carf INTERNATIONAL

2025 EMPLOYMENT AND COMMUNITY SERVICES PROGRAM DESCRIPTIONS

Contents

Program/Service Structure

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Individual-Centered Service Planning, Design, and Delivery

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Note: *Throughout this section reference is to the person/persons served. Please refer to the Glossary definition of* person served *for understanding of when this might include other individuals acting on behalf of the primary consumer, such as family members.*

Employment Services Principle Standards

An organization seeking CARF accreditation in the area of employment services provides individualized services and supports to achieve identified employment outcomes. The array of services and supports may include:

— Identification of employment opportunities and resources in the local job market.

— Development of viable work skills that match workforce needs within the geographic area.

— Development of realistic employment goals.

— Establishment of service plans to achieve employment outcomes.

— Identification of resources and supports to achieve and maintain employment.

— Coordination of and referral to employment-related services and supports.

The organization maintains its strategic positioning in the employment sector of the community by designing and continually improving its services based on input from the persons served and from employers in the local job market, and managing results of the organization's outcomes management system. The provision of quality employment services requires a continuous focus on the persons served and the personnel needs of employers in the organization's local job market.

Some examples of the quality results desired by the different stakeholders of these services and

supports include:

— Individualized, appropriate accommodations.

— A flexible, interactive process that involves the person.

— Increased independence.

— Increased employment options.

— Timely services and reports.

— Persons served obtain and maintain employment consistent with their preferences, strengths, and needs.

— Person served obtains a job at minimum wage or higher and maintains appropriate benefits.

— Person served maintains the job.

Community Services Principle Standards

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions. The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

— Increased or maintained inclusion in meaningful community activities.

— Increased or maintained ability to perform activities of daily living.

— Increased self-direction, self-determination, and self-reliance.

— Increased self-esteem.

Service Delivery Using Information and Communication Technologies

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or

from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

— Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counseling.

— Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dieticians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.

— Encompass settings such as:

– Hospitals, clinics, professional offices, and other organization-based settings.

– Schools, work sites, libraries, community centers, and other community settings.

– Congregate living, individual homes, and other residential settings.

— Be provided via fully virtual platforms.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available or the use of self-directed apps, is not considered providing services via the use of information and communication technologies.

Employment Services

An organization seeking CARF accreditation in the area of employment services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase *person served*, this may also include *family served*, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

— Increased inclusion in community activities.

— Increased self-direction, self-determination, and self-reliance

— Self-esteem.

— Community citizenship.

— Increased independence.

— Meaningful activities.

— Increased employment options.

— Employment obtained and maintained.

— Competitive employment.

— Employment at or above minimum wage.

— Economic self-sufficiency.

— Employment with benefits.

— Career advancement.

Employment Planning Services (EPS)

Employment planning services are designed to assist a person seeking employment to learn about employment opportunities within the community and to make informed decisions. Employment planning services are individualized to assist a person to choose employment outcomes and/or career development opportunities based on the person's preferences, strengths, abilities, and needs. Services begin from a presumption of employability for all persons and seek to provide meaningful information related to planning effective programs for persons with intervention strategies needed to achieve the goal of employment.

Employment planning uses some type of employment exploration model. This may involve one or more of the following:

— Situational assessments.

— Paid work trials.

— Job tryouts (may be individual, crew, enclave, cluster, etc.).

— Job shadowing.

— Community-based assessments.

— Simulated job sites.

— Staffing agencies/temporary employment agencies.

— Volunteer opportunities.

— Transitional employment.

Some examples of quality outcomes desired by the different stakeholders of these services include:

— Work interests are explored and identified.

— Recommendations for employment options are appropriate.

— Employment planning reports lead to job goals.

— Transferable work skills and employment barriers are identified.

— Benefits planning is included.

— Services are timely in their delivery.

— Services are cost-effective.

— Individuals served understand recommendations that are made.

— Individuals served identify desired employment outcomes.

Employment and Career Centers (ECC)

The design of employment and career centers is results oriented and focused on the employment and career development goals of job seekers. To be successful, employment and career centers must also consider the personnel needs of employers in the local job market, the community resources available, and the trends and economic considerations in the labor market. The services are designed to meet current and future labor market demands; to break the cycle of unemployment and public assistance; and to provide opportunities for skill, educational, and career development for persons served to become productive members of the workforce.

An employment and career center provides a comprehensive array of services and resources that may include a coordinated, cooperative system of service delivery with partner organizations. Partner organizations may be co-located, based in the community, or virtual.

The provision of quality services requires consideration of the individual needs of job seekers. Through the individual planning process the center obtains relevant information from job seekers about their employment and career development objectives and goals and provides services and resources tailored to meet their needs. The center provides persons served with information and guidance they can use to make informed choices and career decisions.

A system exists for accountability, reporting of outcomes, and performance improvement. Information regarding outcomes is shared with relevant stakeholders in accordance with their needs and interests. Services are revised based on input from job seekers, input from employers in the local job market, and the results of the center's performance management system. The goal is to deliver ever-improving value to persons served and other stakeholders.

Services are provided in a business-like environment and job seekers, partner organizations, and employers in the local job market are all treated with respect and as valued customers of the employment and career center.

Some examples of the quality results desired by the different stakeholders of these services include:

– Easy access to services for job seekers.

–   Responsiveness to employers.

–   Efficiency, effectiveness, and flexibility of service delivery.

–   Employment in the local labor market with or without ongoing support.

–   Employment that meets the individual's desires and goals as identified in the service plan.

–   Employment services that result in job retention and advancement in position, earnings, and/or benefits.

–   Career development, including education and training, as desired.

–   Referral to other services or supports that may assist the person served to meet identified needs or goals.

Employment Development Services (EDS)

Employee development services are individualized services/supports that assist persons seeking employment to develop or reestablish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, functional capacities, etc., to achieve positive employment outcomes.

Such services/supports are time limited and can be provided directly to persons seeking employment or indirectly through corporate employer/employee support programs. These services/supports can be provided at community job sites, within formal and organized training and educational settings, through coaching, by tutorial services, or within the organization. These services may be offered in a free-standing unit or as a functional piece of other services.

Some examples of the quality outcomes desired by the different stakeholders of these services include:

–   Person served obtains employment.

–   Person served moves to a training program or better employment.

–   Person served retains employment.

–   Person served obtains improved benefits.

–   Increased wages.

–   Increased skills.

–   Increased work hours.

–   Movement to individualized competitive employment.

–   Employment in an integrated environment.

–   Job advancement potential increases.

–   Job-seeking skills are developed.

–   Job-keeping skills are developed.

–   Career growth and development.

–   Level of support needed is reduced.

–   Exposure to and availability of a variety of jobs.

–   Program is kept at capacity.

–   Services are cost-effective for the results achieved.

–   Responsiveness (days from referral to starting services).

