

REGULATORY ANALYSIS FORM – PROPOSED RULEMAKING

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Regulatory Analysis Form	
(1) Office of Developmental Programs Department of Public Welfare	This space for use by IRRC <div style="text-align: right; font-size: small; opacity: 0.5;">INDEPENDENT REGULATORY REVIEW COMMISSION</div>
(2) I.D. Number (Governor's Office Use) 14-512	IRRC Number: 2687
(3) Short Title N/A	
(4) PA Code Cite 55 Pa.Code Chs. 2380, 2390, 6400, 6500	(5) Agency Contacts & Telephone Numbers Primary Contact: Wendy Dixon: 717-783-2376 Secondary Contact: Diane Brannon-Nordtomme: 717-7871445
(6) Type of Rule Making (Check One) <input checked="" type="checkbox"/> Proposed Rule Making <input type="checkbox"/> Final Order Adopting Regulation <input type="checkbox"/> Final Order, Proposed Rule Making Omitted	(7) Is a 120-Day Emergency Certification Attached? (To be used only for emergency-certified regulations.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: By the Attorney General <input type="checkbox"/> Yes: By the Governor
(8) Briefly explain the regulation in clear and non-technical language. The purpose of this proposed regulatory amendment is to update and clarify regulations regarding the comprehensive plan to provide services for individuals with mental retardation. The process of developing and implementing a plan to provide these services has changed. The proposed amendment is needed to clarify the individual plan development process and the provider's role in developing and implementing the individual plan.	

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(9) State the statutory authority for the regulation and any relevant state or federal court decisions.

62 P.S. §§ 901-922; 1001-1087.

(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

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

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

This regulatory revision is needed to protect the health and welfare of individuals. It will mandate providers to comply with the Department approved form, the Individual Plan (IP), to coordinate and implement services. Previously, each provider created an IPP or IWPP for every individual served. An individual could easily have several plans: one for his residential program; one for the vocational program; and one for day services. In some cases, individuals and their families would attend multiple meetings to update plans for each provider, and the plans would be in conflict with each other.

(12) State the public health, safety, environmental or general welfare risks associated with non-regulation.

The regulatory revisions are necessary so that the Department will have the regulatory authority to ensure compliance with the IP and ensure the services listed in the IP are being provided for the benefit of individuals with mental retardation.

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

Individuals who are currently receiving mental retardation services will benefit from the increased oversight that requires providers to meet the individual's needs and personal goals along with ensuring their health and welfare. There are approximately 42,096 individuals receiving services throughout the state.

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(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

The proposed regulatory revisions have no adverse effects.

(15) List the persons, groups or entities that will be required to comply with the regulation.

The various service providers who offer services to the individuals and families receiving services from ODP throughout the state. There are approximately 291 providers.

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

A regulatory workgroup was established that consisted of an individual who receives services, family members, family members who are providers, providers, provider association representatives and AE representative. ODP representatives facilitated the discussion among workgroup members. The average number of people attending each workgroup meeting was 15. The regulatory revision workgroup met on July 11, 2007 and August 7, 2007 to discuss the regulatory revisions.

(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 that may be required.

The regulation workgroup identified one additional cost to providers. Families requested copies of review summaries and assessment information be forwarded to them on a quarterly basis. Currently, this information is only sent to the individual and supports coordinator by the provider. However, the regulations state that families not wishing to receive copies may opt out. ODP does not object to the electronic distribution of materials to families provided the family has a means to receive and read information in electronic form. Mailing and copying costs should be minimal for providers. Additionally, because the regulations clarify that the one single form approved by the Department that will be accepted is the individual plan, providers who create both a regulatory IPP and the Department requested ISP can cease this practice. Regulations allow for the single ISP document which will alleviate the cost of staff time in creating a second document to satisfy regulation.

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(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures that may be required.

There are no new costs or savings to local government associated with compliance with these proposed regulatory amendments. No new legal, accounting or consultant procedures are required.

(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 that may be required.

There are no new costs or savings to state government associated with compliance with these proposed regulatory amendments. No new legal, accounting or consultant procedures are required.

Linda J. Lieberman
11-29-2007

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(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
SAVINGS:						
Regulated Community						
Local Government						
State Government Community MR	\$0	\$0	\$0	\$0	\$0	\$0
Total Savings						
COSTS:						
Regulated Community						
Local Government						
State Government Community MR	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs						
REVENUE LOSSES:						
Regulated Community						
Local Government						
State Government Community MR	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue Losses						

(20a) Explain how the cost estimates listed above were derived.
No anticipated costs expected.

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(20b) 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 Services	\$706.593 Million	\$729.633 Million	\$789.554 Million	\$868.061 Million

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

No cost has been identified for the Commonwealth, local government, or consumers associated with clarifying and updating the program plan regulations.

(22) Describe the non-regulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

No non-regulatory methods were considered.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

No other alternative regulatory schemes were considered.

(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 regulation.

This proposed regulatory amendment is not more stringent than federal standards.

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

The proposed regulatory amendment will not put Pennsylvania at a competitive

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advantage or disadvantage with other states.

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

This proposed regulation does not affect existing or proposed regulations of the Department or another state agency.

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

No public hearings are planned.

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports that will be required as a result of implementation, if available.

Yes, the proposed amendment states that providers will need to provide copies of their assessment information and three month review summaries to individuals and families. The amount of paperwork will depend on each provider's assessment information and summaries. The regulations do allow for electronic distribution. A timeframe for distribution has been added to the regulations. Regulations allow 30 days for providers to send three month review summary to individuals and families. The regulations also state that the provider must forward assessment data to be used during the program plan meeting to program planning team members no later than 30 days before the meeting. These timeframes were acceptable to the workgroup composed of an individual, families, providers, provider associations, and AE representatives.

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

This proposed regulation applies to individuals with disabilities who are currently receiving services through ODP.

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required

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permits, licenses or other approvals must be obtained?

This proposed regulatory amendment will be effective upon final publication in the Pennsylvania Bulletin.

