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DEVELOPMENTAL DISABILITIES ADMINISTRATION

RESIDENTIAL HABILITATION CENTERS

STANDARD OPERATING PROCEDURES (SOP)

TITLE: INDIVIDUAL HABILITATION PLANS PROCEDURE 103.1

**PURPOSE**

To establish the process for Residential Habilitation Centers (RHCs) to develop, implement, monitor, and revise Individual Habilitation Plans (IHP).

**SCOPE**

Every DDA-eligible individual residing in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) RHC who is classified eligible for ICF/IID level of care must have an IHP.

**PROCEDURES**

A. **IHP Meeting Schedule**

1. No later than September 30th, the HPA must complete an IHP meeting schedule for the upcoming calendar year.

2. The program area team (PAT) Secretary or designee must post the IHP meeting schedule no later than October 1st. The schedule must be in a place accessible to the IDT.

3. The IDT must review the schedule and prepare for the IHP meetings.

4. The HPAs must schedule an individual’s annual IHP meeting within eleven (11) months of the previous annual meeting. When scheduling a time for the meeting, ensure it is developed with the individual’s daily schedule in mind.

5. The HPAs must finalize an IHP within 365 days of the individual’s previously finalized IHP. The HPA may schedule an IHP meeting sooner if the individual’s condition changes significantly (e.g., a change in ambulation).

6. If the individual is a new admit, the first IHP meeting must be held within thirty (30) days of admission.

B. IHP Process

1. For newly admitted individuals, assessments (including a PBSP, if applicable) are due to the HPA at least one (1) week before the IHP meeting.

2. For all other individuals, assessments are due to the HPA at least thirty (30) days, but no more than ninety (90) days, before the IHP meeting. The PBSP, if applicable, is due to the HPA at least thirty (30) days before the IHP meeting.

3. At least thirty (30) days before the IHP meeting, the PAT Secretary or designee sends an invitation letter to the HPA to review, sign, and date. The PAT Secretary will then mail the invitation to the individual’s guardian with the annual packet.

4. The annual packet must include the: individual’s identification summary sheet, annual consent packet, guardian notification form, rights and responsibilities form, draft PBSP and consent, if applicable, and any restrictive consents that need to be reviewed and signed.

5. At least two (2) weeks before the IHP meeting, the HPA must review the assessments. If the assessments contains inaccurate or inconsistent information, the HPA returns the assessment to the appropriate IDT member for review and correction.

6. The HPA completes a Needs List before the IHP meeting for discussion at the IHP meeting.

7. The HPA facilitates the IHP meeting and finalizes the IHP based on discussion from the IDT. The IDT ensures that the information is accurate and communicated to the rest of the team. The IDT develops and prioritizes objectives based on the Needs List.

8. Within two (2) weeks after an IHP meeting or IHP Revision meeting:

a. The HPA or designee finalizes the IHP and files it in the individual’s chart;

b. The HPA routes the IHP to the PAT Secretary to mail to the individual’s guardian;

c. The HPA or designee sends the restriction form to the Human Rights committee (HRC) for review (refer to [DDA Policy 5.10](https://www.dshs.wa.gov/dda/policies-and-rules/policy-manual), *Human Rights Committee)*; and

d. The IDT trains staff implementing the IHP or IHP Revision.

9. Within thirty (30) days after the IHP meeting, the HRC reviews any documents and consents with restrictive components. The HPA or psychologist is responsible for filing the reviewed documents in the individual’s chart within three (3) days of the HRC meeting.

C. **Program Implementation, Monitoring, and Revisions**

1. The HPA must:

a. Ensure training programs and the IHP are modified in response to the individual’s specific accomplishments or need for a new program;

b. Ensure training programs are revised when an individual is regressing or not progressing, after reasonable efforts have been made to ensure the program has been consistently implemented;

c. Complete and file revisions within two (2) weeks of a change, such as a change in the individual’s functional status, emotional health, physical health, accomplishments, activities, or needs that impact the IHP, etc.; and

d. Complete, at a minimum, quarterly reviews of each individual’s data and progress.

2. The IDT must:

a. Monthly monitor and revise as needed, programs, services and supports in his or her discipline area;

b. Communicate any recommendations, changes, or concerns, to the HPA;

c. Ensure assessments are completed timely and accurately and communicated to the IDT in a timely manner; and

d. Train staff implementing the IHP or IHP Revision.

D. **Staff Responsibility**

Staff will implement both formal and informal active treatment opportunities with the intention of promoting independence, self-management, and choice for the individuals residing in the RHCs, as outlined in each individual’s IHP.

E. **Facility Responsibility**

The facility must:

1. Promote and ensure that staff receive adequate training and supports to provide active treatment related to the IHP;

2. Supervise and monitor to ensure staff are formally and informally implementing the active treatment program as provided for by the IDT in the IHP;

3. Design and implement processes, tools, and forms to support this procedure; and

4. Use all DDA-required forms created by headquarters. Any exception to this requirement must be approved by the Deputy Assistant Secretary.

**AUTHORITY** 42 CFR 483.440 *Active Treatment Services*

42 CFR 483.440(c) *Individual Program Plan*

42 CFR 483.440(d) *Program Implementation*

42 CFR 483.440(e) *Program Documentation*

42 CFR 483.440(f) *Program Monitoring and Change*

[Chapter 71A RCW](http://app.leg.wa.gov/rcw/default.aspx?Cite=71A) *Developmental Disabilities*

[DDA Policy 5.10](https://www.dshs.wa.gov/dda/policies-and-rules/policy-manual) *Human Rights Committee*

[DDA Policy 5.14](https://www.dshs.wa.gov/dda/policies-and-rules/policy-manual) *Positive Behavior Support*

**DEFINITIONS**

**Habilitation Plan Administrator (HPA)** is the person who facilitates the IDT meetings and writes, implements, and monitors the IHP.

**Human Rights Committee (HRC)** is a committee that reviews, approves, and monitors individual programs designed to manage inappropriate behavior or other programs that may violate an individual’s rights or protections.

**Individual Habilitation Plan (IHP)** is a comprehensive plan developed by the individual’s IDT that includes a detailed description of the individual’s needs, supports, and preferences to aid transition to a less-restrictive environment.

**Interdisciplinary Team (IDT**)is a group of people who collaborate to create the IHP. The IDT must include: the individual; the individual’s family or legal guardian; professionals or support staff from disciplines and service areas suggested by the Needs List and based on the individual’s likes and dislikes.

**Needs List** is a list compiled by the HPA of all recommendations from the assessments to discuss and prioritize at the IHP meeting.

**Positive Behavior Support Plan (PBSP)** is the plan developed by the psychologist that helps to eliminate or reduce the frequency and severity of challenging behaviors. See [DDA Policy 5.14](https://www.dshs.wa.gov/dda/policies-and-rules/policy-manual), *Positive Behavior Support*.

**Revision** is what is completed by the HPA when there is a change to the IHP as determined by the IDT.

**SUPERSESSION**

None.

Approved: */s/ Donald Clintsman*  Date: May 1, 2017

Deputy Assistant Secretary

Developmental Disabilities Administration