Employment Skills Training Services (EST)

Employment skills training services are organized formal training services that assist a person seeking employment to acquire the skills necessary for specific jobs or families of jobs. Such services can be provided at job sites in the form of apprenticeships, on-the-job training, and/or volunteer situations; within formal and organized training and educational settings (such as community colleges and trade and technical schools); or within the organization.

Some examples of the quality outcomes desired by the different stakeholders of these services include:

–   Persons show improvement in skill level.

–   Specific marketable skills are developed.

–   Persons served achieve employment in the area of training.

–   Persons secure employment with benefits.

–   Persons retain employment.

–   Training is completed in a timely manner.

–   Training is cost-effective for the results produced.

Organizational Employment Services (OES)

Organizational employment services are designed to provide paid work to the persons served in locations owned, leased, rented, or managed by the service provider. A critical component and value of organizational employment services is to use the capacity of the organization's employment and training service design to create opportunities for persons to achieve desired employment outcomes in their community of choice, including individualized competitive employment.

Service models are flexible and may include a variety of enterprises and business designs, including organization-owned businesses such as retail stores, restaurants, shops, franchises, etc.

Some examples of the quality outcomes desired by the different stakeholders of these services include:

–   Movement to individualized competitive employment.

- Movement to an integrated environment.

- Increased wages.

- Pay at or above minimum wage.

- Increased skills.

- Increased work hours.

- Minimized downtime with meaningful activities available.

- Exposure to and availability of a variety of jobs.

- Increased ability to interact with others as part of a professional team and to resolve interpersonal issues appropriately.

Community Employment Services (CES)

Community employment services assist persons to obtain successful community employment opportunities that are responsive to their choices and preferences. Through a strengths-based approach the program provides person-directed services/supports to individuals to choose, achieve, and maintain employment in integrated community employment settings.

Work is a fundamental part of adult life. Individually tailored job development, training, and support recognize each person's employability and potential contribution to the labor market. Persons are supported as needed through an individualized person-centered model of services to choose and obtain a successful employment opportunity consistent with their preferences, keep the employment, and find new employment if necessary or for purposes of career advancement.

Such services may be described as individualized competitive employment, individual placements, contracted temporary personnel services, competitive employment, supported employment, transitional employment, mobile work crews, contracted work groups in the community, community-based SourceAmerica® contracts, and other business-based work groups in community-integrated designs. In Canada, employment in the form of bona fide volunteer placements is possible.

Individuals may be paid by community employers or by the organization. Employment is in the community.

The following service categories are available under Community Employment Services (please refer to the indicated categories for program descriptions and applicable standards):

- Job Development (CES:JD)

- Employment Supports (CES:ES)

If an organization provides only Job Development or Employment Supports, then it may be accredited for only that service. If it is providing both Job Development and Employment Supports, then it must seek accreditation for both. If any clarification is needed, please contact your CARF resource specialist. There is no charge for consultation.

Note: *In making the determination of what an organization is actually providing in comparison to these service descriptions, these factors are considered: the mission of the services, the program descriptions, brochures and marketing image for these services, and the outcomes of the services.*

Depending on the scope of the services provided, some examples of the quality outcomes desired by the different stakeholders of these services include:

– Persons obtain community employment.

– Persons obtain individualized competitive employment.

– Employment matches interests and desires of persons.

– Wages, benefits, and hours of employment achieved as desired.

– Average number of hours worked per week increases.

– Average number of hours worked per week meets the desires of the person served.

– Full-time employment with benefits.

– Transition-age youth move directly from their educational environment into community employment.

– Potential for upward mobility.

– Self-sufficiency.

– Integration.

– Responsive services.

– Safe working conditions.

– Cost-effective for placement achieved.

– Performance level achieved meets requirements of job or position.

– Increase in skills.

– Increase in productivity.

– Increase in hours worked.

– Increase in pay.

– Employment retention.

– Increase in natural supports from coworkers.

– Persons served treated with respect.

– Minimize length of time for supports.

– Type and amount of staff interaction meets needs.

– Employer satisfaction.

–   Responsiveness to customers.

Job Development (CES:JD): Successful job development concurrently uses assessment information about the strengths and interests of the person seeking employment to target the types of jobs available from potential employers in the local labor market. Typical job development activities include reviewing local employment opportunities and developing potential employers/customers through direct and indirect promotional strategies. Job development may include facilitating a hiring agreement between an employer and a person seeking employment. Some persons seeking employment may want assistance at only a basic, informational level, such as support for a self-directed job search.

Employment Supports (CES:ES): Employment support services promote successful training of a person to a new job, job adjustment, retention, and advancement. These services are based on the individual employee with a focus on achieving long-term retention of the person in the job. The level of employment support services is individualized to each employee and the complexity of the job.

Often supports are intensive for the initial orientation and training of an employee with the intent of leading to natural supports and/or reduced external job coaching. However, some persons may not require any employment supports at the job site; others may require intensive initial training with a quick decrease in supports, while some will be most successful when long-term supports are provided.

Supports can include assisting the employee with understanding the job culture, industry practices, and work behaviors expected by the employer. It may also include helping the employer and coworkers to understand the support strategies and accommodations needed by the worker.

Supports are a critical element of the long-term effectiveness of community employment. Support services address issues such as assistance in training a person to complete new tasks, changes in work schedule or work promotion, a decrease in productivity of the person served, adjusting to new supervisors, and managing changes in nonwork environments or other critical life activities that may affect work performance. Routine follow-up with the employer and the employee is crucial to continued job success.

Self-Employment Services (SES)

Self-employment presents an opportunity for persons with disabilities to gain financial equity often not available through wage employment in entry-level positions. Self-employment services provide supports that lead an individual toward earning income directly from one's own business, trade, or profession, rather than as salary or wages from an employer. They may include small business development, micro-enterprise, or telecommuting. In order to achieve a desired level of income, an individual may have several enterprises.

Some of the quality results desired by the different stakeholders of these services may include:

–   Earnings.

–   Successful self-employment.

–   Increased self-esteem.

–   Independence.

–   Self-sufficiency.

–   Employment in the community.

Affirmative Business Enterprise (ABE)

Affirmative business enterprises (ABE) are designed to provide significant economic benefits to their employees in a businesslike, integrated setting. In order for a program to seek accreditation as an ABE, wages are at or above minimum wage and a benefits package is provided for all employees. Business enterprises may be provided as many different business models, including franchises, manufacturing settings, and community businesses such as stores, restaurants, and other commercial or social enterprises.

An ABE is designed to assist the employees/persons served to overcome barriers to employment.

Some examples of the quality results desired by the different stakeholders of these services include:

–   Employment.

–   Earnings and benefits.

–   Increased skills.

–   Career development.

–   Employment in an integrated environment.

–   Meaningful work.

–   Opportunities to feel valued.

Community Services

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centered process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase *person served*, this may also include *family served*, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic,

and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

— Increased inclusion in community activities.

— Increased or maintained ability to perform activities of daily living.

— Increased self-direction, self-determination, and self-reliance.

— Self-esteem.

— Housing opportunities.

