



Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

EDUCATIONAL ALERT!!!

TO: DDA Licensed Service Providers

FROM: Michael S. Chapman, Director, Developmental Disabilities Administration
Wendy Kronmiller, Director, Office of Health Care Quality

DATE: August 26, 2008

RE: 1:1 Supervision

It has come to our attention that serious and fatal incidents have occurred to individuals despite documented 1:1 staff supervision for these individuals. Unsafe situations can develop quickly and unpredictably, so it is extremely important that an individual's 1:1 supervision be concretely defined based on the individual's needs and that each staff person who provides the 1:1 supervision be specifically trained.

Per COMAR 10.22.05.02, "(A) The IP is: (4) Intended to specify all needed assessments, services, and training; (B) The IP is a written plan which includes: (3) Services to be provided to the individual by the licensee..., (5) Specific training and staffing ratios based on the needs, preferences, and desires of the individual..."

Therefore, when addressing the individual's staffing requirements during the development of the individual plan (IP), the interdisciplinary team should discuss and include the following in the IP:

- Type of supervision, e.g.: 1:1, awake overnight.
- Concrete definition of what the supervision entails. Staff might have differing interpretation of terms such as, "line of sight", e.g., does line of sight apply 100 yards away at a crowded flea market or when in the same room? Please include the environment in which the supervision should be provided and the specific time/shift the supervision should occur. The 1:1 staff person's need to access the individual should be specified, e.g.: arm's length, within earshot, 15-minute checks, etc.
- Coverage during staff breaks.

- Rationale and purpose of the 1:1 supervision. If the supervision is for behavioral reasons, supervision guidelines should be incorporated into the behavior plan (refer to COMAR10.22.10)
- Staff training: how the training should be provided.

COMAR 10.22.05.05C provides: “The team shall review each IP at least annually, or more often as needed, and modify each IP as required by the individual's circumstances.” When an individual’s level of supervision changes, an interim IP meeting should occur as soon as possible, the IP should be modified to reflect this change in service, and staff should be specifically trained.

In addition, the Developmental Disabilities Administration (DDA) funds add-on services based on individual needs documented in the Service Funding Plan (SFP). The approved add-on services should be provided and reflected in the IP.

Thank you for your attention to this important issue and your commitment to provide quality services to and protect the safety and well being of the individuals with developmental disabilities. If you have questions, please contact Xiaoli Wen, Acting Statewide Quality Assurance Chief of DDA, at 410-767-5630, or Jennifer Baker, DD Program Manager of OHCQ at 410-402-8100.

Cc: DDA Regional Directors
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