

# Regulatory Analysis Form

(Completed by Promulgating Agency)



# IRRC

Independent Regulatory Review Commission

## SECTION I: PROFILE

(1) Agency:

Department of Public Welfare

(2) Agency Number: 14-512

Identification Number:

IRRC Number:

2687

(3) Short Title:

(4) PA Code Cite:

55 Pa. Code Chapters 2380, 2390, 6400 and 6500

(5) Agency Contacts (List Telephone Number, Address, Fax Number and Email Address):

Primary Contact: Dana Thompson (717) 783-2376, Office of Developmental Programs, P.O. Box 2675  
Harrisburg, Pennsylvania 17105-2675, Fax: (717) 525-5854, [danathompson@state.pa.us](mailto:danathompson@state.pa.us)

Secondary Contact: Jeanine Zlockie (570) 443-4312, Office of Developmental Programs,  
827 Oley Valley Road, White Haven, PA 18661 Fax: (570) 443-4001,

[jzlockie@state.pa.us](mailto:jzlockie@state.pa.us)

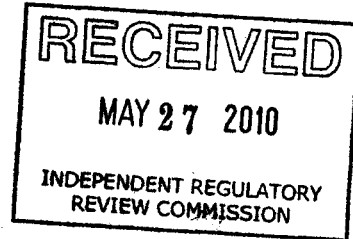
(6) Primary Contact for Public Comments (List Telephone Number, Address, Fax Number and Email Address) – Complete if different from #5:

Office of Developmental Programs Hotline: 1-888-565-9435, Office of Developmental Programs  
P.O. Box 2675, Harrisburg, PA 17105-2675,  
Fax: (717) 783-5141, [ra-ODPComment@state.pa.us](mailto:ra-ODPComment@state.pa.us).

(All Comments will appear on IRRC'S website)

(7) Type of Rulemaking (check applicable box):

- Proposed Regulation
- Final Regulation
- Final Omitted Regulation
- Emergency Certification Regulation;
- Certification by the Governor
- Certification by the Attorney General



## Regulatory Analysis Form

(8) Briefly explain the regulation in clear and nontechnical language. (100 words or less)

This final-form rulemaking codifies the current process for developing and implementing an individual support plan (ISP) for an individual who is attending a facility licensed under 55 Pa. Code Chapters 2380, 2390, 6400 and 6500. The ISP is the comprehensive document that identifies the services needed by an individual to support the achievement of the expected outcomes chosen by an individual. In addition, this final-form rulemaking replaces the terms "Individual Program Plan (IPP)" and "Individual Written Program Plan (IWPP)" with the current terminology, ISP. In addition, this rulemaking reorganizes the existing regulatory language to provide consistent and uniform language and ordering of the sections.

(9) Include a schedule for review of the regulation including:

- |   |  |
|---|--|
| A. The date by which the agency must receive public comments:                               | <u>May 27, 2008</u>  |
| B. The date or dates on which public meetings or hearings will be held:                     | _____  |
| C. The expected date of promulgation of the proposed regulation as a final-form regulation: | <u>August 28, 2010</u>                                     |
| D. The expected effective date of the final-form regulation:                                | <u>Upon final publication in the Pennsylvania Bulletin</u> |
| E. The date by which compliance with the final-form regulation will be required:            | <u>Upon final publication in the Pennsylvania Bulletin</u> |
| F. The date by which required permits, licenses or other approvals must be obtained:        | <u>N/A</u>   |

(10) Provide the schedule for continual review of the regulation.

The Department will conduct an ongoing review of the regulation.

## Regulatory Analysis Form

### **SECTION II: STATEMENT OF NEED**

(11) State the statutory authority for the regulation. Include specific statutory citation.

The Public Welfare Code, Act of June 13, 1967, P.L. 31 No. 21, 62 P.S. § 911 and 1021.

(12) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

No, the regulation is not mandated by any federal or state law or court order, or federal regulation.

(13) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

This final-form rulemaking codifies the current process for developing and implementing the ISP. The ISP is the comprehensive document that identifies the services needed by an individual. Further, this final-form rulemaking provide consistent and uniform language and ordering of the sections throughout 55 Pa. Code Chapters 2380, 2390, 6400 and 6500.

This final-form rulemaking is also needed to clarify the provider's role in developing and implementing the ISP when an individual is not receiving services through a Supports Coordination Organization (SCO). A provider is a person or entity that enters into a contract with the Department to deliver services to an individual. A SCO is a provider that is responsible for locating, coordinating and monitoring services provided to an individual. When an individual is receiving services through a SCO, the Supports Coordinator (SC) will develop and implement the ISP. However, when an individual is not receiving services through a SCO, the plan lead will develop and implement the ISP. The plan lead is the program specialist or family living specialist at the licensed facility where the individual receives services.

Currently there are approximately 42,096 individuals receiving services and 269 providers in the ODP mental retardation service system which are licensed under 55 Pa. Code Chapters 2380, 2390, 6400 and 6500.

## Regulatory Analysis Form

(14) If scientific data, studies, references are used to justify this regulation, please submit material with the regulatory package. Please provide full citation and/or links to internet source.

There is no scientific data, studies or references.

(15) Describe who and how many will be adversely affected by the regulation. How are they affected?

There may be minimal cost to providers related to copies of ISP review documentation and assessments that are required to be provided to the plan team members. Previously, this information was only provided to the SC and the individual. Electronic distribution of materials to families is permitted if the family has a means to receive and read information in electronic form and as long as the electronic distribution of the materials is completed in a secure and protected manner and is in compliance with the Health Insurance Protection and Portability Act (HIPPA) requirements. These possible mailing and copying costs should be minimal for providers.

(16) List the persons, groups or entities that will be required to comply with the regulation. Approximate the number of people who will be required to comply.

All providers with facilities licensed under 55 Pa. Code Chapters 2380, 2390, 6400 and 6500 regulations will be required to comply with the regulation.

Currently, there are approximately 269 providers within the ODP mental retardation service system licensed under 55 Pa. Code Chapters 2380, 2390, 6400 and 6500.

12/21/09

**Regulatory Analysis Form**

**SECTION III: COST AND IMPACT ANALYSIS**

(17) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There will be no costs or savings to the regulated community.

There may be a minimal cost to providers for mailing and copying of reviews, assessments and information that are required to be sent to the Plan team members. In the past, the information was sent only to the Supports Coordinator and the individual. Information will be sent electronically when possible.

The small possible cost to providers in the paragraph above may be offset by the development of a single Plan which may eliminate some of the provider's staff time which was needed for development of a second Plan in past years.

(18) Provide a specific estimate of the costs and/or savings to **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There will be no costs or savings to local government.

(19) Provide a specific estimate of the costs and/or savings to **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

There will be no costs or savings to state government.

12/2/08

**Regulatory Analysis Form**

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
<b>SAVINGS:</b>	\$0	\$0	\$0	\$0	\$0	\$0
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
<b>Total Savings</b>	0	0	0	0	0	0
<b>COSTS:</b>	0	0	0	0	0	0
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
<b>Total Costs</b>	0	0	0	0	0	0
<b>REVENUE LOSSES:</b>	0	0	0	0	0	0
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
<b>Total Revenue Losses</b>	0	0	0	0	0	0

(20a) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3	FY -2	FY -1	Current FY
Community Mental Retardation-Base Program Services	\$0	\$0	\$0	\$156,619,000
Community Mental Retardation-Waiver	\$0	\$0	\$	\$622,849,000
Community Mental Retardation Services	\$789,554,000	\$868,061,000	\$805,938,000	\$0

## Regulatory Analysis Form

(21) Explain how the benefits of the regulation outweigh any cost and adverse effects.

There will be no costs or savings to state government.

(22) Describe the communications with and input from the public and any advisory council/group in the development and drafting of the regulation. List the specific persons and/or groups who were involved.

Prior to publication of the proposed rulemaking, the Department convened two sessions with the individual and family-focused workgroup representing a variety of stakeholders, including an individual receiving services, families, providers, provider associations and administrative entity representatives. The workgroup made suggestions for the regulatory revisions, some which were incorporated.

(23) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

Alternative regulatory provisions were not considered. The existing regulations needed to be amended to codify the current process for developing and implementing an individual support plan (ISP) for an individual who is attending a facility licensed under 55 Pa. Code Chapters 2380, 2390, 6400 and 6500.

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

No, there are no provisions that are more stringent than federal standards.

(25) How does this regulation compare with those of other states? How will this affect Pennsylvania's ability to compete with other states?

This regulation will not put Pennsylvania at a competitive disadvantage.

(26) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No, the regulation will not affect any other regulation of the promulgating agency or any other state agencies.

## Regulatory Analysis Form

(27) Submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

Providers will need to provide copies of an individual's assessment and ISP review documentation to the plan team. If the individual is not receiving services through a SCO, the provider will also have to provide copies of the ISP, including annual updates, to the plan team. The amount of paperwork will depend on the page count of each provider's document. This final-form rulemaking permits electronic distribution of the ISP and the annual updates as long as the electronic distribution of these materials are completed in a secure and protected manner and in compliance with HIPPA requirements.

The final-form rulemaking states that the provider must forward the assessment to the plan team no later than 30-calendar days before these meetings. The final-form rulemaking also adds a 30-calendar day time frame following an ISP meeting for providers to send the ISP and annual updates to the plan team members. The ISP is to be documented on the Department-designated form, which is located in HCSIS and will also be available through a link on the Department's website at <http://www.dpw.state.pa.us/PartnersProviders/MentalRetardation/003679539.htm>

(28) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

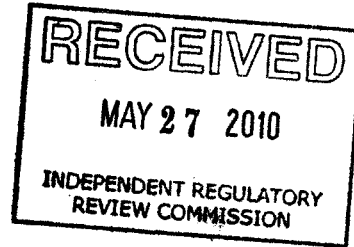
There are no special provisions which have been developed to meet the particular needs of any group or persons.



CDL-1

FACE SHEET  
FOR FILING DOCUMENTS  
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)



DO NOT WRITE IN THIS SPACE

<p>Copy below is hereby approved as to form and legality. Attorney General</p> <p>By: _____ (Deputy Attorney General)</p> <p>_____ Date of Approval</p> <p><input type="checkbox"/> Check if applicable Copy not approved. Objections attached.</p>	<p>Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:</p> <p><b>DEPARTMENT OF PUBLIC WELFARE</b> (Agency)</p> <p>LEGAL COUNSEL: <u>Kathleen Grogan</u></p> <p>DOCUMENT/FISCAL NOTE NO. <u>14-512</u></p> <p>DATE OF ADOPTION: _____</p> <p>BY: <u>[Signature]</u></p> <p>TITLE: <u>SECRETARY OF PUBLIC WELFARE</u> (Executive Officer, Chairman or Secretary)</p>	<p>Copy below is hereby approved as to form and legality. Executive or Independent Agencies</p> <p>BY: <u>[Signature]</u></p> <p><u>Andrew C. Clark</u> <b>MAY 26 2010</b></p> <p>_____ Date of Approval</p> <p>(Deputy General Counsel) (<del>Chief Counsel, Independent Agency</del>) (Strike inapplicable title)</p> <p><input type="checkbox"/> Check if applicable. No Attorney General approval or objection within 30 days after submission.</p>
---	---	---

NOTICE OF FINAL-FORM RULEMAKING

DEPARTMENT OF PUBLIC WELFARE

OFFICE OF DEVELOPMENTAL PROGRAMS

- [55 Pa.Code Chapter 2380 Adult Training Facilities]
- [55 Pa.Code Chapter 2390 Vocational Facilities]
- [55 Pa.Code Chapter 6400 Community Homes for Individuals With Mental Retardation]
- [55 Pa.Code Chapter 6500 Family Living Homes]

### *Statutory Authority*

By this order, the Department of Public Welfare (Department) adopts the regulation set forth in Annex A pursuant to the authority of the Public Welfare Code, Act of June 13, 1967, P.L. 31 No. 21, 62 P.S. §§ 911 and 1021. Notice of proposed rulemaking was published at 38 Pa.B. 1937 on April 26, 2008.

### *Purpose of Regulation*

This final-form rulemaking codifies the current process for developing and implementing an individual support plan (ISP) for an individual who is attending a facility licensed under 55 Pa. Code Chapters 2380, 2390, 6400 and 6500. The ISP is the comprehensive document that identifies the services needed by an individual to support the achievement of the expected outcomes chosen by an individual. This final-form rulemaking also replaces the terms "Individual Program Plan (IPP)" and "Individual Written Program Plan (IWPP)" with the current terminology, ISP. In addition, this final-form rulemaking reorganizes the existing regulatory language to provide consistent and uniform language of the programs sections in Chapters 2380, 2390, 6400 and 6500.

This final-form rulemaking is also needed to clarify the provider's role in developing and implementing the ISP when an individual is not receiving services through a Supports Coordination Organization (SCO). A provider is a person or entity that enters into a contract with the Department to deliver services to an

individual. A SCO is a provider that is responsible for locating, coordinating and monitoring services provided to an individual. When an individual is receiving services through a SCO, the Supports Coordinator (SC) will develop and implement the ISP. However, in instances when an individual is not receiving services through a SCO, the plan lead will develop and implement the ISP. The plan lead is the program specialist or family living specialist at the licensed facility where the individual receives services.

### *Background*

Current regulations specify that a provider shall develop and implement an IPP or IWPP. Until 2002, the IPP and IWPP were the sole documents used by providers to develop and implement services provided to an individual. Each provider developed and implemented an IPP or IWPP for each individual served in the provider's facility. Therefore, an individual could have several plans: one for the residential program, one for the vocational program and one for the day program. In some cases, individuals and families attended multiple meetings to update each plan and the multiple plans would conflict with each other.

As part of the regulatory development process, the Office of Developmental Programs (ODP) convened an individual and family-focused workgroup. The workgroup was comprised of: an individual receiving service through the ODP service system, families, providers, provider associations and administrative entity representatives. The workgroup offered suggestions for the regulatory revisions, some of which are incorporated in these amendments.

In 2002, the Office of Mental Retardation (now ODP) implemented the ISP to resolve these multiple plan issues by replacing multiple plans with one ISP document. The individual and his family or friends, as applicable, meet with all providers delivering services to the individual at the same time to discuss and determine how to best address the needs of the individual. This meeting promotes consistency and ensures that everyone is working together to address the individual's needs.

When an individual is receiving services through a SCO, the ISP is developed and implemented by the SC. The SC is responsible for developing and implementing one ISP involving the multiple providers governed by the various regulation chapters.

As plan improvements transitioned from the creation of multiple provider-directed plans or IWPPs to a single ISP, which is person-centered and focuses on all the needs of the individual, these ISP improvements initiated the need to amend these regulation chapters.

The Department needed to provide a process to develop an ISP when an individual is not receiving services through a SCO and, therefore, does not have an assigned SC. The final-form regulation is needed to require the development of one comprehensive ISP identifying the services needed by an individual and the expected outcomes chosen by an individual. Depending on the type of facility where the individual receives services, the plan lead, who will be

responsible to develop and implement the ISP, will be either the residential program specialist or the family living program specialist.

The list below identifies which program specialist or family living specialist will take the lead on ISP development and implementation when an individual is not receiving services through a SCO.

Hierarchy	Type of Facility	Plan Lead
1	Community Home for Individuals with Mental Retardation	Chapter 6400 Program Specialist
2	Family Living Home	Chapter 6500 Family Living Specialist
3	Adult Training Facility	Chapter 2380 Program Specialist
4	Vocational Facility	Chapter 2390 Program Specialist

For example, if an individual is living in a family living home and also attending a vocational facility, the family living specialist at the family living home would be the plan lead. The plan lead is responsible for developing the ISP.

The ISP is available in the Home and Community Services Information System (HCSIS). For providers without the ability to access HCSIS, the ISP is available through a link on the Department's website at:

<http://www.dpw.state.pa.us/PartnersProviders/MentalRetardation/003679539.htm>

#### *Affected Individuals and Organizations*

The ISP is the comprehensive document that identifies the needed services and expected outcomes for an individual. These services are provided in facilities licensed under Chapters 2380, 2390, 6400 and 6500. Because this

final-form rulemaking eliminates the need for each provider to have a separate ISP document, individuals and families benefit by having only one annual ISP meeting to attend. At this ISP meeting, all providers delivering services to the individual to support the individual's outcomes are required to be present. In the past, some individuals and families were asked to attend separate meetings with various providers, which created an unnecessary hardship.

In addition, providers will also benefit by not having to write separate ISPs. An ISP will be written coordinating all aspects of an individual's life into one document. Providers and individuals will benefit from the combined knowledge of all involved parties. Providers which deliver multiple services at different types of facilities will benefit by having consistent requirements for each facility.

#### *Accomplishments and Benefits*

This final-form rulemaking codifies the current process for developing and implementing the ISP. In addition, this final-form rulemaking replaces the terms "IPP" or "IWPP" with the current terminology, ISP, and reorganizes the existing regulatory language to provide consistent and uniform language of the program sections of Chapters 2380, 2390, 6400 and 6500.

#### *Fiscal Impact*

There is no cost associated with codifying existing ISP practices for the Commonwealth, local government or individuals receiving services. There may

be minimal cost to providers related to copies of ISP review documentation and assessments that are required to be provided to the plan team members.

Previously, this information was only provided to the SC and the individual. Electronic distribution of materials to families is permitted if the family has a means to receive and read information in electronic form and as long as the electronic distribution of the materials is completed in a secure and protected manner and is in compliance with the Health Insurance Protection and Portability Act (HIPPA) requirements. These possible mailing and copying costs should be minimal for providers.

Since this final-form rulemaking also requires providers to use one ISP, the cost of staff time in creating a second document will be eliminated, thereby, creating a financial savings for the provider.

#### *Paperwork Requirements*

Providers will need to provide copies of an individual's assessment and documentation of ISP reviews to plan team members. If the individual is not receiving services through a SCO, the provider will also have to provide copies of the ISP, including annual updates and revisions, to the plan team members. The amount of paperwork will depend on the page count of each provider's document and on whether or not the individual is receiving services through a SCO. This final-form rulemaking permits electronic distribution of the ISP, including annual updates and revisions, as long as the electronic distribution of these materials

are completed in a secure and protected manner and in compliance with HIPPA requirements.

The final-form rulemaking requires that the provider must forward the assessment to the plan team members no later than 30-calendar days before these meetings. The final-form rulemaking also adds a 30-calendar day time frame following the ISP meetings for providers to send the ISP, annual updates and revisions to plan team members. The ISP is to be documented on the Department-designated form, which is located in HCSIS and will also be available through a link on the Department's website at <http://www.dpw.state.pa.us/PartnersProviders/MentalRetardation/003679539.htm>

#### *Public Comment*

Following publication of the proposed rulemaking, the Department received comments from five commentators during the 30-day public comment period and comments from one commentator after the close of the public comment period. The comments received came from Allied Services, Comhar Incorporated, JEVS Human Services, Woods Services, and Pennsylvania Association of Resources (PAR) and the Philadelphia Alliance. The Department also received comments from the Independent Regulatory Review Commission (IRRC).

As stated previously, prior to publication of the proposed rulemaking, the Department held two sessions with the individual and family-focused workgroup



representing a variety of stakeholders, including an individual receiving services, families, providers, provider associations and administrative entity representatives. The workgroup made suggestions for the regulatory revisions, some of which were incorporated.

### *Discussion of Comments and Major Changes*

Following is a summary of the comments received within the public comment period following publication of the proposed rulemaking and the Department's responses to those comments. A summary of major changes from the proposed rulemaking is also included.

### *General- Statutory Authority*

IRRC commented that the Department has indicated that its statutory authority for promulgating this regulation stems from Articles IX and X of the Public Welfare Code, 62 P.S. §§ 90-922, 1001-1087. IRRC requested that with its submittal of the final-form regulation, the Department should clarify its statutory authority, particularly with regard to nonprofit institutions governed under Article IX.

## *Response*

The Department clarified the statutory authority for this final-form rulemaking. 62 P.S. §§ 911 provides the Department with the statutory authority to promulgate and enforce regulation for institutions for adults with mental retardation. Further, 62 P.S. § 1021 provides the Department the authority to adopt regulations for the minimum standards for mental health facilities. The statutory definitions in Articles IX and X of the Public Welfare Code do not distinguish between for-profit and non-profit institutions for adults with mental retardation and mental health facilities.

## *General- Single plan*

Several commentators addressed the lack of clarity provided in the preamble regarding the plan. One commentator stated that it is not clear whether there is to be a single individual plan document for each individual or whether there is to be a single individual plan document for each type of service. The commentator requested clarification if there will be a single plan in effect and if the plan will encompass all areas of the individual's life. The commentator also identified that the chapters had different time frames for plan development which would need to be coordinated in order for there to be a single plan. The commentator went on to suggest that there should be a single coordinator of the plan services to help ensure the various services are working in a consistent manner on behalf of the individual.

This commentator also suggested that the Department discontinue the use of acronyms in relation to the plan. The commentator suggested the Department use simple English rather than an acronym and call the individual plan a “plan”. Another commentator suggested the use of the language currently in use “ISP – Individual Support Plan.”

IRRC commented that the proposed regulation uses the term “IP” and practically identical requirements and procedures in the four chapters; but there is nothing to indicate that the services and outcomes regulated by two or more different chapters must be coordinated and unified into a single plan.

IRRC also commented that the Department needs to formalize the process for unifying two or more chapters into one plan. This is necessary to make the process clear to providers and the individuals it serves. The final-form regulation should set forth procedures and requirements for unifying the individual’s plan when an individual is receiving services covered by two or more chapters.

### *Response*

The Department agreed with these comments and added additional language to clarify its intent to have one comprehensive ISP per individual in §§ 2380.182(a), 2390.152(a), 6400.182(a) and 6500.152(a). This single ISP will include the needed services and expected outcomes for an individual.

Chapters 2380, 2390, 6400 and 6500 have also been amended to provide consistent time frames for the ISP and ISP-processes throughout all four chapters. The Department also clarified the procedures and requirements for unifying the ISP when an individual attends one or more of the facilities licensed under the four chapters in §§ 2380.182, 2390.152, 6400.182 and 6500.152.

Although in the proposed regulation the Department used the term "Individual Plan (IP)" to mean the single plan, upon further review, the Department determined to continue to use the current term, ISP."

#### *General- Chapters*

IRRC commented that different types of individuals are served by the four chapters. Chapters 6400 and 6500 are limited to clients with mental retardation. Chapters 2380 and 2390, however, cover clients with different types of disabilities, including but not limited to mental retardation. How would a provider know which clients are receiving services licensed under another chapter?

#### *Response*

A provider would confirm the information in its records with the family and update the records based on that conversation. The provider can also confirm information with the entity that is funding the individual at its facility to determine if that same entity is funding the individual in another licensed program.

In addition, the Department intends to provide training to providers and families on gathering and providing this information.

*General- Supports Coordinator (SC)*

IRRC and a commentator commented since the Preamble indicates that the SC develops and implements the individual plan, one might assume that the SC would take responsibility for arranging one individual plan involving two or more chapters. IRRC commented that the proposed regulation does not indicate that the SC must do this.

Another commentator asked will individuals who are funded directly by the Commonwealth have a SC? This commentator suggested the regulations could be enhanced by clarifying who is supposed to have a SC. The commentator also suggested that either the use of SCs be stopped or be limited to working for individuals who are funded under a Centers for Medicare and Medicaid Services (CMS)-approved Waiver.

*Response*

Supports coordination services are available to all individuals registered for mental retardation services through the Department's Office of Developmental Programs. The choice of a qualified and willing SCO provider is available for the supports coordination service, as it is for all CMS Waiver services. The SCO

provider is responsible to deliver the supports coordination services of locating, coordinating and monitoring services to an individual.

The Department, however, does not regulate SCs. Instead, the SCOs, under contract with the Department, are contractually obligated to provide the supports coordination services to individuals, including ISP development and implementation. Further, the Department provides training to the SCs regarding ISP development and implementation.

*General- Program and family living specialist*

IRRC and a commentator commented on provisions that place the responsibility for the individual plan on a program or family living specialist when there is no assigned SC. IRRC commented that the “specialists” are employees of the providers and there is no indication how they would coordinate a single plan with other providers. Another commentator asked will the day services program specialist be required to coordinate the development of the plan when the individual lives in an ICF/MR. IRRC also questioned if there is one individual plan for the activities or services governed by two or more of the four chapters, who is responsible for coordinating the individual ISP with the different providers?