— Community citizenship.

— Increased independence.

— Meaningful activities.

— Increased employment options.

Selection of Services for Accreditation

An organization is free to choose which of its services it will seek to have accredited, but when a service has been selected, all locations at which the service is provided must be included in the survey. CARF will not accredit only a portion of a program or service. CARF does not consider the funding or referral entities or the populations served as differentiating a service so as to exclude portions of it from being included in the survey.

If the geographical service area is extensive, however, CARF may choose to impose geographical limitations on the extent of a single survey in order to ensure that the most meaningful survey will be conducted.

Services for Children and Youth (SCY)

Organizations that provide services for children and youth may seek accreditation under the following two service categories:

— Early Intervention Services

— Child and Adolescent Services

Note: *If an organization provides only Early Intervention or Child and Adolescent Services, then it may seek accreditation for only that service. If it provides both Early Intervention and Child and Adolescent Services, then it must seek accreditation for both.*

Description

Services for children and youth include prevention, early intervention, preschool programs, early years programs, after-school programs, outreach, and services coordination. Services/supports may be provided in a variety of settings, such as a family's private home; the organization's facility; and community settings such as parks, recreation areas, preschools, or

child day care programs not operated by the organization. In all cases, the physical setting, equipment, and environment meet the identified needs of the children and youth served and their families. Families are the primary decision makers and play a critical role, along with team members, in the process of identifying needs and services.

Early intervention services are structured and coordinated to facilitate the achievement of optimal development through the provision of prevention, assessment, education, development, and/or therapeutic services to infants and toddlers with disabilities or who are at risk of developmental delay and their families. Early intervention focuses on helping infants and toddlers learn the basic and brand-new skills that typically develop during the first years of life. Broadly speaking, developmental delay means a child is delayed in some area of development. There are five areas in which development may be affected:

— Cognitive development.

— Physical development.

— Communication development.

— Social or emotional development.

— Adaptive development.

Assessment is conducted to determine each child's unique needs and the early intervention services appropriate to address those needs. Families are the primary decision makers in the planning of early intervention services along with personnel relevant to the services being provided. Family-directed services also help family members understand the specific needs of their child and how to enhance the child's development.

Child and adolescent services focus on the development of skills needed by children/ adolescents to succeed in school, their family, and their community. An organization may provide an array of distinct services that fall under the heading of child and adolescent services, with different service delivery models that incorporate different practices. Services are individualized to meet the changing needs of the children/adolescents served. Child and adolescent services empower the child/adolescent to develop skills in decision making, including maximizing their participation in the service planning process. Involvement of other team members depends on what the child/adolescent needs and the scope of the services provided. Team members could come from several agencies and may include therapists, child development specialists, social workers, educators, medical professionals, and others.

Some examples of the quality outcomes desired by the different stakeholders of services for children and youth include:

— Services individualized to needs and desired outcomes.

— Collection and use of information regarding development and function as relevant to the scope of the services.

— Children/youth acquiring new skills.

— Collaborative approach involving family members in services.

— Transition planning that supports continuity of services and developmental transitions.

— Increased responsibility of children/youth to make decisions.

— Personal safety of youth in the community.

Transition Services (TS)

Transition services are integrated, community-oriented, systematic services for students/ transition-age youth and their families provided through a jointly planned approach, involving broad-based community collaboration, linkages, advocacy, and natural supports.

Transition services/supports are planned and coordinated for multiple outcomes for youth leaving school, including post-secondary education, supported education, vocational assessments and targeted training, community employment (including supported employment and volunteer placement), independent or supported living, and community participation. The organization demonstrates early active outreach to and connection and partnership with school districts to address the transition needs of students and their families. The purpose of this collaboration and early planning is focused on ensuring that transition-age youth are not "missed" as they move from one system to another.

Some examples of the quality results desired by the different stakeholders of these services include:

– Community-oriented services.

– Post-secondary education.

– Transition-age youth move directly from their educational environment into community employment.

– Transition-age youth explore alternative community employment situations.

– Access to targeted vocational training or apprenticeships.

– Independent or supported living.

– Community participation.

– Employment.

– Volunteer placement.

– Connections to community resources.

– Appropriate benefits/supports as persons leave school.

Family Services (FS)

Family services are provided to persons served and/or their families, either to enable the person and the family to stay together or to enable persons served to remain involved with their family. Families, including the persons served, are the key decision makers in identifying the services/supports needed and in choosing how those services/supports will be delivered.

Some examples of the quality results desired by the different stakeholders of these services include:

–   Resources to support family stability.

–   Availability of respite services.

–   Emergency response system for family relief.

–   Families remaining together.

Foster Family Services (FFS)

Foster family services are provided under a contract or agreement for the temporary placement of an individual, regardless of age, in a family setting outside the birth or adoptive family home. Foster family services are provided to a foster family provider to establish and maintain a home on a temporary basis for the person served. The courts may be involved in establishing this relationship.

Foster family services are comprehensive and establish a system of supports and services for the individual, the family of origin when appropriate, and the foster family provider. These services focus on establishing stability in the life of the person served.

Although the "home" is generally the foster family provider's home or residence, it may also be the home of the person served.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

–   Temporary placements for persons.

–   Stability in a person's life.

–   Appropriate matches of persons with foster families.

–   Safe placements.

Host Family/Shared Living Services (HF/SLS)

Host family/shared living services assist a person served to find a shared living situation in which the person is a valued person in the home and has supports as desired to be a participating member of the community. An organization may call these services, which are provided under a contract or written agreement with the host family/shared living provider, a variety of names, such as host family services, shared living services or supports, alternative family living, structured family care giving, family care, or home share.

Getting the person in the right match is a critical component to successful host family/shared living services. The organization begins by exploring with the person served what constitutes quality of life for the individual and identifies applicant host family/shared living providers who are a potential match with the person's identified criteria. The person served makes the final decision of selecting a host family/shared living provider.

Safety, responsibility, and respect between or amongst all people in the home are guiding principles in these services. Persons are supported to have meaningful reciprocal relationships both within the home, where they contribute to decision making, and in the community. The host family/shared living provider helps the person served to develop natural supports and strengthen existing networks. Relationships with the family of origin or extended family are maintained as desired by the person served. The host family/shared living provider supports the emotional, physical, and personal well-being of the person.

Persons develop their personal lifestyle and modify the level of support over time, if they so choose. The host family/shared living provider encourages and supports the person served to make decisions and choices.

The host family/shared living provider does not necessarily have to be a family, as it could be an individual supporting the person. Although the "home" is generally the host family/shared living provider's home or residence, it may also be the home of the person served.

Some examples of the quality results desired by the different stakeholders of these services and supports include:

- Quality of life as identified by the person served is enhanced.
- Increased independence.
- Increased community access.
- Persons served choose whom they will live with and where.
- Participation of the persons in the community.
- Community membership.
- Support for personal relationships.
- Increased natural supports.
- Strengthened personal networks.
- Supports accommodate individual needs.
- Persons feel safe.
- Persons feel that the supports they need/want are available.
- Persons decide where they live.
- Persons feel valued.
- Persons have meaningful relationships.
- Persons develop natural supports.
- Persons participate in their community.