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

DPW will conduct a ongoing review of the regulation.

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INDEPENDENT REGULATORY
REVIEW COMMISSION

CDL-1

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

2687

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved
as to form and legality.
Attorney General

By: *Amy W. Elliott*
(Deputy Attorney General)
APR 10 2008

Date of Approval

π Check if applicable
Copy not approved.
Objections attached.

Copy below is hereby certified to be a true and correct
copy of a document issued, prescribed or promulgated
by:

DEPARTMENT OF PUBLIC WELFARE

(Agency)

LEGAL COUNSEL: *[Signature]*

DOCUMENT/FISCAL NOTE NO. 14-512.

DATE OF ADOPTION: _____

BY: *Estelle B. Richman*

TITLE: SECRETARY OF PUBLIC WELFARE
(Executive Officer, Chairman or Secretary)

Copy below is hereby approved as to
form and legality. Executive or
Independent Agencies

BY: *[Signature]*

Andrew C. Clark

MAR 13 2008

Date of Approval

(Deputy General Counsel)
(Chief Counsel, Independent Agency,
(Strike inapplicable title)

π Check if applicable. No Attorney
General approval or objection
within 30 days after submission.

NOTICE OF PROPOSED 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

Notice is hereby given that the Department of Public Welfare (Department) under the authority of the Public Welfare Code, Act of June 13, 1967, P.L. 31, No. 21, 62 P.S. §§ 901-922; 1001-1087 intends to amend the regulations set forth in Annex A.

Purpose of Regulation

The purpose of this proposed regulatory amendment is to update and clarify regulations regarding the comprehensive plan to provide services for individuals with mental retardation. The process of developing and implementing a plan to provide these services has changed. The proposed amendment is needed to clarify the individual plan development process and the provider's role in developing and implementing the individual plan.

Background

Current regulations specify that a provider must develop and implement an Individual Program Plan (IPP) or Individual Written Program Plan (IWPP). The IPP and IWPP were the sole documents to be used by providers to organize and manage services provided for individuals served by the Office of Developmental Programs (ODP), formerly the Office of Mental Retardation (OMR). Each provider created an IPP or IWPP for every individual served. An individual could easily have several plans: one for his residential program; one for the vocational program; and one for day services. In some cases, individuals and their families would attend multiple meetings to update plans for each provider, and the plans would conflict with each other.

As part of the regulatory development process, an individual and family-focused work group was convened. The group offered suggestions for the language to be used in the regulatory revisions some of which are incorporated into the proposed regulations. The group also requested ODP add regulatory language specifying when individuals and families receive information prior to the plan development meeting and requested the three month review summary within thirty days of completion of review. ODP agreed the addition would be beneficial, and added this language to the proposed regulations. These timeframes were acceptable to the workgroup, which was composed of an individual receiving services, families, providers, provider associations, and administrative entity representative.

In 2002, OMR (now ODP) implemented the Individual Support Plan (ISP) to resolve these problems by replacing multiple plans with one comprehensive plan. The ISP is the single document used to coordinate all supports and services for an individual, to eliminate the need for each provider to have its own plan. The individual and his family or friends, as applicable, meet with all providers at the same time to develop and plan how to meet the needs and wants of the individual. This creates consistency and ensures that everyone is working together to meet the individual's needs and personal goals.

The creation and coordination of the ISP is conducted by the Supports Coordinator. Supports Coordination assists waiver participants with locating, coordinating, and monitoring needed services, and supports. With the improvements in planning for the individual needs and wants moving from a provider-directed IPP or IWPP to a supports coordinator-facilitated ISP, the current regulations need to conform to these

improvements. The proposed regulations are consistent with the current process for developing or implementing the ISP. The proposed regulations do, however, change the words "IPP" or "IWPP" to the more generic "individual plan", and change existing regulatory language to reflect the preferred process for developing an individual plan. This regulatory change provides for consistent and uniform language through out the relevant regulations. It also allows for changes to occur, if necessary, in the type of format used to document and coordinate all supports and services provided to an individual in the future.

Requirements

§2380.3, §2390.5, §6400.4, §6500.4 relating to definitions

These sections are being amended to define the individual plan and supports coordinator.

§2380.33, §2390.33, §6400.44 relating to program specialist

These sections state the responsibilities of a program specialist. The proposed change to these sections reflects that a program specialist is required to provide the completed assessment prior to planning meetings. The other proposed change is the addition of information on how a provider is required to coordinate and develop an individual plan for individuals who do not have an assigned supports coordinator.

§2380.35, §6400.45 relating to staffing

These sections describe the conditions under which a person may be unsupervised. This section requires that staffing ratios specified in the individual plan must be implemented as written.

§6500.44 relating to supervision

This section describes the conditions under which a person may be left unsupervised. This section requires that staffing ratios specified in the individual plan must be implemented as written.

§2380.101 relating to program activities and services

This section states that the program activities shall be provided as specified in the individual plan. The change in this section is that the general term “services” was added to the section heading and subsection (c).

§2390.91 relating to activities and services

This section states that the activities for an individual shall include work experience and other developmentally-oriented work training and shall be provided as specified in the individual plan. The change in this section is that the general term “services” was added to the section heading and the text of the regulation. The term “work training activities” was changed to “work training endeavors.”

§2380.103(1), §2390.95(1), §6400.122(1), §6500.112(1) relating to development of the individual plan

These sections define the development of the individual plan. Specific changes to these sections include a new section for an individual who does not have an assigned supports coordinator. It indicates what procedures are to be followed by the program specialist or family living specialist when there is no supports coordinator.

§2380.104, §6400.123, §6500.113 relating to review of the IP

These sections define the review and revision process for the individual plan. The most prominent enhancement to these sections is that the timeframe for quarterly reviews is now three calendar months in all three chapters.

§2390.97 relating to review of the IP

This section defines the review process for individual plans. It provides that the timeframe for review is at least every three calendar months.

