

DEVELOPMENTAL DISABILITIES ADMINISTRATION
RESIDENTIAL HABILITATION CENTER
STANDARD OPERATING PROCEDURE

TITLE: INDIVIDUAL HABILITATION PLANS 103.1

PURPOSE

To establish the process for Residential Habilitation Centers (RHCs) to develop, implement, monitor, and revise individual habilitation plans (IHPs).

SCOPE

Every DDA client residing in an intermediate care facility for individuals with intellectual disabilities (ICF/IID) who is eligible for ICF/IID level of care must have an IHP.

PROCEDURES

A. **IHP Meeting Schedule**

1. No later than September 30th, the Habilitation Plan Administrators (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 interdisciplinary team (IDT).
3. The IDT must review the schedule and prepare for the IHP meetings.
4. The HPA must schedule a client's annual IHP meeting with sufficient time to allow for due process; for example, schedule the IHP meeting early enough before the end of the plan year to allow time for obtaining consent and a review by the Human Rights Committee (HRC). When scheduling a time for the meeting, the HPA must ensure it is developed with the client's daily schedule in mind.
5. The HPA must finalize and implement an updated IHP within 365 days of the previously finalized IHP. The HPA must schedule an IHP meeting sooner if the client's condition changes significantly (e.g., a change in ambulation).

6. If the client is a new admit, the first IHP must be completed no more than 30 days after the client is admitted to the facility.

B. IHP Process

1. For a newly admitted client, assessments (including a positive behavior support plan, if applicable) are due to the HPA at least one week before the IHP meeting.
2. For all other clients, assessments are due to the HPA at least 30 days, but no more than 60 days, before the IHP meeting. The PBSP, if applicable, is due to the HPA at least 30 days before the IHP meeting.
3. If there has been a significant change after the assessment has been completed, an updated assessment must be completed by the appropriate discipline. The IDT will update the IHP as required.
4. At least 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 client's guardian with the annual packet. Based on facility preference, the HPA may decide to send the invitation letter.
5. The annual packet must include:
 - a. The client's identification summary sheet;
 - b. The annual consent and service agreement;
 - c. The guardian notification form;
 - d. The rights and responsibilities form; and
 - e. A draft positive behavior support plan, if applicable.
6. At least two weeks before the IHP meeting, the HPA must review the assessments. If the assessments contain inaccurate or inconsistent information, the HPA must return the assessment to the appropriate IDT member for review and correction.
7. The HPA must complete a Needs List before the IHP meeting for discussion at the meeting.
8. The HPA must facilitate the IHP meeting and finalize the IHP based on discussion from the IDT. The IDT must ensure that the information is accurate and communicated to the rest of the team. The IDT develops and prioritizes objectives based on the Needs List.
9. No more than two weeks after an IHP meeting or IHP revision meeting:
 - a. The HPA must finalize the IHP;
 - b. The HPA or designee must file the IHP in the client's chart;

- c. The HPA must route the IHP to the PAT secretary or designee to mail to the client's guardian;
 - d. The HPA or designee must send the informed consent form and associated documents to the HRC for review (refer to [DDA Policy 5.10](#), *Human Rights Committee*); and
 - e. The program author trains staff how to implement the IHP or IHP revision.
10. Before implementation, the HRC must review any documents and consents containing restrictive components. The HPA or designee must file the reviewed documents in the client's chart.

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

- 1. The HPA must:
 - a. Ensure the IHP, including training programs, are modified in response to the client's specific accomplishments or prioritized need for a new program;
 - b. Ensure training programs are revised when a client is regressing or not progressing and reasonable efforts have been made to ensure the program has been consistently implemented;
 - c. Complete and file revisions no more than two weeks after a change, such as a change in the client's functional status, emotional health, physical health, accomplishments, activities, or needs that impact the IHP; and
 - d. Complete, at a minimum, quarterly analysis including reviews of each client's program data.
- 2. The IDT must:
 - a. Monitor monthly, and revise as needed, programs, services, and supports in each member's own discipline area;
 - b. Communicate any recommendations, changes, or concerns, to the HPA;
 - c. Ensure all assessments are completed timely, accurately, and communicated to the IDT in a timely manner; and
 - d. Train staff implementing the IHP or IHP revision.

D. Staff Responsibility

1. Staff must implement both formal and informal active treatment opportunities with the intention of promoting independence, self-management, and choice for a client as outlined in their IHP.
2. Staff must notify the HPA when formal training programs need potential revisions, such as when:
 - a. The client is not making progress as intended;
 - b. The client's skills are regressing;
 - c. The outcome of the program does not match the intent;
 - d. The program instructions need clarification;
 - e. The client meets criteria for advancement; or
 - f. Materials are needed for program implementation.

E. Facility Responsibility

The facility must:

1. Promote and ensure that staff receive adequate training and supports to provide active treatment related to a client's IHP;
2. Design and implement processes, tools, and forms to support this procedure;
3. Supervise and monitor to ensure staff are formally and informally implementing an active treatment program as outlined in a client's IHP.

AUTHORITY

42 CFR 483.440	<i>Active Treatment Services</i>
42 CFR 483.440(c)	<i>Individual Program Plan</i>
42 CFR 483.440(d)	<i>Program Implementation</i>
42 CFR 483.440(e)	<i>Program Documentation</i>
42 CFR 483.440(f)	<i>Program Monitoring and Change</i>
Chapter 71A RCW	<i>Developmental Disabilities</i>
DDA Policy 5.10	<i>Human Rights Committee</i>
DDA Policy 5.14	<i>Positive Behavior Support</i>

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 and identifies replacement behaviors. See [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans*.

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

Significant change means a major decline or improvement in a client's status that

1. Is not self-limiting, meaning the condition will not resolve itself without a staff member or standard clinical intervention;
2. Impacts more than one area of the client's health status; and
3. Requires interdisciplinary review, which may or may not lead to a revised IHP.

SUPERSESSSION

RHC SOP 103.1
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Approved: /s/ Deborah Roberts
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