

ICF/DD-HABILITATIVE PROGRAM PLAN CHECKLIST

FACILITY NAME:	Telephone: ()
FACILITY ADDRESS:	
CONTACT:	Fax: ()
Proposed/Actual Capacity: M ____ F ____	E-mail:
Licensed capacity of facility:	Age range:
	Ambulatory status:

Page Number	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	DS 1852 - HFPS Application Form.			
	Pages numbered, sections labeled consistent with the Table of Contents.			
PROGRAM PLAN REQUIREMENTS				
	Section 76857: The facility program plan shall include:			
	Section 76857(a)(1) The number of eligible clients.			
	Section 76857(a)(2) A profile of the client population using the Client Development Evaluation Report (C.D.E.R.) <i>[PROVIDE A NARRATIVE REGARDING THE CLIENT POPULATION TO BE SERVED OR THE POPULATION BEING SERVED.]</i>			
	Section 76857(a)(3) A summary of clients' identified needs.			
	Section 76857(a)(11) Provisions for accomplishing the following:			
	Section 76857(a)(11)(A) An initial assessment of each client to identify the current level of needs and function.			
	Section 76857(a)(11)(B) An individual service plan developed by the interdisciplinary professional staff/team (IPST) under the direction of the qualified mental retardation professional (QMRP).			
	Section 76857(a)(11)(C) Semi-Annual review of the individual service plans.			
CLIENT ASSESSMENT PROCESS				
	Section 76859(a)(1) Review and update the preadmission evaluation within 30 days following client's admission.			
	Section 76859(a)(2) Assess the client's developmental status which includes prioritized problems, disabilities, developmental strengths and weaknesses, and the client's needs and discharge plan, all of which provide the basis for formulating an individual service plan (ISP) for the client.			

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	Section 76859(b): Share the assessment with the direct care staff and interpret the assessment to the client, and when lawful the client's parents or authorized representative.			
	W259; §483.440(f)(2) The comprehensive functional assessment of each client must be reviewed by the IDT for relevancy and updated as needed; <i>[[IDENTIFY METHODS TO REVIEW AND UPDATE ASSESSMENT INFORMATION AND WHO WILL BE RESPONSIBLE.]]</i>			
	Section 76859(c) Review client progress every six (6) months. The review shall include:			
	Section 76859(c)(1) Consideration of the client's need for continued ICF/DD-H services or alternative placement.			
	Section 76859(c)(2) Consideration of the client's need for guardianship or conservator ship if the client will attain majority or become emancipated prior to the next annual review.			
	Section 76859(c)(3) Provision for the protection of the client's civil and legal rights, pursuant to Welfare and Institutions Code Sections 4502, 4503, 4504, and 4505, and California Administrative Code, Title 17, Sections 50500 through 50550.			
	Section 76859(c)(4) Assessment of the client's recreational interests.			
	Section 76860(a)(2)&(3) W226-228; §483.440(c)(4) Within 30 days after admission, the IDT must prepare for each client an IPP (ISP) that states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment and planned sequence for dealing with those objectives. These objectives must:			
	W229; §483.440(c)(4)(i) Be stated separately, in terms of a single behavioral outcome;			
	W230; §483.440(c)(4)(ii) Be assigned projected completion dates;			
	W231; §483.440(c)(4)(iii) Be expressed in behavioral terms that provide measurable indices of performance;			
	W232; §483.440(c)(4)(iv) Be organized to reflect a developmental progression appropriate to the individual;			
	W233; §483.440(c)(4)(v) Be assigned priorities.			
PROGRAM ELEMENTS				
	Section 76862(a) The facility shall have the capability to provide program services to those developmentally disabled clients it serves. These program services shall be based on client's specific needs as identified through the individual client assessment and include as appropriate:			
	Section 76862(a)(1) Sensory motor development.			