§2380.105, §6400.124, §6500.114 relating to participation in the development of the IP

These sections outline who must participate in the development of the individual plan. The amendment describes the duties of the program specialist or family living specialist.

§2390.96 relating to content of the IP

This section states the content requirements for the individual plan. The change adds provisions for individuals without an assigned supports coordinator and outlines procedures that are to be followed regarding the development and content of the individual's plan.

§2380.106, §6400.125, §6500.115 relating to content of IP

These sections define the content required for the individual plan. The proposed amendment specifies that a program specialist or family living specialist must review

certain areas of the individual plan and document any missing or incomplete items. The program specialist shall also prepare the individual plan for individuals without a supports coordinator.

§2380.107, §6400.126, §6500.116 relating to implementation of the IP

These sections require that the individual plan shall be implemented as written.

§2380.108, §2390.98, §6400.127, & §6500.117 relating to copies of the IP

These sections outline the requirements regarding copies of the individual plan. The changes require the program specialist or family living specialist to send a written summary of each three-month review to all interested parties. The program specialist or family living specialist shall also keep documentation for those persons who have opted not to receive a written copy of the reviews.

§6400.163, §6500.133 relating to use of prescription medications

These sections relate to prescription medications. The acronym IPP is replaced with "individual plan".

Affected Individuals and Organizations

Currently, the majority of individuals receiving services through ODP are required to have an ISP. It is the only form approved for documenting services and facilitating payment through ODP under Chapters 2380, 2390, 6400, and 6500. The ISP eliminates the need for each provider to have its own plan. The benefits to individuals and families include having only one plan meeting to attend in which all providers are required to be

present. Previously, some individuals and families were being asked to attend meetings separately with the various providers which created an unnecessary hardship.

As part of the regulatory development process, the individual and family-focused workgroup requested that ODP add certain regulatory language to specify that individuals and families receive assessment information prior to the plan development meeting. Providers will be required to distribute copies of their assessment information and three month review summary to individuals and families within 30 days of the meeting. The provider shall also forward the assessment data that will be used during the plan meeting to planning team members no later than 30 days before the meeting.

Accomplishments and Benefits

The proposed amendments codify the current process for developing and implementing the ISP. The proposed regulations do, however, revise the acronyms "IPP" or "IWPP" to the more generic "individual plan" and change the existing regulatory language to reflect the preferred process for developing an individual plan. This regulatory revision provides for consistent and uniform language throughout Chapters 2380, 2390, 6400, and 6500. It also allows for changes to occur in the type of format used to document and coordinate all supports and services for an individual if necessary in the future. The regulatory revisions are necessary to ensure that ODP has the necessary authority to enforce the new requirements and protect the health and welfare of individuals receiving services.

Fiscal Impact

There is no cost associated with clarifying and updating plan regulations for the Commonwealth, local government or individuals receiving services. The regulation work group identified one additional cost to providers related to copies of reviews and assessment information that are required to be sent to them on a quarterly basis. This information previously was only sent to the Supports Coordinator and the individual. It will now be sent to the individual's family, if appropriate, as well. However, a provision allows families to opt not to receive this information. Electronic distribution of materials to families is permitted if the family has a means to receive and read information in electronic form. Mailing and copying costs should be minimal for providers. Additionally, because the regulations clarify that only the form approved by the Department will be accepted as the individual plan, providers who create both a regulatory IPP and the Department-requested ISP can cease this practice. Regulations will allow for the single IP document which will eliminate the cost of staff time in creating a second document.

Paperwork Requirements

Providers will need to provide copies of their assessment information and three month review summary to individuals and families. The amount of paperwork will depend on the page count of each provider's assessment information and the three month review summary. The proposed regulations permit electronic distribution. The proposed regulations add a 30 day timeframe for providers to send review summary information to individuals and families. The proposed regulations also state that the provider must forward assessment data to be used during the plan meeting to planning

team members no later than 30 days before the meeting. No new forms are required by the amended regulations.

Effective Date

This regulatory amendment is effective *upon final publication in the **Pennsylvania Bulletin***.

Public Comment

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed rulemaking to the Department at the following address: Wendy Dixon, Human Services Program Specialist, Office of Developmental Programs, Department of Public Welfare, PO Box 2675, Harrisburg, PA 17105-2675, ra-odpregscomment@state.pa.us, within 30 calendar days after the date of publication of this proposed rulemaking in the **Pennsylvania Bulletin**. Reference Regulation No.

14512 when submitting comments.

Persons with a disability who require an auxiliary aid or service may submit comments by using the AT&T Relay Service at 1-800-654-5984 (TTY users) or 1-800-654-5988 (voice users).

Regulatory Review Act

Under § 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on APR 16 2008 the Department submitted a copy of this proposed rulemaking 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 addition to submitting the proposed rulemaking, the Department has provided the 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.

Under § 5(g) of the Regulatory Review Act, if the IRRC has any comments, recommendations or objections to any portion of the proposed regulation, it may notify the Department and the Committees within 30 days after the close of the public comment period. Such notification shall specify the regulatory review criteria that have not been met. The Regulatory Review Act specifies detailed procedures for review by the Department, the General Assembly and the Governor, of any comments, recommendations or objections raised, prior to final publication of the regulation.

Annex A

TITLE 55. PUBLIC WELFARE

PART IV. ADULT SERVICES MANUAL

Subpart D. NONRESIDENTIAL AGENCIES/FACILITIES/SERVICE

CHAPTER 2380. ADULT TRAINING FACILITIES

CHAPTER 2390. VOCATIONAL FACILITIES

§ 2380.3. Definitions.

[*IPP*—Individual Program Plan.]

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

Supports coordinator - The individual responsible for case management functions.

§ 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 to inform the planning process.
- (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.]

(b) The program specialist shall be responsible for the following:

- (1) Coordinating and developing training for individuals.
- (2) Coordinating and completing assessments.
- (3) Participating in the development of the IP.
- (4) Attending the IP development 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.

(6) Reviewing the IP for content accuracy.

(i) Content discrepancies must 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 IP outcomes.