*Response*

The Department agreed with the suggestions regarding the need for clarification and added a definition for “plan lead”. A plan lead is the program

specialist or family living specialist who develops and implements the ISP, including all ISP-related processes when the individual does not have an assigned SC. If an individual is receiving services through a SCO, the individual will have an assigned SC. The assigned SC is then responsible for the development and implementation of the ISP.

This final-form rulemaking does not amend the Chapters relating to Intermediate Care Facilities for the Mentally Retarded (ICF/MRs). When an individual resides in an ICF/MR and also attends a day services facility licensed under Chapters 2380 or 2390, the day services program specialist is not required to coordinate the development of the ISP with the ICF/MR. If the program specialist is the plan lead, the program specialist will write the ISP as applicable to the day services facility.

The Department also added definitions for “plan lead”, “SC – supports coordinator” and “SCO – supports coordination organization” to §§ 2380.3, 2390.5, 6400.4 and 6500.4 (relating to definitions). The Department also amended §§ 2380.182, 2390.152, 6400.182 and 6500.152 to clarify which provider’s program specialist or family living specialist would become the plan lead when services in a ISP are governed by more than one of the four chapters.

#### *General- Review meeting*

IRRC and a commentator inquired whether there would be one joint review meeting with the individual and all his or her different providers governed

by two or more chapters? Who will be responsible for coordinating the timing and location of such a meeting if there is no assigned SC?

Another commentator inquired if there could be one joint review meeting which would be resided over by one of the residential providers, when the individual is served by more than one provider.

*Response*

There will not be one joint review meeting. Each program specialist or family living specialist, as applicable, from each provider that is delivering services to the individual will conduct a review of the ISP with the individual every 3 months. The program specialist shall provide documentation from this review meeting to the plan team members. However, if there is a recommendation for a revision to a service or outcome, the plan lead is required to send an invitation for an ISP revision meeting to plan team members under §§ 2380.186(f), 2390.156(f), 6400.186(f) and 6500.156(f).

*General- Fiscal Impact-supports coordinator*

A few commentators commented that the proposed regulation could impose additional costs on providers and others in the regulated community. One example was a concern with the high turnover rate of SCs. IRRRC commented that this situation could be exacerbated by this regulation since more will be required of specialists and other provider staff if a SC is missing or in



transition. One commentator stated that provider agencies have to assist in the plan process beyond what they are required in order to get the plans completed.

IRCC commented that this possible fiscal impact raises several questions. IRRC inquired into the frequency of situations when there is no “assigned supports coordinator” or the position is in transition. IRRC also inquired what will be the fiscal impact of the regulation on providers if their specialists must take the lead in developing and writing the individual plan?

*Response*

A provider’s program specialist is not required to take over responsibilities of a SC at any time. The only time a program specialist or family living specialist is responsible for the ISP process is when the individual is not receiving services through a SCO. If an individual is receiving services through a SCO, the individual has an assigned SC. The assigned SC is then responsible for the ISP process.

It is current practice for providers to write the ISP when an individual it serves is not receiving services through a SCO. Providers that are currently writing separate ISPs for all individuals will be saving money by the implementation of one ISP and not duplicating the work of other providers. The final-form regulation requires only one provider’s program specialist or family living specialist, as applicable, to write the ISP and for that ISP to be used by each provider that delivers services to that individual.

### *General- Fiscal Impact-staff ratios*

Commentators also commented regarding potential cost increases related to giving individual plan teams control of staff-to-client ratios rather than using the minimum staff requirements in the existing regulation. One commentator also had concerns related to providing the staffing levels required in a plan when there happen to be staff calling off sick or other emergencies. The commentator states that the amendments force the provider to guarantee a staffing level. The commentator suggests that the Department establish minimum staffing ratios and hold the providers accountable to these minimum ratios.

IRRC further commented that the Department should include a detailed fiscal impact analysis that addresses the issues and questions regarding impact on SC and staff-to-client ratios.

### *Response*

The Department revised §§ 2380.35, 2390.39, 6400.45 and 6500.44 to clarify the minimum staffing requirements and ratios. The minimum staffing requirements are for the provider's facility. Whereas, the staffing requirements stated in an individual's ISP are what the plan team members determine is required for the individual. The staffing requirements identified in the ISP shall be implemented in addition to or above what is a minimum requirement under the regulations as cited in §§ 2380.35(e), 2390.39(e), 6400.45(f) and 6500.44(e).

The focus is on creating person-centered ISPs, which will identify what services an individual needs, rather than what services the provider is willing to offer. Prior to a provider stating it is willing to provide a service in an ISP, the provider is informed at the ISP meeting what staffing levels the individual requires. If the provider is not capable of supplying the staff required by the individual, the provider can decline to provide the service.

The provider must plan for staff calling off sick and emergencies, and is still required to deliver services as required by regulations and as written in the ISP. While the regulations call for minimum staffing ratios, the provider is still responsible to deliver services as written in an ISP when the provider accepted to be authorized in an individual's ISP to provide a service.

Staffing ratios and appropriately credentialed staff are based upon the individuals' assessed needs. Likewise, the funding an individual receives is based upon the individual's assessed needs. Therefore, funding levels support the staffing level required.

#### *General- Language usage*

One commentator suggested that rather than using the term "mental retardation," that the Department begin using the term "intellectual disabilities", which is gaining acceptance as the currently politically correct term.

*Response*

Mental retardation is the current language which is used in State and Federal law and regulation. Until State and Federal law and regulation amend this language, the Department is unable to deviate from using the term “mental retardation” within its regulations.

*General- HCSIS use*

One commentator questioned why HCSIS could not be used to send out notifications and documents to all interested parties within the timeframes required.

*Response*

HCSIS is a secure internet system which serves the Department, providers and others who have been given proper security access to it. HCSIS, however, is not utilized by all persons that may be a plan team member, such as the individual and the individual’s family members. Therefore, HCSIS is not able to provide the documents and notifications to all required persons as suggested by the commentator.

*§§ 2380.3, 2390.5, 6400.4, and 6500.4. Definitions—“Documentation”*

IRRC commented that the terminology “document,” “documenting” and “documentation” are used in several provisions in the proposed regulation.

However, it is unclear what is entailed in “documenting.” IRRC asked does this simply entail a staff person making a note or keeping a record, or does it mean gathering evidence and independent verification? IRRC commented the final-form regulation should either define the term or should specify the types or forms of documentation required for each provision.

*Response*

The Department agreed the documentation language was unclear and added a definition for documentation at §§ 2380.3, 2390.5, 6400.4 and 6500.4. Documentation is written statements that accurately record details, substantiate a claim or provide evidence of an event. Depending on the situation, it may be a note in a record or may be gathered evidence and independent verification. For example, documentation of having witnessed a service being performed could be a direct service worker’s initials in a box on a form or it could be the direct service worker’s statement. In addition, the Department intends to provide future training on what constitutes proper documentation.

*§§ 2380.3, 2390.5, 6400.4, and 6500.4. Definitions—“Outcome”*

IRRC and a commentator commented the term “outcome” is used throughout the regulation. It appears to be a “term of art” for mental health professionals with a definition that is somewhat different from the standard

definition for this word in most dictionaries. IRRC suggested the final-form regulation include a definition for the term in each of the four chapters.

*Response*

The Department agreed with the suggested recommendation. The Department added a definition of “outcomes” at §§ 2380.3, 2390.5, 6400.4 and 6500.4. “Outcomes” is defined as goals the individual and individual’s plan team choose for the individual to acquire, maintain or improve.

*§§ 2380.3, 2390.5, 6400.4, and 6500.4. Definitions—“Supports Coordinator”*

IRRC commented the use of the term “individual” within the definition of a SC is inconsistent with how the term “individual” is defined in the existing provisions of three of the four chapters. IRRC suggested that the word “individual” in the definition of SC be changed to “person” in the relevant sections of the final-form regulation.

*Response*

The Department agreed with this comment. The Department changed “individual” to “a supports coordination organization employee” in the definition of “supports coordinator” at §§ 2380.3, 2390.5, 6400.4 and 6500.4.

§§ 2380.3, 2390.5, 6400.4, and 6500.4. *Definitions—“Supports Coordinator” – case management functions*

IRRC also inquired what are case management functions? The term is used in the definition for “supports coordinator” but it is not defined. IRRC suggested there be a definition for this term.

*Response*

The Department deleted “case management functions” from the definition of SC because it was confusing. A SC is a supports coordination organization employee whose primary job functions are to locate, coordinate and monitor services provided to an individual when the individual is receiving services from a SCO.

§§ 2380.33, 2390.33, 6400.44, and 6500.43. *Program Specialist/Family Living Specialist-plan meeting*

IRRC commented that subsections 2380.33(b)(5), 2390.33(b)(5), 6400.44(b)(5), and 6500.43(d)(5) indicate that the appropriate specialist shall be responsible for providing the completed assessment and individual plan prior to the plan meeting, and this information shall be sent to the appropriate persons “within 30 days following the receipt of notification of the plan meeting”.

However, these subsections do not make clear whether the plan meeting could

occur within this 30-day timeframe, and thus, the relevant information may not be received in time. IRRC requested the Department clarify that the plan meeting would occur after the 30-day deadline.

One commentator also suggested 30 days was too lengthy and recommended that reports be provided 15 days in advance of the plan meeting.

*Response*

The final-form rulemaking has been revised at §§ 2380.181, 2390.151, 6400.181 and 6500.152 to require the completed assessment to be provided to the plan team members at least 30-calendar days prior to the meeting. The Department did not agree with the commentator that 15 days would be sufficient advance notice since there could be possible postal delays or a family member being away on vacation.

*§§ 2380.33, 2390.33, 6400.44, and 6500.43. Program Specialist/Family Living Specialist – Content discrepancy*

IRRC commented that subsections 2380.33(b)(6)(i) and (ii); 2390.33 (b)(6)(i) and (ii); 6400.44(b)(6)(i) and (ii); 6500.43(d)(6)(i) and (ii) use the term “content discrepancy,” however, it is unclear how the Department would determine whether such a discrepancy exists. IRRC suggested that the final-form regulation include examples of when this would occur.



*Response*

The Department agreed that content discrepancy should be clarified. A definition of “content discrepancy” was added to §§ 2380.3, 2390.5, 6400.4 and 6500.4. “Content discrepancy” is a difference between what was determined at the ISP meeting by the plan team and what is documented in the written ISP. The Department would determine if such a discrepancy existed through the following sequence of events.

If a detail in the ISP is different than what was determined by the plan team members at the ISP meeting, then the program specialist or family living specialist would report this content discrepancy to the SC or plan lead as applicable as required under §§ 2380.33(b)(7), 2390.33(b)(7), 6400.44(b)(7) and 6500.43(d)(7). Content discrepancies are required to be kept in the individual’s record as required under §§ 2380.173(9), 2390.124(12), 6400.213(11) and 6500.182(10). When the Department conducts state licensing inspections, the Department would see in the individual’s record that there was a content discrepancy.

*§§ 2380.33, 2390.33, 6400.44, and 6500.43. Program Specialist/Family Living Specialist – Supports coordinator*

Several commentators stated that one role of the program specialist appears to be quality control for the work of the SC even though the program

specialist has no control over the SC. One commentator made several comments related to this issue, including that provider agencies are held accountable for the work of a SC, even though the provider agency does not supervise the SC. The commentator suggested that the regulations specify that a provider cannot be held accountable for the work of the SC.

*Response*

The Department understands that a provider cannot supervise a SC. As a provider has no control over the actions of a SC, the Department will not hold the provider accountable for content discrepancies in the ISP and other activities conducted by the SC, as long as the program specialist or family living specialist, as applicable, reports these content discrepancies to the SC, plan lead and the team members as required under §§ 2380.33(b)(7), 2390.33(b)(7), 6400.44(b)(7) and 6500.43(d)(7) and documentation is kept to verify that it was reported as required under §§ 2380.173(9), 2390.124(12), 6400.213(11) and 6500.182(10).

Further, the Department will not hold a provider responsible for other activities conducted by the SC, as long as the provider agency has reported the issues it is having with the SC to the Administrative Entity or the Department and can substantiate that it attempted to remediate the situation.

§§ 2380.33(c),(d) and (e); 2390.33(c), (d) and (e); 6400.44(c),(d) and (e);  
6500.43(e) and (1) – Supports coordinators

IRRC commented that subsections 2380.33(c), (d) and (e); 2390.33(c), (d) and (e); 6400.44(c), (d) and (e); 6500.43(e) and (1) mention individuals that do not have supports coordinators. However, the regulation does not indicate how the specialist would determine whether or not there is an assigned SC. IRRC suggested that the final-form regulation clarify this process. IRRC also inquired whether the Department considered combining these three subsections together.

#### *Response*

The Department agreed with IRRC's suggestion and combined subsections (c) and (d) together in §§ 2380.182(b) and (c), 2390.152(b) and (c), 6400.182(b) and (c) and 6500.152(b) and (c). Further, subsection (e) is addressed in §§ 2380.187, 2390.157, 6400.187 and 6500.157.

Both the provider and program specialist would know whether or not the individual has an assigned SC based upon whether or not the individual is receiving services through a SCO. If the individual is receiving services through a SCO, the SC would make the referral for the individual to the provider, so the provider would know there is a SC.

Based on comments received, the Department has made several changes to clarify who is responsible for the ISP under different scenarios. In addition,

definitions of “plan lead” and “SCO” were added and the definition of “SC” was amended in §§ 2380.3, 2390.5, 6400.4 and 6500.4.

*§§ 2380.33, 2390.33, 6400.44, and 6500.43. Program Specialist/Family Living Specialist - Supports coordination agencies*

One commentator suggested the Department develop regulations for Supports Coordination agencies.

*Response*

At this time, the Department is not considering developing separate regulations for supports coordination agencies.

*§§ 2380.33(b)(8), 2390.33(b)(8) and 6400.44(b)(8)- Program Specialist/Family Living Specialist - Direct support professionals*

IRRC inquired what are “direct support professionals” in subsections 2380.33(b)(8), 2390.33(b)(8) and 6400.44(b)(8)? IRRC suggested that the final form regulation should include a definition for this term.

*Response*

The Department incorrectly used the term “direct support professional”. The current terminology used is “direct service worker”. The Department added

a definition of "direct service worker" to §§ 2380.3, 2390.5, 6400.4 and 6500.4. A "direct service worker" is a person whose primary job function is to provide services to an individual who attends the provider's facility.

§§ 2380.33(b)(10) and (11); 2390.33(b)(10) and (11); 6400.44(b)(10) and (11); 6500.43(d)(10) and (11) - Documentation

IRRC and a commentator commented that it appears that subsections 2380.33(b)(10) and (11); 2390.33(b)(10) and (11); 6400.44(b)(10) and (11); 6500.43(d)(10) and (11) require both monthly and quarterly documentation of the "individual's participation and progress for individual plan outcomes." Another commentator suggested quarterly submission of documentation.

IRRC suggested that the final-form regulation explain the need for both types of documentation, in particular, why the regulation "ensures" monthly documentation, but is "providing" quarterly documentation. IRRC also suggested that the Department explain why the regulation states that quarterly documentation should be submitted to "the SC, individual and if appropriate, the individual's parent, guardian or advocate," but does not include the same for monthly documentation.

#### *Response*

Under §§ 2380.33(b)(10), 2390.33(b)(10), 6400.44(b)(10), 6500.43(b)(10), a program specialist or a family living specialist is required to review, sign and

#14517

MAR 17 2010

date monthly documentation of an individual's participation and progress toward ISP outcomes. There is no monthly meeting attended by the plan team to discuss this monthly documentation, so there is not a need for the plan team to receive the monthly documentation. The documentation, however, does need to be maintained monthly to complete the quarterly ISP review. After the program specialist or the family living specialist has completed the quarterly ISP review with the individual, which requires a review of the monthly documentation, the program specialist is required to submit the ISP review documentation to the SC or plan lead, as applicable, and the plan team members as required under §§ 2380.186(d), 2390.156(d), 6400.186(d) and 6500.156(d). Providing the ISP review documentation is to keep plan team members informed of both the individual's monthly and quarterly progress and for the plan team to determine if revisions to the ISP are necessary. This quarterly documentation must be provided as the review of this information by the plan team might necessitate an ISP revision meeting.

*§§ 2380.33(d), 2390.33(d), and 6400.44(d) – Plan format*

IRRC commented that subsection (d) in 2380.33, 2390.33, and 6400.44 provides that without an assigned SC, "the program specialist shall prepare the individual plan using the Department approved format." However, the regulation does not describe the approved format or how to obtain copies. A commentator stated that the Department-approved format seems unnecessarily limiting since

various individuals with different types of disabilities are serviced in a Chapter 2390 facility.

IRRC suggested that the final-form regulation indicate whether it will be available online or identify the appropriate Bureau or Division to contact with questions regarding the format.

*Response*

The Department-designated form is available both in HCSIS and also will be available through a link on the Department's website at <http://www.dpw.state.pa.us/PartnersProviders/MentalRetardation/003679539.htm> In addition, the Department will issue an alert to the field indicating where and how to obtain the designated ISP document as well as provide training on obtaining and utilizing the Department's designated ISP document.

*§§ 2380.35 and 6400.45. - Staffing*

IRRC commented that the proposed regulation amends both sections by adding language stating that "direct staff support" and "staffing ratios" must be implemented as written" and "specified in the individual ISP." However, the existing subsection (a) in both sections specifies minimum required ratios for staff and individuals. Two commentators raised similar concerns regarding subsection (a) and the new language in subsections 2380.35(e) and (f). One of these commentators requested that the staffing ratios not be determined by the

team members. The commentator went on to note that similar staffing language is also included in subsections 6400.45(d) and (e).

IRRC also suggested the Department determine whether the minimum ratios prescribed in subsection (a) apply to the staff ratios set up by the individual ISPs or whether the Department should revise subsection (a). In addition, the final-form regulation should clarify any resulting conflicts including whether the exceptions in the original regulation at section 2380.35(a) are allowed (i.e., “except while staff persons are attending meetings or training at the facility”). IRRC and a commentator inquired what is the difference between the phrase “direct staff support as specified in the individual plan shall be implemented as written” and the other phrase “staffing ratios specified in the individual ISP shall be implemented as written”?

*Response*

Since subsection (a) is still applicable, including the exceptions regarding attendance at meetings and training, the Department did not propose to amend § 2380.35(a) and did not amend this subsection in its final-form rulemaking.

The minimum staffing requirements are for the provider’s facility. Whereas, the staffing requirements stated in an individual’s ISP are what the plan team members determine is required for the individual. The staffing requirements identified in the ISP shall be implemented in addition to or above



what is a minimum requirement under the regulations as cited in §§ 2380.35(e), 2390.39(e), 6400.45(f) and 6500.44(e).

Based on the comments received and in the interest of lessening confusion, the Department determined not to introduce new definitions and, instead, deleted the definitions and use of the terms “direct staff support.” The Department also revised the language in §§ 2380.35(e), 2390.39(e), 6400.45(d) and 6500.44(e) and clarified that the ISP shall be implemented as written, including when the staff ratio is greater than required by subsections (a), (b) and (c).

*§ 6500.43. Family living specialist*

IRRC commented that in the new language in subsection (d)(10), the words “participation progress” appear together. IRRC asked if the word “and” should be between these two words. The phrase “participation and progress” is used in subsection (d)(11). IRRC suggested that the Department review the regulation and make the appropriate changes to the final-form regulation, if necessary.

*Response*

The Department reviewed subsections 6500.43(d)(10) and (11) and amended these subsections for clarity. Subsection (d)(10) now reads “reviewing,

signing and dating the monthly documentation of an individual's participation and progress toward outcomes". Subsection (d)(11) now reads "reporting a change related to the individual's needs to the SC, as applicable, and plan team members".

*§§ 2380.101 and 2390.91. Program activities*

IRRC and a commentator commented that originally, these sections required that "program activities" shall be provided, as specified in each individual plan. The proposed regulation adds that "services" must also be provided. However, the proposed regulation does not define "services," nor does it explain the need for including this term. IRRC suggested that a definition for this term should be included in the final-form regulation.

*Response*

The term "services" is presently used in the field and is, therefore, being added in the final-form regulations. "Services" will replace the term "activities". The Department added a definition of "services" in §§ 2380.3, 2390.5, 6400.4 and 6500.4. "Services" are defined as "actions or assistance provided to the individual to support the achievement of an outcome."

*§§ 2380.103, 2390.95, 6400.122, and 6500.112.- Invitation to ISP meeting*

One commentator expressed that if there is a SC, the SC and not the program specialist should be the one sending out the invitations to the plan meeting.

*Response*

The Department agrees with this suggestion. The Department stated that an invitation shall be sent to plan team members at least 30 calendar days prior to the ISP meeting at §§ 2380.182(d)(4), 2390.152(d)(4), 6400.182(d)(4) and 6500.152(d)(4). Although the Department does not regulate SCs, the SCOs are contractually obligated to deliver supports coordination services as per Department policies and regulations. When the individual is receiving services through a SCO, all ISP processes, including the sending of the invitations shall be conducted by the SC.

When the individual does not have a SC, all ISP processes, including the sending of the invitations shall be conducted by the plan lead as provided under §§ 2380.182(b) and (c), 2390.152(b) and (c), 6400.182(b) and (c) and 6500.152(b) and (c).

*§§ 2380.103, 2390.95, 6400.122, and 6500.112.- Medical specialist*

One commentator stated that medical specialist must be listed as team members and all team members receive a copy of the plan. The commentator

wants the regulations to specify that medical specialists do not have to be provided with a copy of the plan, unless they specifically request to be copied.

*Response*

The Department determined upon review that a medical specialist does not have to be a plan team member, but may be a plan team member if the person plays a role in the individual life under §§ 2380.184(a)(2), 2390.154(a)(2), 6400.184(a)(2) and 6500.154(a)(2).

The Department also considered the possibility of allowing a medical specialist to request a copy of the ISP without attending the ISP meeting, but determined not to include this in the final-form regulation. The Department determined that if the medical specialist attended the ISP meeting, the medical specialist shall be provided with a copy of the ISP following the ISP meeting.

*§§ 2380.103, 2390.95, 6400.122, and 6500.112.- Development of the plan*

IRRC commented that in § 2380.103(2), the new time period for completion of the individual plan is “within 30 days after the individual’s admission date.” IRRC and a commentator questioned why not use “30 individual attendance days” which is used in the existing regulation, or “60 days” or “90 days,” as proposed in other chapters? One commentator suggested the adoption of a 60-day time frame to develop the ISP; another commentator suggested “within 60 attendance days” time frame.

IRRC questioned whether the measurement of “attendance days is being dropped in the proposed regulation? IRRC also questioned what happens if the individual is absent for a prolonged period? IRRC suggested that the Department explain not only the need for, but also provide for possible exceptions to this deadline.

*Response*

The Department deleted the language “attendance” days for consistency and uniformity among the chapters. In addition, the Department has clarified that an ISP shall be completed within 90 calendar days at §§ 2380.182(d)(2), 2390.152(d)(2), 6400.182(d)(2) and 6500.152(d)(2), rather than 30 or 60 calendar days. This 90-day requirement conforms to the current requirement at § 6500.112 (relating to development of the IPP) (redesignated as § 6500.152) and is also for consistency and uniformity among the chapters.

There are no exceptions to this requirement. If the individual is absent from the provider facility for an extended period of time, but the individual is authorized to receive services from the provider, the provider is still responsible to develop the individual’s ISP and be in compliance with all regulation requirements. Only when the provider discontinues being identified on the individual’s ISP as delivering services to the individual, is the provider able to discontinue compliance with the regulations in reference to that individual.

*§§ 2380.103, 2390.95, 6400.122, and 6500.112.- Development of the plan; plan review*

IRRC inquired what type of change to the individual's needs would prompt the individual plan team to review an individual plan more frequently than every 3 months. Related to this, a commentator suggested that a common time frame be identified for all reviews unless a specific need is identified for more frequent reviews.

*Response*

The plan team does not meet to review the ISP on a quarterly basis. The program specialist or family living specialist, as applicable, reviews the ISP with the individual and then sends ISP review documentation to the plan team members. If during the ISP review, the program specialist or family living specialist recommends that a service or outcome in the ISP should be revised, added or deleted, at that time, the plan team would be invited to a ISP revision meeting as required under §§ 2380.186(f), 2390.156(f), 6400.186(f) and 6500.156(f) (relating to ISP review and revision), where the recommendations would be discussed and the ISP could be revised.

