**PROGRAM PLAN FORMAT**

**ICF/DD-NURSING**

**Instructions**

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

**Checklist: Applicable sections of the Code of Federal Regulations and Appendix J (W Tags) are provided for your reference in relation to program plan requirements. You are responsible for understanding all state and federal statutes (codes) and regulations for your facility type.**

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

|  |  |
| --- | --- |
| NEW PROGRAM PLAN | |
| Table of Contents | |
| **Introduction** | **Page \_\_\_** |
| **Client Assessment Process**  *SAMPLE* | **Page \_\_\_** |
| **Program Elements** | **Page \_\_\_** |
| **Behavior Management Program** | **Page \_\_\_** |
| **Orientation and In-Service Training Program** | **Page \_\_\_** |
| **Attachments #1 through #15** | **Page \_\_\_** |
|  |  |

ICF/DD-NURSING

# PROGRAM PLAN CHECKLIST

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FACILITY NAME:**  **FACILITY ADDRESS:** | | | **Telephone:** ( ) | | | |
| **CONTACT:** | | | **Fax:** ( ) | | | |
| **Proposed/Actual Capacity:** M \_\_\_\_ F \_\_\_\_ | | | **E-mail**: | | | |
| **Licensed capacity of facility**: | | **Age range**: | **Ambulatory status:** | | | |
| Page  Number | **REQUIREMENTS** | | | **FOR DDS USE ONLY** | | |
| **MET** | **NOT MET** | **COMMENTS** |
|  | DS 1852 - HFPS Application Form. | | |  |  |  |
|  | Pages numbered, sections labeled consistent with the Table of Contents. | | |  |  |  |
| **PROGRAM PLAN REQUIREMENTS** | | | | | | |
|  | The facility program plan shall include: | | |  |  |  |
|  | The number of eligible clients. | | |  |  |  |
|  | A profile of the client population using the Client Development Evaluation Report (CDER). [*Provide a narrative regarding the client population to be served or the population being served*.] | | |  |  |  |
|  | A summary of client’s nursing and developmental priority needs. | | |  |  |  |
|  | Provisions for accomplishing the following: | | |  |  |  |
|  | W200; §483.440(b)(3) An initial assessment of each client to identify the current level of needs and function utilizing standard assessment forms. | | |  |  |  |
|  | W206 §483.440(c)(1), W226; §483.440(c)(4) An Individual Service Plan developed by the Interdisciplinary Team (IDT) under the direction of the qualified intellectual disabilities professional (QIDP). | | |  |  |  |
|  | Semi-annual review of the individual service plan. | | |  |  |  |
| **CLIENT ASSESSMENT PROCESS** | | | | | | |
|  | W210; §483.440(c)(3) Review and update the preadmission evaluation within 30 days following client’s admission. | | |  |  |  |
|  | W211 – W215; §483.440(c)(3) Develop a comprehensive written assessment which shall provide the basis for formulating an individual service plan which shall include, but not be limited to: | | |  |  |  |
|  | Nursing assessment. | | |  |  |  |
| Page  Number  Num | **REQUIREMENTS** | | | **FOR DDS USE ONLY** | | |
| **MET** | **NOT MET** | **COMMENTS** |
|  | Assessment of developmental status including strengths, weaknesses and needs. | | |  |  |  |
|  | Prioritized objectives. | | |  |  |  |
|  | W201 – W202; §483.440(b)(4) Discharge plan. | | |  |  |  |
|  | Assess the client’s recreational interests. | | |  |  |  |
|  | Consider the client’s need for guardianship or conservatorship if the client will attain majority or become emancipated prior to the next scheduled review. | | |  |  |  |
|  | W248; §483.440(c)(7) The QIDP shall make available and interpret the assessment to the direct care staff, the client and when lawful, the client’s parents or authorized representative. | | |  |  |  |
|  | W259; §483.440(f)(2) The Comprehensive Functional Assessment of each client must be reviewed by the IDT for relevancy and updated as needed.  [*identify methods to review and update assessment information and who will be responsible.]* | | |  |  |  |
|  | W226-228; §483.440(c)(4) Within 30 days after admission, the IDT must prepare for each client an IPP (ISP) that states the specific objectives necessary to meet the client’s needs, as identified by the comprehensive assessment and planned sequence for dealing with those objectives. These objectives must: | | |  |  |  |