(8) Coordinating the training of direct support professionals in the content of relevant IPs.

(9) Monitoring services provided for the individual.

(10) Ensuring monthly documentation of the individual's participation and progress for IP 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.

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

- (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.
- (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.
- (c) If the individual does not have an assigned supports coordinator, the program specialist must coordinate the development of the IP.
- (d) If the individual does not have an assigned supports coordinator, the program specialist must prepare the IP using the Department approved format.
- (e) If the individual does not have an assigned supports coordinator, the program specialist must 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.

§ 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 individual's [IPP] IP aimed at achieving a higher level of independence.

(e) Direct staff support as specified in the IP must be implemented as written.

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

(g) [(e)] An individual may not be left unsupervised solely for the convenience of the facility or staff persons.

§ 2380.101. Program Activities And Services.

(c) Program activities and services shall be provided as specified in each [IPP] IP.

§ 2380.103. Development Of [IPP] The IP.

For individuals without a supports coordinator the following shall apply:

[(a) An IPP shall be developed for each individual based upon the individual assessment, within 30 individual attendance days after the individual's admission date.]

(1)The program specialist shall prepare an IP for each individual based upon the individual's assessment information.

(2) The program specialist shall complete the IP within 30 days after the individual's admission date.

[(b)The IPP] (3) The IP shall be developed by the [interdisciplinary] individual's planning team.

[(c)] (4) Members of the [interdisciplinary] individual's planning team at a minimum shall include the individual, the program specialist, [the individual's parent, guardian, or advocate, if appropriate] direct service staff persons who work with the individual, [staff persons from the funding agency,] and if applicable and appropriate, the individual's parent, guardian or advocate, staff persons from the individual's residential program[,if applicable,]and, other specialists, such as medical, nursing,

behavior management, speech, occupational or physical therapy specialists [if appropriate for the individual's needs].

(5) The program specialist shall send invitations to each planning team member for each IP development meeting.

(6) The program specialist shall maintain a copy of the invitation and attendance sheet with the IP in the individual's file.

[(d)](7) At least three members of the [interdisciplinary] individual's planning team, in addition to the individual if the individual chooses to attend, shall be present at the [interdisciplinary] individual's planning team meeting at which the [IPP] IP is developed.

[(e)] (8) Members of the [interdisciplinary] individual's planning team who attend the meeting to develop the [IPP] IP shall sign and date the [IPP] IP attendance sheet to indicate participation.

(9) The IP shall be reviewed and updated by the planning team annually, or more frequently if the individual's needs change.

(10) The program specialist shall send a copy of the attendance sheet and the IP to each member of the planning team unless the member does not want a copy.

(11) If a member of the individual's planning team denies a copy of the IP or attendance sheet, the program specialist shall maintain a copy of the written denial in the individual's record.

§ 2380.104. Review [, Update, And Rewrite] Of [IPP] The IP.

[(a) A review of each individual's progress on the IPP, and a revision of the IPP if necessary, shall be completed or coordinated by the program specialist at least every 65 individual attendance days.

(b) The IPP shall be revised in accordance with subsection (a) if there has been no progress on a goal, if a goal is no longer appropriate or if a goal needs to be added.

(c) The IPP shall be reviewed and rewritten by the interdisciplinary team at least annually.

(d) At least three members of the interdisciplinary team, in addition to the individual if the individual chooses to attend, shall be present at the annual interdisciplinary team meeting at which the IPP is reviewed and rewritten.

(e) Members of the interdisciplinary team who attend the meeting to rewrite the IPP shall sign and date the new IPP.

(f) The IPP shall be discussed with, dated by and signed by the individual, the individual's parent, guardian or advocate if appropriate, and the

program specialist after each 65-day review and annual rewrite of the IPP.]

- (a) A review of each individual's progress on the IP shall be completed by the program specialist and the individual, and, if appropriate, the individual's parent, guardian, or advocate, every three months, or more frequently if the individual's needs change.
- (b) A revision of the IP, if necessary, shall be communicated to the supports coordinator, individual, and, if appropriate, the individual's parent, guardian, or advocate.
- (c) The IP must be revised if:
 - (i) there has been no progress on an outcome,
 - (ii) an outcome is no longer appropriate, or
 - (iii) an outcome is added.

§ 2380.105. Participation In The Development Of The [IPP] IP.

[The individual's parent, guardian or advocate, if appropriate, and the funding agency shall be invited, in writing, to participate in the initial development and annual rewrite of the IPP. A copy of the written invitations shall be kept.]

- (a) The program specialist shall provide assessment information for the development and revision of an IP.

(b) The program specialist shall participate in the development and revision of the IP.

§ 2380.106.Content Of [IPP] the IP.

[Each IPP shall include:

- (1) The goals for the individual in specific areas of growth and development.
- (2) An evaluation of the individual's skill level for each goal.
- (3) Monthly documentation of the individual's progress on each goal.
- (4) Specific activities and services that meet the needs of the individual.
- (5) A program and schedule for allowing the individual to be without direct staff supervision for specific periods of time, aimed at achieving a greater level of independence, if the individual's assessment states the individual may be without direct supervision.
- (6) A planned program to address the social, emotional and environmental needs of the individual, if a medication is prescribed to treat maladaptive behavior.]

(a) For individuals with a supports coordinator, the program specialist shall review the IP for the following:

- (1) Outcomes addressing the individual's needs

- (2) Specific activities and services that reflect the individual's needs, interests, and personal goals.
 - (3) Timeframes for expected completion of outcomes.
 - (4) An evaluation of the individual's skill level for each outcome.
 - (5) A program and schedule outlining specified periods of time for the individual to be without direct supervision, aimed at achieving a greater level of independence, if the absence of direct supervision is consistent with the individual's assessment.
 - (6) Method of evaluation used to determine the progress towards each outcome.
 - (7) A program to address the social, emotional and environmental needs of the individual, if medication has been prescribed to treat maladaptive behavior.
 - (8) A program to address the reduction of a restrictive procedure, if restrictive procedures are used in response to a maladaptive behavior.
- (b) The program specialist shall document missing or incomplete items from the IP.
- (c) The program specialist shall report missing or incomplete items from the IP in writing to the supports coordinator .