Based on the comments received, the Department clarified the language regarding more frequent reviews of the ISP at §§ 2380.186(a), 2390.156(a), 6400.186(a) and 6500.156(a). A review of the ISP shall occur more frequently than every 3 months if the individual's needs have changed impacting the

services as specified in the current ISP. The language in each chapter includes a common timeframe of every 3 months.

*§ 2380.103 – Development of the plan- “declines”*

One commentator suggested changing “denies” and “denial” to “declines” and “declination” in § 2380.103.

*Response*

The Department agreed with the comment and made the suggested change at §§ 2380.33(b)(15), 2390.33 (b)(15) 6400.44(b)(15) and 6500.43 (b)(15).

*§ 2390.96 – Content of the plan- combined language*

One commentator suggested that the language in this section be combined to read that the program specialist shall document and report all missing or incomplete items from the ISP.

*Response*

The Department determined it was not necessary to mention both actions within the same section in the regulations. The Department changed the language in § 2390.33(b)(7) (relating to program specialist) to read that the

program specialist is responsible to report content discrepancies to the SC or plan lead and the plan team members. In § 2390.124(12) (relating to content of records) the Department requires that content discrepancy in the ISP, including annual updates and revisions, is to be maintained in the individual's record.

*§§ 2380.104, 2390.97, 6400.123 and 6500.113.- Review of the ISP*

Section 2380.104(a) states that the review of each individual's progress can be completed "every 3 months, or more frequently if the individual's needs change." One commentator questioned if the review is moved up before the 3 month mark, will subsequent reviews be recalibrated to be 3 months from the earlier date or from the original date for the 3-month review? IRRC also commented the Department should clarify this issue in the final-form regulation.

*Response*

If a review was completed prior to the 3-month mark, a subsequent review would be completed 3 months from the date of the previous completed review, unless there was a change in the individual's needs impacting services as specified in the current ISP. This language was clarified in §§ 2380.186(a), 2390.156(a), 6400.186(a) and 6500.156(a).



*§§ 2380.104(c)(1), (2) and (3); 2390.97(d)(1), (2) and (3); 6400.123(c)(1), (2) and (3); 6500.113(c)(1), (2) and (3).- Review of the plan*

IRRC commented that sections 2380.104(c)(1), (2) and (3); 2390.97(d)(1), (2) and (3); 6400.123(c)(1), (2) and (3); 6500.113(c)(1), (2), and (3) all provide various circumstances for when an individual plan shall be revised.

IRRC questioned who is responsible for making these determinations? Is it the provider, the individual plan team or the Department? If there is a disagreement between a provider and a client or client's family or representative, what is the process for resolving the difference?

#### *Response*

The plan team is expected to develop the individual's ISP, including annual updates and revisions, as required under §§ 2380.184(a), 2390.154(a), 6400.184(a) and 6500.154(a). Ultimately, if the individual, individual's plan team members and provider cannot agree on a ISP or the services in a ISP, the individual and individual's plan team can choose a new provider or the provider can decline to provide the services being requested.

#### *§§ 2380.186, 2390.156, 6400.186 and 6500.156 - Outcomes*

One commentator presented concerns related to an outcome being revised if no progress on an outcome has been made. The commentator is

concerned that the determination of “no progress” can be subjective and should be left up to the ISP team members to decide.

*Response*

Based upon the comment received, the Department agreed and determined that an outcome or services to support the achievement of an outcome may be revised by the plan team as required under §§ 2380.184(a), 2390.154(a), 6400.184(a) and 6500.154(a). Therefore, §§ 2380.186(c)(4), 2390.156(c)(4), 6400.186(c)(4) and 6500.156(c)(4) have been revised to provide that a recommendation shall come from the program specialist or family living specialist for the deletion, addition or modification of an outcome or service to support the achievement of an outcome based on the ISP review. If a recommendation for a revision to a service or outcome is made, the plan lead is required to send an invitation to the plan team members for a ISP revision meeting.

The Department is aware that progress may occur at different times for each individual, but progress towards an outcome an individual wishes to achieve should always be determined and measured. The Department has required that the plan team must determine the individual’s current status in relation to an outcome and develop a method of evaluation to determine progress toward expected outcomes at §§ 2380.183(3), 2390.153(3), 6400.183(3) and 6500.153(3). That way, the plan team has a consistent method for measuring progress. If there is no progress towards a desired outcome, the

services to support the achievement of the outcome may be flawed and may need to be revised or the plan team may determine that the outcome is unattainable as written and may need to be revised or deleted.

*§§ 2380.186, 2390.156, 6400.186 and 6500.156 – Review of the plan – supports coordinator*

One commentator suggested that the SC rather than the program specialist should be responsible for conducting all reviews: monthly, quarterly and all program reviews.

#### *Response*

The Department determined at §§ 2380.186(a), 2390.156(a), 6400.186(a) and 6500.156(a) that it should be the program specialist or family living specialist who conducts the ISP review with the individual on a quarterly basis or more frequently if the need of the individual has changed which impacts a service or outcome in the current ISP. The program specialist or family living specialist reviews the monthly documentation of an individual's progress toward ISP outcomes as required under §§ 2380.33(b)(10), 2390.33(b)(10), 6400.44(b)(10) and 6500.43(b)(10).

The Department determined it would not be feasible for a SC to produce all ISPs for each individual in the SC's caseload and then hold monthly and quarterly reviews with each individual in the SC's caseload.

The SC will be kept up to date regarding the monthly and quarterly ISP review as the program specialist or family living specialist is responsible to provide documentation of the quarterly ISP review to the SC or plan lead, as applicable, and plan team members under §§ 2380.186(d), 2390.156(d), 6400.186(d) and 6500.156(d). The quarterly ISP review is to include a review of the monthly documentation from the prior 3 months as required under §§ 2380.186(c)(1), 2390.156(c)(1), 6400.186(c)(1) and 6500.156(c)(1).

*§§ 2380.186, 2390.156, 6400.186 and 6500.156 – Review of the plan - copies*

A commentator provided an example of a potential fiscal impact regarding having to provide copies of the quarterly review documents. The commentator recommended when two providers are involved, the residential provider takes the lead role for this assignment rather than the two providers duplicating their efforts.

*Response*

The Department determined that each program specialist or family living specialist would conduct a quarterly review of the individual's progress towards outcomes specific to the facility at §§ 2380.186(a), 2390.156(a), 6400.186(a) and 6500.156(a). The Department determined this is the best way to provide an effective review of the individual's ISP, as the program specialist or family living specialist at a particular provider's facility has more knowledge of the

effectiveness and progress of a service within their own facility than a program specialist or family living specialist from another provider's facility.

*§§ 2380.106, 2390.96, 6400.125, and 6500.115. - Content of the plan*

IRRC commented that the topics and their sections are not necessarily in the same order in each chapter. For example, the section on "content of the individual plan" comes before the section on "review" in chapter 2390, but there is a different order in the other chapters. IRRC suggested that the Department review the numerical order of their sections, and if appropriate, make the necessary changes.

*Response*

The Department agreed with this comment. Based on IRRC's comment to review the order of the sections, the Department renumbered and reordered the program-related sections in all four chapters.

*§§ 2380.106(5), 2390.96(5), 6400.125(5) and 6500.115(6)- Supervision*

One commentator asked how formal the schedule of periods of time to be without supervision needs to be within the content of an individual's plan.

## *Response*

The Department clarified the language in §§ 2380.183(4), 2390.153(4), 6400.183(4) and 6500.153(4). The Department is requiring a schedule that outlines the amount of time an individual is to be without direct staff supervision. This does not mean that the individual's ISP should state "from 4 o'clock to 5 o'clock every Monday the individual must be without direct supervision." Instead, this means the schedule should state how long the individual may be without direct supervision. For example, the individual should have 1 hour, once a week, when he is without direct supervision. In addition, the Department intends to provide training related to all final-form regulation amendments, including this requirement.

## *§§ 2380.106(a)(5), 2390.96(a)(5), 6400.125(a)(5), and 6500.115(a)(6)- Content of the plan*

One commentator requested that the Department define that outcomes should be objective, observable and measurable. IRRC commented that in §§ 2380.106(a)(5), 2390.96(a)(5), 6400.125(a)(5), and 6500.115(a)(6) the phrase "greater level of independence" is vague. It is unclear how specialists determine whether an individual had achieved a greater level. IRRC suggested the Department provide examples of how this is observed or measured. IRRC also requested that the final-form regulation clarify whether the term "assessment" refers to an individual's initial or periodic assessment.

*Response*

Based on comments received, the Department revised §§ 2380.183(3), 2390.153(3), 6400.183(3) and 6500.153(3) to require the ISP, including annual updates and revisions, include the individual's current status in relation to an outcome and method of evaluation used to determine progress toward that expected outcome. This requirement allows a plan team to determine how to best measure an individual's current condition and progress in relation to an outcome.

The Department also added language at §§ 2380.181(a), 2390.151(a), 6400.181(a) and 6500.151(a) to provide for an initial assessment that is updated annually.

*§§ 2380.106(a)(7) and (8); 6400.125(a)(7) and (8); 6500.115(a)(7) and (8) - Maladaptive behavior*

IRRC inquired what is "maladaptive behavior" in §§ 2380.106(a)(7) and (8); 6400.125(a)(7) and (8); 6500.115(a)(7) and (8)? IRRC suggested that the final-form regulation include a definition for this term.

In addition, a commentator suggested that the Department use a different term other than "maladaptive behavior." The commentator suggested using terms such as, "challenging, socially devalued, socially unacceptable, dangerous or assaultive."

*Response*

The Department has deleted this term since it is outdated. The language was replaced with “symptoms of a diagnosed psychiatric illness”. “Maladaptive behavior” was subjective and could be broadly defined. “Symptoms of a psychiatric illness” are determined by medical professionals and defined in medical definitions. Therefore, these medical definitions are less subject to varying interpretation.

*§§ 2380.106(a)(8); 6400.125(a)(8), and 6500.115(a)(8) - Restrictive procedures*

IRRC inquired, what are examples of “restrictive procedures” in §§ 2380.106(a)(8), 6400.125(a)(8) and 6500.115(a)(8)? IRRC suggested that the final-form regulation include a definition for this term.

*Response*

Restrictive procedures are currently defined in existing sections at §§ 2380.151, 6400.191 and 6500.161 (relating to definition of restrictive procedure). However, Chapter 2390 currently has no existing section defining “restrictive procedures”. For consistency and clarity, the definition of “restrictive procedures” was added at § 2390.5 (relating to definitions).

In addition, the Department added paragraphs at §§ 2380.183(6), 2390.153(6), 6400.183(6) and 6500.153(6) requiring ISPs to include a protocol to eliminate the use of restrictive procedures, if they are being utilized.



One commentator also suggested that the best way to reduce the need for restrictive procedures is to reduce the frequency of the behavior that required the use of restrictive procedures.

*Response*

The Department agreed with this suggestion and added language in §§ 2380.183(6)(i-iv), 2390.153(6)(i-iv), 6400.183(6)(i-iv) and 6500.153(6)(i-iv) to clarify that if restrictive procedures are utilized, there must be a protocol developed to: assess the cause of the behavior, address the underlying causes of the behavior which led to the use of restrictive procedures, determine the method and timeline for restrictive procedures elimination, and determine a protocol for intervention or redirection without utilizing restrictive procedures.

*§2390.94. Initial Assessment*

IRRC and a commentator commented that § 2390.94 requires an “initial assessment” of the individual within 20 attendance days of admission. IRRC asked how often assessments will be performed after the first one. Where is this specified in the regulation? IRRC commented that § 2390.97 requires a review of the individual ISP every 3 months, but it does not specifically mention an assessment. IRRC recommended the timing of new assessments or re-assessments should be specified in the final-form regulation.

*Response*

The Department agreed with the comment and amended §§ 2380.181, 2390.151, 6400.181 and 6500.151 (relating to assessment) in the final-form regulation. An initial assessment must be performed within 60 calendar days following the individual's admission date to the facility. An updated assessment must be performed annually thereafter.

*§ 2390.99 Interdisciplinary Team Responsibility for Individual Written Program Plan*

IRRC commented this section is among the existing provisions in chapter 2390. However, it is not included in the proposed regulation, even though its title includes the term "individual written program plan", which is being deleted elsewhere in this chapter. The section reads: The interdisciplinary team is responsible for ensuring that the client needs specified in the plan are met. IRRC asked if this section is to be retained, should the title be revised and the term "plan" in the text be replaced with the new acronym "IP" in the final-form regulation?

*Response*

The Department deleted § 2390.99 so that it was consistent within and across the four chapters in this final-form rulemaking. This section was not in

any of the other three chapters applicable to this final-form rulemaking and was no longer required due to these regulatory amendments.

The Department also identified existing sections, §§ 2380.174, 6400.214 and 6500.183 (relating to record location), which needed to be revised to match the amendments in the final-form rulemaking at §§ 2380.173, 2390.124, 6400.213 and 6500.182 (relating to content of records).

*§6400.12. - Copies of the plan*

IRRC inquired what will happen to the existing language in subsection (b), which includes the current acronym of “IPP” (individual program plan)? It appears that the proposed regulation would move this existing language to the new subsection (d) unaltered.

*Response*

The Department redesignated § 6400.127 as § 6400.187. Section 6400.187 does not use the language “IPP”.

*§2380.187 - Copies of the plan*

One commentator requested real time access to the plan.

*Response*

The plan team, which includes the provider, shall have access to the ISP within 30 calendar days following the ISP meeting as required under §§ 2380.187, 2390.157, 6400.187 and 6500.157.

*Chapter 2390, Appendix A*

Appendix A is entitled “Vocational Facilities Licensing Inspection Instrument.” IRRC commented that in a few places, this appendix refers to the “individual written program plan” or “IWPP.” IRRC inquired, when will this appendix be updated to refer to the individual plan?

*Response*

The Department has determined to rescind Appendix A (relating to licensing inspection instrument—statement of policy) and not codify the revisions to this licensing inspection instrument. Currently, the licensing inspection instruments, licensing weighting systems and licensing indicator system are issued as Department bulletins. Due to this regulatory amendment, the Department will obsolete these Department bulletins and will post the revised documents on the Department’s website. The revised documents will be available at a link on the Department’s website at:

<http://www.dpw.state.pa.us/PartnersProviders/MentalRetardation/003679539.htm>

*Regulatory Review Act*

Under § 5.1(a) of the Regulatory Review Act (71 P.S. § 745.5a (a)), on **MAY 27 2010** the Department submitted a copy of this final-form regulation to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare. In compliance with the Regulatory Review Act, the Department also provided the Committees and the IRRC with copies of all public comments received, as well as other documentation.

In preparing the final-form regulation, the Department reviewed and considered comments received from the Committees, IRRC and the public.

In accordance with § 5.1 (j.1) and (j.2) of the Regulatory Review Act, this regulation was *deemed* approved by the Committees on \_\_\_\_\_ IRRC met on \_\_\_\_\_ and approved the regulation.

In addition to submitting the final-form rulemaking, the Department has provided IRRC and the Committees with a copy of a Regulatory Analysis Form prepared by the Department. A copy of this form is available to the public upon request.

## *Findings*

The Department finds:

- (a) The public notice of intention to amend the administrative regulation by this Order has been given pursuant to §§ 201 and 202 of the Commonwealth Documents Law (45 P.S. §§ 1201 and 1202) and the regulations at 1 Pa.Code §§ 7.1 and 7.2.
  
- (b) That the adoption of this regulation in the manner provided by this Order is necessary and appropriate for the administration and enforcement of the Public Welfare Code.

## *Order*

The Department acting pursuant to the authority of the Public Welfare Code, Act of June 13, 1967, P.L. 31 No. 21, 62 P.S. §§ 911 and 1021 orders:

- (a) The regulation of the Department, 55 Pa. Code Chapters 2380, 2390, 6400 and 6500, is amended to read as set forth in Annex A of this Order.

(b) The Secretary of the Department shall submit this Order and Annex A to the Offices of General Counsel and Attorney General for approval as to legality and form as required by law.

(c) The Secretary of the Department shall certify and deposit this Order and Annex A with the Legislative Reference Bureau as required by law.

(d) This order shall take effect upon final publication in the *Pennsylvania Bulletin*.

Annex A

TITLE 55. PUBLIC WELFARE

PART IV. ADULT SERVICES MANUAL

Subpart D. NONRESIDENTIAL AGENCIES/FACILITIES/SERVICE

CHAPTER 2380. ADULT TRAINING FACILITIES

GENERAL PROVISIONS

\* \* \* \* \*

§ 2380.3. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

\* \* \* \* \*

*CONTENT DISCREPANCY*- A DIFFERENCE BETWEEN WHAT WAS DETERMINED AT THE ISP MEETING BY THE PLAN TEAM AND WHAT IS DOCUMENTED IN THE WRITTEN ISP.

\* \* \* \* \*

*DIRECT SERVICE WORKER* – A PERSON WHOSE PRIMARY JOB FUNCTION IS TO PROVIDE SERVICES TO AN INDIVIDUAL WHO ATTENDS THE PROVIDER'S FACILITY.

314512



DOCUMENTATION – WRITTEN STATEMENTS THAT ACCURATELY RECORD  
DETAILS, SUBSTANTIATE A CLAIM OR PROVIDE EVIDENCE OF AN EVENT.

\* \* \* \* \*

[*IPP*–Individual Program Plan.]

~~*IP*–Individual plan–The form provided by the Department which identifies services  
and supports needed and used by an individual.~~

\* \* \* \* \*

*ISP* – *INDIVIDUAL SUPPORT PLAN* – THE COMPREHENSIVE DOCUMENT THAT  
IDENTIFIES SERVICES AND EXPECTED OUTCOMES FOR AN INDIVIDUAL.

*OUTCOMES* – GOALS THE INDIVIDUAL AND INDIVIDUAL'S PLAN TEAM CHOOSE  
FOR THE INDIVIDUAL TO ACQUIRE, MAINTAIN OR IMPROVE.

*PLAN LEAD* – THE PROGRAM SPECIALIST OR FAMILY LIVING SPECIALIST, AS  
APPLICABLE, WHEN THE INDIVIDUAL IS NOT RECEIVING SERVICES THROUGH A  
SCO.

*PLAN TEAM* – THE GROUP THAT DEVELOPS THE *ISP*.

*PROVIDER* – AN ENTITY OR PERSON THAT ENTERS INTO AN AGREEMENT WITH THE DEPARTMENT TO DELIVER A SERVICE TO AN INDIVIDUAL.

*SERVICES* – ACTIONS OR ASSISTANCE PROVIDED TO THE INDIVIDUAL TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME.

*SC* – Supports coordinator–~~The individual responsible for case management functions~~  
A SUPPORTS COORDINATION ORGANIZATION EMPLOYEE WHOSE PRIMARY JOB FUNCTIONS ARE TO LOCATE, COORDINATE AND MONITOR SERVICES PROVIDED TO AN INDIVIDUAL WHEN THE INDIVIDUAL IS RECEIVING SERVICES FROM A SCO.

*SCO* – *SUPPORTS COORDINATION ORGANIZATION* – A PROVIDER THAT DELIVERS THE SERVICES OF LOCATING, COORDINATING AND MONITORING SERVICES PROVIDED TO AN INDIVIDUAL.

\* \* \* \* \*

**STAFFING**

\* \* \* \* \*

**§ 2380.33. Program specialist.**

\* \* \* \* \*

(b) [A program specialist shall be responsible for the program at the facility, including the following:

- (1) Coordination or completion of assessments.
- (2) Coordination or development and review of IPPs.
- (3) Coordination of training and development for individuals.
- (4) Development of planned program activities.
- (5) Participation in interdisciplinary team meetings.
- (6) Ensurance of the implementation of IPPs and program activities.]

The program specialist shall be responsible for the following:

- (1) Coordinating and developing training for individuals.
- (2) Coordinating and completing assessments.
- (2) PROVIDING THE ASSESSMENT AS REQUIRED UNDER § 2380.181(f)  
(RELATING TO ASSESSMENT).
- (3) Participating in the development of the IP ISP, INCLUDING ANNUAL UPDATES AND REVISIONS OF THE ISP.
- (4) Attending the IP development-ISP meetings.

~~(5) Providing the completed assessment and other relevant information for the development of the IP prior to the planning meetings to the supports coordinator, individual, and, if appropriate, to the individual's parent, guardian or advocate. The program specialist shall send this information within 30 days following the receipt of notification of the planning meeting.~~ FULFILLING THE ROLE OF PLAN LEAD, AS APPLICABLE, UNDER §§ 2380.182, AND 2380.186(f) AND (g) (RELATING TO DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP; AND ISP REVIEW AND REVISION).

~~(6) Reviewing the IP ISP, ANNUAL UPDATES AND REVISIONS UNDER § 2380.186 (RELATING TO ISP REVIEW AND REVISIONS),~~ for content accuracy.

~~(i) Content discrepancies shall be communicated to the supports coordinator in writing.~~

~~(ii) Written documentation of content discrepancy communications shall be maintained in the individual's record.~~

~~(7) Ensuring the implementation of outcomes.~~ REPORTING CONTENT DISCREPANCY TO THE SC OR PLAN LEAD, AS APPLICABLE, AND PLAN TEAM MEMBERS.

~~(8) Coordinating the training of direct support professionals in the content of relevant IPs.~~ IMPLEMENTING THE ISP AS WRITTEN.

~~(9) Monitoring services provided for the individual.~~ SUPERVISING, MONITORING AND EVALUATING SERVICES PROVIDED TO THE INDIVIDUAL.

~~(10) Ensuring monthly documentation of the individual's participation and progress for IP outcomes.~~ REVIEWING, SIGNING AND DATING THE MONTHLY DOCUMENTATION OF AN INDIVIDUAL'S PARTICIPATION AND PROGRESS TOWARD OUTCOMES.

~~(11) Providing quarterly documentation of the individual's participation and progress for the IP outcomes to the supports coordinator, individual, and, if appropriate, the individual's parent, guardian or advocate.~~ REPORTING A CHANGE RELATED TO THE INDIVIDUAL'S NEEDS TO THE SC OR PLAN LEAD, AS APPLICABLE, AND PLAN TEAM MEMBERS.

~~(12) Informing the individual and, if appropriate, the individual's parent, guardian or advocate of the option not to receive a copy of the assessments or quarterly documentation.~~ REVIEWING THE ISP WITH THE INDIVIDUAL AS REQUIRED UNDER § 2380.186.

~~(13) Maintaining documentation of an individual's or the individual's parent, guardian or advocate's request denying a copy of assessment or quarterly documentation.~~ DOCUMENTING THE REVIEW OF THE ISP AS REQUIRED UNDER § 2380.186.

~~(14) Documenting and reporting changes in the individual's needs, interests and personal goals to the supports coordinator, and, if appropriate, the individual's parent, guardian or advocate.~~ PROVIDING THE DOCUMENTATION OF THE ISP REVIEW TO

THE SC OR PLAN LEAD, AS APPLICABLE, AND PLAN TEAM MEMBERS AS REQUIRED UNDER § 2380.186(d).

(15) INFORMING PLAN TEAM MEMBERS OF THE OPTION TO DECLINE THE ISP REVIEW DOCUMENTATION AS REQUIRED UNDER § 2380.186(e).

(16) RECOMMENDING A REVISION TO A SERVICE OR OUTCOME IN THE ISP AS PROVIDED UNDER § 2380.186(c)(4).

(17) COORDINATING THE SERVICES PROVIDED TO AN INDIVIDUAL.

(18) COORDINATING THE TRAINING OF DIRECT SERVICE WORKERS IN THE CONTENT OF HEALTH AND SAFETY NEEDS RELEVANT TO EACH INDIVIDUAL.

(19) DEVELOPING AND IMPLEMENTING PROVIDER SERVICES AS REQUIRED UNDER § 2380.188 (RELATING TO PROVIDER SERVICES).