Respite Services (RS)

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of service delivery for the persons served, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites, as appropriate. An organization providing respite services actively works to ensure the availability of an adequate number of direct service personnel.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

– Services/supports are responsive to the family's needs.

– Services/supports are safe for persons.

– Services/supports accommodate medical needs.

Community Integration (COI)

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity center, a day program, a clubhouse, and a drop-in center are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full-time in more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

– Leisure or recreational activities.

– Communication activities.

– Spiritual activities.

– Cultural activities.

– Pre-vocational experiences.

– Vocational pursuits.

– Volunteerism in the community.

– Educational and training activities.

– Development of living skills.

– Health and wellness promotion.

- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Interacting with volunteers from the community in program activities.
- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centers, arts councils, etc.).

Note: *The use of the term* persons served *in Community Integration may include members, attendees, or participants, as appropriate.*

Some examples of the quality results desired by the different stakeholders of these services include:

- Community participation.
- Increased independence.
- Increased interdependence.
- Greater quality of life.
- Skill development.
- Slowing of decline associated with aging.
- Volunteer placement.
- Movement to employment.
- Center-based socialization activities during the day that enable persons to remain in their community residence.
- Activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitalization or nursing home care.

Community Housing (CH)

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/ supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services/supports are focused on providing

sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

–   Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twenty-four months and can be offered in congregate settings that may be larger than residences typically found in the community.

–   Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences in which Community Housing services are provided must be identified in the survey application. These sites will be visited during the survey process and identified in the survey report and accreditation decision as a site at which the organization provides a Community Housing program.

Note: *The term* home *is used in the following standards to refer to the dwelling of the person served, however CARF accreditation is awarded based on the services/supports provided. This is not intended to be certification, licensing, or inspection of a site.*

Some examples of the quality results desired by the different stakeholders of these services/supports include:

–   Safe housing.

–   Persons choosing where they live.

–   Persons choosing with whom they will live.

–   Persons having privacy in their homes.

–   Persons increasing independent living skills.

–   Persons having access to the benefits of community living.

–   Persons having the opportunity to receive services in the most integrated setting.

–   Persons' rights to privacy, dignity, respect, and freedom from coercion and restraint are ensured.

– Persons having the freedom to furnish and decorate their sleeping or living units as they choose.

– Persons having freedom and support to control their schedules and activities.

– Settings that are physically accessible to the individuals.

Supported Living (SL)

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long-term in nature but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sample of people receiving services/supports in these sites will be visited as part of the interview process. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

Supported living programs may be referred to as supported living services, independent living, supportive living, semi-independent living, and apartment living; and services/supports may include home health aide and personal care attendant services. Typically there would not be more than two or three persons served living in a residence, no house rules or structure would be applied to the living situation by the organization, and persons served can come and go as they please. Service planning often identifies the number of hours and types of support services provided.

The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the survey application or identified as a site on the accreditation outcome.

Some examples of the quality results desired by the different stakeholders of these services/ supports include:

– Persons served achieving choice of housing, either rent or ownership.

– Persons served choosing whom they will live with, if anyone.

– Minimizing individual risks.

– Persons served have access to the benefits of community living.

– Persons served have autonomy and independence in making life choices.

Services Coordination (SC)

Services coordination programs provide goal-oriented and individualized supports focusing on

improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful services coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Services coordination may be provided by an organization as part of its individual service planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing community services coordination. Such programs are typically provided by qualified services coordinators or by case management teams.

Organizations performing services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Some examples of the quality results desired by the different stakeholders of these services include:

–　　Access to a variety of services/supports.

–　　Access to choices of services.

–　　Individualized services to meet needs.

–　　Persons achieving goals.

–　　Persons achieving independence.

–　　Access to vocational training.

–　　Persons achieving employment.

–　　Access to career development.

Assistive Technology Supports and Services (AT)

By providing an array of assistive technology services, which may be specialized to a specific population, an organization assists the persons served in making informed decisions and choices to increase access to or participation in employment options, education, independent living, interdependence, and/or inclusion in the community. Services reflect the latest knowledge in the field.

Services and supports may include assisting persons served in the assessment, evaluation, selection, acquisition, use, support, design and fabrication, follow along or follow up, modification, or maintenance of an assistive technology device; providing or arranging for training; providing information about referrals for and observations and trials of assistive technology devices; and/or exploring alternative strategies. Training is an important component of services and supports because assistive technology is often abandoned if persons have not been properly trained in its use.

Strategies for accommodation may include the use of assistive technology applications in:

– Communication

– Community living

– Employment

– Environmental control

– Mobility, orientation, or destination training

– Education and training

– Activities of daily living/independent living

– Recreation

– Transportation

– Meeting other needs as defined by the persons served

Assistive technology services and supports may be provided by an organization as part of its service delivery program, by a department within an organization, or by an organization with the sole purpose of providing assistive technology services. Services are provided by personnel who practice only in their area(s) of competency.

Some examples of the quality results desired by the different stakeholders of these services and supports include:

– Increased independence.

– Increased community access.

– Participation of the persons in the community.

– Increased employment options.

– Increased wages.

– A flexible, interactive process that involves the person served.

– Individualized, appropriate accommodations.

– Decreased family or caregiver support.

– Timely services and reports.

Behavioral Consultation Services (BCS)

The focus of Behavioral Consultation Services is to increase the ability of persons served to express more effective and acceptable behaviors. Behavioral strategies are implemented to teach the persons served better ways to manage environmental and personal stressors so that targeted behaviors are reduced and positive behaviors are learned and maintained. Through redirection of a targeted behavior to a more socially and culturally acceptable behavior, persons served are able to achieve increased participation in mainstream community activities.

Behavioral Consultation Services includes services to address targeted behaviors such as eating disorders, disruptive behaviors, or self-injurious behaviors in the home or community.

Comprehensive Benefits Planning (CBP)

A comprehensive benefits planning organization creates and continuously improves its services and staff competencies to enhance the economic standing, well-being, and self-sufficiency of persons served. Through trained and professional benefits planning specialists, comprehensive individual and family benefits planning enhances lives, provides support in learning what resources are available and how to advocate for benefits, and provides support in learning how and when to access needed resources. Benefits planning demonstrates a willingness to revise planning as the person served grows, changes, experiences change, and has new goals.