(d) For individuals without a supports coordinator, the program specialist shall prepare the IP including the items listed in paragraphs (1) through (8) of subsection (a).

§ 2380.107. Implementation Of [IPP] The IP.

[Each IPP] Each IP shall be implemented as written.

§ 2380.108. Copies Of [IPP] The IP.

(a) A [written] copy of [IPPs] the IP and [adjustments] revisions made during reviews shall be kept in the individual's record.

[(b) The individual, the individual's parent, guardian or, advocate, if appropriate, the residential service provider, if applicable, and the funding agency shall be provided with a copy of all IPPs. Documentation of transmittal of each IPP shall be kept.]

(b) The program specialist shall send the written summary of each three month review to the supports coordinator, individual, and, if appropriate, the individual's parent, guardian, or advocate within 30 days after the completion of the review.

(c) If the individual or the individual's parent, guardian, or advocate, denies a copy of a written summary, the program specialist shall maintain the signed written denial.

§ 2380.123. Use Of Prescription Medications.

(b) If a medication is prescribed to treat maladaptive behavior, there shall be a [planned] program [as part of the IPP] to address the social, emotional and environmental needs of the individual related to the maladaptive behavior as part of the IP.

§ 2380.173. Content Of Records.

(e) [IPPs.] IP.

§ 2390.5. Definitions.

[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.]

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

Supports coordinator - The individual responsible for case management functions.

§ 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.]

(b) The program specialist shall be responsible for the following:

- (1) Coordinating and developing training for clients.
- (2) Coordinating and completing assessments.
- (3) Participating in the development of the IP.
- (4) Attending the IP development 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.

(6) Reviewing the IP for content accuracy.

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

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

(7) Ensuring the implementation of IP outcomes.

(8) Coordinating the training of direct support professionals in the content of relevant IPs.

(9) Monitoring services provided for the client.

(10) Ensuring monthly documentation of the client's participation and progress for IP 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.

- (12) Informing the client and, if appropriate, the client's parent, guardian, or advocate of their option not to receive a copy of the assessments or quarterly documentation.
- (13) Maintaining documentation of an client's or the client's parent, guardian, or advocate's request denying a copy of assessment or quarterly documentation.
- (14) 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 must coordinate the development of the IP.
- (d) If the client does not have an assigned supports coordinator, the program specialist must prepare the IP using the Department approved format.
- (e) If the client does not have an assigned supports coordinator, the program specialist must 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.

§ 2390.91. Activities And Services.

Activities and services for a client shall include work experience and other developmentally oriented, work training [activities] endeavors designed to promote movement into a higher level vocational program or into competitive employment. Activities and services shall be provided as specified in the individual [written program] plan.

§ 2390.95. Development Of The IP [Individual Written Program Plan].

[(a) An individual written program plan shall be developed for a individual within 30 client attendance days of the client's admission date.

(b) The plan shall be developed by the planning team. The members of the planning team shall sign and date the plan.]

For client's without a supports coordinator the following shall apply.

- (1) The program specialist shall prepare an IP for each client based on the client's assessment information.
- (2) The program specialist shall complete the IP within 60 days after the client's admission date .
- (3) The IP shall be developed by the client's planning team.
- (4) Members of the client's planning team at a minimum shall include the client, the program specialist, the direct service staff who work with the client, and if applicable and appropriate, the client's parent, guardian, or advocate, the staff person from the individual's residential program, and other specialists, such as medical, nursing, behavior management, speech, occupational or physical therapists, if appropriate, for the individual's needs.
- (5) The program specialist shall send invitations to each planning team member for each IP development meeting.
- (6) At least three members of the planning team, in addition to the client if the client chooses to attend, shall be present at the planning team meeting at which the IP is developed.
- (7) Members of the planning team shall sign and date the attendance sheet to indicate participation in the IP development meeting.
- (8) The program specialist shall retain a copy of the invitation and attendance sheet in the client's file.

(9) A copy of the attendance sheet shall be sent to each member of the planning team.

(10) The program specialist shall send a copy of the attendance sheet and the IP to each member for the client's planning team unless the member does not want a copy.

(11) If a member of the client's planning team denies a copy of the IP or attendance sheet, the program specialist shall maintain a copy of the written denial in the client's record.

§ 2390.96. Content Of The IP [Individual Written Program Plan].

[The plan shall include the following information:

- (1) Specific short term objectives including measurable steps for completion.
- (2) Evaluation of individual's current skill level in the area of the objective.
- (3) Time frames for expected completion of objectives.
- (4) Method of evaluation used to determine mastery of objective.
- (5) Service areas to which the individual will be assigned.

(6) Staff responsible for the outcome of the individual written program plan.

(7) Assessment of the individual's placement potential.]

(a) For clients with a supports coordinator, the program specialist shall review the IP for the following items:

(1) Outcomes addressing the client's needs.

(2) Specific activities and services that reflect the client's needs and interests.

(3) Time frames for expected completion of outcomes.

(4) An evaluation of the client's skill level for each outcome.

(5) A program and schedule outlining specified periods of time for the individual to be without direct supervision, aimed at achieving a greater level of independence, if the absence of direct supervision is consistent with the individual's assessment.

(6) Method of evaluation used to determine the progress towards each outcome.

(7) Services areas to which the client will be assigned.

(8) Assessment of the client's potential to achieve competitive employment placement potential.

(b) The program specialist shall document missing or incomplete items from the IP.

- (c) The program specialist shall report missing or incomplete items from the IP in writing to the supports coordinator.
- (d) For clients without a supports coordinator, the program specialist shall prepare the IP including items listed in paragraphs (1) through (8) of subsection (a).

§ 2390.97. Review [, Update And Rewrite] Of The IP [individual written program plan].

[(a) The plan for clients, except those clients in a training program, shall be reviewed and updated by the program specialist at least every 65 client attendance days.