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	Section 76862(a)(2) Self-help skill training.			
	Section 76862(a)(3) Behavior management program			
	Section 76862(a)(4) Habilitation program.			
	Section 76862(b) The facility shall provide active treatment seven days a week, each client receiving no less than 56 hours. The treatment program hours shall include:			
	Section 76862(b)(1) Any active treatment provided by agencies either outside or inside the facility shall be specified in the ISP.			
	Section 76862(b)(2) No more than two consecutive hours not devoted to active treatment as specified in the ISP. If additional unstructured time is required, such need shall be determined by the interdisciplinary professional staff/team and documented in the client's ISP and the facility's program plan.			
	Section 76862(b)(3) Weekend programming which emphasizes recreation and social experiences.			
	W126; §483.420(a)(4) FACILITY PRACTICES: Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities; §483.420(a)(4) GUIDELINES: Since the use of money is a right, determine if the facility demonstrated, based on objective data, that the individual was unable to be taught how to use money before the decision was made to restrict that right.			
	W196; §483.440(a)(1) FACILITY PRACTICES: Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed toward:			
	W196; §483.440(a)(1)(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible and			
	W196; §483.440(a)(1)(ii) The prevention or deceleration of regression or loss of current optimal functional status.			
BEHAVIOR MANAGEMENT PLAN - PROGRAM COMPONENTS				
Section 76869 and W197, W274-W309				
	Section 76869(c)(2) A written assessment conducted by the IDT to identify maladaptive behaviors which require management. This assessment shall address the following areas:			
	Section 76869(c)(2)(A) Social and emotional status.			
	Section 76869(c)(2)(B) Communication skills.			
	Section 76869(c)(2)(C) Physical and mental status.			

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	Section 76869(c)(2)(D) Cognitive and adaptive skills.			
	Section 76869(c)(2)(E) An identification of the maladaptive behaviors.			
	Section 76869(c)(2)(F) A baseline data collection system which addresses the maladaptive behaviors.			
	Section 76869(c)(2)(G) An analysis of the maladaptive behaviors identified in terms of their antecedents and consequences.			
	Section 76869(c)(3) A written behavior management plan available to all facility staff, the client if appropriate, or the client's representative, if lawful. This plan shall include:			
	Section 76869(c)(3)(A) Long-range goals.			
	Section 76869(c)(3)(B) Behavioral objectives that are time-limited, measurable, observable, and complement the long-range goals.			
	Section 76869(c)(3)(C) Behavioral objectives which specify: 1. The name of the primary person providing the intervention. 2. The place of intervention. 3. The reinforcement(s) to be used to elicit adaptive behaviors. 4. The type(s) of interventions to be used.			
	Section 76869(c)(4) A written document that shall clearly justify, prior to the use of behavioral intentions that:			
	Section 76869(c)(4)(A) The procedure to be used is the least restrictive and most effective intervention for the maladaptive behaviors.			
	Section 76869(c)(4)(B) The environment where the behavior change is to occur which is designed to avoid stigma and to support and reinforce adaptive behaviors is specified.			
	Section 76869(c)(4)(C) A specific choice from different behavior interventions has been made based on relative effectiveness.			
	Section 76869(c)(4)(D) The undesirable long-term and short-term effects which may be associated with the procedures have been identified.			
	Section 76869(c)(4)(E) The conditions under which procedure is contraindicated have been identified.			
	Section 76869(c)(4)(F) The social, behavioral and status benefits that can be expected have been specified.			
	Section 76869(c)(4)(G) The rights of the developmentally disabled person were and are protected in accordance with Sections 4503 and 4505 of the Welfare and Institutions Code.			