Benefits planning that is comprehensive assists individuals through collaboration and coordination with a wide range of potential resources and agencies. There is a network of resources that fill in the many aspects of daily living. The following is not an exhaustive list, but suggests some examples of these:

– Social Security Disability Insurance (SSDI) (SSA)

– Supplemental Security Income (SSI) (SSA)

– Vocational Rehabilitation Services

– Work Incentives Planning and Assistance (WIPA)

– Workers Compensation

– Unemployment compensation

– Veterans Benefits

– Medicare and Medicaid (CMS)

– Provincial/territorial health insurance systems

– Provincial/territorial social services disability benefits/Canada Pension Plan (CPP)—Disability Benefits

– Housing assistance

– Energy assistance

– Food stamps

– Temporary Assistance for Needy Families (TANF)

– Tax credits

– Transportation assistance

– Private insurance (short- and long-term disability policies)

Some examples of quality results desired by the different stakeholders of these services

include:

– Access

　– Information presented in understandable format or manner.

　– Individual disability or employment challenges are met.

　– Service locations are accessible.

　– Benefits planning meetings use effective mediums such as face-to-face meetings, phone conferences, email, and video conferencing.

– Effectiveness

　– Persons served are able to identify specific benefits applicable to their work and living situations.

　– Advocacy skills are developed for specific benefits issues.

　– Informed choices are made with regard to employment and benefits planning.

　– Self-sufficiency in personal resource management is achieved.

　– Skills for resource planning are achieved.

　– Enhanced economic well-being of the person served is achieved.

　– Asset building potential of persons served expanded.

– Efficiency

　– The time from intake to referral is minimized.

　– A comprehensive and individualized plan is developed in minimal time.

　– Benefits planning reports are returned to referral authorities and persons served within designated times.

　– The caseload of benefits planning specialists is maintained at the level of "break-even" efficiency.

– Person Served Satisfaction

　– Persons served express satisfaction in:

　　– The knowledge they gained about benefits and community resources.

　　– The reduction of their fears regarding the potential loss of benefits.

　　– Trust and confidence of the benefits planning process and its result.

　　– The personal and employment choices made based on quality benefits information.

    –   Stakeholder Satisfaction

        –   Family members and other stakeholders:

            –   Gain knowledge to help with benefits management and return-to-work economic support strategies.

            –   Express reduced fear of losing benefits.

            –   Identify methods for "navigating the system" and connecting to resources.

            –   View benefits as tools to help youth transitioning from school reach their employment and community living goals.

Self-Directed Community Supports and Services: Flexible Supports Planning (SDCSS:FSP)

Many community organizations, in partnership with individuals, families, and funding sources, are redesigning their resources to embrace a self-directed community supports and services approach. For many individuals, this is one more significant and evolutionary step away from institutional settings. This customer-designed and delivered approach utilizes an individually controlled budget. The budget is developed according to guidelines from the funding source. Through the development and management of individualized community support options, individuals take an active role in the decisions that affect their lives. Flexible Supports Planning services provide information and assistance for persons served to plan and direct their individual budgets for supports and services.

Due to budgetary constraints, at times the individual budget development process may need to separate wants from needs for treatment and support. Some important objectives include:

–   Identifying an individual's needs.

–   Selecting supports and services within an approved context that best address those needs.

–   Determining the amount of supports or services necessary to adequately address each identified need.

–   Determining a cost or amount to reimburse providers.

–   Integrating supports and services within the set individual budget plan.

–   Providing policies and procedures for risk management, notably in the areas of corporate compliance to prevent fraud, waste, and abuse of government funds.

–   Continuously improving the local service provider accredited in Self-Directed Community Supports and Services based on decision making and true participation of persons served in service and organizational design.

Self-directed supports and services are based on the assumption that individuals receiving support have the authority to determine the role the provider will play in their lives and that

personal preferences for supports should drive, or at least heavily influence, the planning process.

Some examples of the quality results desired by the different stakeholders include:

–   Persons lead the planning process and have support of their choosing to do so.

–   Persons decide which supports and services to direct.

–   Persons get help as desired to direct their supports and services.

–   Persons direct how their supports and services are provided, including their nature.

–   Persons have a budget over which they have control.

–   Persons have free choice among providers, within funding guidelines.

–   Persons get help as desired in finding community resources.

–   Persons make decisions to redirect funds among supports and services as desired.

There are two program categories in which an organization can seek accreditation in Self-Directed Community Supports and Services:

–   Flexible Supports Planning (Section 4.N. SDCSS:FSP) allows an organization to manage the assessment, development, and planning of services to help persons served gain access to supports as needed.

–   Employer of Record for Support Services (Section 4.O. SDCSS:EOR) work with persons served as the managing employer, ensures that governmental payroll requirements are met, and often acts as a human resource consultant.

When an organization is accredited in both Flexible Supports Planning and Employer of Record for Support Services, consideration is made for dealing with potential conflicts of interest.

Self-Directed Community Supports and Services: Employer of Record for Support Services (SDCSS:EOR)

Many community organizations, in partnership with individuals, families, and funding sources, are redesigning their resources to embrace a self-directed community supports and services approach. For many individuals, this is one more significant and evolutionary step away from institutional settings. This customer-designed and delivered approach utilizes an individually controlled budget. The budget is developed according to guidelines from the funding source. Through the development and management of individualized community support options, individuals take an active role in the decisions that affect their lives. In Employer of Record services, the person served is the managing employer—responsible for hiring, firing, and managing details surrounding employment of their support workers, such as duties, work hours, and performance expectations. The provider is the employer of record that supports the person served in ensuring that governmental payroll requirements are met. In some cases, the person served may be considered the employer of record and contract or hire the organization

as a fiscal agent to be responsible for payroll and related governmental reporting.

In Employer of Record for Support Services important objectives include:

– Integrating supports and services within the set individual budget plan.

– Establishing policies and procedures for filing claims and receiving reimbursement.

– Establishing policies and procedures for dealing with government tax reports and filings for employers and employees.

– Providing policies and procedures for risk management, notably in the areas of corporate compliance to prevent fraud, waste, and abuse of government funds.

– Continuously improving the local service provider accredited in Self-Directed Community Supports and Services based on decision making and true participation of persons served in service and organizational design.

Self-directed supports and services are based on the assumption that individuals receiving support have the authority to determine the role the provider will play in their lives and that personal preferences for supports should drive, or at least heavily influence, the planning process.

Some examples of the quality results desired by the different stakeholders include:

– Persons have a budget over which they have control.

– Persons have free choice among providers, within funding guidelines.

– Persons get help as desired in finding community resources.

– Persons select, hire, fire, and manage the workers who provide their supports and services.

There are two program categories in which an organization can seek accreditation in Self-Directed Community Supports and Services:

– Flexible Supports Planning (Section 4.N. SDCSS:FSP) allows an organization to manage the assessment, development, and planning of services to help persons served gain access to supports as needed.

– Employer of Record for Support Services (Section 4.O. SDCSS:EOR) work with persons served as the managing employer, ensures that governmental payroll requirements are met, and often acts as a human resource consultant.

When an organization is accredited in both Flexible Supports Planning and Employer of Record for Support Services, consideration is made for dealing with potential conflicts of interest.