(b) The plan for clients in a training program shall be reviewed and updated by the program specialist at least every 20 client attendance days.

(c) The plan shall be discussed with the client and signed by the program specialist and the client and dated after each review.

(d) The plan shall be reviewed and rewritten by the planning team at least annually. The members of the planning team shall sign and date the revised plan.]

(a) A review of each client's progress on the IP, except those clients in a training program, shall be completed by the program specialist and the

- client, and, if appropriate, the client's parent, guardian, or advocate every three months, or more frequently if the client's needs change.
- (b) A progress review of the IP for client's in a training program shall be completed by a program specialist and the client, and, if appropriate, the client's parent, guardian, or advocate every 20 days, or more frequently if the individual's needs change.
- (c) A revision of the IP, if necessary, shall be communicated to the supports coordinator, client, and, if appropriate, the client's parent, guardian, or advocate.
- (d) The IP shall be revised if any of the following occur:
- (i) There has been no progress on an outcome.
 - (ii) An outcome is no longer appropriate.
 - (iii) An outcome is added.

§ 2390.98. Copies Of The IP [individual written program plan].

(a) A [written] copy of the [plan and adjustments] IP and revisions made during reviews shall be kept in the client's file.

[(b) The client, or parent or guardian when appropriate, shall be invited, in writing, to participate in the initial development and reviews of the IP. A copy of the written invitations shall be kept in the client's file.

(c) A client, parent or guardian shall be provided with a copy of a plan.]

(b) The program specialist shall send the written summary of each three month review to the supports coordinator , the client, and, if appropriate, the client's parent, guardian, or advocate within 30 days after the completion of the review.

(c) If the client or the client's parent, guardian, or advocate denies a copy of the written summary, the program specialist shall maintain the signed written denial.

§ 2390.124. Content Of Records.

[(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.]

(8) Copies of IPs and revisions made during reviews.

(9) Copies of work performance reviews.

PART VIII. MENTAL RETARDATION MANUAL

Subpart E. RESIDENTIAL AGENCIES/FACILITIES/SERVICES

Article I. LICENSING/ APPROVAL

CHAPTER 6400. COMMUNITY HOMES FOR INDIVIDUALS WITH
MENTAL RETARDATION

CHAPTER 6500. FAMILY LIVING HOMES

§ 6400.4. Definitions.

[*IPP*—Individual program plan.]

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

Supports coordinator - The individual responsible for case management functions.

§ 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.]

(b) The program specialist shall be responsible for the following:

- (1) Supervising the individual's daily activities.
- (2) Coordinating and completing assessments.
- (3) Participating in the development of the IP.
- (4) Attending the IP development 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.
- (6) Reviewing the IP for content accuracy.
- (i) Content discrepancies must 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.
- (8) Coordinating the training of direct support professionals in the content of relevant IPs.
- (9) Monitoring services provided for the individual.
- (10) Ensuring monthly documentation of the individual's participation and progress for IP outcomes.
- (11) Provide 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.

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

(13) 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 must coordinate the development of the IP.
- (d) If the individual does not have an assigned supports coordinator, the program specialist must prepare the IP using the Department approved format.
- (e) If the individual does not have an assigned Supports coordinator, the program specialist must provide the individual, and, if appropriate, the individual's parent, guardian or advocate with a copy fo 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.

§ 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 aimed at achieving a higher level of independence.

(d) Direct staff support as specified in the IP must be implemented as written.

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

[(d)] (f) An individual may not be left unsupervised solely for the convenience of the home or the staff.

§ 6400.122. Development Of The [IPP.] IP.

For individuals without a supports coordinator the following shall apply:

[(a) An IPP shall be developed for each individual, based on the individual assessment, within 60 calendar days of the individual's admission date.]

(1) The program specialist shall prepare an IP for each individual based upon the individual's assessment information.

(2) The program specialist shall complete the IP within 60 days after the individual's admission date.

[(b) The IPP] (3) The IP [IPP] shall be developed by [an interdisciplinary] the individual's planning team.

[(c)] (4) Members of the [interdisciplinary] individual's planning team at a minimum shall include the individual, [the individual's direct care staff], the program specialist, direct staff persons who work with the individual, and if applicable and appropriate, the individual's parent, guardian, or advocate, [if appropriate, the county case manager if the individual is funded through the county mental retardation program], the program specialist for the individual's day program, and other specialists, such as medical, nursing, behavior management, speech, occupational, or physical therapy specialists [if appropriate for the individual's special needs].

(5) The program specialist shall send invitations to each planning team member for each IP development meeting.

(6) The program specialist shall maintain a copy of the invitation and attendance sheet with the IP in the individual's file.

[(d)] (7) At least three members of the [interdisciplinary] individual's planning team, in addition to the individual if the individual chooses to attend, shall be present at the [interdisciplinary] individual's planning team meeting at which the [IPP] IP is developed.

[(e)] (8) Members of the [interdisciplinary] individual's planning team who attend the meeting to develop the [IPP] IP shall sign and date the [IPP] IP attendance sheet to indicate participation.

(9) The IP shall be reviewed and updated by the planning team annually, or more frequently if the individual's needs change.

(10) The program specialist shall send a copy of the attendance sheet and the IP to each member of the planning team unless the member does not want a copy.

(11) If a member of the individual's planning team denies a copy of the IP or attendance sheet, the program specialist shall maintain a copy of the written denial in the individual's record.

§ 6400.123. Review[, Revision And Rewrite] Of The [IPP] IP.

[(a)] A review of each individual's progress on the IPP and a revision of the IPP, if necessary, shall be completed or coordinated by the program specialist at least every three months.

(b) The IPP shall be revised in accordance with subsection (a) if there has been no progress on a goal, if a goal is no longer appropriate or if a goal needs to be added.

(c) The IPP shall be reviewed and rewritten by the interdisciplinary team at least annually.

(d) At least three members of the interdisciplinary team, in addition to the individual if the individual chooses to attend, shall be present at the annual interdisciplinary team meeting at which the IPP is reviewed and rewritten.

