meaning.

APPLICABILITY

The requirement for use of standardized LOS terminology in care planning processes is applicable to all individuals receiving OPWDD authorized Care Coordination and/or receiving services in the following OPWDD certified settings:

- all residential facilities certified or operated by OPWDD, including family care homes;
- day habilitation services (whether or not provided in a certified facility); and
- prevocational services (whether or not provided in a certified facility); and
- all facilities certified by OPWDD, except:
 - respite programs and services;
 - clinic treatment facilities; and
 - diagnostic and research clinics.

* Please note that the applicability and requirements of a defined level of supervision may extend to locations and situations not specifically identified above, as determined by the individual's program planning team.

There are situations when levels of supervision may also be influenced by entities external to service providers, such as directives included in court orders. The use of the LOS terms in the person-centered planning and assessment process and the resultant service plans, must be guided by policies and procedures developed and implemented by the agency.

Level of Supervision refers to the minimum level of supervision that is required to

assure the health and safety for an individual receiving services in a specified activity and environment. It is expected that OPWDD certified providers and their staff work with individuals and their circle of support to determine the minimum LOS needed as it relates to the individual's respective activities and environments using a Least Restrictive Setting (LRS) approach. A LOS is never used as a characterization of an individual's general need for supervision. An individual may require identification of more than one minimum LOS in their care plan/s to address their needs across different activities and environments or settings. LOS is applied to OPWDD certified settings and when OPWDD certified providers or their staff are providing supervision in community settings.

DEFINITION

Level of Supervision: Level of Supervision (LOS) means the level of supervision defined in the individual's treatment plan(s), and is specific to the setting (home, work, community) or activity (eating, bathing, etc.). This LOS ADM defines the levels as One-to-One (1:1), Range of Sight or Scan, Periodic Checks, Independent with Staff Present, and Independent (Independent indicates no need for a specific LOS). The LOS will be specific to each individual's needs and may change based on the setting or circumstances.

For the purpose of this ADM, the term 'Supervision' is defined as the dedicated and focused presence of a staff person employed and/or assigned to provide pre-determined and assigned oversight to an individual receiving services. Supervision functions along a continuum that describes the dedicated presence and attention of staff assigned to and focused on the needs of one or more individuals as defined in a related treatment plan. 'Supports' is a broader term that refers to an array of possible defined services, (e.g., habilitation services, clinical services, etc.) or programs provided to an individual in a certified care setting and as defined in related care plan/s.

DISCUSSION

These guidelines establish uniform terms and standard terminology that will be used in plans to describe an individual's specific LOS needs. Standardized terminology will direct staff who deliver services authorized by OPWDD so that they understand and correctly implement the LOS necessary to meet the individual's needs regardless of the setting or program within which they are working.

Types of Supervision - Standard Terminology

Adopting standard terminology for LOS allows for consistency and efficiency in the way staff implement supervision. Such practices can reduce the potential for incidents (including but not limited to neglect), increase safety, and assure quality care. The assignment of a level of supervision by a service provider must always be based upon the **minimal** level of supervision needed to assure health and safety, as determined by members of the person-centered planning team.

Many individuals receiving services can have their needs met without the need for a defined LOS. This ADM does not apply to situations where the care needs of an individual do not need to be specifically supported with a defined LOS . Programs

may have structures, supports, and staffing such that specifically articulated supervision levels are not needed. In addition, some individuals receiving services may have the ability to appropriately seek out staff or additional supports when needed. In cases, however, where a treatment team requires a specific level of supervision, the terminology and guidance in this document must be followed.

Any assignment of a LOS, greater than Independent, must be carefully considered with respect to individual health and safety needs, preferences, rights, and the environmental situation that the individual is exposed to. The assignment of defined levels of supervision greater than Independent will result in the need to determine the effect of that level of supervision on the ability of staff to adequately supervise other individuals receiving services as well as the staff's ability to perform all functions associated with their employment.

Attachment 1, *Summary of Levels of Supervision (LOS)*, defines LOS needs and levels of independence, which fall on a continuum ranging from One-to-One Supervision to Independent with Staff Support. Assignment of a LOS is based on the minimum level of supervision needed to best supervise the individual and to ensure their safety relative to their environment and activity. Attachment 1 informs providers of the standard terminology to use when identifying an individual's LOS in the person-centered care plans. These standard LOS are:

- One-to-One (1:1) Supervision or another similar higher ratio of staff assigned to one individual (e.g., 2:1 Supervision or 3:1 Supervision)
- Range of Sight or Scan
- Periodic Checks
- Independent with Staff Present
- Independent

Once providers identify the minimum specified level of supervision needs of an individual, it is critical to ensure staff:

- Can easily understand the individual's supervision needs,
- Know their specific responsibilities when providing the LOS,
- Have sufficient resources and administrative support to implement the LOS in the context of all their other responsibilities,
- Have the training and skills necessary to implement the LOS, and
- Understand how to properly transfer supervision duties.

