**Section 119.215 Program staff**

a) The provider shall designate a program administrator whose level of education and experience shall include an undergraduate degree in education, special education, psychology, rehabilitation counseling or social work, with two or more year's experience working with individuals who are developmentally disabled, or an equivalent combination of education and experience.

b) The provider shall designate at least one developmental instructor whose minimum level of education and experience includes an undergraduate degree in special education or a related human service field as specified in the definition of qualified mental retardation professional, plus one or more years experience working with individuals who are developmentally disabled, or an equivalent combination of education and experience.

c) The provider shall designate developmental trainers whose minimum level of education includes a high school diploma or general equivalency diploma (G.E.D.). A developmental trainer shall address the individual's needs as identified in the plan under the professional oversight of the developmental instructor.

1) The program administrator may function as the developmental instructor.

2) The program shall employ developmental instructors on an overall ratio of one developmental instructor to three developmental trainers.

3) The developmental instructor shall perform instructional duties as well as provide professional oversight of developmental trainers. Professional oversight includes answering questions about the implementation of the individual's plan and providing feedback to the developmental trainer and his or her supervisor on the developmental trainer's activities.

d) Staff ratios

1) The provider shall maintain staff ratios that will meet the individual's program needs. The Department's calculation of provider cost is based on the following ratios, but the provider will be given flexibility in grouping individuals to meet the individual's needs.

A) For individuals who have mild deficits in adaptive behavior as defined in Classification in Mental Retardation (American Association on Mental Retardation, 1719 Kalorama Road, NW, Washington D.C. 20009, 1983), and who have physical disabilities, mental disabilities or behavior disorders, the provider shall maintain on-duty trainers and instructors at a ratio of 1:10.

B) For individuals who have moderate deficits in adaptive behavior as defined in Classification in Mental Retardation and who have physical disabilities, mental disabilities or behavior disorders, the provider shall maintain on-duty trainers and instructors at a ratio of 1:8.

C) For individuals who have severe or profound deficits in adaptive behavior, as defined in Classification in Mental Retardation and who have physical disabilities, mental disabilities or behavior disorders, the provider shall maintain on-duty trainers and instructors at a ratio of 1:5.

D) The provider may request additional staff for individuals whom the team has assessed and who require and who are receiving specialized services stated in one of the following levels:

i) Level I. For individuals requiring and receiving staff assistance for the following specialized care: aids or appliances for visual or auditory deficits or both; aids, appliances or equipment for physical disabilities; in dwelling catheterization; insulin injections for stabilized diabetics; cardiovascular or respiratory medications and multiple daily monitoring; incontinence care and assistance in personal care; seizure medication and monitoring of unstable condition; or a moderately serious level of maladaptive behavior as measured by the Inventory for Client and Agency Planning (ICAP) (DLM Teaching Resources, One DLM Park, Allen, Texas 75002, 1986);

ii) Level II. For individuals requiring and receiving staff assistance for the following specialized care: personal care and assistance with transfer and movement about the facility; insulin injections for diabetics who are not stabilized; ostomy care; or a serious level of maladaptive behavior as measured by the ICAP; or

iii) Level III. For individuals requiring and receiving staff assistance for the following specialized care: intermittent catheterization; wound care; respiratory care; tracheotomy care; tube feeding; or a very serious level of maladaptive behavior as measured by the ICAP.

2) During breaks and non-training lunch periods, supervision shall be provided to maintain the safety of the individual.

3) There shall be at least one QMRP for every 30 individuals.

e) Each individual shall have a designated QMRP who shall:

1) Convene the team as required by Section 119.220 to develop or revise the plan;

2) Assure that the services specified in the plan are being provided;

3) Assure the participation of team members;

4) Identify and address gaps in the provision of service;

5) Monitor the individual's status in relation to the plan;

6) Advocate for the individual's rights and services;

7) Provide for a written record of team meetings; and

8) Initiate and coordinate a meeting of the team as often as the plan specifies or when required by problems or changes.

f) If the interdisciplinary team determines that services required to meet the individual's needs are not available in the developmental training program, the QMRP shall be responsible for linking the individual with the level of service that meets his or her needs.