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	Section 76869(c)(4)(H) All legal and regulatory requirements have been met.			
	Section 76869(c)(4)(I) There is a plan to decrease the restrictiveness of the program.			
	Section 76869(c)(4)(J) A recommended treatment hierarchy which identifies the maladaptive behavior warranting the most immediate attention has been developed.			
	Section 76869(c)(5) A written monthly report of progress that shall include:			
	Section 76869(c)(5)(A) The amount of progress attained in achieving each behavioral objective.			
	Section 76869(c)(5)(B) A determination as to whether the program should be continued as designed, or amended.			
	Section 76869(c)(5)(C) In those instances when it can be demonstrated that behavioral programs utilizing only positive reinforcement do not result in the desired adaptive behavior, mild restrictive interventions may be employed. Such interventions shall be limited to: <i>[IF ANY OF THE FOLLOWING BEHAVIORAL PROGRAMS WILL NOT BE USED, STATE THIS IN YOUR PROGRAM PLAN.]</i>			
	Section 76869(c)(5)(C)(1) Contingent observation.			
	Section 76869(c)(5)(C)(2) Extinction.			
	Section 76869(c)(5)(C)(3) Withdrawal of social contact.			
	Section 76869(c)(5)(C)(4) Fines.			
	Section 76869(c)(5)(C)(5) Exclusion time-out, with client in constant visual observation.			
	W128; §483.420(a)(6) FACILITY PRACTICES: Explain the type of restrictive/aversive techniques to be utilized after approval from ID team and Human Rights Committee (HRC). Explain whether written informed consent has been obtained.			
	Section 76868(a)(1) Containment			
	Section 76868(a)(3) Physical restraint			
	Section 76868(b)(1) Chemical restraints			
	Section 76868(b)(2) Psychotherapeutic or behavior altering drugs shall be used only as an integral part on an individual service plan that is designed by an interdisciplinary professional staff/team to be used to a less restrictive way of managing maladaptive behavior and ultimately to the elimination of those behaviors for which the drugs are employed.			

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HUMAN RIGHTS COMMITTEE				
	Section 76917(a) The facility shall have a Human Rights Committee (HRC) which shall be responsible for assuring that client rights as specified in the Welfare and Institutions Code, Sections 4502 through 4505 and Sections 50500 through 50550, Title 17 California Administrative Code are safeguarded.			
	Section 76917(b) Minutes of every committee meeting shall be maintained in the facility and shall indicate the names of the members present, date, subject matter discussed, and actions taken.			
	Section 76917(c) Committee organization and structure shall be as follows:			
	Section 76917(c)(1) Composition of the committee shall consist of at least the administrator, QMRP, a registered nurse, representative of the Regional Center, and with the consent of the client or when otherwise permitted by law, a client representative and/or developmentally disabled person, a parent or a community representative and may include a member from the Local Area Board on Development Disabilities.			
	Section 76917(c)(2) The committee shall meet at least quarterly.			
	Section 76917(c)(3) The function of the HRC shall include:			
	Section 76917(c)(3)(A) Development of policies and procedures to assure and safeguard the client's rights listed in the Welfare and Institutions Code, Sections 4502 through 4504 and Section 50500 through 50550, Title 17, California Administrative Code.			
	Section 76917(c)(3)(B) Monitor staff performance to ensure that policies and procedures are implemented.			
	Section 76917(c)(3)(C) Document and participate in developing and implementing relevant in-service training programs.			
	Section 76917(c)(3)(D) Review treatment modalities used by the facility where client human rights or dignity is affected.			
	Section 76917(c)(3)(E) Review and approve at least annually, all behavior management programs. For those programs utilizing restrictive procedures, as specified in 76869(c)(5)(C), the minutes of the HRC shall reflect an examination of all previous treatment modalities used by the facility and shall document that the current program represents the least restrictive treatment alternative.			
	§ W124; §483.20(a)(2) FACILITY PRACTICES: Inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.			

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INITIAL ORIENTATION TRAINING				
	Section 76873(b) The facility shall require that all new staff, prior to providing direct care services, receive eight (8) hours of orientation which shall be documented and be completed during the first 40 hours of employment.			
	Section 76873(b)(1) The orientation shall include:			
	Section 76873(b)(1)(A) Tour of the facility.			
	Section 76873(b)(1)(B) Description of the client population.			
	Section 76873(b)(1)(C) Special needs of developmentally disabled clients.			
	Section 76873(b)(1)(D) Overall concepts of the facility's program which meet the needs of the clients, including normalization.			
	Section 76873(b)(1)(E) Developmental growth and assessment.			
	Section 76873(b)(1)(F) Implementation of the ISP.			
	Section 76873(b)(1)(G) The clients' activities of daily living.			
	Section 76873(b)(1)(H) Use of adaptive equipment or devices.			
	Section 76873(b)(1)(I) Unusual occurrences with clients, including but not limited to, emergency procedures for relief of choking.			
IN SERVICE TRAINING PLAN				
	Section 76873(c) The facility shall require that all direct care staff, in addition to eight (8) hours of orientation, receive at least three (3) hours per month, 36 hours annually, of planned in-service training which shall be documented and shall include, but not be limited to, the following topics:			
	Section 76873(c)(1) Program techniques specific to the facility's clients.			
	Section 76873(c)(2) Developing program objectives for clients.			
	Section 76873(c)(3) Evaluation and assessment techniques.			
	Section 76873(c)(4) Documentation of client progress.			
	Section 76873(c)(5) Developmental special needs of the facility's clients.			
	Section 76873(c)(6) Interpersonal relationships and communication skills between staff and clients.			
	Section 76873(c)(7) Confidentiality of client information.			