~~(c) If the individual does not have an assigned supports coordinator, the program specialist shall coordinate the development of the IP.~~

~~(d) If the individual does not have an assigned supports coordinator, the program specialist shall prepare the IP using the Department approved format.~~

~~(e) If the individual does not have an assigned supports coordinator, the program specialist shall provide the individual, and, if appropriate, the individual's parent, guardian or advocate with a copy of the IP and attendance sheet.~~

~~(1) The individual or individual's parent, guardian or advocate may decline in writing to receive copies of the IP or attendance sheet.~~

~~(2) The program specialist shall maintain a copy of the written request.~~

~~[(e)] (f) (C)~~

\* \* \* \* \*

**§ 2380.35. Staffing.**

\* \* \* \* \*

(d) An individual may be left unsupervised for specified periods of time if the absence of direct supervision is consistent with the individual's assessment and is part of an THE individual's [IPP] IP aimed at achieving ISP, AS AN OUTCOME WHICH REQUIRES THE ACHIEVEMENT OF a higher level of independence.

(e) Direct staff support THE STAFF QUALIFICATIONS AND STAFF RATIO as specified in the IP ISP shall be implemented as written, INCLUDING WHEN THE STAFF RATIO IS GREATER THAN REQUIRED BY SUBSECTIONS (A), (B) AND (C).

~~(f) Staffing ratios specified in the IP shall be implemented as written.~~

~~[(e)] (g)~~ (F) An individual may not be left unsupervised solely for the convenience of the facility or staff persons THE DIRECT SERVICE WORKER.

\* \* \* \* \*

#14512

MAY 17 2010

**PROGRAM**

**§§ 2380.101 – 2380.108. RESERVED.**

\* \* \* \* \*

**MEDICATIONS**

\* \* \* \* \*

**§ 2380.123. Use of prescription medications.**

\* \* \* \* \*

(b) If a medication is prescribed to treat ~~maladaptive behavior~~ SYMPTOMS OF A DIAGNOSED PSYCHIATRIC ILLNESS, there shall be a [planned] ~~program~~ [as part of the IPP] WRITTEN PROTOCOL AS PART OF THE ISP to address the social, emotional and environmental needs of the individual related to the ~~maladaptive behavior~~ SYMPTOMS OF THE PSYCHIATRIC ILLNESS as part of the IP.

\* \* \* \* \*

**RECORDS**

\* \* \* \* \*



**§ 2380.173. Content of records.**

Each individual's record [shall] ~~must~~ SHALL include THE FOLLOWING INFORMATION:

\* \* \* \* \*

(4) Assessments AS REQUIRED UNDER § 2380.181 (RELATING TO ASSESSMENT).

(5) [IPPs] ~~IP~~ A COPY OF THE INVITATION TO:

(i) THE INITIAL ISP MEETING.

(ii) THE ANNUAL UPDATE MEETING.

(iii) THE ISP REVISION MEETING.

(6) ~~Restrictive procedure plans~~. A COPY OF THE SIGNATURE SHEET FOR:

(i) THE INITIAL ISP MEETING.

(ii) THE ANNUAL UPDATE MEETING.

(iii) THE ISP REVISION MEETING.

(7) ~~Restrictive procedure records relating to the individual~~. A COPY OF THE CURRENT ISP.

(8) DOCUMENTATION OF ISP REVIEWS AND REVISIONS UNDER § 2380.186, INCLUDING THE FOLLOWING:

(i) ISP REVIEW SIGNATURE SHEETS.

(ii) RECOMMENDATIONS TO REVISE THE ISP.

(iii) ISP REVISIONS.

(iv) NOTICES THAT THE PLAN TEAM MEMBER MAY DECLINE THE  
ISP REVIEW DOCUMENTATION.

(v) REQUESTS FROM PLAN TEAM MEMBERS TO NOT RECEIVE THE  
ISP REVIEW DOCUMENTATION.

(9) CONTENT DISCREPANCY IN THE ISP, THE ANNUAL UPDATE OR  
REVISION UNDER § 2380.186.

(10) RESTRICTIVE PROCEDURE PROTOCOLS AND RECORDS RELATED  
TO THE INDIVIDUAL.

(11) COPIES OF PSYCHOLOGICAL EVALUATIONS, IF APPLICABLE.

**§ 2380.174. Record location.**

\* \* \* \* \*

(b) The most current copies of record information required in § 2380.173~~(3) and (5)~~—  
~~(7) (2) – (11)~~ shall be kept at the facility.

(c) The record information required in § 2380.173~~(3) and (5)~~—~~(7) (2) – (11)~~, that is not  
current shall be kept at the facility or at the facility's administrative office.

~~(d) The record information required in § 2380.173(2) and (4) shall be kept at the facility or at the facility's administrative office.~~

\* \* \* \* \*

## PROGRAM

### § 2380.181. ASSESSMENT.

(A) EACH INDIVIDUAL SHALL HAVE AN INITIAL ASSESSMENT WITHIN 1 YEAR PRIOR TO OR 60 CALENDAR DAYS AFTER ADMISSION TO THE FACILITY AND AN UPDATED ASSESSMENT ANNUALLY THEREAFTER.

(B) IF THE PROGRAM SPECIALIST IS MAKING A RECOMMENDATION TO REVISE A SERVICE OR OUTCOME IN THE ISP AS PROVIDED UNDER § 2380.186(c)(4) (RELATING TO ISP REVIEW AND REVISION), THE INDIVIDUAL SHALL HAVE AN ASSESSMENT COMPLETED AS REQUIRED UNDER THIS SECTION.

(C) THE ASSESSMENT SHALL BE BASED ON ASSESSMENT INSTRUMENTS, INTERVIEWS, PROGRESS NOTES AND OBSERVATIONS.

(D) THE PROGRAM SPECIALIST SHALL SIGN AND DATE THE ASSESSMENT.

(E) THE ASSESSMENT SHALL INCLUDE THE FOLLOWING INFORMATION:

(1) FUNCTIONAL STRENGTHS, NEEDS AND PREFERENCES OF THE INDIVIDUAL.

(2) THE LIKES, DISLIKES AND INTERESTS OF THE INDIVIDUAL, INCLUDING VOCATIONAL AND EMPLOYMENT INTERESTS.

(3) THE INDIVIDUAL'S CURRENT LEVEL OF PERFORMANCE AND PROGRESS IN THE FOLLOWING AREAS:

(i) ACQUISITION OF FUNCTIONAL SKILLS.

(ii) COMMUNICATION.

(iii) PERSONAL ADJUSTMENT.

(iv) PERSONAL NEEDS WITH OR WITHOUT ASSISTANCE FROM OTHERS.

(4) THE INDIVIDUAL'S NEED FOR SUPERVISION.

(5) THE INDIVIDUAL'S ABILITY TO SELF-ADMINISTER MEDICATIONS.

(6) THE INDIVIDUAL'S ABILITY TO SAFELY USE OR AVOID POISONOUS MATERIALS, WHEN IN THE PRESENCE OF POISONOUS MATERIALS.

(7) THE INDIVIDUAL'S KNOWLEDGE OF THE DANGER OF HEAT SOURCES AND ABILITY TO SENSE AND MOVE AWAY QUICKLY FROM HEAT SOURCES WHICH EXCEED 120°F AND ARE NOT INSULATED.

(8) THE INDIVIDUAL'S ABILITY TO EVACUATE IN THE EVENT OF A FIRE.

(9) DOCUMENTATION OF THE INDIVIDUAL'S DISABILITY, INCLUDING FUNCTIONAL AND MEDICAL LIMITATIONS.

(10) A LIFETIME MEDICAL HISTORY.

(11) PSYCHOLOGICAL EVALUATIONS, IF APPLICABLE.

(12) RECOMMENDATIONS FOR SPECIFIC AREAS OF TRAINING, VOCATIONAL PROGRAMMING AND COMPETITIVE COMMUNITY-INTEGRATED EMPLOYMENT.

(13) THE INDIVIDUAL'S PROGRESS OVER THE LAST 365 CALENDAR DAYS AND CURRENT LEVEL IN THE FOLLOWING AREAS:

(i) HEALTH.

(ii) MOTOR AND COMMUNICATION SKILLS.

(iii) PERSONAL ADJUSTMENT.

(iv) SOCIALIZATION.

(v) RECREATION.

(vi) COMMUNITY-INTEGRATION.

(14) THE INDIVIDUAL'S KNOWLEDGE OF WATER SAFETY AND ABILITY TO SWIM.

(F) THE PROGRAM SPECIALIST SHALL PROVIDE THE ASSESSMENT TO THE SC OR PLAN LEAD, AS APPLICABLE, AND PLAN TEAM MEMBERS AT LEAST 30 CALENDAR DAYS PRIOR TO AN ISP MEETING FOR THE DEVELOPMENT, ANNUAL UPDATE , AND REVISION OF THE ISP UNDER §§ 2380.182, 2390.152, 6400.182 AND 6500.152 (RELATING TO DEVELOPMENT ANNUAL UPDATE AND REVISION OF THE ISP).

**§ 2380.182. DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP.**

(A) AN INDIVIDUAL SHALL HAVE ONE ISP.

(B) WHEN AN INDIVIDUAL IS NOT RECEIVING SERVICES THROUGH A SCO AND DOES NOT RESIDE IN A HOME LICENSED UNDER CHAPTER 6400 OR 6500 (RELATING TO COMMUNITY HOMES FOR INDIVIDUALS WITH MENTAL RETARDATION; FAMILY LIVING HOMES), THE ADULT TRAINING FACILITY PROGRAM SPECIALIST SHALL BE THE PLAN LEAD WHEN ONE OF THE FOLLOWING APPLIES:

(1) THE INDIVIDUAL ATTENDS A FACILITY LICENSED UNDER THIS CHAPTER.

(2) THE INDIVIDUAL ATTENDS A FACILITY LICENSED UNDER THIS CHAPTER AND A FACILITY LICENSED UNDER CHAPTER 2390.

(C) THE PLAN LEAD SHALL BE RESPONSIBLE FOR DEVELOPING AND IMPLEMENTING THE ISP, INCLUDING ANNUAL UPDATES AND REVISIONS.

(D) THE PLAN LEAD SHALL DEVELOP, UPDATE AND REVISE THE ISP ACCORDING TO THE FOLLOWING:

(1) THE ISP SHALL BE INITIALLY DEVELOPED, UPDATED ANNUALLY AND REVISED BASED UPON THE INDIVIDUAL'S CURRENT ASSESSMENT AS

REQUIRED UNDER §§ 2380.181, 2390.151, 6400.181 AND 6500.151  
(RELATING TO ASSESSMENT).

(2) THE INITIAL ISP SHALL BE DEVELOPED WITHIN 90 CALENDAR DAYS  
AFTER THE INDIVIDUAL'S ADMISSION DATE TO THE FACILITY.

(3) THE ISP, ANNUAL UPDATES AND REVISIONS SHALL BE DOCUMENTED  
ON THE DEPARTMENT-DESIGNATED FORM LOCATED IN THE HOME AND  
COMMUNITY SERVICES INFORMATION SYSTEM (HCSIS) AND ALSO ON  
THE DEPARTMENT'S WEBSITE.

(4) AN INVITATION SHALL BE SENT TO PLAN TEAM MEMBERS AT LEAST  
30 CALENDAR DAYS PRIOR TO AN ISP MEETING.

(5) COPIES OF THE ISP, INCLUDING ANNUAL UPDATES AND REVISIONS  
UNDER § 2380.186, SHALL BE PROVIDED AS REQUIRED UNDER § 2380.187  
(RELATING TO COPIES).

**§ 2380.183. CONTENT OF THE ISP.**

THE ISP, INCLUDING ANNUAL UPDATES AND REVISIONS UNDER § 2380.186  
(RELATING TO ISP REVIEW AND REVISION), SHALL INCLUDE THE FOLLOWING:



(1) SERVICES PROVIDED TO THE INDIVIDUAL AND EXPECTED OUTCOMES CHOSEN BY THE INDIVIDUAL AND INDIVIDUAL'S PLAN TEAM.

(2) SERVICES PROVIDED TO THE INDIVIDUAL TO INCREASE COMMUNITY INVOLVEMENT, INCLUDING WORK OPPORTUNITIES AS REQUIRED UNDER § 2380.188 (RELATING TO PROVIDER SERVICES).

(3) CURRENT STATUS IN RELATION TO AN OUTCOME AND METHOD OF EVALUATION USED TO DETERMINE PROGRESS TOWARD THAT EXPECTED OUTCOME.

(4)(i) A PROTOCOL AND SCHEDULE OUTLINING SPECIFIED PERIODS OF TIME FOR THE INDIVIDUAL TO BE WITHOUT DIRECT SUPERVISION, IF THE INDIVIDUAL'S CURRENT ASSESSMENT STATES THE INDIVIDUAL MAY BE WITHOUT DIRECT SUPERVISION AND IF THE INDIVIDUAL'S ISP INCLUDES AN EXPECTED OUTCOME WHICH REQUIRES THE ACHIEVEMENT OF A HIGHER LEVEL OF INDEPENDENCE.

(ii) THE PROTOCOL SHALL INCLUDE THE CURRENT LEVEL OF INDEPENDENCE AND THE METHOD OF EVALUATION USED TO DETERMINE PROGRESS TOWARD THE EXPECTED OUTCOME TO ACHIEVE THE HIGHER LEVEL OF INDEPENDENCE.

(5) A PROTOCOL TO ADDRESS THE SOCIAL, EMOTIONAL AND ENVIRONMENTAL NEEDS OF THE INDIVIDUAL, IF MEDICATION HAS BEEN PRESCRIBED TO TREAT SYMPTOMS OF A DIAGNOSED PSYCHIATRIC ILLNESS.

(6) A PROTOCOL TO ELIMINATE THE USE OF RESTRICTIVE PROCEDURES, IF RESTRICTIVE PROCEDURES ARE UTILIZED, AND TO ADDRESS THE UNDERLYING CAUSES OF THE BEHAVIOR WHICH LED TO THE USE OF RESTRICTIVE PROCEDURES INCLUDING THE FOLLOWING:

(i) AN ASSESSMENT TO DETERMINE THE CAUSES OR ANTECEDENTS OF THE BEHAVIOR.

(ii) A PROTOCOL FOR ADDRESSING THE UNDERLYING CAUSES OR ANTECEDENTS OF THE BEHAVIOR.

(iii) THE METHOD AND TIMELINE FOR ELIMINATING THE USE OF RESTRICTIVE PROCEDURES.

(iv) A PROTOCOL FOR INTERVENTION OR REDIRECTION WITHOUT UTILIZING RESTRICTIVE PROCEDURES.

(7) ASSESSMENT OF THE INDIVIDUAL'S POTENTIAL TO ADVANCE IN THE FOLLOWING:

(i) VOCATIONAL PROGRAMMING.

(ii) COMMUNITY INVOLVEMENT.

(iii) COMPETITIVE COMMUNITY-INTEGRATED EMPLOYMENT.

**§ 2380.184. PLAN TEAM PARTICIPATION.**

(A) THE PLAN TEAM SHALL PARTICIPATE IN THE DEVELOPMENT OF THE ISP, INCLUDING THE ANNUAL UPDATES AND REVISIONS UNDER § 2380.186 (RELATING TO ISP REVIEW AND REVISION).

(1) A PLAN TEAM SHALL INCLUDE AS ITS MEMBERS THE FOLLOWING:

(i) THE INDIVIDUAL.

(ii) A PROGRAM SPECIALIST OR FAMILY LIVING SPECIALIST, AS APPLICABLE, FROM EACH PROVIDER DELIVERING A SERVICE TO THE INDIVIDUAL.

(iii) A DIRECT SERVICE WORKER WHO WORKS WITH THE INDIVIDUAL FROM EACH PROVIDER DELIVERING A SERVICE TO THE INDIVIDUAL.

(iv) ANY OTHER PERSON THE INDIVIDUAL CHOOSES TO INVITE.

(2) IF THE FOLLOWING HAVE A ROLE IN THE INDIVIDUAL'S LIFE, THE PLAN TEAM MAY ALSO INCLUDE AS ITS MEMBERS, AS APPLICABLE, THE FOLLOWING:

(i) MEDICAL, NURSING, BEHAVIOR MANAGEMENT, SPEECH, OCCUPATIONAL OR PHYSICAL THERAPY SPECIALISTS.

(ii) ADDITIONAL DIRECT SERVICE WORKERS WHO WORK WITH THE INDIVIDUAL FROM EACH PROVIDER DELIVERING SERVICES TO THE INDIVIDUAL.

(iii) THE INDIVIDUAL'S PARENT, GUARDIAN OR ADVOCATE.

(B) AT LEAST 3 PLAN TEAM MEMBERS, IN ADDITION TO THE INDIVIDUAL, IF THE INDIVIDUAL CHOOSES TO ATTEND, SHALL BE PRESENT FOR AN ISP, ANNUAL UPDATE AND ISP REVISION MEETING.

(C) A PLAN TEAM MEMBER WHO ATTENDS A MEETING UNDER SUBSECTION (B) SHALL SIGN AND DATE THE SIGNATURE SHEET.

**§ 2380.185. IMPLEMENTATION OF THE ISP.**

(A) THE ISP SHALL BE IMPLEMENTED BY THE ISP'S START DATE.

(B) THE ISP SHALL BE IMPLEMENTED AS WRITTEN.

**§ 2380.186. ISP REVIEW AND REVISION.**

(A) THE PROGRAM SPECIALIST SHALL COMPLETE AN ISP REVIEW OF THE SERVICES AND EXPECTED OUTCOMES IN THE ISP SPECIFIC TO THE FACILITY LICENSED UNDER THIS CHAPTER WITH THE INDIVIDUAL EVERY 3 MONTHS OR MORE FREQUENTLY IF THE INDIVIDUAL'S NEEDS CHANGE WHICH IMPACT THE SERVICES AS SPECIFIED IN THE CURRENT ISP.

(B) THE PROGRAM SPECIALIST AND INDIVIDUAL SHALL SIGN AND DATE THE ISP REVIEW SIGNATURE SHEET UPON REVIEW OF THE ISP.

(C) THE ISP REVIEW SHALL INCLUDE THE FOLLOWING:

(1) A REVIEW OF THE MONTHLY DOCUMENTATION OF AN INDIVIDUAL'S PARTICIPATION AND PROGRESS DURING THE PRIOR 3 MONTHS TOWARD ISP OUTCOMES SUPPORTED BY SERVICES PROVIDED BY THE FACILITY LICENSED UNDER THIS CHAPTER.

(2) A REVIEW OF EACH SECTION OF THE ISP SPECIFIC TO THE FACILITY LICENSED UNDER THIS CHAPTER.

(3) THE PROGRAM SPECIALIST SHALL DOCUMENT A CHANGE IN THE INDIVIDUAL'S NEEDS, IF APPLICABLE.

(4) THE PROGRAM SPECIALIST SHALL MAKE A RECOMMENDATION REGARDING THE FOLLOWING, IF APPLICABLE:

(i) THE DELETION OF AN OUTCOME OR SERVICE TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME WHICH IS NO LONGER APPROPRIATE OR HAS BEEN COMPLETED.

(ii) THE ADDITION OF AN OUTCOME OR SERVICE TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME.

(iii) THE MODIFICATION OF AN OUTCOME OR SERVICE TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME IN WHICH NO PROGRESS HAS BEEN MADE.

(5) IF MAKING A RECOMMENDATION TO REVISE A SERVICE OR OUTCOME IN THE ISP, THE PROGRAM SPECIALIST SHALL COMPLETE A REVISED ASSESSMENT AS REQUIRED UNDER § 2380.181(b) (RELATING TO ASSESSMENT).

(D) THE PROGRAM SPECIALIST SHALL PROVIDE THE ISP REVIEW DOCUMENTATION, INCLUDING RECOMMENDATIONS, IF APPLICABLE, TO THE SC OR PLAN LEAD, AS APPLICABLE, AND PLAN TEAM MEMBERS WITHIN 30 CALENDAR DAYS AFTER THE ISP REVIEW MEETING.

(E) THE PROGRAM SPECIALIST SHALL NOTIFY THE PLAN TEAM MEMBERS OF THE OPTION TO DECLINE THE ISP REVIEW DOCUMENTATION.

(F) IF A RECOMMENDATION FOR A REVISION TO A SERVICE OR OUTCOME IN THE ISP IS MADE, THE PLAN LEAD AS APPLICABLE, UNDER §§ 2380.182(b) AND (c), 2390.152(b) AND (c), 6400.182(b) AND (c), 6500.152(b) AND (c) (RELATING TO DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP), SHALL SEND AN INVITATION FOR A ISP REVISION MEETING TO THE PLAN TEAM MEMBERS WITHIN 30 CALENDAR DAYS OF RECEIPT OF THE RECOMMENDATION.

(G) A REVISED SERVICE OR OUTCOME IN THE ISP SHALL BE IMPLEMENTED BY THE START DATE IN THE ISP AS WRITTEN.

**§ 2380.187. COPIES.**

A COPY OF THE ISP, INCLUDING THE SIGNATURE SHEET, SHALL BE PROVIDED TO PLAN TEAM MEMBERS WITHIN 30 CALENDAR DAYS AFTER THE ISP, ANNUAL UPDATE AND ISP REVISION MEETINGS.

**§ 2380.188. PROVIDER SERVICES.**

(A) THE FACILITY SHALL PROVIDE SERVICES INCLUDING ASSISTANCE, TRAINING AND SUPPORT FOR THE ACQUISITION, MAINTENANCE OR IMPROVEMENT OF FUNCTIONAL SKILLS, PERSONAL NEEDS, COMMUNICATION AND PERSONAL ADJUSTMENT.

(B) THE FACILITY SHALL PROVIDE OPPORTUNITIES AND SUPPORT TO THE INDIVIDUAL FOR PARTICIPATION IN COMMUNITY LIFE, INCLUDING WORK OPPORTUNITIES.

(C) THE FACILITY SHALL PROVIDE SERVICES TO THE INDIVIDUAL AS SPECIFIED IN THE INDIVIDUAL'S ISP.



(D) THE FACILITY SHALL PROVIDE SERVICES THAT ARE AGE AND FUNCTIONALLY APPROPRIATE TO THE INDIVIDUAL.

\* \* \* \* \*

## CHAPTER 2390. VOCATIONAL FACILITIES

### GENERAL PROVISIONS

\* \* \* \* \*

#### § 2390.5. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

\* \* \* \* \*

*CONTENT DISCREPANCY*- A DIFFERENCE BETWEEN WHAT WAS DETERMINED AT THE ISP MEETING BY THE PLAN TEAM AND WHAT IS DOCUMENTED IN THE WRITTEN ISP.

\* \* \* \* \*

*DIRECT SERVICE WORKER* – A PERSON WHOSE PRIMARY JOB FUNCTION IS TO PROVIDE SERVICES TO A CLIENT WHO ATTENDS THE PROVIDER'S FACILITY.

\* \* \* \* \*

*DOCUMENTATION* – WRITTEN STATEMENTS THAT ACCURATELY RECORD DETAILS, SUBSTANTIATE A CLAIM OR PROVIDE EVIDENCE OF AN EVENT.

\* \* \* \* \*

~~*IP – Individual plan* – The form provided by the Department which identifies services and supports needed and used by an individual.~~

[*Individual written program plan* – A plan that is developed for a client on the basis of assessment data that specifies specific objectives and program services for the clients.]

\* \* \* \* \*

*ISP – INDIVIDUAL SUPPORT PLAN* – THE COMPREHENSIVE DOCUMENT THAT IDENTIFIES SERVICES AND EXPECTED OUTCOMES FOR A CLIENT.

*OUTCOMES* – GOALS THE CLIENT AND CLIENT'S PLAN TEAM CHOOSE FOR THE CLIENT TO ACQUIRE, MAINTAIN OR IMPROVE.

*PLAN LEAD* – THE PROGRAM SPECIALIST OR FAMILY LIVING SPECIALIST, AS APPLICABLE, WHEN THE CLIENT IS NOT RECEIVING SERVICES THROUGH A SCO.

*PLAN TEAM* – THE GROUP THAT DEVELOPS THE ISP.

*PROVIDER* – AN ENTITY OR PERSON THAT ENTERS INTO AN AGREEMENT WITH THE DEPARTMENT TO DELIVER A SERVICE TO A CLIENT.

*RESTRICTIVE PROCEDURE* – A RESTRICTIVE PROCEDURE IS A PRACTICE THAT LIMITS A CLIENT’S MOVEMENT, ACTIVITY OR FUNCTION; INTERFERES WITH A CLIENT’S ABILITY TO ACQUIRE POSITIVE REINFORCEMENT; RESULTS IN THE LOSS OF OBJECTS OR ACTIVITIES THAT A CLIENT VALUES; OR REQUIRES A CLIENT TO ENGAGE IN A BEHAVIOR THAT THE CLIENT WOULD NOT ENGAGE IN GIVEN FREEDOM OF CHOICE.