Factors to Consider When Describing an Individual's Specific Minimum Level of Supervision Needs

Below are the essential elements to be considered when determining an individual's specific minimum LOS needs in individualized plans of care (A), and how staff should be trained and directed to implement plans' minimum LOS (B). These areas must be addressed in the appropriate person-centered plan(s) of care established by the provider (e.g., Comprehensive Functional Assessment (CFA) and respective active treatment goals, Life Plan, Behavior Support Plan (BSP), Staff Action Plan, etc.). The LOS terminology should be consistent across the care plans to ensure individuals receive the LOS necessary to meet their needs. However, although the terminology should be consistent, that language (terminology) would not need to be identical

because person-centered plans need to be more detailed and specific. For example, the Life Plan (LP) is updated on a routine basis and should be generally reflective of the identified LOS in program specific care plans. A person's program specific needs may change quickly due to, for example, new medical conditions, etc. Respective changes to the staff actions needed to support that person's newly identified needs should be immediate. Care plans need to be updated in a timely fashion to reflect these changes. The plan should contain the following information to guide staff when they deliver the LOS.

A. LOS Considerations Specific to the Individual's Care Plan:

1. Staff assigned to the individual:

If a specified LOS is used, there must be a clear assignment of one or more staff on each shift who are responsible for providing that level of supervision.

2. The proximity of staff to the individual:

When a specified LOS is an identified need for an individual, plans must define where the staff will be physically located in relation to the individual when providing the LOS. Proximity ranges may vary depending on the specific reason for the LOS but in all cases should allow for staff to respond in such a manner that any negative consequences related to the reason for the LOS are eliminated or minimized. These distinctions must be described in the person's plan(s).

3. Response time required for staff action:

This refers to the response time required for actions that staff must take when providing supervision, as defined in plans of care. Response time required for staff action ranges from a maximum level of supervision identified as immediate response to as-needed relative to situation and environment.

4. Ability of staff to provide assigned supervision while performing tasks, duties, and activities other than supervision and/or to supervise more than one individual. Plans must identify whether staff can:

- supervise more than one individual if a LOS is being used,
- and/or whether staff can perform tasks other than those related to the assigned supervision of an individual or individuals.

B. LOS Considerations Specific to Care Planning and Staff Direction:

• Environment and activity-specific LOS considerations:

Identify the circumstances or settings where a specific LOS must be provided. An individual's supervision needs may change depending on the presenting circumstances, task, activity, or setting. For example, supervision procedures may be different when the individual is home versus when they are in the community shopping.

• Location of LOS guidance:

Identify in which plan(s) of care the LOS can be found (e.g., Behavior Support Plan, Staff Action Plan, Safeguard plan, Risk Management Plan, etc.). Staff must be trained on the plan(s) containing LOS, to ensure understanding and consistent LOS. Staff must know where to obtain a copy of the plan(s) and have them readily accessible for reference.

• Transfer of supervision responsibilities:

Procedures must be established to ensure LOS responsibilities are properly transferred when necessary, and staff must be trained on such procedures. For

example, the agency/program must establish a procedure for ensuring “one-to-one” supervision when the assigned staff needs to take a break.

Staff Training and Implementation of the Level of Supervision

LOS and staffing patterns are established using a planned process based on the specific needs of the individual(s) being supervised and the service environment. Staff delivering services must be trained on the specific LOS and on how to implement the supervision requirements within the context of all the individuals under their care. It is recommended that agencies partner with their staff training and/or personnel office to determine how this topic and the essential elements of this ADM are to be incorporated into staff training with specific sensitivity to real-time changes in LOS designations based on changes in behavioral or medical status, as well as in response to immediate protections associated with Reportable Incidents.

COMMUNICATION

Identified needs, including supervision, must be communicated, and documented through a person-centered plan that is easy for staff to understand and implement. Communication is critical to identifying an individual’s LOS needs and for ensuring the provision of the designated Level of Supervision.

DOCUMENTATION REQUIREMENTS

Documentation pertaining to LOS, including plans or daily notes providing evidence that the supervision was delivered, shall be maintained in accordance with 14 NYCRR 633.10(a)(2) and applicable documentation and record retention requirements.

TIMELINE FOR TRANSITIONING TO THE USE OF STANDARD AND CONSISTENT TERMINOLOGY

Within 18 months of the issuance of this ADM, treatment plans and service documentation by care providers shall be revised to incorporate the terminology established in this ADM. Further, the changes in terminology developed in treatment plans and service documentation will be incorporated into Life Plans. Staff must receive training on the revised plans and established terminology.

COMPANION DOCUMENT

Attachment 1 titled *Summary of Levels of Supervision* document defines each LOS as well as the four factors to be considered when establishing/defining the individual’s LOS in a plan of care.