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	Section 76873(c)(8) Detection of signs of illness or dysfunction that warrant medical or nursing intervention.			
	Section 76873(c)(9) Basic nursing & health related skills.			
	Section 76873(c)(10) Behavior management.			
	Section 76873(c)(11) Emergency intervention procedures for behavior control.			
	Section 76873(c)(12) Prevention and control of infection.			
	Section 76873(c)(13) Fire and accident prevention and safety.			
	Section 76873(c)(14) Client's rights as specified in Welfare and Institutions Code, Sections 4502 through 4507, and Title 17, California Administrative Code, Sections 50500 through 50550.			
	Section 76873(c)(15) Role and involvement of the parent, guardian, conservator or authorized representative, in the overall client service plan.			
	Section 76873(c)(16) First aid and cardiopulmonary resuscitation.			
	Section 76873(c)(17) If any client has epilepsy, the causes and treatment of epilepsy; care during and following an epileptic seizure; safety precautions; and protective equipment.			
	Section 76873(c)(18) Locating and using program reference materials.			
	Section 76873(c)(19) The use and proper application of supportive devices.			
PROGRAM PLAN ATTACHMENTS				
#1	Section 76857(a)(5) A week's program schedule for clients in the facility.			
#2	Section 76862(b)(3) Weekend programming which emphasizes recreational and social experiences.			
#3	Section 76857(a)(6)(A) The facility's organizational chart.			
#4	Section 76857(a)(6)(B) The IPST utilized indicating their disciplines hours worked per week. <i>[SEE CONSULTANTS AND PROFESSIONAL STAFF, SECTION 3, PAGE 3,] [OPTION: PROVIDE MONTHLY HOURS.]</i>			
#5	Section 76857(a)(6) The facility program staffing pattern including: <i>[SEE STAFF SCHEDULES, SECTION 3-2, PAGES 4 - 5]</i>			

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#6	Section 76857(a)(7) Description of the space provided for program elements. [A FACILITY FLOOR PLAN]			
#7	Section 76857(a)(8) Descriptions of the equipment available or to be obtained for program use.			
#8	Section 76857(a)(10) A plan for utilization of community resources.			
#9	W127; §483.420(a)(5), W153 through W157 §483.420(d)(2) through §483.420.(d)(4) Task Two Protocol: Develop system to prevent, report, and investigate reported/suspected abuse. [SEE ADDITIONAL INFORMATION IN PROGRAM PLAN DEVELOPMENT PACKET, SECTION V]			
#10	Develop a facility wide Quality Assurance Plan.			
#11	Section 76910(a) Attach the following complete updated information for each professional staff: 1. Copy of contract. 2. Professional license, registration, certification or diploma. 3. Resume. [INCLUDE TRANSLATIONS OF DIPLOMAS IF NECESSARY]			
#12	Section 76909(a) The facility shall maintain written transfer agreements with one or more general acute care hospitals to make the services of those facilities accessible to clients as needed and to facilitate the expeditious transfer of clients and essential client information.			
#13	Medication Training Plan [To develop the medication training plan, see the medication training checklist attachment, Section 3-6, pages 1-5. The Medication Training Plan must be submitted as part of your Program Plan]			
#14	Health and Safety Code Section, Section 1268.8 New Provider Orientation. [Include a copy of the certificate demonstrating proof of attendance for the 8-hour New Provider Orientation Training]			