*SERVICES* – ACTIONS OR ASSISTANCE PROVIDED TO THE CLIENT TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME.

\* \* \* \* \*

*SC – Supports coordinator*–~~The individual responsible for case management functions~~  
A SUPPORTS COORDINATION ORGANIZATION EMPLOYEE WHOSE PRIMARY

JOB FUNCTIONS ARE TO LOCATE, COORDINATE AND MONITOR SERVICES PROVIDED TO A CLIENT WHEN THE CLIENT IS RECEIVING SERVICES FROM A SCO.

SCO – SUPPORTS COORDINATION ORGANIZATION – A PROVIDER THAT DELIVERS THE SERVICES OF LOCATING, COORDINATING AND MONITORING SERVICES PROVIDED TO A CLIENT.

\* \* \* \* \*

**STAFFING**

\* \* \* \* \*

**§ 2390.33. Program specialist.**

\* \* \* \* \*

(b) [A program specialist shall be responsible for the program at the facility, including the following:

- (1) Development and implementation of individual written program plans.
- (2) Coordination of training and development for clients.]

The program specialist shall be responsible for the following:

- (1) Coordinating and developing training for clients.

~~—(2) Coordinating and completing assessments.~~

(2) PROVIDING THE ASSESSMENT AS REQUIRED UNDER § 2390.151(f)  
(RELATING TO ASSESSMENT).

~~—(3) Participating in the development of the IP ISP, INCLUDING ANNUAL UPDATES  
AND REVISIONS OF THE ISP.~~

~~—(4) Attending the IP development ISP meetings.~~

~~—(5) Providing the completed assessment and other relevant information for the  
development of the IP prior to the planning meetings to the supports coordinator, client  
and, if appropriate, to the client's parent, guardian or advocate. The program specialist  
shall send this information within 30 days following the receipt of notification of the  
planning meeting.~~ FULFILLING THE ROLE OF PLAN LEAD, AS APPLICABLE,  
UNDER §§ 2390.152 AND 2390.156(f) AND (g) (RELATING TO DEVELOPMENT,  
ANNUAL UPDATE AND REVISION TO THE ISP; ISP REVIEW AND REVISION).

~~—(6) Reviewing the IP ISP, ANNUAL UPDATES AND REVISIONS for content  
accuracy.~~

~~(i) Content discrepancies shall be communicated to the supports coordinator in  
writing.~~

~~(ii) Written documentation of content discrepancy communications shall MUST  
be maintained in the client's record.~~

~~(7) Ensuring the implementation of IP outcomes~~ REPORTING CONTENT DISCREPANCY TO THE SC OR PLAN LEAD, AS APPLICABLE, AND PLAN TEAM MEMBERS.

~~(8) Coordinating the training of direct support professionals in the content of relevant IPs.~~ IMPLEMENTING THE ISP AS WRITTEN.

~~(9) Monitoring services provided for the client.~~ SUPERVISING, MONITORING AND EVALUATING SERVICES PROVIDED TO THE CLIENT.

~~(10) Ensuring monthly documentation of the client's participation and progress for IP outcomes.~~ REVIEWING, SIGNING AND DATING THE MONTHLY DOCUMENTATION OF A CLIENT'S PARTICIPATION AND PROGRESS TOWARD OUTCOMES.

~~(11) Providing quarterly documentation of the client's participation and progress for IP outcomes to the supports coordinator, client, and, if appropriate, the client's parent, guardian or advocate.~~ REPORTING A CHANGE RELATED TO THE CLIENT'S NEEDS TO THE SC OR PLAN LEAD, AS APPLICABLE, AND PLAN TEAM MEMBERS.

(12) REVIEWING THE ISP WITH THE CLIENT AS REQUIRED UNDER § 2390.156.

(13) DOCUMENTING THE REVIEW OF THE ISP AS REQUIRED UNDER § 2390.156.

(14) PROVIDING DOCUMENTATION OF THE ISP REVIEW TO THE SC OR PLAN LEAD, AS APPLICABLE, AND PLAN TEAM MEMBERS AS REQUIRED UNDER § 2390.156(d).

~~(i) Informing the client and, if appropriate, the client's parent, guardian or advocate of the option not to receive a copy of the assessments or quarterly documentation.~~

~~(ii) Maintaining documentation of a client's or the client's parent, guardian or advocate's request denying a copy of assessment or quarterly documentation.~~

~~Documenting and reporting changes in the client's needs, interests and personal goals to the supports coordinator and, if appropriate, the client's parent, guardian or advocate.~~

~~(c) If the client does not have an assigned supports coordinator, the program specialist shall coordinate the development of the IP.~~

~~(d) If the client does not have an assigned supports coordinator, the program specialist shall prepare the IP using the Department approved format.~~

~~(e) If the client does not have an assigned supports coordinator, the program specialist shall provide the client and, if appropriate, the client's parent, guardian or advocate with a copy of the IP and attendance sheet.~~

~~(1) The client or client's parent, guardian or advocate may decline in writing to receive copies of the IP or attendance sheet.~~

~~(2) The program specialist shall maintain a copy of the written request.~~

(15) INFORMING PLAN TEAM MEMBERS OF THE OPTION TO DECLINE THE ISP REVIEW DOCUMENTATION AS REQUIRED UNDER § 2390.156(e).

(16) RECOMMENDING A REVISION TO A SERVICE OR OUTCOME IN THE ISP AS PROVIDED UNDER § 2390.156(c)(4).

(17) COORDINATING THE SERVICES PROVIDED TO A CLIENT.

(18) COORDINATING THE TRAINING OF DIRECT SERVICE WORKERS IN THE CONTENT OF HEALTH AND SAFETY NEEDS RELEVANT TO EACH CLIENT.

(19) DEVELOPING AND IMPLEMENTING PROVIDER SERVICES AS REQUIRED UNDER § 2390.158 (RELATING TO PROVIDER SERVICES).

[(c)] ~~(f)~~ (C)

\* \* \* \* \*

**§ 2390.39. ~~Minimum Number of Staff~~ STAFFING.**

\* \* \* \* \*

(D) A CLIENT MAY BE LEFT UNSUPERVISED FOR SPECIFIED PERIODS OF TIME IF THE ABSENCE OF DIRECT SUPERVISION IS CONSISTENT WITH THE CLIENT'S



ASSESSMENT AND IS PART OF THE CLIENT'S ISP, AS AN OUTCOME WHICH REQUIRES THE ACHIEVEMENT OF A HIGHER LEVEL OF INDEPENDENCE.

(E) THE STAFF QUALIFICATIONS AND STAFF RATIO AS SPECIFIED IN THE ISP SHALL BE IMPLEMENTED AS WRITTEN, INCLUDING WHEN THE STAFF RATIO IS GREATER THAN REQUIRED BY SUBSECTIONS (A), (B) AND (C).

(F) A CLIENT MAY NOT BE LEFT UNSUPERVISED SOLELY FOR THE CONVENIENCE OF THE FACILITY OR THE DIRECT SERVICE WORKER.

\* \* \* \* \*

**PROGRAM**

§§ 2390.91 – 2390.100 [Reserved].

\* \* \* \* \*

**CLIENT RECORDS**

\* \* \* \* \*

§ 2390.124. Content of records.

A EACH client's record [shall] ~~must~~ SHALL include the following information:

\* \* \* \* \*

(5) PHYSICAL EXAMINATIONS.

(6) ~~A copy of the initial assessment~~ ASSESSMENTS AS REQUIRED UNDER § 2390.151 (RELATING TO ASSESSMENT).

\* \* \* \* \*

(8) [Copies of individual written program plans or work performance reviews.

(9) A copy of a written invitation to participate in individual written program plan reviews.]

~~Copies of IPs and revisions made during reviews.~~

~~(9) Copies of work performance reviews.~~

(8) A COPY OF THE INVITATION TO:

(i) THE INITIAL ISP MEETING.

(ii) THE ANNUAL UPDATE MEETING.

(iii) THE ISP REVISION MEETING.

(9) A COPY OF THE SIGNATURE SHEET FOR:

(i) THE INITIAL ISP MEETING.

(ii) THE ANNUAL UPDATE MEETING.

(iii) THE ISP REVISION MEETING.

~~(10) Unusual incident reports involving the client.~~

~~(11) Copies of psychological evaluations and assessments of adaptive behavior, as necessary.~~

(10) A COPY OF THE CURRENT ISP.

(11) DOCUMENTATION OF ISP REVIEWS AND ISP REVISIONS UNDER § 2390.156, INCLUDING THE FOLLOWING:

(i) ISP REVIEW SIGNATURE SHEETS.

(ii) RECOMMENDATIONS TO REVISE THE ISP.

(iii) ISP REVISIONS.

(iv) NOTICES THAT THE PLAN TEAM MEMBER MAY DECLINE THE ISP REVIEW DOCUMENTATION.

(v) REQUESTS FROM PLAN TEAM MEMBERS TO NOT RECEIVE THE ISP REVIEW DOCUMENTATION.

(12) CONTENT DISCREPANCY IN THE ISP, THE ANNUAL UPDATE OR REVISION UNDER § 2390.156.

(13) RESTRICTIVE PROCEDURE PROTOCOLS AND RECORDS RELATED TO THE CLIENT.

(14) UNUSUAL INCIDENT REPORTS RELATED TO THE CLIENT.

(16) COPIES OF PSYCHOLOGICAL EVALUATIONS, IF APPLICABLE.

(17) VOCATIONAL EVALUATIONS AS REQUIRED UNDER § 2390.159.

\* \* \* \* \*

## **PROGRAM**

### **§ 2390.151. ASSESSMENT.**

(A) EACH CLIENT SHALL HAVE AN INITIAL ASSESSMENT WITHIN 1 YEAR PRIOR TO OR 60 CALENDAR DAYS AFTER ADMISSION TO THE FACILITY AND AN UPDATED ASSESSMENT ANNUALLY THEREAFTER.

(B) IF THE PROGRAM SPECIALIST IS MAKING A RECOMMENDATION TO REVISE A SERVICE OR OUTCOME IN THE ISP AS PROVIDED UNDER § 2390.156(c)(4) (RELATING TO ISP REVIEW AND REVISION), THE CLIENT SHALL HAVE AN ASSESSMENT COMPLETED AS REQUIRED UNDER THIS SECTION.

(C) THE ASSESSMENT SHALL BE BASED ON ASSESSMENT INSTRUMENTS, INTERVIEWS, PROGRESS NOTES AND OBSERVATIONS.

(D) THE PROGRAM SPECIALIST SHALL SIGN AND DATE THE ASSESSMENT.

(E) THE ASSESSMENT SHALL INCLUDE THE FOLLOWING INFORMATION:

(1) FUNCTIONAL STRENGTHS, NEEDS AND PREFERENCES OF THE CLIENT.

(2) THE LIKES, DISLIKES AND INTEREST OF CLIENT, INCLUDING VOCATIONAL AND EMPLOYMENT INTERESTS OF THE CLIENT.

(3) THE CLIENT'S CURRENT LEVEL OF PERFORMANCE AND PROGRESS IN THE FOLLOWING AREAS:

(i) ACQUISITION OF VOCATIONAL FUNCTIONING SKILLS.

(ii) COMMUNICATION; ABILITY TO RECEIVE, RETAIN AND CARRY OUT INSTRUCTIONS.

(iii) PERSONAL ADJUSTMENT.

(iv) PERSONAL NEEDS WITH OR WITHOUT ASSISTANCE FROM OTHERS.

(4) THE CLIENT'S NEED FOR SUPERVISION.

- (5) THE CLIENT'S ABILITY TO SELF-ADMINISTER MEDICATIONS.
- (6) THE CLIENT'S ABILITY TO SAFELY USE OR AVOID POISONOUS MATERIALS, WHEN IN THE PRESENCE OF POISONOUS MATERIALS.
- (7) THE CLIENT'S KNOWLEDGE OF THE DANGER OF HEAT SOURCES AND ABILITY TO SENSE AND MOVE AWAY QUICKLY FROM HEAT SOURCES WHICH EXCEED 120°F AND ARE NOT INSULATED.
- (8) THE CLIENT'S ABILITY TO EVACUATE IN THE EVENT OF A FIRE.
- (9) DOCUMENTATION OF THE CLIENT'S DISABILITY, INCLUDING FUNCTIONAL AND MEDICAL LIMITATIONS.
- (10) A LIFETIME MEDICAL HISTORY.
- (11) PSYCHOLOGICAL EVALUATIONS, IF APPLICABLE.
- (12) RECOMMENDATIONS FOR SPECIFIC AREAS OF VOCATIONAL TRAINING OR PLACEMENT AND COMPETITIVE COMMUNITY-INTEGRATED EMPLOYMENT.

(13) THE INDIVIDUAL'S PROGRESS OVER THE LAST 365 CALENDAR DAYS AND CURRENT LEVEL IN THE FOLLOWING AREAS:

(i) HEALTH.

(ii) MOTOR AND COMMUNICATION SKILLS.

(iii) PERSONAL ADJUSTMENT.

(iv) SOCIALIZATION.

(v) VOCATIONAL SKILLS.

(F) THE PROGRAM SPECIALIST SHALL PROVIDE THE ASSESSMENT TO THE SC OR PLAN LEAD, AS APPLICABLE, AND PLAN TEAM MEMBERS AT LEAST 30 CALENDAR DAYS PRIOR TO AN ISP MEETING FOR THE DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP UNDER §§ 2380.182, 2390.152, 6400.182 AND 6500.152 (RELATING TO DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP).

**§ 2390.152. DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP.**

(A) A CLIENT SHALL HAVE ONE ISP.

(B) WHEN A CLIENT IS NOT RECEIVING SERVICES THROUGH A SCO AND IS NOT RECEIVING SERVICES IN A FACILITY OR HOME LICENSED UNDER CHAPTERS 2380, 6400 OR 6500 (RELATING TO ADULT TRAINING FACILITIES; COMMUNITY HOMES FOR INDIVIDUALS WITH MENTAL RETARDATION; AND FAMILY LIVING HOMES), THE VOCATIONAL FACILITY PROGRAM SPECIALIST SHALL BE THE PLAN LEAD.

(C) THE PLAN LEAD SHALL BE RESPONSIBLE FOR DEVELOPING AND IMPLEMENTING THE ISP, INCLUDING ANNUAL UPDATES AND REVISIONS.

(D) THE PLAN LEAD SHALL DEVELOP, UPDATE AND REVISE THE ISP ACCORDING TO THE FOLLOWING:

(1) THE ISP SHALL BE INITIALLY DEVELOPED, UPDATED ANNUALLY AND REVISED BASED UPON THE CLIENT'S CURRENT ASSESSMENT AS REQUIRED UNDER §§ 2380.181, 2390.151, 6400.181 AND 6500.151 (RELATING TO ASSESSMENT).

(2) THE INITIAL ISP SHALL BE DEVELOPED WITHIN 90 CALENDAR DAYS AFTER THE CLIENT'S ADMISSION DATE TO THE FACILITY.



(3) THE ISP, ANNUAL UPDATES AND REVISIONS SHALL BE DOCUMENTED ON THE DEPARTMENT-DESIGNATED FORM LOCATED IN THE HOME AND COMMUNITY SERVICES INFORMATION SYSTEM (HCSIS) AND ALSO ON THE DEPARTMENT'S WEBSITE.

(4) AN INVITATION SHALL BE SENT TO PLAN TEAM MEMBERS AT LEAST 30 CALENDAR DAYS PRIOR TO AN ISP MEETING.

(5) COPIES OF THE ISP, INCLUDING ANNUAL UPDATES AND REVISIONS UNDER § 2390.156, SHALL BE PROVIDED AS REQUIRED UNDER § 2390.157 (RELATING TO COPIES).

**§ 2390.153. CONTENT OF THE ISP.**

THE ISP, INCLUDING ANNUAL UPDATES AND REVISIONS UNDER § 2390.156 (RELATING TO ISP REVIEW AND REVISION) SHALL INCLUDE THE FOLLOWING:

(1) SERVICES PROVIDED TO THE CLIENT AND EXPECTED OUTCOMES CHOSEN BY THE CLIENT AND CLIENT'S PLAN TEAM.

(2) SERVICES PROVIDED TO THE CLIENT TO DEVELOP THE SKILLS NECESSARY FOR PROMOTION INTO A HIGHER LEVEL OF VOCATIONAL PROGRAMMING OR INTO COMPETITIVE COMMUNITY-INTEGRATED

EMPLOYMENT AS REQUIRED UNDER § 2390.158 (RELATING TO PROVIDER SERVICES).

(3) CURRENT STATUS IN RELATION TO AN OUTCOME AND METHOD OF EVALUATION USED TO DETERMINE PROGRESS TOWARD THAT EXPECTED OUTCOME.

(4)(i) A PROTOCOL AND SCHEDULE OUTLINING SPECIFIED PERIODS OF TIME FOR THE CLIENT TO BE WITHOUT DIRECT SUPERVISION, IF THE CLIENT'S CURRENT ASSESSMENT STATES THE CLIENT MAY BE WITHOUT DIRECT SUPERVISION AND IF THE CLIENT'S ISP INCLUDES AN EXPECTED OUTCOME WHICH REQUIRES THE ACHIEVEMENT OF A HIGHER LEVEL OF INDEPENDENCE.

(ii) THE PROTOCOL SHALL INCLUDE THE CURRENT LEVEL OF INDEPENDENCE AND THE METHOD OF EVALUATION USED TO DETERMINE PROGRESS TOWARD THE EXPECTED OUTCOME TO ACHIEVE A HIGHER LEVEL OF INDEPENDENCE.

(5) A PROTOCOL TO ADDRESS THE SOCIAL, EMOTIONAL AND ENVIRONMENTAL NEEDS OF THE CLIENT, IF MEDICATION HAS BEEN PRESCRIBED TO TREAT SYMPTOMS OF A DIAGNOSED PSYCHIATRIC ILLNESS.

(6) A PROTOCOL TO ELIMINATE THE USE OF RESTRICTIVE PROCEDURES, IF RESTRICTIVE PROCEDURES ARE UTILIZED, AND TO ADDRESS THE UNDERLYING CAUSES OF THE BEHAVIOR WHICH LED TO THE USE OF RESTRICTIVE PROCEDURES INCLUDING THE FOLLOWING:

(i) AN ASSESSMENT TO DETERMINE THE CAUSES OR ANTECEDENTS OF THE BEHAVIOR.

(ii) A PROTOCOL FOR ADDRESSING THE UNDERLYING CAUSES OR ANTECEDENTS OF THE BEHAVIOR.

(iii) THE METHOD AND TIMELINE FOR ELIMINATING THE USE OF RESTRICTIVE PROCEDURES.

(iv) A PROTOCOL FOR INTERVENTION OR REDIRECTION WITHOUT UTILIZING RESTRICTIVE PROCEDURES.

(7) ASSESSMENT OF THE CLIENT'S POTENTIAL TO ADVANCE IN THE FOLLOWING:

(i) VOCATIONAL PROGRAMMING.

(ii) COMPETITIVE COMMUNITY-INTEGRATED EMPLOYMENT.

**§ 2390.154. PLAN TEAM PARTICIPATION.**

(A) THE PLAN TEAM SHALL PARTICIPATE IN THE DEVELOPMENT OF THE ISP, INCLUDING THE ANNUAL UPDATES AND REVISIONS UNDER § 2390.156 (ISP REVIEW AND REVISION).

(1) A PLAN TEAM SHALL INCLUDE AS ITS MEMBERS THE FOLLOWING:

(i) THE CLIENT.

(ii) A PROGRAM SPECIALIST OR FAMILY LIVING SPECIALIST, AS APPLICABLE, FROM EACH PROVIDER DELIVERING A SERVICE TO THE CLIENT.

(iii) A DIRECT SERVICE WORKER WHO WORKS WITH THE CLIENT FROM EACH PROVIDER DELIVERING A SERVICE TO THE CLIENT.

(iv) ANY OTHER PERSON THE CLIENT CHOOSES TO INVITE.

(2) IF THE FOLLOWING HAVE A ROLE IN THE CLIENT'S LIFE, THE PLAN TEAM MAY ALSO INCLUDE AS ITS MEMBERS, AS APPLICABLE, THE FOLLOWING:

(i) MEDICAL, NURSING, BEHAVIOR MANAGEMENT, SPEECH, OCCUPATIONAL OR PHYSICAL THERAPY SPECIALISTS.

(ii) ADDITIONAL DIRECT SERVICE WORKERS WHO WORK WITH THE CLIENT FROM EACH PROVIDER DELIVERING SERVICES TO THE CLIENT.

(iii) THE CLIENT'S PARENT, GUARDIAN OR ADVOCATE.

(B) AT LEAST 3 PLAN TEAM MEMBERS, IN ADDITION TO THE CLIENT, IF THE CLIENT CHOOSES TO ATTEND, SHALL BE PRESENT FOR THE ISP, ANNUAL UPDATE AND ISP REVISION MEETINGS.

(C) A PLAN TEAM MEMBER WHO ATTENDS AN ISP MEETING UNDER SUBSECTION (B) SHALL SIGN AND DATE THE SIGNATURE SHEET.

**§ 2390.155. IMPLEMENTATION OF THE ISP.**

(A) THE ISP SHALL BE IMPLEMENTED BY THE ISP'S START DATE.

(B) THE ISP SHALL BE IMPLEMENTED AS WRITTEN.

**§ 2390.156. ISP REVIEW AND REVISION.**

(A) THE PROGRAM SPECIALIST SHALL COMPLETE AN ISP REVIEW OF THE SERVICES AND EXPECTED OUTCOMES IN THE ISP SPECIFIC TO THE FACILITY LICENSED UNDER THIS CHAPTER WITH THE CLIENT EVERY 3 MONTHS OR MORE FREQUENTLY IF THE CLIENT'S NEEDS CHANGE WHICH IMPACTS THE SERVICES AS SPECIFIED IN THE CURRENT ISP.

(B) THE PROGRAM SPECIALIST AND CLIENT SHALL SIGN AND DATE THE ISP REVIEW SIGNATURE SHEET UPON REVIEW OF THE ISP.

(C) THE ISP REVIEW SHALL INCLUDE THE FOLLOWING:

(1) A REVIEW OF THE MONTHLY DOCUMENTATION OF A CLIENT'S PARTICIPATION AND PROGRESS DURING THE PRIOR 3 MONTHS TOWARD ISP OUTCOMES SUPPORTED BY SERVICES PROVIDE BY THE FACILITY LICENSED UNDER THIS CHAPTER.

(2) A REVIEW OF EACH SECTION OF THE ISP SPECIFIC TO THE FACILITY LICENSED UNDER THIS CHAPTER.

(3) THE PROGRAM SPECIALIST SHALL DOCUMENT A CHANGE IN THE CLIENT'S NEEDS, IF APPLICABLE.

(4) THE PROGRAM SPECIALIST SHALL MAKE A RECOMMENDATION REGARDING THE FOLLOWING, IF APPLICABLE:

(i) THE DELETION OF AN OUTCOME OR SERVICE TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME WHICH IS NO LONGER APPROPRIATE OR HAS BEEN COMPLETED.

(ii) THE ADDITION OF AN OUTCOME OR SERVICE TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME.

(iii) THE MODIFICATION OF AN OUTCOME OR SERVICE TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME IN WHICH NO PROGRESS HAS BEEN MADE.

(5) IF MAKING A RECOMMENDATION TO REVISE A SERVICE OR OUTCOME IN THE ISP, THE PROGRAM SPECIALIST SHALL COMPLETE A REVISED ASSESSMENT AS REQUIRED UNDER § 2390.151(b) (RELATING TO ASSESSMENT).

(D) THE PROGRAM SPECIALIST SHALL PROVIDE THE ISP REVIEW DOCUMENTATION, INCLUDING RECOMMENDATIONS IF APPLICABLE, TO THE

SC OR PLAN LEAD, AS APPLICABLE, AND PLAN TEAM MEMBERS WITHIN 30 CALENDAR DAYS AFTER THE ISP REVIEW MEETING.

(E) THE PROGRAM SPECIALIST SHALL NOTIFY THE PLAN TEAM MEMBERS OF THE OPTION TO DECLINE THE ISP REVIEW DOCUMENTATION.