(e) Members of the interdisciplinary team who attend the meeting to rewrite the annual IPP shall sign and date the new IPP.

(f) The IPP shall be discussed with, dated by and signed by the individual, the individual's parent, guardian or advocate if appropriate and the program specialist after each three month review and annual rewrite of the IPP.]

(a) A review of each individual's progress on the IP shall be completed by the program specialist, and the individual, and, if appropriate, the individual's parent, guardian, or advocate, every three months, or more frequently if the individual's needs change.

(b) A revision of the IP, if necessary, shall be communicated to the supports coordinator, individual, and, if appropriate, the individual's parent, guardian, or advocate.

(c) The IP must be revised if any of the following occur:

(i) There has been no progress on an outcome.

(ii) An outcome is no longer appropriate.

(iii) An outcome needs to be added.

§ 6400.124. Participation In The Development Of The [IPP] IP.

[The individual's parent, guardian or advocate if appropriate and the county case manager if the individual is funded through the county mental retardation program shall be invited, in writing, to participate in the initial development and the annual rewrite of the IPP. A copy of the written invitations shall be kept.]

(a) The program specialist shall provide assessment information for the development and revision of the IP.

(b) The program specialist shall participate in the development and revision of the IP.

§ 6400.125. Content Of The [IPP] IP.

[An IPP shall include:

(1) The goals for the individual in specific areas of growth and development.

(2) An evaluation of the individual's skill level for each goal.

- (3) Monthly documentation of the individual's progress on each goal.
- (4) A plan for the individual to participate in community life.
- (5) Specific activities and services that meet the needs of the individual.
- (6) A program and schedule for allowing the individual to be without direct staff supervision for specific periods of time, aimed at achieving a greater level of independence, if the individual's assessment states the individual may be without direct supervision.
- (7) A planned program to address the social, emotional and environmental needs of the individual, if a medication is prescribed to treat maladaptive behavior.]

(a) For individuals with a supports coordinator , the program specialist shall review the IP for the following:

- (1) Outcomes addressing the individual's needs.
- (2) Specific activities and services that reflect the individual's needs interests, and personal goals.
- (3) Timeframes for expected completion of outcomes.
- (4) An evaluation of the individual's skill level for each outcome.
- (5) A program and schedule outlining specified periods of time for the individual to be without direct supervision, aimed at achieving a greater level of independence, if the absence of direct supervision is consistent with the individual's assessment.

(6) Method of evaluation used to determine the progress towards each outcome.

(7) A program to address the social, emotional, and environmental needs of the individual, if medication is prescribed to treat maladaptive behavior.

(8) A program to address the reduction of a restrictive procedure, if restrictive procedures are used in response to a maladaptive behavior.

(b) The program specialist shall document missing or incomplete items from the IP.

(c) The program specialist shall report missing or incomplete items from the IP in writing to the supports coordinator.

(d) For individuals without a supports coordinator, the program specialist shall prepare the IP including the items listed in paragraphs (1) through (8) of subsection (a).

§ 6400.126. Implementation Of The [IPP] IP.

[An IPP] Each IP shall be implemented as written.

§ 6400.127. Copies Of The [IPP] IP.

(a) A copy of [IPPs] the IP and [adjustments] revisions made during reviews shall be kept in the individual's record.

(b) The program specialist shall send a written summary of each three month review to the supports coordinator, individual, and, if appropriate, the individual's parent, guardian, or advocate, if appropriate, within 30 days after the completion of the review.

(c) If the individual or the individual's parent, guardian, or advocate, denies a copy of a written summary, the program specialist shall maintain the signed written denial.

§ 6400.163. Use Of Prescription Medications.

(b) If a medication is prescribed to treat maladaptive behavior, there shall be a [planned] program [as part of the IPP] to address the social, emotional and environmental needs of the individual related to the maladaptive behavior as part of the IP.

§ 6400.213. Content Of Records.

(7) [IPPs.] IPs.

§ 6500.4. Definitions.

[*IPP*—Individual program plan.]

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

Supports coordinator - The individual responsible for case management functions.

§ 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.

(3) Participating in the development of the IP.

(4) Attending the IP development 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.

(6) Reviewing the IP for content accuracy.

(i) Content discrepancies must 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.

(8) Monitoring services provided for the individual.

(9) Orient family on the content of the IP.

- (10) Ensuring monthly documentation of the individual's participation progress for IP 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.
 - (12) Informing the individual and, if appropriate, the individual's parent, guardian, or advocate of their option not to receive a copy of the assessment or quarterly documentation.
 - (13) 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 one time per month or more frequently as the indicated by the individual's IP.
-
- (e) If the individual does not have an assigned supports coordinator, the family living specialist must coordinate the development of the IP.
 - (f) If the individual does not have an assigned supports coordinator, the family living specialist must 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.

§ 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.

§ 6500.112. Development Of The [IPP] IP.

[(a) An IPP shall be developed for each individual, based in the individual's assessment, within three months after the individual lives in the home.

(b) The IPP shall be developed by the family living specialist in conjunction with the individual and the family.

(c) The family living specialist and the family members who assisted in developing the IPP shall sign and date the IPP.]

For individuals without a Supports coordinator, the following shall apply.

- (1) The family living specialist shall prepare an IP for each individual based upon the individual's assessment information.
- (2) The family living specialist shall complete the IP within 90 days after the individual lives in the home.
- (3) The IP shall be developed by the individual's planning team.
- (4) Members of the individuals planning team at a minimum shall include the individual, the family, and, if applicable and appropriate, the individual's parent, guardian, or advocate, the program specialist for the individual's day service, and other specialists, such as medical, nursing, behavior management, speech, occupational, or physical therapy specialists.
- (5) The family living specialist shall send invitations to each planning team member for each IP development meeting.
- (6) The family living specialist shall maintain a copy of the invitation and attendance sheet with the IP in the individual's file.
- (7) Members of the individual's planning team who attend the meeting to develop the IP shall sign and date the IP attendance sheet to indicate participation.
- (8) The IP shall be reviewed and updated by the planning team annually, or more frequently if the individual's needs change.

