

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: INDIVIDUAL HABILITATION PLANS 17.06.02

AUTHORITY [42 C.F.R. 483.440](#) *Active Treatment Services*
[42 C.F.R. 483.440\(c\)](#) *Individual Program Plan*
[42 C.F.R. 483.440\(d\)](#) *Program Implementation*
[42 C.F.R. 483.440\(e\)](#) *Program Documentation*
[42 C.F.R. 483.440\(f\)](#) *Program Monitoring and Change*
[Title 71A RCW](#) *Developmental Disabilities*

REFERENCES [DDA Policy 5.10](#) *Human Rights Committee*
[DDA Policy 5.14](#) *Positive Behavior Support Principles*

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.

Positive Behavior Support Plan (PBSP) is the plan developed by the psychologist or psychological associate 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 or PBSP.

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 is required to 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 all clients, assessments (including a positive behavior support plan, if applicable) are due to the HPA 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. The HPA must review the assessments before the IHP meeting. If an assessment contains inaccurate or inconsistent information, the HPA must discuss these issues at the IHP meeting and document in the IHP the discussion.
7. 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 recommendations from the assessments and the IDT discussion.
8. Once an IHP or IHP revision is finalized:
 - a. The HPA or designee must file it in the client's chart;

- b. The HPA must route the IHP to the PAT secretary or designee to mail to the client's guardian;
 - c. 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
 - d. 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.

SUPERSESSON

RHC SOP 103.1, *Individual Habilitation Plans*

Issued January 1, 2020

Approved:


Deputy Assistant Secretary

Developmental Disabilities Administration

Date: January 1, 2020¹

¹ This document was a standard operating procedure that was reissued as a DDA policy without substantive changes.