(F) IF A RECOMMENDATION FOR A REVISION TO A SERVICE OR OUTCOME IN THE ISP IS MADE, THE PLAN LEAD ,AS APPLICABLE, UNDER §§ 2380.182(b) AND (c), 2390.152(b) AND (c), 6400.182(b) AND (c), 6500.152(b) AND (c) (RELATING TO DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP), SHALL SEND AN INVITATION FOR A ISP REVISION MEETING TO THE PLAN TEAM MEMBERS WITHIN 30 CALENDAR DAYS OF RECEIPT OF THE RECOMMENDATION.

(G) A REVISED SERVICE OR OUTCOME IN THE ISP SHALL BE IMPLEMENTED BY THE START DATE IN THE ISP AS WRITTEN.

**§ 2390.157. COPIES.**

A COPY OF THE ISP, ISP ANNUAL UPDATE AND ISP REVISION, INCLUDING THE SIGNATURE SHEET, SHALL BE PROVIDED TO PLAN TEAM MEMBERS WITHIN 30 CALENDAR DAYS AFTER THE ISP, ISP ANNUAL UPDATE AND ISP REVISION MEETINGS.



**§ 2390.158. PROVIDER SERVICES.**

(A) THE FACILITY SHALL PROVIDE SERVICES INCLUDING WORK EXPERIENCE AND OTHER DEVELOPMENTALLY ORIENTED, VOCATIONAL TRAINING DESIGNED TO DEVELOP THE SKILLS NECESSARY FOR PROMOTION INTO A HIGHER LEVEL OF VOCATIONAL PROGRAMMING OR COMPETITIVE COMMUNITY-INTEGRATED EMPLOYMENT.

(B) THE FACILITY SHALL PROVIDE OPPORTUNITIES AND SUPPORT TO THE CLIENT FOR PARTICIPATION IN COMMUNITY LIFE, INCLUDING COMPETITIVE COMMUNITY-INTEGRATED EMPLOYMENT.

(C) THE FACILITY SHALL PROVIDE SERVICES TO THE CLIENT AS SPECIFIED IN THE CLIENT'S ISP.

(D) THE FACILITY SHALL PROVIDE SERVICES THAT ARE AGE AND FUNCTIONALLY APPROPRIATE TO THE CLIENT.

**§ 2390.159. VOCATIONAL EVALUATION.**

IF THE FACILITY PROVIDES VOCATIONAL EVALUATION, THE FOLLOWING APPLY:

(1) THE VOCATIONAL EVALUATOR SHALL PERFORM THE EVALUATIONS.

(2) A COPY OF THE WRITTEN EVALUATION SHALL BE KEPT IN THE CLIENT'S RECORD.

(3) THE WRITTEN EVALUATION SHALL INCLUDE THE FOLLOWING INFORMATION:

(i) THE CLIENT'S CURRENT LEVEL OF VOCATIONAL FUNCTIONING.

(ii) THE EMPLOYMENT OBJECTIVES FOR THE CLIENT.

(iii) THE VOCATIONAL INTERESTS OF THE CLIENT.

(iv) THE CLIENT'S LEVEL OF PERSONAL AND SOCIAL ADJUSTMENT.

(v) THE CLIENT'S WORK ATTITUDE.

(vi) THE CLIENT'S FATIGUE LEVELS.

(vii) THE CLIENT'S ABILITY TO RECEIVE, RETAIN AND CARRY OUT INSTRUCTIONS.

(viii) RECOMMENDATIONS FOR SPECIFIC AREAS OF TRAINING OR PLACEMENT.

(4) THE FACILITY SHALL ENSURE THE CLIENT AND THE CLIENT'S PARENT, GUARDIAN OR ADVOCATE, AS APPLICABLE, ARE INFORMED OF THE RESULTS OF THE EVALUATION.

(i) THE CLIENT AND THE CLIENT'S PARENT, GUARDIAN OR ADVOCATE, AS APPLICABLE, SHALL SIGN A STATEMENT ACKNOWLEDGING RECEIPT OF THE EVALUATION RESULTS.

(ii) THE SIGNED STATEMENT ACKNOWLEDGING RECEIPT OF THE EVALUATION RESULTS SHALL BE KEPT IN THE CLIENT'S RECORD.

## **PART VIII. MENTAL RETARDATION MANUAL**

### **Subpart E. RESIDENTIAL AGENCIES/FACILITIES/SERVICES**

#### **Article I. LICENSING/APPROVAL**

### **CHAPTER 6400. COMMUNITY HOMES FOR INDIVIDUALS WITH MENTAL RETARDATION**

#### **GENERAL PROVISIONS**

\* \* \* \* \*

**§ 6400.4. Definitions.**

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

\* \* \* \* \*

*CONTENT DISCREPANCY* – A DIFFERENCE BETWEEN WHAT WAS DETERMINED AT THE ISP MEETING BY THE PLAN TEAM AND WHAT IS DOCUMENTED IN THE WRITTEN ISP.

\* \* \* \* \*

*DIRECT SERVICE WORKER* – A PERSON WHOSE PRIMARY JOB FUNCTION IS TO PROVIDE SERVICES TO AN INDIVIDUAL WHO RESIDES IN THE PROVIDER'S RESIDENTIAL HOME.

*DOCUMENTATION* – WRITTEN STATEMENTS THAT ACCURATELY RECORD DETAILS, SUBSTANTIATE A CLAIM OR PROVIDE EVIDENCE OF AN EVENT.

\* \* \* \* \*

[*IPP*–Individual Program Plan.]

~~IP – Individual plan – The form provided by the Department which identifies services and supports needed and used by an individual.~~

\* \* \* \* \*

*ISP – INDIVIDUAL SUPPORT PLAN* – THE COMPREHENSIVE DOCUMENT THAT IDENTIFIES SERVICES AND EXPECTED OUTCOMES FOR AN INDIVIDUAL.

*OUTCOMES* – GOALS THE INDIVIDUAL AND INDIVIDUAL'S PLAN TEAM CHOOSE FOR THE INDIVIDUAL TO ACQUIRE, MAINTAIN OR IMPROVE.

*PLAN LEAD* – THE PROGRAM SPECIALIST, WHEN THE INDIVIDUAL IS NOT RECEIVING SERVICES THROUGH A SCO.

*PLAN TEAM* – THE GROUP THAT DEVELOPS THE ISP.

*PROVIDER* – AN ENTITY OR PERSON THAT ENTERS INTO AN AGREEMENT WITH THE DEPARTMENT TO DELIVER A SERVICE TO AN INDIVIDUAL.

\* \* \* \* \*

*SERVICES* – ACTIONS OR ASSISTANCE PROVIDED TO THE INDIVIDUAL TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME.

*SC – Supports coordinator–The individual responsible for case management functions*

A SUPPORTS COORDINATION ORGANIZATION EMPLOYEE WHOSE PRIMARY JOB FUNCTIONS ARE TO LOCATE, COORDINATE AND MONITOR SERVICES PROVIDED TO AN INDIVIDUAL WHEN THE INDIVIDUAL IS RECEIVING SERVICES FROM A SCO.

*SCO – SUPPORTS COORDINATION ORGANIZATION* – A PROVIDER THAT DELIVERS THE SERVICES OF LOCATING, COORDINATING AND MONITORING SERVICES PROVIDED TO AN INDIVIDUAL.

\* \* \* \* \*

**STAFF**

\* \* \* \* \*

**§ 6400.44. Program specialist.**

\* \* \* \* \*

(b) [A program specialist shall be responsible for the program at the home, including the following:

- (1) The individual's daily activities.
- (2) Coordination or completion of assessments.
- (3) Coordination or development and review of individual program plans.
- (4) Coordination of training and development for individuals.
- (5) Development of planned program activities.
- (6) Participation in planning team meetings.
- (7) Ensurance of the implementation of individual program plans and program activities.]

The program specialist shall be responsible for the following:

- (1) Supervising the individual's daily activities.
- (2) Coordinating and completing assessments.
- (2) PROVIDING THE ASSESSMENT AS REQUIRED UNDER § 6400.181(f)  
(RELATING TO ASSESSMENT).
- (3) Participating in the development of the ~~IP~~ ISP, ISP ANNUAL UPDATE AND ISP REVISION.
- (4) Attending the ~~IP development~~ ISP meetings.

~~(5) Providing completed assessment and other relevant information for the development of the IP prior to the planning meetings to the supports coordinator, individual and, if appropriate, the individual's parent, guardian or advocate. The program specialist shall send this information within 30 days following the receipt of notification of the planning meeting.~~ FULFILLING THE ROLE OF PLAN LEAD, AS APPLICABLE, UNDER §§ 6400.182 AND 6400.186(f) AND (g) (RELATING TO DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP; AND ISP REVIEW AND REVISION).

~~(6) Reviewing the IP ISP, ANNUAL UPDATES AND REVISIONS UNDER § 6400.186 (RELATING TO ISP REVIEW AND REVISIONS) for content accuracy.~~

~~(i) Content discrepancies shall be communicated in writing to the supports coordinator.~~

~~(ii) Written documentation of content discrepancy communications shall be maintained in the individual's record.~~

~~(7) Ensuring the implementation of IP outcomes~~ REPORTING CONTENT DISCREPANCY TO THE SC, AS APPLICABLE, AND PLAN TEAM MEMBERS.

~~(8) Coordinating the training of direct support professionals in the content of relevant IPs.~~ IMPLEMENTING THE ISP AS WRITTEN.

~~(9) Monitoring services provided for the individual.~~ SUPERVISING, MONITORING AND EVALUATING SERVICES PROVIDED TO THE INDIVIDUAL.



~~(10) Ensuring monthly documentation of the individual's participation and progress for IP outcomes.~~ REVIEWING, SIGNING AND DATING THE MONTHLY DOCUMENTATION OF AN INDIVIDUAL'S PARTICIPATION AND PROGRESS TOWARD OUTCOMES.

~~(11) Providing quarterly documentation of the individual's participation and progress for IP outcomes to the supports coordinator, individual and, if appropriate, the individual's parent, guardian or advocate.~~ REPORTING A CHANGE RELATED TO THE INDIVIDUAL'S NEEDS TO THE SC, AS APPLICABLE, AND PLAN TEAM MEMBERS.

~~(12) REVIEWING THE ISP WITH THE INDIVIDUAL AS REQUIRED UNDER § 6400.186.~~

~~(i) Informing the individual and, if appropriate, the individual's parent, guardian or advocate of the option not to receive a copy of the assessments or quarterly documentation.~~

~~(ii) Maintaining documentation of an individual's or the individual's parent, guardian or advocate's request denying a copy of the assessment or quarterly documentation.~~

~~(14) Documenting and reporting changes in the individual's needs, interests or personal goals to the supports coordinator and, if appropriate, the individual's parent, guardian or advocate.~~

~~—(c) If the individual does not have an assigned supports coordinator, the program specialist shall coordinate the development of the IP.~~

~~—(d) If the individual does not have an assigned supports coordinator, the program specialist shall prepare the IP using the Department approved format.~~

~~—(e) If the individual does not have an assigned supports coordinator, the program specialist shall provide the individual and, if appropriate, the individual's parent, guardian or advocate with a copy of the IP and attendance sheet.~~

~~—(1) The individual or the individual's parent, guardian or advocate may decline in writing to receive copies of the IP or attendance sheet.~~

~~—(2) The program specialist shall maintain a copy of the written request.~~

(13) DOCUMENTING THE REVIEW OF THE ISP AS REQUIRED UNDER § 6400.186.

(14) PROVIDING THE DOCUMENTATION OF THE ISP REVIEW TO THE SC, AS APPLICABLE, AND PLAN TEAM MEMBERS AS REQUIRED UNDER § 6400.186(d).

(15) INFORMING PLAN TEAM MEMBERS OF THE OPTION TO DECLINE THE ISP REVIEW DOCUMENTATION AS REQUIRED UNDER § 6400.186(e).

(16) RECOMMENDING A REVISION TO A SERVICE OR OUTCOME IN THE ISP AS PROVIDED UNDER § 6400.186(c)(4).

(17) COORDINATING THE SERVICES PROVIDED TO AN INDIVIDUAL.

(18) COORDINATING THE TRAINING OF DIRECT SERVICE WORKERS IN THE CONTENT OF HEALTH AND SAFETY NEEDS RELEVANT TO EACH INDIVIDUAL.

(19) DEVELOPING AND IMPLEMENTING PROVIDER SERVICES AS REQUIRED UNDER § 6400.188 (RELATING TO PROVIDER SERVICES).

[(c)] (f) (C) \* \* \*

\* \* \* \* \*

**§ 6400.45. Staffing.**

\* \* \* \* \*

(c) An individual may be left unsupervised for [specific] specified periods of time if the absence of direct supervision is consistent with the individual's assessment and is part of the [IPP] IP INDIVIDUAL'S ISP, AS AN OUTCOME WHICH REQUIRES THE aimed at achieving ACHIEVEMENT OF a higher level of independence.

(d) Direct staff support THE STAFF QUALIFICATIONS AND STAFF RATIO as specified in the IP ISP shall be implemented as written, INCLUDING WHEN THE STAFF RATIO IS GREATER THAN REQUIRED BY SUBSECTIONS (A), (B) AND (C).

(e) Staffing ratios specified in the IP shall be implemented as written.

[(d)] (f) (E) An individual may not be left unsupervised solely for the convenience of the RESIDENTIAL home or the ~~staff~~ DIRECT SERVICE WORKER.

\* \* \* \* \*

## PROGRAM

§§ 6400.121 – 6400.130 [Reserved].

\* \* \* \* \*

## MEDICATIONS

\* \* \* \* \*

§ 6400.163. Use of prescription medications.

\* \* \* \* \*

(b) If a medication is prescribed to treat ~~maladaptive behavior~~ SYMPTOMS OF A DIAGNOSED PSYCHIATRIC ILLNESS, there shall be a [planned] ~~program~~ [as part of the IPP] WRITTEN PROTOCOL AS PART OF THE ISP to address the social, emotional and environmental needs of the individual related to the ~~maladaptive behavior~~ as part of the IP SYMPTOMS OF THE DIAGNOSED PSYCHIATRIC ILLNESS.

(c) If a medication is prescribed to treat ~~maladaptive behavior~~ SYMPTOMS OF A DIAGNOSED PSYCHIATRIC ILLNESS, there shall be a review with documentation by a licensed physician at least every 3 months that includes the reason for prescribing the medication, the need to continue the medication and the necessary dosage.

\* \* \* \* \*

## **PROGRAM**

### **§ 6400.181. ASSESSMENT.**

(A)(1) EACH INDIVIDUAL SHALL HAVE AN INITIAL ASSESSMENT WITHIN 1 YEAR PRIOR TO OR 60 CALENDAR DAYS AFTER ADMISSION TO THE RESIDENTIAL HOME AND AN UPDATED ASSESSMENT ANNUALLY THEREAFTER.

(2) THE INITIAL ASSESSMENT SHALL INCLUDE AN ASSESSMENT OF ADAPTIVE BEHAVIOR AND LEVEL OF SKILLS COMPLETED WITHIN 6 MONTHS PRIOR TO ADMISSION TO THE RESIDENTIAL HOME.

(B) IF THE PROGRAM SPECIALIST IS MAKING A RECOMMENDATION TO REVISE A SERVICE OR OUTCOME IN THE ISP AS PROVIDED UNDER § 6400.186(c)(4) (RELATING TO ISP REVIEW AND REVISION), THE INDIVIDUAL SHALL HAVE AN ASSESSMENT COMPLETED AS REQUIRED UNDER THIS SECTION.

(C) THE ASSESSMENT SHALL BE BASED ON ASSESSMENT INSTRUMENTS, INTERVIEWS, PROGRESS NOTES AND OBSERVATIONS.

(D) THE PROGRAM SPECIALIST SHALL SIGN AND DATE THE ASSESSMENT.

(E) THE ASSESSMENT SHALL INCLUDE THE FOLLOWING INFORMATION:

(1) FUNCTIONAL STRENGTHS, NEEDS AND PREFERENCES OF THE INDIVIDUAL.

(2) THE LIKES, DISLIKES AND INTEREST OF THE INDIVIDUAL.

(3) THE INDIVIDUAL'S CURRENT LEVEL OF PERFORMANCE AND PROGRESS IN THE FOLLOWING AREAS:

(i) ACQUISITION OF FUNCTIONAL SKILLS.

(ii) COMMUNICATION.

(iii) PERSONAL ADJUSTMENT.

(iv) PERSONAL NEEDS WITH OR WITHOUT ASSISTANCE FROM OTHERS.

(4) THE INDIVIDUAL'S NEED FOR SUPERVISION.

(5) THE INDIVIDUAL'S ABILITY TO SELF-ADMINISTER MEDICATIONS.

(6) THE INDIVIDUAL'S ABILITY TO SAFELY USE OR AVOID POISONOUS MATERIALS, WHEN IN THE PRESENCE OF POISONOUS MATERIALS.

(7) THE INDIVIDUAL'S KNOWLEDGE OF THE DANGER OF HEAT SOURCES AND ABILITY TO SENSE AND MOVE AWAY QUICKLY FROM HEAT SOURCES WHICH EXCEED 120°F AND ARE NOT INSULATED.

(8) THE INDIVIDUAL'S ABILITY TO EVACUATE IN THE EVENT OF A FIRE.

(9) DOCUMENTATION OF THE INDIVIDUAL'S DISABILITY, INCLUDING FUNCTIONAL AND MEDICAL LIMITATIONS.

(10) A LIFETIME MEDICAL HISTORY.

(11) PSYCHOLOGICAL EVALUATIONS, IF APPLICABLE.

(12) RECOMMENDATIONS FOR SPECIFIC AREAS OF TRAINING, PROGRAMMING AND SERVICES.

(13) THE INDIVIDUAL'S PROGRESS OVER THE LAST 365 CALENDAR DAYS AND CURRENT LEVEL IN THE FOLLOWING AREAS:

(i) HEALTH.

(ii) MOTOR AND COMMUNICATION SKILLS.

(iii) ACTIVITIES OF RESIDENTIAL LIVING.

(iv) PERSONAL ADJUSTMENT.

(v) SOCIALIZATION.

(vi) RECREATION.

(vii) FINANCIAL INDEPENDENCE.

(viii) MANAGING PERSONAL PROPERTY.

(ix) COMMUNITY-INTEGRATION.

(14) THE INDIVIDUAL'S KNOWLEDGE OF WATER SAFETY AND ABILITY TO SWIM.

(F) THE PROGRAM SPECIALIST SHALL PROVIDE THE ASSESSMENT TO THE SC, AS APPLICABLE, AND PLAN TEAM MEMBERS AT LEAST 30 CALENDAR DAYS PRIOR TO AN ISP MEETING FOR THE DEVELOPMENT , ANNUAL UPDATE AND REVISION OF THE ISP UNDER §§ 2380.182, 2390.152, 6400.182 AND 6500.152 (RELATING TO DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP).



**§ 6400.182. DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP.**

(A) AN INDIVIDUAL SHALL HAVE ONE ISP.

(B) WHEN AN INDIVIDUAL IS NOT RECEIVING SERVICES THROUGH A SCO, THE RESIDENTIAL PROGRAM SPECIALIST SHALL BE THE PLAN LEAD WHEN ONE OF THE FOLLOWING APPLIES:

(1) THE INDIVIDUAL RESIDES AT A RESIDENTIAL HOME LICENSED UNDER THIS CHAPTER.

(2) THE INDIVIDUAL RESIDES AT A RESIDENTIAL HOME LICENSED UNDER THIS CHAPTER AND ATTENDS A FACILITY LICENSED UNDER CHAPTER 2380 OR 2390.

(C) THE PLAN LEAD SHALL BE RESPONSIBLE FOR DEVELOPING AND IMPLEMENTING THE ISP, INCLUDING ANNUAL UPDATES AND REVISIONS.

(D) THE PLAN LEAD SHALL DEVELOP , UPDATE AND REVISE THE ISP ACCORDING TO THE FOLLOWING:

(1) THE ISP SHALL BE INITIALLY DEVELOPED, UPDATED ANNUALLY AND REVISED BASED UPON THE INDIVIDUAL'S CURRENT ASSESSMENT AS REQUIRED UNDER §§ 2380.181, 2390.151, 6400.181 AND 6500.151 (RELATING TO ASSESSMENT).

(2) THE INITIAL ISP SHALL BE DEVELOPED WITHIN 90 CALENDAR DAYS AFTER THE INDIVIDUAL'S ADMISSION DATE TO THE FACILITY.

(3) THE ISP, ANNUAL UPDATES AND REVISIONS SHALL BE DOCUMENTED ON THE DEPARTMENT-DESIGNATED FORM LOCATED IN THE HOME AND COMMUNITY SERVICES INFORMATION SYSTEM (HCSIS) AND ALSO ON THE DEPARTMENT'S WEBSITE.

(4) AN INVITATION SHALL BE SENT TO PLAN TEAM MEMBERS AT LEAST 30 CALENDAR DAYS PRIOR TO AN ISP MEETING.

(5) COPIES OF THE ISP, INCLUDING ANNUAL UPDATES AND REVISIONS UNDER § 6400.186, SHALL BE PROVIDED AS REQUIRED UNDER § 6400.187 (RELATING TO COPIES).

**§ 6400.183. CONTENT OF THE ISP.**

THE ISP, INCLUDING ANNUAL UPDATES AND REVISIONS UNDER § 6400.186 (RELATING TO ISP REVIEW AND REVISION) SHALL INCLUDE THE FOLLOWING:

(1) SERVICES PROVIDED TO THE INDIVIDUAL AND EXPECTED OUTCOMES CHOSEN BY THE INDIVIDUAL AND INDIVIDUAL'S PLAN TEAM.

(2) SERVICES PROVIDED TO THE INDIVIDUAL TO INCREASE COMMUNITY INVOLVEMENT, INCLUDING VOLUNTEER OR CIVIC-MINDED OPPORTUNITIES AND MEMBERSHIP IN NATIONAL OR LOCAL ORGANIZATIONS AS REQUIRED UNDER § 6400.188 (RELATING TO PROVIDER SERVICES).

(3) CURRENT STATUS IN RELATION TO AN OUTCOME AND METHOD OF EVALUATION USED TO DETERMINE PROGRESS TOWARD THAT EXPECTED OUTCOME.

(4)(i) A PROTOCOL AND SCHEDULE OUTLINING SPECIFIED PERIODS OF TIME FOR THE INDIVIDUAL TO BE WITHOUT DIRECT SUPERVISION, IF THE INDIVIDUAL'S CURRENT ASSESSMENT STATES THE INDIVIDUAL MAY BE WITHOUT DIRECT SUPERVISION AND IF THE INDIVIDUAL'S ISP INCLUDES AN EXPECTED OUTCOME WHICH REQUIRES THE ACHIEVEMENT OF A HIGHER LEVEL OF INDEPENDENCE.

(ii) THE PROTOCOL SHALL INCLUDE THE CURRENT LEVEL OF INDEPENDENCE AND THE METHOD OF EVALUATION USED TO DETERMINE PROGRESS TOWARD THE EXPECTED OUTCOME TO ACHIEVE THE HIGHER LEVEL OF INDEPENDENCE.

(5) A PROTOCOL TO ADDRESS THE SOCIAL, EMOTIONAL AND ENVIRONMENTAL NEEDS OF THE INDIVIDUAL, IF MEDICATION HAS BEEN PRESCRIBED TO TREAT SYMPTOMS OF A DIAGNOSED PSYCHIATRIC ILLNESS.

(6) A PROTOCOL TO ELIMINATE THE USE OF RESTRICTIVE PROCEDURES, IF RESTRICTIVE PROCEDURES ARE UTILIZED, AND TO ADDRESS THE UNDERLYING CAUSES OF THE BEHAVIOR WHICH LED TO THE USE OF RESTRICTIVE PROCEDURES INCLUDING THE FOLLOWING:

(i) AN ASSESSMENT TO DETERMINE THE CAUSES OR ANTECEDENTS OF THE BEHAVIOR.

(ii) A PROTOCOL FOR ADDRESSING THE UNDERLYING CAUSES OR ANTECEDENTS OF THE BEHAVIOR.

(iii) THE METHOD AND TIMELINE FOR ELIMINATING THE USE OF RESTRICTIVE PROCEDURES.