(9) The family living specialist shall send a copy of the attendance sheet and the IP to each member of the planning team unless the member does not want a copy.

(10) If a member of the individual's planning team denies a copy of the IP or attendance sheet, the program specialist shall maintain a copy of the written denial in the individual's record.

§ 6500.113. Review[, Revision and Rewrite] Of The [IPP] IP.

[(a) The IPP shall be reviewed and revised if necessary, by the family living specialist in conjunction with the individual and the family at least every three months.

(b) The IPP shall be revised in accordance with subsection (a) if there has been no progress on a goal, if a goal is no longer appropriate or if a goal needs to be added.

(c) The IPP shall be reviewed and rewritten by the family living specialist in conjunction with the individual and the family at least every 12 months.

(d) The IPP shall be discussed with, dated by and signed by the individual, the individual's parent, guardian or advocate if appropriate, the family living specialist and the family members who assisted in revising or rewriting the IPP after each three month review and annual rewrite of the IPP.]

- (a) A review of each individual's progress on the IP shall be completed by the family living specialist in conjunction with the individual, the family, and, if appropriate, the individual's parent, guardian, or advocate every three months, or more frequently if the individual's needs change.
- (b) A revision of the IP, if necessary, shall be communicated to the Supports coordinator, family, individual, and, if appropriate, the individual's parent, guardian, or advocate.
- (c) The IP must be revised if any of the following occur:
 - (i) There has been no progress on an outcome.
 - (ii) An outcome is no longer appropriate.
 - (iii) An outcome needs to be added.

§ 6500.114. Participation In The Development Of The [IPP] Program Plan.

[The individual's parent, guardian or advocate if appropriate and the county case manager if the individual is funded through the county mental retardation program shall be invited, in writing, to participate in the initial development and the annual rewrite of the IPP. A copy of the written invitations shall be kept.]

- (a) The family living specialist shall provide assessment information for the development and revision of the IP.

- (b) The family living specialist shall participate in the development and revision of the IP.

§ 6500.115. Content Of The IPP.

[Each IPP shall include:

- (1) Goals for the individual in specific areas of growth and development.
- (2) An evaluation of the individual's skill level for each goal.
- (3) Monthly documentation of the individual's progress on each goal.
- (4) A plan for the individual to participate in community and family life.
- (5) Specific activities and services that meet the needs of the individual.
- (6) A program and schedule for allowing the individual to be without direct supervision for specific periods of time, aimed at achieving a greater level of independence, if the individual's assessment states the individual may be without direct supervision.
- (7) A planned program to address the social, emotional and environmental needs of the individual, if a medication is prescribed to treat maladaptive behavior.]

- (a) For individuals with a supports coordinator, the family living specialist shall review the IP for the following items.

- (1) Outcomes addressing the individual's needs.
 - (2) Specific activities and services that reflect the individual's needs, interests, and personal goals.
 - (3) Timeframes for expected completion of outcomes.
 - (4) An evaluation of the individual's skill level for each outcome.
 - (5) A program for the individual to participate in community life activities reflecting the individual's interests.
 - (6) A program and schedule outlining specified periods of time for the individual to be without direct supervision, aimed at achieving a greater level of independence, if the absence of direct supervision is consistent with the individual's assessment.
 - (7) A program to address the social, emotional needs of the individual, if medication is prescribed to treat maladaptive behavior.
 - (8) A program to address the reduction of a restrictive procedure, if restrictive procedures are used in response to maladaptive behavior.
- (b) The family living specialist shall document missing or incomplete items from the IP.
- (c) The family living specialist shall report missing or incomplete items from the IP in writing to the Supports coordinator.

(d) For individuals without a Supports coordinator, the family living specialist shall prepare the IP including the items listed in paragraphs (1) through (8) of subsection (a).

§ 6500.116. Implementation Of The IPP.

Each [IPP] IP shall be implemented as written.

§ 6500.117. Copies Of The [IPP] Program Plan.

(a) A copy of all [IPPs] IPs and revisions shall be kept in the individual's record.

[(b) The individual, the individual's parent, guardian or advocate, if appropriate, and the county case manager if the individual is funded through the county mental retardation program, and the individual's day service facility shall be provided a copy of all IPPs. Documentation of transmittal of each IPP shall be kept.]

(b) The family living specialist will send a written summary of each three month review to the supports coordinator , individual, and, if appropriate, the individual's parent, guardian, or advocate wihtin 30 days after the completion of the review.

(c) If the individual or the individual's parent, guardian, or advocate denies a copy of a written summary, the family living specialist shall maintain the signed written denial.

§ 6500.133. Use Of Prescription Medications.

(b) If a medication is prescribed to treat maladaptive behavior, there shall be a [planned] program [as part of the IPP] to address the social, emotional and environmental needs of the individual related to the maladaptive behavior as part of the IP.

§ 6500.182. Individual Records.

(6) [IPPs] IP.

IRRC

TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO
REGULATORY REVIEW ACT

Please sign all three copies and
return one copy to:
Kim Kauffman
14th Floor, Harristown II
IRRC

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
- 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

INDEPENDENT REGULATORY
REVIEW COMMISSION

2008 APR 16 PM 2:40

RECEIVED

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
4/14/08	[Signature]	HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES <i>The Honorable</i>
4/16/08	[Signature]	MAJORITY CHAIRMAN <u>Frank L. Oliver</u>
4/16	[Signature]	SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE <i>The Honorable</i>
4/16	[Signature]	MAJORITY CHAIRMAN <u>Edwin B. Erickson</u>
4/16	[Signature]	INDEPENDENT REGULATORY REVIEW COMMISSION
4/16/08	[Signature]	ATTORNEY GENERAL (for Final Omitted only)
4/16/08	[Signature]	LEGISLATIVE REFERENCE BUREAU (for Proposed only)