Personal Supports Services (PSS)

Personal supports services are designed to provide instrumental assistance to persons and/or families served. They may also support or facilitate the provision of services or the

participation of the persons served in other services/programs, such as employment or community integration services. Services and supports, which are primarily delivered in the home or community, are not provided by skilled healthcare providers (please see the Glossary for a definition of *skilled healthcare provider*), and typically do not require individualized or in-depth service planning.

Services can include direct personal care supports such as personal care attendants and housekeeping and meal preparation services. Services can also include transporting persons served, information and referral services, translation services, senior centers, programs offering advocacy and assistance by professional volunteers (such as legal or financial services), training or educational activities (such as English language services); music therapy; recreation therapy; mobile meal services; or other support services, such as supervising visitation between family members and aides to family members.

A variety of persons may provide these services/supports other than a program's staff, such as volunteers and subcontractors.

Short-Term Immigration Support Services (STISS)

Short-Term Immigration Support Services encompass a range of services that promote integration, independence, and active participation for persons in their new land. ISS assist persons to feel at home in their new community and integrate into society, while being respectful of the culture from which they came. Preferably services are offered when the organization is able in the first language of the person served by multilingual and culturally diverse staff. Services include provision of information and orientation to the new culture of the person, community referrals, and support. Workshops may be offered on a variety of topics such as general advocacy, legal advocacy, community supports, and cultural awareness. Other services may include employment supports provided at drop-in resource sites, outreach services, and English acquisition services. Interpretation and translation services may be offered to help limit language and communication barriers.

Services provided are generally short term. Persons with more extensive needs are given appropriate referrals to other programs, which may be within the organization or another service in the community.

Mentor Services (MS)

Mentor services are designed for and dedicated to the recruitment, training, and support of community supports and volunteers who provide coaching, community activities, and networks to assist persons with disabilities and/or disadvantages to achieve goals as desired in education, employment, and/or self-sufficiency in life.

Some examples of the quality results desired by the different stakeholders of these services and supports include:

– Successful life transitions, including completing school, adjusting to disability, overcoming personal or family crisis, loss, and aging.

- Completion of academic, career, and personal goals.
- Achieving and maintaining employment.
- Self-sufficiency.
- Increased community access and independence.
- Increased social capital.
- Building confidence and self-esteem.
- Support in self-advocacy.
- Economic improvement.
- Tax benefit to the community.
- Housing.
- Network of supports in the local community.
- Reduction in negative encounters with legal systems.
- Respite and resources for families.

Supported Education Services (SE)

Supported education reflects the assumption that education is a community resource to which all should have access. Society today has a greater emphasis on lifelong learning and development for persons to maintain employment and career development. Often there are cycles of education and career transition and development that persons pass through during their lifetime. Sometimes persons have dropped out of high school before graduating and later seek to attain their GED or high school diploma. The supported education program provides resources that help persons to achieve their educational goals. It creates collaborations with other community partners to meet the needs of the persons served in various educational settings.

Supported education expresses the belief that individuals can attend classes, learn, and improve their options. Practices promote participation in education programs for all who express interest. Supported education occurs in the community in settings such as an academic campus, vocational/trade school, college, and other post-secondary educational settings, and may include online learning venues. It may even provide tutoring services to at-risk youth who may be likely to fall behind or drop out of school. The purpose of supported education is to provide supports to individuals who are enrolled or want to enroll in an education program to achieve their learning goals.

Supported education provides individualized services and supports. Supported education services address transitional or remedial academic needs, develop strategies for educational success, and secure resources and accommodations for students to access activities of post-secondary education as desired. Program staff work with students to create a foundation of skills and to secure supports necessary to achieve success.

Note: *The services are integrated with other services that the individual may be receiving. Follow-along supports are continuous, and the preferences of the individual guide services.*

Some examples of quality results desired by the different stakeholders of these services include:

– Students served attain General Education Development certificate (GED).

– Students served attain their high school diploma.

– Students served are able to access adult learning options in their community.

– Students served gain access to meaningful employment, community integration, and the fulfillment of life goals.

– Students served attain job skills needed for employment.

– Students served obtain a degree or certificate.

– Students served experience a decrease in symptoms and a decrease in hospitalizations.

– Students served achieve economic self-sufficiency through employment and/or a combination of employment and benefits.

Rapid Rehousing and Homelessness Prevention Program (RRHP)

Rapid rehousing and homelessness prevention programs are short-term crisis response programs for persons and households that are experiencing homelessness or are at imminent risk of homelessness. These programs engage in ongoing outreach activities to maximize opportunities for contact with persons who, without assistance, are likely to remain or become literally homeless. Interventions are designed to reduce barriers to housing and help persons served and their families rapidly exit homelessness and return to stable housing or maintain stable housing. The programs are knowledgeable about and link with community resources as desired by the persons served.

Incorporating a housing first approach, individualized, person-centered housing plans guide service delivery. Each person served participates in the development of a housing plan that considers the person's desired housing outcomes, barriers to housing, the need for financial assistance, and the financial resources available. As needed, the program offers education for the persons served on landlord-tenant relationships, self-advocacy, and rights and responsibilities as a tenant to support achievement of housing-specific goals. Personnel are trained in areas necessary to achieve the desired outcomes of persons served using a person-centered approach.

Key to the programs' ability to secure housing for persons with high housing barriers are recruitment and retention of landlords who are willing to offer flexibility in applying tenant screening criteria and rent to persons exiting or at imminent risk of homelessness. The programs work to maximize suitable housing options and to access and manage the available financial resources to facilitate rapid rehousing and/or reduce the risk of homelessness.

Note: *If an organization provides only a Rapid Rehousing Program or only a Homelessness Prevention Program, it may still seek accreditation as a Rapid Rehousing and Homelessness Prevention Program.*

Centers for Independent Living (CIL)

Centers for Independent Living (CILs) are consumer-controlled, community-based, cross-disability organizations designed and operated by individuals with disabilities to provide nonresidential services and advocacy by and for persons with all types of disabilities. CILs provide five core services:

– Advocacy.

– Independent living.

– Information and referral.

– Peer counseling.

– Transition services.

CILs serve as a strong advocacy voice on a wide range of national, state/provincial, and local issues. They work to ensure physical and programmatic access to housing, employment, transportation, communities, recreational facilities, and health and social services.

Designed to provide a service environment of informed choice, CILs continuously improve the quality of individual services, expand the capacity of their organizations, and strive for enhanced accessibility in their communities.

Accreditation of CILs assists them in:

– Being recognized for comprehensive, coordinated, effective, efficient, and accountable individualized services and programs.

– Increasing community presence.

– Increasing quality services for persons served.

– Conducting outreach and building sustainable community partnerships.

– Meeting grant requirements and assurances.

– Providing services and operating according to established national CIL standards.

– Assuring authorities and funding sources that grant provisions and specifications are carried out appropriately and effectively.

– Generating leadership and growth in the community.

The desired outcomes of CILs are defined by the persons served, governance, staff, funding sources, and the community. Outcomes expectations include:

– Inclusion for all persons into societies and communities.

– The creation and provision of supports.

–   Advocacy for collaboration and creation of community resources.

