

PROGRAM PLAN FORMAT ICF/DD-NURSING Instructions

1. To develop your Program Plan use the Program Plan Checklist, Title 22, Chapter 4.5 beginning with Section 73000 and the Code of Federal Regulations, Appendix J as your guide.
2. Prior to submission to DDS, review your Program Plan against the checklist to ensure that it is complete. Enter the **specific page number** in the left column of the checklist to coincide with the program plan.
3. Place components of the Program Plan in sequential order to assure approval in a timely manner (see sample Table of Contents below).
4. Language should be clear and concise. We recommend a 12-point font. Please do not use only uppercase letters.
5. The Nurse Consultant will review the Medication Training Program Plan, Attendant Training, and Specialized Procedures.
6. Any missing documents will render your Program Plan incomplete and delay approval. If the Program Plan is unclear or incomplete, the assigned analyst will contact you.

Checklist: Title 22 and Federal Tags are referenced. This is to aid you in locating the specific regulations and is not meant as a substitute for reviewing the regulations. The bolded information on the checklist is required by Title 22 for program plan approval. The additional information is included to alert the applicant to critical requirements that must be in place for licensure and certification by California Department of Public Health (CDPH).

Below is a sample of the program plan format of information. Please include a Table of Contents with the sections listed below.

NEW PROGRAM PLAN	
Table of Contents	
Introduction	Page ____
Client Assessment Process	Page ____
Program Elements	Page ____
Behavior Management Program	Page ____
Orientation and In-Service Training Program	Page ____
Attachments #1 through #15	Page ____
Medication Training	Page ____
Attendant Training	Page ____
Specialized Procedures	Page ____

SAMPLE