## Initial Specialized Habilitation Plan

### SMART goal(s) and objective(s)

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
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Describe the goal(s) and objective(s) addressed as they appear in Policy 4.20. No more than three goals per plan.

**SMART goals and objective are:**
- Specific
- Measurable
- Achievable
- Relevant
- Time-bound

### How often is the service provided

Expected frequency and duration of service (How often, and for how long is the service expected to last for client to reach their goal):

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
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### Plan to help reach the goal(s) (What methods and techniques that will be used to support the client)

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
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### How is progress measured and how will measures determine the conclusion of service?

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<th>Goal 1</th>
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<th>Goal 3</th>
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### Indicate the targeted categories of Specialized Habilitation:

- [ ] Self-Empowerment – Support to increase self-esteem, self-confidence, and skills to achieve personal development goals
- [ ] Safety Awareness and Self-Advocacy – Support to increase safety awareness and effectively self-express needs, wants, and goals
- [ ] Interpersonal Effectiveness and Effective Social Communication – Support to develop social skills to build and maintain relationships or increase inclusion in the community and home
- [ ] Coping Strategies regarding Everyday Life Challenges – Support to improve problem solving skills and stress management techniques
- [ ] Managing Daily Tasks and Acquiring Adaptive Skills – Support developing skills to successfully reside in the community and to increase independence
List referral recommendations if the waiver participant presents with potential underlying medical, mental health, or educational support needs (referral may be to Care Coordinator, treating professional, or DDA):

Date of referral:

<table>
<thead>
<tr>
<th>Signatures</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDER’S SIGNATURE</td>
<td></td>
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<tr>
<td>WAIVER PARTICIPANT’S SIGNATURE</td>
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<tr>
<td>DDA CASE / RESOURCE MANAGER’S SIGNATURE</td>
<td></td>
<td></td>
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<tr>
<td>LEGAL REPRESENTATIVE’S SIGNATURE</td>
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</table>
Instructions for Initial Specialized Habilitation Plan

Waiver Participant Name: Add in the name of the client.

Provider’s Name: Add in provider’s name who is working directly with the client. If an agency, please include the name of the agency, and then the specific clinician / individual providing the service.

Case Manager’s Name: Include the name of the client’s case manager.

Date plan as written or revised: Include when this plan was completed.

Current Waiver: Include the current DDA waiver the client is enrolled in.

Indicate the targeted categories of Specialized Habilitation: Check the box according to the category of Specialized Habilitation that the client would like to work with. Do not check more boxes than goals. Example: If the client has three (3) goals (which is the maximum at any time), there must only be three (3) or less boxes checked. There may be multiple goals that fit under one category, so it is possible to have three (3) goals, but only two (2) boxes checked in this area.

Describe the goal(s) and objective(s) addressed as they appear in Policy 4.20. No more than three goals per plan: Identify the goals that the client has, in S.M.A.R.T goal criteria, using the small chart to the right of the form as a guide. What does the client want? What is their goal? This needs to be person-centered, and in the client’s words.

What is the expected frequency and duration of the service? Describe how long the service of Specialized Habilitation is expected to last until the client is able to reach their goal. How often will the client need to work with the provider in order for them to reach their goal? Example: Once per week for two (2) hours, for the next three (3) months.

Plan to help reach the goal(s) (What methods and techniques that will be used to support the client): What are the methods and techniques that will be used to help the client reach their goal? Describe them here.

How is progress measured and how will measures determine the conclusion of service? Identify how goal completion will be measured or attained. When will the client know they have reached their goal or that the service is no longer needed?

List referral recommendations if the waiver participant presents with potential underlying medical, mental health, or educational support needs (referral may be to Care Coordinator, treating professional, or DDA): List in this section any referrals necessary for the client that are outside of what Specialize Habilitation can provide. Consideration examples: Are there any concerns of client’s mental health presentation or education needs for school aged client? Does the client need referral to resources they are not yet connected with?

Provider Signature: The SH provider will sign here.

Legal Representative’s Signature: When applicable, the client’s legal representative needs to sign here, agreeing to this initial plan.

Waiver Participant’s Signature: The client must sign here.

DDA Case Resource Manager’s Signature: The client’s case manager needs to sign here.