(iv) A PROTOCOL FOR INTERVENTION OR REDIRECTION WITHOUT UTILIZING RESTRICTIVE PROCEDURES.

(7) ASSESSMENT OF THE INDIVIDUAL'S POTENTIAL TO ADVANCE IN THE FOLLOWING:

(i) RESIDENTIAL INDEPENDENCE.

(ii) COMMUNITY INVOLVEMENT.

(iii) VOCATIONAL PROGRAMMING.

(iv) COMPETITIVE COMMUNITY-INTEGRATED EMPLOYMENT.

**§ 6400.184. PLAN TEAM PARTICIPATION.**

(A) THE PLAN TEAM SHALL PARTICIPATE IN THE DEVELOPMENT OF THE ISP, INCLUDING THE ANNUAL UPDATES AND REVISIONS UNDER § 6400.186 (RELATING TO ISP REIVEW AND REVISION).

(1) A PLAN TEAM SHALL INCLUDE AS ITS MEMBERS THE FOLLOWING:

(i) THE INDIVIDUAL.

(ii) A PROGRAM SPECIALIST OR FAMILY LIVING SPECIALIST, AS APPLICABLE, FROM EACH PROVIDER DELIVERING A SERVICE TO THE INDIVIDUAL.

(iii) A DIRECT SERVICE WORKER WHO WORKS WITH THE INDIVIDUAL FROM EACH PROVIDER DELIVERING SERVICES TO THE INDIVIDUAL.

(iii) ANY OTHER PERSON THE INDIVIDUAL CHOOSES TO INVITE.

(2) IF THE FOLLOWING HAVE A ROLE IN THE INDIVIDUAL'S LIFE, THE PLAN TEAM MAY ALSO INCLUDE AS ITS MEMBERS, AS APPLICABLE, THE FOLLOWING:

(i) MEDICAL, NURSING, BEHAVIOR MANAGEMENT, SPEECH, OCCUPATIONAL OR PHYSICAL THERAPY SPECIALISTS.

(ii) ADDITIONAL DIRECT SERVICE WORKERS WHO WORK WITH THE INDIVIDUAL FROM EACH PROVIDER DELIVERING SERVICES TO THE INDIVIDUAL.

(iii) THE INDIVIDUAL'S PARENT, GUARDIAN OR ADVOCATE.

(B) AT LEAST 3 PLAN TEAM MEMBERS, IN ADDITION TO THE INDIVIDUAL, IF THE INDIVIDUAL CHOOSES TO ATTEND, SHALL BE PRESENT FOR AN ISP, ANNUAL UPDATE AND ISP REVISION MEETING.

(C) A PLAN TEAM MEMBER WHO ATTENDS A MEETING UNDER SUBSECTION (B) SHALL SIGN AND DATE THE SIGNATURE SHEET.

**§ 6400.185. IMPLEMENTATION OF THE ISP.**

(A) THE ISP SHALL BE IMPLEMENTED BY THE ISP'S START DATE.

(B) THE ISP SHALL BE IMPLEMENTED AS WRITTEN.

**§ 6400.186. ISP REVIEW AND REVISION.**

(A) THE PROGRAM SPECIALIST SHALL COMPLETE A ISP REVIEW OF THE SERVICES AND EXPECTED OUTCOMES IN THE ISP SPECIFIC TO THE RESIDENTIAL HOME LICENSED UNDER THIS CHAPTER WITH THE INDIVIDUAL EVERY 3 MONTHS OR MORE FREQUENTLY IF THE INDIVIDUAL'S NEEDS CHANGE WHICH IMPACTS THE SERVICES AS SPECIFIED IN THE CURRENT ISP.

(B) THE PROGRAM SPECIALIST AND INDIVIDUAL SHALL SIGN AND DATE THE ISP REVIEW SIGNATURE SHEET UPON REVIEW OF THE ISP.

(C) THE ISP REVIEW SHALL INCLUDE THE FOLLOWING:

(1) A REVIEW OF THE MONTHLY DOCUMENTATION OF AN INDIVIDUAL'S PARTICIPATION AND PROGRESS DURING THE PRIOR 3 MONTHS TOWARD ISP OUTCOMES SUPPORTED BY SERVICES PROVIDED BY THE RESIDENTIAL HOME LICENSED UNDER THIS CHAPTER.

(2) A REVIEW OF EACH SECTION OF THE ISP SPECIFIC TO THE RESIDENTIAL HOME LICENSED UNDER THIS CHAPTER.

(3) THE PROGRAM SPECIALIST SHALL DOCUMENT A CHANGE IN THE INDIVIDUAL'S NEEDS, IF APPLICABLE.

(4) THE PROGRAM SPECIALIST SHALL MAKE A RECOMMENDATION REGARDING THE FOLLOWING, IF APPLICABLE:

(i) THE DELETION OF AN OUTCOME OR SERVICE TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME WHICH IS NO LONGER APPROPRIATE OR HAS BEEN COMPLETED.



(ii) THE ADDITION OF AN OUTCOME OR SERVICE TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME.

(iii) THE MODIFICATION OF AN OUTCOME OR SERVICE TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME IN WHICH NO PROGRESS HAS BEEN MADE.

(5) IF MAKING A RECOMMENDATION TO REVISE A SERVICE OR OUTCOME IN THE ISP, THE PROGRAM SPECIALIST SHALL COMPLETE A REVISED ASSESSMENT AS REQUIRED UNDER § 6400.181(b) (RELATING TO ASSESSMENTS).

(D) THE PROGRAM SPECIALIST SHALL PROVIDE THE ISP REVIEW DOCUMENTATION, INCLUDING RECOMMENDATIONS, IF APPLICABLE, TO THE SC, AS APPLICABLE, AND PLAN TEAM MEMBERS WITHIN 30 CALENDAR DAYS AFTER THE ISP REVIEW MEETING.

(E) THE PROGRAM SPECIALIST SHALL NOTIFY THE PLAN TEAM MEMBERS OF THE OPTION TO DECLINE THE ISP REVIEW DOCUMENTATION.

(F) IF A RECOMMENDATION FOR A REVISION TO A SERVICE OR OUTCOME IN THE ISP IS MADE, THE PLAN LEAD AS APPLICABLE, UNDER §§ 2380.182(b) AND (c), 2390.152(b) AND (c), 6400.182(b) AND (c), 6500.152(b) AND (c) (RELATING TO

DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP), SHALL SEND AN INVITATION FOR A ISP REVISION MEETING TO THE PLAN TEAM MEMBERS WITHIN 30 CALENDAR DAYS OF RECEIPT OF THE RECOMMENDATION.

(G) A REVISED SERVICE OR OUTCOME IN THE ISP SHALL BE IMPLEMENTED BY THE START DATE IN THE ISP AS WRITTEN.

**§ 6400.187. COPIES.**

A COPY OF THE ISP, INCLUDING THE SIGNATURE SHEET, SHALL BE PROVIDED TO PLAN TEAM MEMBERS WITHIN 30 CALENDAR DAYS AFTER THE ISP, ANNUAL UPDATE AND ISP REVISION MEETINGS.

**§ 6400.188. PROVIDER SERVICES.**

(A) THE RESIDENTIAL HOME SHALL PROVIDE SERVICES INCLUDING ASSISTANCE, TRAINING AND SUPPORT FOR THE ACQUISITION, MAINTENANCE OR IMPROVEMENT OF FUNCTIONAL SKILLS, PERSONAL NEEDS, COMMUNICATION AND PERSONAL ADJUSTMENT.

(B) THE RESIDENTIAL HOME SHALL PROVIDE OPPORTUNITIES AND SUPPORT TO THE INDIVIDUAL FOR PARTICIPATION IN COMMUNITY LIFE, INCLUDING

VOLUNTEER OR CIVIC-MINDED OPPORTUNITIES AND MEMBERSHIP IN NATIONAL OR LOCAL ORGANIZATIONS.

(C) THE RESIDENTIAL HOME SHALL PROVIDE SERVICES TO THE INDIVIDUAL AS SPECIFIED IN THE INDIVIDUAL'S ISP.

(D) THE RESIDENTIAL HOME SHALL PROVIDE SERVICES THAT ARE AGE AND FUNCTIONALLY APPROPRIATE TO THE INDIVIDUAL.

**§ 6400.189. DAY SERVICES.**

(A) DAY SERVICES SUCH AS COMPETITIVE COMMUNITY-INTEGRATED EMPLOYMENT, EDUCATION, VOCATIONAL TRAINING, VOLUNTEERING, CIVIC-MINDED AND OTHER MEANINGFUL OPPORTUNITIES SHALL BE PROVIDED TO THE INDIVIDUAL.

(B) DAY SERVICES SHALL BE PROVIDED AT A LOCATION OTHER THAN THE RESIDENTIAL HOME WHERE THE INDIVIDUAL LIVES, UNLESS ONE OF THE FOLLOWING:

(1) THERE IS WRITTEN ANNUAL DOCUMENTATION BY A LICENSED PHYSICIAN THAT IT IS MEDICALLY NECESSARY FOR THE INDIVIDUAL TO COMPLETE DAY SERVICES AT THE RESIDENTIAL HOME.

(2) THERE IS WRITTEN ANNUAL DOCUMENTATION BY THE PLAN TEAM THAT IT IS IN THE BEST INTEREST OF THE INDIVIDUAL TO COMPLETE DAY SERVICES AT THE RESIDENTIAL HOME.

**§ 6400.190. RECREATIONAL AND SOCIAL ACTIVITIES.**

(A) THE RESIDENTIAL HOME SHALL PROVIDE RECREATIONAL AND SOCIAL ACTIVITIES, INCLUDING VOLUNTEER OR CIVIC-MINDED OPPORTUNITIES AND MEMBERSHIP IN NATIONAL OR LOCAL ORGANIZATIONS AT THE FOLLOWING LOCATIONS:

(1) AT THE RESIDENTIAL HOME.

(2) AWAY FROM THE RESIDENTIAL HOME.

(B) TIME AWAY FROM THE RESIDENTIAL HOME MAY NOT BE LIMITED TO TIME IN SCHOOL, WORK OR VOCATIONAL, DEVELOPMENTAL AND VOLUNTEER FACILITIES.

(C) DOCUMENTATION OF RECREATIONAL AND SOCIAL ACTIVITIES SHALL BE KEPT IN THE INDIVIDUAL'S RECORD.

**INDIVIDUAL RECORDS**

\* \* \* \* \*

**§ 6400.213. Content of records.**

Each individual's record [shall] ~~must~~ SHALL include THE FOLLOWING INFORMATION:

\* \* \* \* \*

(6) Assessments AS REQUIRED UNDER § 6400.181 (RELATING TO ASSESSMENT).

(7) [ IPPs] ~~IP~~. A COPY OF THE INVITATION TO:

(i) THE INITIAL ISP MEETING.

(ii) THE ANNUAL UPDATE MEETING.

(iii) THE ISP REVISION MEETING.

(8) ~~Restrictive procedure plans~~. A COPY OF THE SIGNATURE SHEETS FOR:

(i) THE INITIAL ISP MEETING.

(ii) THE ANNUAL UPDATE MEETING.

(iii) THE ISP REVISION MEETING.

(9) ~~Restrictive procedure records relating to the individual~~. A COPY OF THE CURRENT ISP.

(10) DOCUMENTATION OF ISP REVIEWS AND IREVISIONS UNDER § 6400.186, INCLUDING THE FOLLOWING:

(i) ISP REVIEW SIGNATURE SHEETS.

(ii) RECOMMENDATIONS TO REVISE THE ISP.

(iii) ISP REVISIONS.

(iv) NOTICES THAT THE PLAN TEAM MEMBER MAY DECLINE THE ISP REVIEW DOCUMENTATION.

(v) REQUESTS FROM PLAN TEAM MEMBERS TO NOT RECEIVE THE ISP REVIEW DOCUMENTATION.

(11) CONTENT DISCREPANCY IN THE ISP, THE ANNUAL UPDATE OR REVISION UNDER § 6400.186.

(12) RESTRICTIVE PROCEDURE PROTOCOLS AND RECORDS RELATED TO THE INDIVIDUAL.

(13) COPIES OF PSYCHOLOGICAL EVALUATIONS, IF APPLICABLE.

(14) RECREATIONAL AND SOCIAL ACTIVITIES PROVIDED TO THE INDIVIDUAL.

**§ 6400.214. Record location.**

\* \* \* \* \*

(b) The most current copies of record information required in § 6400.213~~(3), (5) and (7)–(9) (2)–(14)~~ shall be kept at the RESIDENTIAL home.

(c) Record information required in § 6400.213~~(3), (5) and (7)–(9) (2)–(14)~~ that is not current shall be kept at the RESIDENTIAL home or the administrative office.

~~(d) Record information required in § 6400.213(2), (6) and (15) shall be kept at the home or the administrative office.~~

\* \* \* \* \*

## CHAPTER 6500. FAMILY LIVING HOMES

### GENERAL PROVISIONS

\* \* \* \* \*

#### § 6500.4. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

\* \* \* \* \*

*CONTENT DISCREPANCY* – A DIFFERENCE BETWEEN WHAT WAS DETERMINED AT THE ISP MEETING BY THE PLAN TEAM AND WHAT IS DOCUMENTED IN THE WRITTEN ISP.

\* \* \* \* \*

*DIRECT SERVICE WORKER* – A PERSON WHOSE PRIMARY JOB FUNCTION IS TO PROVIDE SERVICES TO AN INDIVIDUAL WHO RESIDES IN THE PROVIDER'S FAMILY LIVING HOME.

*DOCUMENTATION* – WRITTEN STATEMENTS THAT ACCURATELY RECORD DETAILS, SUBSTANTIATE A CLAIM OR PROVIDE EVIDENCE OF AN EVENT.

\* \* \* \* \*

[*IPP*–Individual program plan.]

~~*IP* – Individual plan – The form provided by the Department which identifies services and supports needed and used by an individual.~~

\* \* \* \* \*

*ISP* – *INDIVIDUAL SUPPORT PLAN* – THE COMPREHENSIVE DOCUMENT THAT IDENTIFIES SERVICES AND EXPECTED OUTCOMES FOR AN INDIVIDUAL.

*OUTCOMES* – GOALS THE INDIVIDUAL AND INDIVIDUAL'S PLAN TEAM CHOOSE FOR THE INDIVIDUAL TO ACQUIRE, MAINTAIN OR IMPROVE.



*PLAN LEAD* – THE FAMILY LIVING SPECIALIST, WHEN THE INDIVIDUAL IS NOT RECEIVING SERVICES THROUGH A SCO.

*PLAN TEAM* – THE GROUP THAT DEVELOPS THE ISP.

*PROVIDER* – AN ENTITY OR PERSON THAT ENTERS INTO AN AGREEMENT WITH THE DEPARTMENT TO DELIVER A SERVICE TO AN INDIVIDUAL.

\* \* \* \* \*

*SERVICES* – ACTIONS OR ASSISTANCE PROVIDED TO THE INDIVIDUAL TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME.

*SC – Supports coordinator*–~~The individual responsible for case management functions~~

A SUPPORTS COORDINATION ORGANIZATION EMPLOYEE WHOSE PRIMARY JOB FUNCTIONS ARE TO LOCATE, COORDINATE AND MONITOR SERVICES PROVIDED TO AN INDIVIDUAL WHEN THE INDIVIDUAL IS RECEIVING SERVICES FROM A SCO.

SCO – SUPPORTS COORDINATION ORGANIZATION – A PROVIDER THAT DELIVERS THE SERVICES OF LOCATING, COORDINATING AND MONITORING SERVICES PROVIDED TO AN INDIVIDUAL.

\* \* \* \* \*

**STAFFING**

\* \* \* \* \*

**§ 6500.43. Family living specialist.**

\* \* \* \* \*

[(d) A family living specialist shall be responsible for the program at the home, including the following:

- (1) Supervision and evaluation of services provided for the individual.
- (2) Coordination of support services for the family.
- (3) Completion or coordination of individual assessments.
- (4) Development, review, update and revision of IPPs.
- (5) Ensurance of the implementation of IPPs.]

(d) The family living specialist shall be responsible for the following:

(1) Coordinating and completing individual assessments.

(2) Coordinating the training for family members. PROVIDING THE ASSESSMENT AS REQUIRED UNDER § 6500.151(F) (RELATING TO ASSESSMENT).

(3) Participating in the development of the IP ISP, INCLUDING ANNUAL UPDATES AND REVISIONS OF THE ISP.

(4) Attending the IP development ISP meetings.

(5) Providing completed assessment and other relevant information for the development of the IP prior to the planning meetings to the supports coordinator, individual and, if appropriate, the individual's parent, guardian or advocate. The family living specialist shall send this information within 30 days following the receipt of notification of the planning meeting. FULFILLING THE ROLE OF PLAN LEAD, AS APPLICABLE, UNDER §§ 6500.152 AND 6500.156(f) AND (g) (RELATING TO DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP; ISP REVIEW AND REVISION).

(6) Reviewing the IP ISP, ANNUAL UPDATES AND REVISIONS for content accuracy.

(i) Content discrepancies shall be communicated in writing to the supports coordinator.

(ii) Written documentation of content discrepancy communications shall be maintained in the individual's record.

~~(7) Ensuring the implementation of IP outcomes~~ REPORTING CONTENT  
DISCREPANCY TO THE SC, AS APPLICABLE, AND PLAN TEAM MEMBERS.

~~(8) Monitoring services provided for the individual.~~ IMPLEMENTING THE ISP AS  
WRITTEN.

~~(9) Orienting the family on the content of the IP.~~ SUPERVISING, MONITORING AND  
EVALUATING SERVICES PROVIDED TO THE INDIVIDUAL.

~~(10) Ensuring monthly documentation of the individual's participation progress for IP  
outcomes.~~ REVIEWING, SIGNING AND DATING THE MONTHLY DOCUMENTATION  
OF AN INDIVIDUAL'S PARTICIPATION AND PROGRESS TOWARD OUTCOMES.

~~(11) Providing quarterly documentation of the individual's participation and progress  
for IP outcomes to the supports coordinator, individual and, if appropriate, the  
individual's parent, guardian or advocate.~~ REPORTING A CHANGE RELATED TO THE  
INDIVIDUAL'S NEEDS TO THE SC, AS APPLICABLE, AND PLAN TEAM MEMBERS.

~~(12) REVIEWING THE ISP WITH THE INDIVIDUAL AS REQUIRED UNDER §  
6500.156.~~

~~(i) Informing the individual and, if appropriate, the individual's parent, guardian or  
advocate of the option not to receive a copy of the assessment or quarterly  
documentation.~~

~~(13) (ii) Maintaining documentation of an individual's or the individual's parent, guardian or advocate's request denying a copy of assessment or the quarterly assessment.~~

~~—(14) Documenting and reporting changes in the individual's needs, interests or personal goals to the supports coordinator and, if appropriate, the individual's parent, guardian or advocate.~~

~~—(15) Meeting with the individual at his home once a month or more frequently as indicated by the individual's IP.~~

~~—(e) If the individual does not have an assigned supports coordinator, the family living specialist shall coordinate the development of the IP.~~

~~—(f) If the individual does not have an assigned supports coordinator, the family living specialist shall provide the individual and, if appropriate, the individual's parent, guardian or advocate with a copy of the IP and attendance sheet.~~

~~—(1) The individual or the individual's parent, guardian or advocate may decline in writing to receive copies of the IP or attendance sheet.~~

~~—(2) The program specialist shall maintain a copy the written request.~~

(13) DOCUMENTING THE REVIEW OF THE ISP AS REQUIRED UNDER § 6500.156.

(14) PROVIDING THE DOCUMENTATION OF THE ISP REVIEW TO THE SC, AS APPLICABLE, AND PLAN TEAM MEMBERS AS REQUIRED UNDER § 6500.156(d).

(15) INFORMING PLAN TEAM MEMBERS OF THE OPTION TO DECLINE THE ISP REVIEW DOCUMENTATION AS REQUIRED UNDER § 6500.156(e).

(16) RECOMMENDING A REVISION TO A SERVICE OR OUTCOME IN THE ISP AS PROVIDED UNDER § 6500.156(c)(4).

(17) COORDINATING THE SERVICES PROVIDED TO AN INDIVIDUAL.

(18) COORDINATING THE SUPPORT SERVICES FOR THE FAMILY.

(19) COORDINATING THE TRAINING OF DIRECT SERVICE WORKERS AND THE FAMILY IN THE CONTENT OF HEALTH AND SAFETY NEEDS RELEVANT TO EACH INDIVIDUAL.

(20) DEVELOPING AND IMPLEMENTING PROVIDER SERVICES AS REQUIRED UNDER § 6500.158 (RELATING TO PROVIDER SERVICES).

[(e)] (~~g~~) (E) \* \* \*

\* \* \* \* \*

**§ 6500.44. Supervision.**

(a) ~~An individual may not be left unsupervised with a person who is not 18 years of age or older, unless the absence of direct supervision is consistent with the individual's assessment and is part of the [IPP] IP aimed at achieving semi-independence. AN~~ INDIVIDUAL MAY BE LEFT UNSUPERVISED FOR SPECIFIED PERIODS OF TIME IF THE ABSENCE OF DIRECT SUPERVISION IS CONSISTENT WITH THE

INDIVIDUAL'S ASSESSMENT AND IS PART OF THE INDIVIDUAL'S ISP, AS AN OUTCOME WHICH REQUIRES THE ACHIEVEMENT OF A HIGHER LEVEL OF INDEPENDENCE.

~~(b) An individual may not be left unsupervised solely for the convenience of the family.~~

AN INDIVIDUAL REQUIRING DIRECT SUPERVISION MAY NOT BE LEFT UNDER THE SUPERVISION OF A PERSON UNDER THE AGE OF 18.

(c). There shall be a family living specialist or designee accessible when the individual is in the home.

(D) SUPERVISION AS SPECIFIED IN THE ISP SHALL BE IMPLEMENTED AS WRITTEN WHEN THE SUPERVISION SPECIFIED IN THE ISP IS GREATER THAN REQUIRED BY SUBSECTIONS (A), (B) AND (C).

(E) THE STAFF QUALIFICATIONS AND STAFF RATIO AS SPECIFIED IN THE ISP SHALL BE IMPLEMENTED AS WRITTEN, INCLUDING WHEN THE STAFF RATIO IS GREATER THAN REQUIRED BY SUBSECTIONS (A), (B) AND (C).

(F) AN INDIVIDUAL MAY NOT BE LEFT UNSUPERVISED SOLELY FOR THE CONVENIENCE OF THE FAMILY OR DIRECT SERVICE WORKER.

\* \* \* \* \*

### **PROGRAM**

**§§ 6500.111 – 118 [Reserved]**

\* \* \* \* \*

## MEDICATIONS

\* \* \* \* \*

### § 6500.133. Use of prescription medications.

\* \* \* \* \*

(b) If a medication is prescribed to treat ~~maladaptive behavior~~ SYMPTOMS OF A DIAGNOSED PSYCHIATRIC ILLNESS, there shall be a [planned] ~~program~~ [as part of the IPP] WRITTEN PROTOCOL AS PART OF THE ISP to address the social, emotional and environmental needs of the individual related to the ~~maladaptive behavior~~ as part of the IP SYMPTOMS OF THE DIAGNOSED PSYCHIATRIC ILLNESS.

(c) If a medication is prescribed to treat ~~maladaptive behavior~~ SYMPTOMS OF A DIAGNOSED PSYCHIATRIC ILLNESS, there shall be a review with documentation by a licensed physician at least every 3 months that includes the reason for prescribing the medication, the need to continue the medication and the necessary dosage.

\* \* \* \* \*

## PROGRAM

### § 6500.151. ASSESSMENT.



(A)(1) EACH INDIVIDUAL SHALL HAVE AN INITIAL ASSESSMENT WITHIN 1 YEAR PRIOR TO OR 60 CALENDAR DAYS AFTER ADMISSION TO THE FAMILY LIVING HOME AND AN UPDATED ASSESSMENT ANNUALLY THEREAFTER.

(2) THE INITIAL ASSESSMENT SHALL INCLUDE AN ASSESSMENT OF ADAPTIVE BEHAVIOR AND LEVEL OF SKILLS COMPLETED WITHIN 6 MONTHS PRIOR TO ADMISSION TO THE FAMILY LIVING HOME.