–   Provision of supports to persons served to develop skills to enhance their lives.

Organizational change is continuously made based on input from the persons served, results of services, and outcomes achieved.

Home and Community Services (HCS)

Home and community services (HCS) are person centered and foster a culture that supports autonomy, diversity, and individual choice. Individualized services are referred, funded, and/or directed by a variety of sources. In accordance with the choice of the person served, the services provided promote and optimize the activities, function, performance, productivity, participation, and/or quality of life of the person served.

The Home and community services may serve persons of any ages, from birth through end of life. Services may be accessed in a variety of settings including, but not limited to, private homes, residential settings, schools, workplaces, community settings, and health settings. Services are provided by a variety of personnel, which may include health professionals, direct support personnel, educators, drivers, coaches, and volunteers and are delivered using a variety of approaches, supports, and technology.

Services are dynamic and focus, after a planning process, on the expectations and outcomes identified by both the person served and the service providers. The service providers are knowledgeable of care options and linkages to assist the person served; use resources, including technology, effectively and efficiently; and are aware of regulatory, legislative, and financial implications that may impact service delivery for the person served. The service providers are knowledgeable of their roles in and contribution to the broader health, community, and social services systems.

Home and community services must include at least one of the following service delivery areas:

–   Services for persons who are in need of specialized services and assistance due to illness, injury, impairment, disability, or a specific age or developmental need.

–   Services for persons who need assistance to access and connect with family, friends, or coworkers within their homes and communities.

–   Services for persons who need or want help with activities in their homes or other community settings.

–   Services for caregivers that may include support, counseling, education, respite, or hospice.

Note: *A service provider seeking accreditation for home and community services is not required to provide all four of the service delivery areas identified in the service description. However, it must include in the site survey all of the service delivery areas it provides that meet the service description.*

Shelter Programs (SP)

Shelter programs provide or connect to services, supports, and resources to address the needs and desired outcomes of persons who are experiencing homelessness or who are at risk of becoming unhoused due to a variety of factors. The scope and structure of programs vary from drop-in to overnight to longer lengths of stay. Using a trauma-informed approach, services are solution focused, inclusive, and uphold the dignity of persons served. The environment of the program is welcoming and promotes security and personal safety for persons served and personnel. Programs engage with stakeholders to reduce stigma and optimize resources and opportunities for the persons served through community connections. Shelter programs strive to provide persons served with a path to stable housing so that they are empowered to lead safer and healthier lives.

Children and Adolescents Specific Population Designation

Children and Adolescents is a specific population designation that can be added at the option of the organization to a community service being surveyed if children or adolescents are served and the organization desires this additional accreditation enhancement.

Such services are tailored to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Note: *Legal emancipation generally occurs through marriage, a court order, or specific rules of the Indian Child Welfare Act.*

Older Adults and Older Adults/Dementia Care Specific Population Designations

Older adults (OA) is a specific population designation that can be added at the option of the organization to a service being surveyed if specialized services are being provided to older adults with long-term disabilities, often diagnosed in childhood, who are served to allow them to remain in their own homes, day services, and communities of choice as long as possible and to promote aging in place. When appropriate to services being provided, the organization may choose to add this additional accreditation enhancement. Persons served in this program have typically been service/support recipients for most of their lifetime.

Services for older adults with disabilities and/or their families may offer an array of options to meet their social, vocational, residential/housing, psychological, recreational, cultural, legal, health, and physical needs with a specific focus on the impact of aging. Eligibility for services is defined in terms of each person's functional needs, preferences, and characteristics rather than chronological age.

Options and choices are provided for the creation of individually tailored services that support healthy aging, compensate to the extent possible for any aging-related decline, educate on end-of-life issues, and enable the persons served to function as independently as possible for as long as possible.

Older adults/dementia care (OA/DC) is a specific population designation that can be added at

the option of the organization to a service being surveyed if specialized services are being provided to older adults with long-term disabilities who have the additional support requirements due to Alzheimer's disease and related dementias (ADRD). With advances in medicine and assistive technology, persons with intellectual or developmental disabilities (ID/DD) are living longer and more productive lives. This extended life expectancy also means that some of these individuals experience an increased risk for Alzheimer's disease and related dementias (ADRD) as they age. ADRD are debilitating conditions that impair memory, thought processes, and functioning, primarily among middle-aged and older adults. The effects of these conditions can be devastating for individuals with ADRD and their loved ones.

The National Task Group on Intellectual Disabilities and Dementia Practices (NTG) cites research confirming that, although dementia as experienced by adults with ID/DD "is generally similar to that as experienced by other persons, there are exceptions. Some individuals with select conditions (Down syndrome, in particular) are more at risk for dementia, experience earlier age of onset, more rapid decline, and a briefer duration between diagnosis and death."

Services for OA/DC implement practices when appropriate to the persons served to promote quality of care for individuals with ID/DD and dementia. Services are provided based on current assessments of the individual and person-centered care planning that considers the stage of the condition or cognitive decline and anticipated needs. Information is provided to families/caregivers about dementia and its progression. Direct-care personnel are educated on dementia-specific care, and a personnel support system is available to reduce worker stress and manage grief.

Program and support options may be provided in various settings, including adult day services and programs or services for persons who are living in private homes with a caregiver, alone or with a housemate, in a group residence, or a specialized dementia-capable residence. Environments support the rights of persons served and promote their safety and security.

Some examples of the quality results desired by the different stakeholders of these services include:

– Safety and security.

– Slowing or mitigating of declines associated with normal aging.

– Ongoing assessment of individual's functioning.

– Maintenance of self-care skills.

– Health and wellness promoted.

– Medical advocacy.

– Physical health promoted.

– Positive mental health status.

– "Aging in place."

– Social functioning.

- Active community involvement.

- Social inclusion.

- Interpersonal relationships.

- Happiness and maintaining quality of life.

- Retirement.

- Mediating issues between family choice and person-served choice.

- Group activities of choice.

- Grief counseling.

- Support with end-of-life issues.

- Education of persons served, families, and staff about options for end-of-life supports.

- Transition planning.

- Preparation for hospice.

- Access to palliative care.

Medically Fragile Specific Population Designation

Medically Fragile is a specific population designation that can be added at the option of the organization to a service being surveyed if it specializes in serving persons with a serious ongoing illness or a chronic health condition that requires daily monitoring and ongoing medical treatments and may include the routine use of a medical device or assistive technology. Persons with such needs require overall care planning to achieve optimum health and developmental status and to achieve community integration to the maximum extent possible. Services augment and support independence, empowerment, and dignity of persons served through the provision of flexible and efficient services.

A program specializing in serving persons with medically specific needs assists the persons served in achieving or maintaining an optimal state of health through developmentally appropriate care to have an enhanced quality of life throughout their life span. This may include achieving optimal functionality according to their physical capacities.