(B) IF THE PROGRAM SPECIALIST IS MAKING A RECOMMENDATION TO REVISE A SERVICE OR OUTCOME IN THE ISP AS REQUIRED UNDER § 6500.156(c)(4) (RELATING TO ISP REVIEW AND REVISION), THE INDIVIDUAL SHALL HAVE AN ASSESSMENT COMPLETED AS REQUIRED UNDER THIS SECTION.

(C) THE ASSESSMENT SHALL BE BASED ON ASSESSMENT INSTRUMENTS, INTERVIEWS, PROGRESS NOTES AND OBSERVATIONS.

(D) THE FAMILY LIVING SPECIALIST SHALL SIGN AND DATE THE ASSESSMENT.

(E) THE ASSESSMENT SHALL INCLUDE THE FOLLOWING INFORMATION:

(1) FUNCTIONAL STRENGTHS, NEEDS AND PREFERENCES OF THE INDIVIDUAL.

(2) THE LIKES, DISLIKES AND INTEREST OF THE INDIVIDUAL.

(3) THE INDIVIDUAL'S CURRENT LEVEL OF PERFORMANCE AND  
PROGRESS IN THE AREAS:

(i) ACQUISITION OF FUNCTIONAL SKILLS.

(ii) COMMUNICATION.

(iii) PERSONAL ADJUSTMENT.

(iv) PERSONAL NEEDS WITH OR WITHOUT ASSISTANCE FROM  
OTHERS.

(4) THE INDIVIDUAL'S NEED FOR SUPERVISION.

(5) THE INDIVIDUAL'S ABILITY TO SELF-ADMINISTER MEDICATIONS.

(6) THE INDIVIDUAL'S ABILITY TO SAFELY USE OR AVOID POISONOUS  
MATERIALS, WHEN IN THE PRESENCE OF POISONOUS MATERIALS.

(7) THE INDIVIDUAL'S KNOWLEDGE OF THE DANGER OF HEAT SOURCES AND ABILITY TO SENSE AND MOVE AWAY QUICKLY FROM HEAT SOURCES WHICH EXCEED 120°F AND ARE NOT INSULATED.

(8) THE INDIVIDUAL'S ABILITY TO EVACUATE IN THE EVENT OF A FIRE.

(9) DOCUMENTATION OF THE INDIVIDUAL'S DISABILITY, INCLUDING FUNCTIONAL AND MEDICAL LIMITATIONS.

(10) A LIFETIME MEDICAL HISTORY.

(11) PSYCHOLOGICAL EVALUATIONS, IF APPLICABLE.

(12) RECOMMENDATIONS FOR SPECIFIC AREAS OF TRAINING, PROGRAMMING AND SERVICES.

(13) THE INDIVIDUAL'S PROGRESS OVER THE LAST 365 CALENDAR DAYS AND CURRENT LEVEL IN THE FOLLOWING AREAS:

(i) HEALTH.

(ii) MOTOR AND COMMUNICATION SKILLS.

(iii) ACTIVITIES OF RESIDENTIAL LIVING.

(iv) PERSONAL ADJUSTMENT.

(v) SOCIALIZATION.

(vi) RECREATION.

(vii) FINANCIAL INDEPENDENCE.

(viii) MANAGING PERSONAL PROPERTY.

(ix) COMMUNITY INTEGRATION.

(14) THE INDIVIDUAL'S KNOWLEDGE OF WATER SAFETY AND ABILITY TO SWIM.

(F) THE PROGRAM SPECIALIST SHALL PROVIDE THE ASSESSMENT TO THE SC, AS APPLICABLE, AND PLAN TEAM MEMBERS AT LEAST 30 CALENDAR DAYS PRIOR TO AN ISP MEETING FOR THE DEVELOPMENT OF THE ISP, THE ANNUAL UPDATE, AND REVISION OF THE ISP UNDER §§ 2380.182, 2390.152, 6400.182 AND 6500.152 (RELATING TO DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP).

**§ 6500.152. DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP.**

(A) AN INDIVIDUAL SHALL HAVE ONE ISP.

(B) WHEN AN INDIVIDUAL IS NOT RECEIVING SERVICES THROUGH A SCO, THE FAMILY LIVING PROGRAM SPECIALIST SHALL BE THE PLAN LEAD WHEN ONE OF THE FOLLOWING APPLIES:

(i) THE INDIVIDUAL RESIDES AT A FAMILY LIVING HOME LICENSED UNDER THIS CHAPTER.

(ii) THE INDIVIDUAL RESIDES AT A FAMILY LIVING HOME LICENSED UNDER THIS CHAPTER AND ATTENDS A FACILITY LICENSED UNDER CHAPTER 2380 OR 2390.

(B) THE PLAN LEAD SHALL BE RESPONSIBLE FOR DEVELOPING AND IMPLEMENTING THE ISP, INCLUDING ANNUAL UPDATES AND REVISIONS.

(C) THE PLAN LEAD SHALL DEVELOP, UPDATE AND REVISE THE ISP ACCORDING TO THE FOLLOWING:

(1) THE ISP SHALL BE INITIALLY DEVELOPED, UPDATED ANNUALLY AND REVISED BASED UPON THE INDIVIDUAL'S CURRENT ASSESSMENTS AS REQUIRED UNDER §§ 2380.181, 2390.151, 6400.181 AND 6500.151 (RELATING TO ASSESSMENT).

(2) THE INITIAL ISP SHALL BE DEVELOPED WITHIN 90 CALENDAR DAYS AFTER THE INDIVIDUAL'S ADMISSION DATE TO THE FAMILY LIVING HOME.

(3) THE ISP, ANNUAL UPDATES AND REVISIONS SHALL BE DOCUMENTED ON THE DEPARTMENT-DESIGNATED FORM LOCATED IN THE HOME AND COMMUNITY SERVICES INFORMATION SYSTEM (HCSIS) AND ALSO ON THE DEPARTMENT'S WEBSITE.

(4) AN INVITATION SHALL BE SENT TO PLAN TEAM MEMBERS AT LEAST 30 CALENDAR DAYS PRIOR TO AN ISP MEETING.

(5) COPIES OF THE ISP, INCLUDING ANNUAL UPDATES AND REVISIONS UNDER 6500.156, SHALL BE SENT AS REQUIRED UNDER § 6500.157 (RELATING TO COPIES).

**§ 6500.153. CONTENT OF THE ISP.**

THE ISP, INCLUDING ANNUAL UPDATES AND REVISIONS UNDER § 6500.156  
(RELATING TO ISP REVIEW AND REVISION) SHALL INCLUDE THE FOLLOWING:

(1) SERVICES PROVIDED TO THE INDIVIDUAL AND EXPECTED  
OUTCOMES CHOSEN BY THE INDIVIDUAL AND INDIVIDUAL'S PLAN TEAM.

(2) SERVICES PROVIDED TO THE INDIVIDUAL TO INCREASE COMMUNITY  
INVOLVEMENT, INCLUDING VOLUNTEER OR CIVIC-MINDED  
OPPORTUNITIES AND MEMBERSHIP IN NATIONAL OR LOCAL  
ORGANIZATIONS AS REQUIRED UNDER § 6500.158 (RELATING TO  
PROVIDER SERVICES).

(3) CURRENT STATUS IN RELATION TO AN OUTCOME AND METHOD OF  
EVALUATION USED TO DETERMINE PROGRESS TOWARD THAT  
EXPECTED OUTCOME.

(4)(i) A PROTOCOL AND SCHEDULE OUTLINING SPECIFIED PERIODS OF  
TIME FOR THE INDIVIDUAL TO BE WITHOUT DIRECT SUPERVISION, IF  
THE INDIVIDUAL'S CURRENT ASSESSMENT STATES THE INDIVIDUAL MAY  
BE WITHOUT DIRECT SUPERVISION AND IF THE INDIVIDUAL'S ISP  
INCLUDES AN EXPECTED OUTCOME WHICH REQUIRES THE  
ACHIEVEMENT OF A HIGHER LEVEL OF INDEPENDENCE.

(ii) THE PROTOCOL SHALL INCLUDE THE CURRENT LEVEL OF INDEPENDENCE AND THE METHOD OF EVALUATION USED TO DETERMINE PROGRESS TOWARD THE EXPECTED OUTCOME TO ACHIEVE THE HIGHER LEVEL OF INDEPENDENCE.

(5) A PROTOCOL TO ADDRESS THE SOCIAL, EMOTIONAL AND ENVIRONMENTAL NEEDS OF THE INDIVIDUAL, IF MEDICATION HAS BEEN PRESCRIBED TO TREAT SYMPTOMS OF A DIAGNOSED PSYCHIATRIC ILLNESS.

(6) A PROTOCOL TO ELIMINATE THE USE OF RESTRICTIVE PROCEDURES, IF RESTRICTIVE PROCEDURES ARE UTILIZED, AND TO ADDRESS THE UNDERLYING CAUSES OF THE BEHAVIOR WHICH LED TO THE USE OF RESTRICTIVE PROCEDURES INCLUDING THE FOLLOWING:

(i) AN ASSESSMENT TO DETERMINE THE CAUSES OR ANTECEDENTS OF THE BEHAVIOR.

(ii) A PROTOCOL FOR ADDRESSING THE UNDERLYING CAUSES OR ANTECEDENTS OF THE BEHAVIOR.

(iii) THE METHOD AND TIMELINE FOR ELIMINATING THE USE OF RESTRICTIVE PROCEDURES.



(iv) A PROTOCOL FOR INTERVENTION OR REDIRECTION WITHOUT UTILIZING RESTRICTIVE PROCEDURES.

(7) ASSESSMENT OF THE INDIVIDUAL'S POTENTIAL TO ADVANCE IN THE FOLLOWING:

(i) RESIDENTIAL INDEPENDENCE.

(ii) COMMUNITY INVOLVEMENT.

(iii) VOCATIONAL PROGRAMMING.

(iv) COMPETITIVE COMMUNITY-INTEGRATED EMPLOYMENT.

**§ 6500.154. PLAN TEAM PARTICIPATION.**

(A) THE PLAN TEAM SHALL PARTICIPATE IN THE DEVELOPMENT OF THE ISP, INCLUDING THE ANNUAL UPDATES AND REVISION UNDER § 6500.156 (RELATING TO ISP REVIEW AND REVISION).

(1) A PLAN TEAM SHALL INCLUDE AS ITS MEMBERS THE FOLLOWING:

(i) THE INDIVIDUAL.

(ii) A PROGRAM SPECIALIST OR FAMILY LIVING SPECIALIST, AS APPLICABLE, FROM EACH PROVIDER DELIVERING A SERVICE TO THE INDIVIDUAL.

(iii) A DIRECT SERVICE WORKER WHO WORKS WITH THE INDIVIDUAL FROM EACH PROVIDER DELIVERING SERVICES TO THE INDIVIDUAL.

(iv) ANY OTHER PERSON THE INDIVIDUAL CHOOSES TO INVITE.

(2) IF THE FOLLOWING HAVE A ROLE IN THE INDIVIDUAL'S LIFE, THE PLAN TEAM MAY ALSO INCLUDE AS ITS MEMBERS, AS APPLICABLE, THE FOLLOWING:

(i) MEDICAL, NURSING, BEHAVIOR MANAGEMENT, SPEECH, OCCUPATIONAL OR PHYSICAL THERAPY SPECIALISTS.

(ii) ADDITIONAL DIRECT SERVICE WORKERS WHO WORK WITH THE INDIVIDUAL FROM EACH PROVIDER DELIVERING A SERVICE TO THE INDIVIDUAL.

(iii) THE INDIVIDUAL'S PARENT, GUARDIAN OR ADVOCATE.

(B) AT LEAST 3 PLAN TEAM MEMBERS, IN ADDITION TO THE INDIVIDUAL, IF THE INDIVIDUAL CHOOSES TO ATTEND, SHALL BE PRESENT FOR THE ISP, ANNUAL UPDATE AND ISP REVISION MEETING.

(C) PLAN TEAM MEMBERS WHO ATTEND A MEETING UNDER SUBSECTION (B) SHALL SIGN AND DATE THE SIGNATURE SHEET.

**§ 6500.155. IMPLEMENTATION OF THE ISP.**

(A) THE ISP SHALL BE IMPLEMENTED BY THE ISP'S START DATE.

(B) THE ISP SHALL BE IMPLEMENTED AS WRITTEN.

**§ 6500.156. ISP REVIEW AND REVISION.**

(A) THE FAMILY LIVING SPECIALIST SHALL COMPLETE A ISP REVIEW OF THE SERVICES AND EXPECTED OUTCOMES IN THE ISP SPECIFIC TO THE FAMILY LIVING HOME LICENSED UNDER THIS CHAPTER WITH THE INDIVIDUAL EVERY 3 MONTHS OR MORE FREQUENTLY IF THE INDIVIDUAL'S NEEDS CHANGE, WHICH IMPACTS THE SERVICES AS SPECIFIED IN THE CURRENT ISP.

(B) THE FAMILY LIVING SPECIALIST AND INDIVIDUAL SHALL SIGN AND DATE THE ISP REVIEW SIGNATURE SHEET UPON REVIEW OF THE ISP.

(C) THE ISP REVIEW SHALL INCLUDE THE FOLLOWING:

(1) A REVIEW OF THE MONTHLY DOCUMENTATION OF AN INDIVIDUAL'S PARTICIPATION AND PROGRESS DURING THE PRIOR 3 MONTHS TOWARD ISP OUTCOMES SUPPORTED BY SERVICES PROVIDED BY THE FAMILY LIVING HOME LICENSED UNDER THIS CHAPTER.

(2) A REVIEW OF EACH SECTION OF THE ISP SPECIFIC TO THE FAMILY LIVING HOME LICENSED UNDER THIS CHAPTER.

(3) THE FAMILY LIVING SPECIALIST SHALL DOCUMENT A CHANGE IN THE INDIVIDUAL'S NEEDS, IF APPLICABLE.

(4) THE FAMILY LIVING SPECIALIST SHALL MAKE A RECOMMENDATION REGARDING THE FOLLOWING, IF APPLICABLE:

(i) THE DELETION OF AN OUTCOME OR SERVICE TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME WHICH IS NO LONGER APPROPRIATE OR HAS BEEN COMPLETED.

(ii) THE ADDITION OF AN OUTCOME OR SERVICE TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME.

(iii) THE MODIFICATION OF AN OUTCOME OR SERVICE TO SUPPORT THE ACHIEVEMENT OF AN OUTCOME IN WHICH NO PROGRESS HAS BEEN MADE.

(5) IF MAKING A RECOMMENDATION TO REVISE A SERVICE OR OUTCOME IN THE ISP, THE FAMILY LIVING SPECIALIST SHALL COMPLETE A REVISED ASSESSMENT AS REQUIRED UNDER § 6500.151(b) (RELATING TO ASSEMENT).

(D) THE FAMILY LIVING SPECIALIST SHALL PROVIDE THE ISP REVIEW DOCUMENTATION, INCLUDING RECOMMENDATIONS IF APPLICABLE, TO THE SC, AS APPLICABLE, AND PLAN TEAM MEMBERS WITHIN 30 CALENDAR DAYS AFTER THE ISP REVIEW MEETING.

(E) THE FAMILY LIVING SPECIALIST SHALL NOTIFY THE PLAN TEAM MEMBERS OF THE OPTION TO DECLINE THE ISP REVIEW DOCUMENTATION.

(F) IF A RECOMMENDATION FOR A REVISION TO A SERVICE OR OUTCOME IN THE ISP IS MADE, THE PLAN LEAD AS APPLICABLE, UNDER §§ 2380.182(b) AND (c), 2390.152(b) AND (c), 6400.182(b) AND (c), 6500.152(b) AND (c) (RELATING TO

DEVELOPMENT, ANNUAL UPDATE AND REVISION OF THE ISP), SHALL SEND AN INVITATION FOR A ISP REVISION MEETING TO THE PLAN TEAM MEMBERS WITHIN 30 CALENDAR DAYS OF RECEIPT OF THE RECOMMENDATION.

(G) A REVISED SERVICE OR OUTCOME IN THE ISP SHALL BE IMPLEMENTED BY THE START DATE IN THE ISP AS WRITTEN.

**§ 6500.157. COPIES.**

A COPY OF THE ISP, INCLUDING THE SIGNATURE SHEET, SHALL BE PROVIDED TO PLAN TEAM MEMBERS WITHIN 30 CALENDAR DAYS AFTER THE ISP, ANNUAL UPDATE AND ISP REVISION MEETINGS.

**§ 6500.158. PROVIDER SERVICES.**

(A) THE FAMILY LIVING HOME SHALL PROVIDE SERVICES INCLUDING ASSISTANCE, TRAINING AND SUPPORT FOR THE ACQUISITION, MAINTENANCE OR IMPROVEMENT OF FUNCTIONAL SKILLS, PERSONAL NEEDS, COMMUNICATION AND PERSONAL ADJUSTMENT.

(B) THE FAMILY LIVING HOME SHALL PROVIDE OPPORTUNITIES TO THE INDIVIDUAL FOR PARTICIPATION IN COMMUNITY LIFE, INCLUDING VOLUNTEER

OR CIVIC-MINDED OPPORTUNITIES AND MEMBERSHIP IN NATIONAL OR LOCAL ORGANIZATIONS.

(C) THE FAMILY LIVING HOME SHALL PROVIDE SERVICES TO THE INDIVIDUAL AS SPECIFIED IN THE INDIVIDUAL'S ISP.

(D) THE FAMILY LIVING HOME SHALL PROVIDE SERVICES THAT ARE AGE AND FUNCTIONALLY APPROPRIATE TO THE INDIVIDUAL.

**§ 6500.159. DAY SERVICES.**

(A) DAY SERVICES SUCH AS EMPLOYMENT, EDUCATION, TRAINING, VOLUNTEER, CIVIC-MINDED AND OTHER MEANINGFUL OPPORTUNITIES SHALL BE PROVIDED TO THE INDIVIDUAL.

(B) DAY SERVICES AND ACTIVITIES SHALL BE PROVIDED AT A LOCATION OTHER THAN THE FAMILY LIVING HOME WHERE THE INDIVIDUAL LIVES, UNLESS ONE OF THE FOLLOWING:

(1) THERE IS WRITTEN ANNUAL DOCUMENTATION BY A LICENSED PHYSICIAN THAT IT IS MEDICALLY NECESSARY FOR THE INDIVIDUAL TO COMPLETE DAY SERVICES AT THE FAMILY LIVING HOME.

(2) THERE IS WRITTEN ANNUAL DOCUMENTATION BY THE PLAN TEAM THAT IT IS IN THE BEST INTEREST OF THE INDIVIDUAL TO COMPLETE DAY SERVICES AT THE FAMILY LIVING HOME.

**§ 6500.160. RECREATIONAL AND SOCIAL ACTIVITIES.**

(A) THE FAMILY LIVING HOME SHALL PROVIDE RECREATIONAL AND SOCIAL ACTIVITIES, INCLUDING VOLUNTEER OR CIVIC-MINDED OPPORTUNITIES AND MEMBERSHIP IN NATIONAL OR LOCAL ORGANIZATIONS AT THE FOLLOWING LOCATIONS:

(1) AT THE FAMILY LIVING HOME.

(2) AWAY FROM THE FAMILY LIVING HOME.

(B) TIME AWAY FROM THE FAMILY LIVING HOME MAY NOT BE LIMITED TO TIME IN SCHOOL, WORK OR VOCATIONAL, DEVELOPMENTAL AND VOLUNTEER FACILITIES.

(C) DOCUMENTATION OF RECREATIONAL AND SOCIAL ACTIVITIES SHALL BE KEPT IN THE INDIVIDUAL'S RECORD.

\* \* \* \* \*



## INDIVIDUAL RECORDS

\* \* \* \* \*

### § 6500.182. ~~Individual~~ CONTENT OF records.

\* \* \* \* \*

(c) Each individual's record [shall] ~~must~~ SHALL include THE FOLLOWING INFORMATION:

\* \* \* \* \*

(5) Assessments AS REQUIRED UNDER § 6500.151 (RELATING TO ASSESSMENT).

(6) [IPPs] ~~IP~~ A COPY OF THE INVITATION TO:

(i) THE INITIAL ISP MEETING.

(ii) THE ANNUAL UPDATE MEETING.

(iii) THE ISP REVISION MEETING.

(7) ~~Restrictive procedure plans.~~ A COPY OF THE SIGNATURE SHEET FOR:

(i) THE INITIAL ISP MEETING.

(ii) THE ANNUAL UPDATE MEETING.

(iii) THE ISP REVISION MEETING

(8) ~~Restrictive procedure records relating to the individual.~~ A COPY OF THE CURRENT ISP.

(9) DOCUMENTATION OF ISP REVIEWS AND REVISIONS UNDER § 6500.156, INCLUDING THE FOLLOWING:

(i) ISP REVIEW SIGNATURE SHEETS

(ii) RECOMMENDATIONS TO REVISE THE ISP.

(iii) ISP REVISIONS.

(iv) NOTICES THAT THE PLAN TEAM MEMBER MAY DECLINE THE ISP REVIEW DOCUMENTATION.

(v) REQUESTS FROM PLAN TEAM MEMBERS TO NOT RECEIVE THE ISP REVIEW DOCUMENTATION.

(10) CONTENT DISCREPANCY IN THE ISP, THE ANNUAL UPDATES OR REVISIONS UNDER § 6500.156.

(11) RESTRICTIVE PROCEDURE PROTOCOLS RELATED TO THE INDIVIDUAL.

(12) RESTRICTIVE PROCEDURE RECORDS RELATED TO THE INDIVIDUAL.

(13) RECREATIONAL AND SOCIAL ACTIVITIES PROVIDED TO THE INDIVIDUAL.

(14) COPIES OF PSYCHOLOGICAL EVALUATIONS AND ASSESSMENTS OF ADAPTIVE BEHAVIOR, AS NECESSARY.

**§ 6500.183. Record information kept at the home LOCATION.**

Copies of the most current record information required in § 6500.182(c)(1), ~~(3)~~ and ~~(5)–(8)~~ —(14) (relating to individual records) shall be kept in the FAMILY LIVING home.

\* \* \* \* \*

## List of Commentators

---

Woods Services  
Scott Spreat, Ed.D.  
Vice President for Behavioral Health  
Routes 413 & 213  
P.O. Box 36  
Langhorne, PA 19047-0036  
(215) 750-4000  
[www.woods.org](http://www.woods.org)

COMHAR Inc.  
Joseph Kissling, Day Services Director  
Vanderwoude Center  
3825 Whitaker Avenue  
Philadelphia, PA 19124-4233  
(215)425-9212  
Fax(215)425-5720  
[www.comhar.org](http://www.comhar.org)

JEVS Human Services  
Jill H. Rogers Executive Director  
9350 Ashton Road, Suite 201  
Philadelphia, PA 19114  
(267)350-8668  
[www.jevshumanservices.org](http://www.jevshumanservices.org)

Allied Services  
James Paddock Director Day Care/Work Services  
475 Morgan Highway, P.O.Box 1103  
Scranton, PA 18501-1103  
(570)348-1300  
[www.allied-services.org](http://www.allied-services.org)

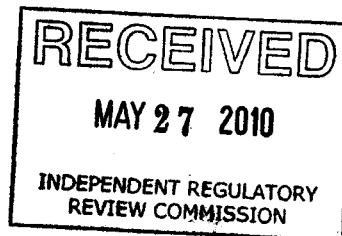
Pennsylvania Association of Resources  
Shirley A. Walker, President and CEO  
1007 North Front St.  
Harrisburg, PA 17102  
(717)236-2374  
Fax (717)236-5625  
[www.par.net](http://www.par.net)

TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE REGULATORY REVIEW ACT

I.D. NUMBER: 14-512
SUBJECT: ADULT TRAINING FACILITIES; VOCATIONAL FACILITIES; COMMUNITY HOMES FOR INDIVIDUALS WITH MENTAL RETARDATION; FAMILY LIVING HOMES
AGENCY: DEPARTMENT OF PUBLIC WELFARE

TYPE OF REGULATION

- Proposed Regulation
X Final Regulation
Final Regulation with Notice of Proposed Rulemaking Omitted
120-day Emergency Certification of the Attorney General
120-day Emergency Certification of the Governor
Delivery of Tolled Regulation
a. With Revisions b. Without Revisions



FILING OF REGULATION

Table with columns: DATE, SIGNATURE, DESIGNATION. Includes entries for HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES, SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE, and INDEPENDENT REGULATORY REVIEW COMMISSION.