Service design is based on the needs, desires, and expectations of the person served and includes consideration of age, medical acuity, medical stability, impairments, activity limitations, participation restrictions, psychological status, behavioral status, cultural diversity, family/caregivers, and long-term outcomes expectations. Appropriate medical consultation occurs specific to each person served in addition to medical consultation related to policies and procedures.

The services support transitions in a person's life and are changed as necessary to meet the identified needs and desires of the persons served and their families/caregivers.

Some examples of the quality results desired by the different stakeholders of these services

include:

- Development of an efficient and effective network of community support services including access to therapies, medical supports, and guidance.

- Achievement of personal development in health, education, and activities of daily living.

- Being able to choose and pursue meaningful activities in the least restrictive environment possible to achieve personal satisfaction in life activities.

- Maintenance of health and well-being.

- Restored or improved functioning.

- Enhanced quality of life.

- Educational achievements.

- Personal and family development.

- Supported transitions between levels of care as needed.

- End-of-life supports and care.

- Meaningful closures to end-of-life services and supports for the persons served and others.

Adults with Autism Spectrum Disorder (ASD:A)

Supports for adults with autism spectrum disorder (ASD:A) enhance accessibility and community membership opportunities for adults with ASD. Education, employment, residential, social, and recreational opportunities; identification from research of successful techniques to apply to service provision including treatment and intervention research; and lifelong planning are means to achieve full inclusion and participation.

Standards for ASD services and supports present a roadmap for successful outcomes in the lives of persons with ASD by encouraging organizational values that focus on individualized, person-centered services for persons to achieve full inclusion and participation as desired in their communities. Services involve families, networks of resources, and education and support communities for older adolescents transitioning to adulthood and adult persons with ASD.

The standards in this section focus on planning for transitions and development of supports as needed for persons with ASD, with the outcomes of employment, further education, community living, and life planning.

Some of the quality results (outcomes) desired by the different stakeholders of ASD services may include:

- Creating and supporting lifelong self-advocacy skills.

- Developing supports and community resources for persons and families.

- Enhancing quality of life by increasing social contacts and support communities.

- Encouraging service provider capacity building by networking with governmental, educational, business/employer, and other community resources.

- Recognizing and sharing reliable evidence-based knowledge, innovations, interventions, and therapies with proven, research-based, and peer-reviewed track records of getting results.

- Planning for transition from school to successful employment and community living supports.

- Individualized, comprehensive life planning that is transferred to other service providers to ensure continuity of service planning and supports.

- Persons served moving toward:

    - Optimal use of natural supports.

    - A social supports network.

    - Self-help.

    - Greater self-sufficiency.

    - Greater ability to make appropriate choices.

    - Greater control of their lives.

    - Increased participation in the community.

    - Employment and/or continued education.

Note: *The Specific Population Designation of Adults with Autism Spectrum Disorder (ASD:A) is typically applied if the population served is at the age of majority or older.*

If the population served is individuals from birth to the age of majority, the standards in Section 5.E. Children/Adolescents with Autism Spectrum Disorder (ASD:C) typically would be applied.

CARF allows that there may be services provided to adolescents and adult persons who are technically in transition range from one category to the other and does not require strict adherence to these age cutoffs. This would be identified in the program's scope of services.

Children/Adolescents with Autism Spectrum Disorder (ASD:C)

Early identification, intervention, treatment planning, and educational strategies for children with autism spectrum disorder (ASD) remain a challenge for families, their physicians, community supports, and educational systems. Early recognition of the condition allows families to receive advice and support to help them adjust to the child's learning and development challenges and to mobilize resources to provide the best early intervention services for the child.

Services for children and adolescents with ASD are designed to provide to the child/adolescent and family a variety of resources that reflect sound research. The family will have access to results-oriented therapies, education, advocacy, and supports for their child's optimal progress

and to establish a lifetime of positive learning and behaviors. Services involve families, networks of resources, and education and support communities for adolescents transitioning to adulthood. Individuals served under this designation may range from birth to the age of majority, although sometimes services for adolescents transitioning to adulthood are provided by programs that also serve adults. Ages served would be identified in a program's scope of services.

Organizations with accredited services/supports for children with ASD are a resource for families, community services, and education. With the focus on continuous learning about ASD, the organization can assist parents with:

– Obtaining early intervention screening.

– Obtaining early intervention services.

– Obtaining an evaluation by clinicians experienced in evaluating children with ASD to improve treatment and outcomes.

– Navigating the multiple and complex systems that families need to coordinate, including medical, educational, mental health, disability, and community services.

– Connecting to resources to identify and treat medical or other conditions associated with ASD, as they are needed, to improve independence, family well-being, and adaptive behavior.

– Gaining understanding of the core features of ASD and associated conditions.

– Adjusting and adapting to the challenges of raising a child with ASD.

– Understanding the future opportunities, services, and challenges that lay before them as they raise their child.

– Planning for transition to/from school and life planning.

– Building linkages within segments of school systems and across school systems to facilitate successful transitions between placements.

– Providing outcomes information to schools to enhance individualized education plans and employment transition planning.

– Connecting with mentors and parent-to-parent support groups or contacts.

– Connecting with community organizations and support groups dedicated to people with ASD.

– Becoming an advocate for policy changes, as desired.

Note: *The Specific Population Designation of Children/Adolescents with Autism Spectrum Disorder (ASD:C) is typically applied if the population served is individuals from birth to the age of majority.*
If the population served is individuals at the age of majority or older, the standards in Section 5.D. Adults with Autism Spectrum Disorder (ASD:A) typically would be applied.
CARF allows that there may be services provided to adolescents and adult persons who are

technically in transition range from one category to the other and does not require strict adherence to these age cutoffs. This would be identified in the program's scope of services.

Standards for Workforce Development Services

The design of workforce development services is results oriented and focused on the employment and career development goals of the person served with consideration for sustaining the resources needed to maintain the family unit. Services provide persons with information they can use to make informed choices and career decisions. The services aim to break the cycle of underemployment, unemployment, and public assistance and to provide opportunities for skill, educational, and career development of persons to become productive members of the workforce.

Quality workforce development services have an individualized, customer focus. Services consider the individual's needs and follow the referral plan of the One-Stop Career Center (OSCC)/American Job Center (AJC). At present in the U.S., workforce development contracts usually emanate from the local OSCC/AJC. However, the field is evolving and at this time CARF recognizes that these standards are also applicable to contracts with related service initiatives, such as Welfare to Work programs, Department of Rehabilitation, and the Veterans Administration.

The services are provided in a customer-friendly environment using good business principles. The person served is treated with respect as a valued customer. These services must also consider the personnel needs of the employers in the local job market, the community resources available, and the trends and economic considerations in the labor market.

Some examples of the quality results desired by the different stakeholders of these services include:

– Employment in the local labor market with or without ongoing support.

– Employment that meets the individual's desires and goals.

– Wages, hours per week, employment schedules, and benefits at the level required to maintain the family unit.

– Employment services that result in job retention and advancement in position, earnings, and/or benefits.

– Career development, including education and training, as desired.