|  | W229;§483.440(c)(4)(i) Be stated separately in terms of single behavioral outcome. | | |  |  |  |
|  | W230; §483.440(c)(4)(ii) Be assigned projected completion dates. | | |  |  |  |
|  | W231; §483.440(c)(4)(iii) Be expressed in behavioral terms that provide measurable indices of performance. | | |  |  |  |
|  | W232; §483.440(c)(4)(iv) Be organized to reflect a development of progression appropriate to the individual. | | |  |  |  |
|  | W233; §483.440(c)(4)(v) Be assigned priorities. | | |  |  |  |
| **PROGRAM ELEMENTS** | | | | | | |
|  | W216 – W225; §483.440(c)(3) The facility shall have the capability to provide program services to those developmentally disabled clients it serves. These program services shall be based on the client’s specific needs as identified through the individual client assessment and include as appropriate: | | |  |  |  |
|  | Nursing care activities. | | |  |  |  |
|  | Habilitation programs including but not limited to: | | |  |  |  |
| Page  Number | **REQUIREMENTS** | | | **FOR DDS USE ONLY** | | |
| **MET** | **NOT MET** | **COMMENTS** |
|  | Sensory motor development. | | |  |  |  |
|  | Self-help skills training. | | |  |  |  |
|  | Behavior management program.  *[Discuss behavior management in the next section.]* | | |  |  |  |
|  | The facility shall provide no less than 56 hours of active treatment per week, including weekends. For those clients who require a combination of developmental program services and nursing care activities, no less than 28 hours per week shall be devoted to the developmental programs unless otherwise approved in the facility program plan. The active treatment program shall include: | | |  |  |  |
|  | W120; §483.410(d)(3) Any active treatment provided by agencies either outside or inside the facility shall be specified in the ISP. | | |  |  |  |
|  | No more than two consecutive hours not devoted to active treatment as specified in the ISP. If additional unstructured time is required such need shall be determined by the IPST and documented in the client’s individual service plan and the facility’s program plan. | | |  |  |  |
|  | W136; §483.420(a)(11) Weekend program schedule which emphasizes recreational and social experiences as specified in the ISP. | | |  |  |  |
|  | W126; §483.420(a)(4) Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.  483.420(a)(4) GUIDANCE: The IDT must not conclude that a money management program is inappropriate based solely upon the level of intellectual or physical disability of the client. The need for a formal money management program must be addressed in every client’s IPP by the IDT on an annual basis. | | |  |  |  |
|  | W196; §483.440(a)(1) Each client must receive continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed toward: | | |  |  |  |
|  | W196; §483.440(a)(1)(i) The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible and | | |  |  |  |
|  | W196; §483.440(a)(1)(ii) the prevention or deceleration of regression or loss of current optimal functional status. | | |  |  |  |
| **BEHAVIOR MANAGEMENT PLAN - PROGRAM COMPONENTS**  W274-W13; §483.450(b)-(e) | | | | | | |
|  | A written assessment conducted by the IPST to identify behavioral excesses and/or deficits which require management. This assessment shall address the following areas: | | |  |  |  |
|  | Social and emotional status. | | |  |  |  |
| Page  Number | **REQUIREMENTS** | | | **FOR DDS USE ONLY** | | |
| **MET** | **NOT MET** | **COMMENTS** |
|  | Communication skills. | | |  |  |  |
|  | Physical and mental status. | | |  |  |  |
|  | Cognitive and adaptive skills. | | |  |  |  |
|  | Description of behavioral excesses and/or deficits, along with their frequencies, durations and intensities. | | |  |  |  |
|  | A baseline data collection system which addresses the maladaptive behavior(s). | | |  |  |  |
|  | An analysis of behavioral excesses and/or deficits identified in terms of their antecedents and consequences. | | |  |  |  |
|  | A written behavior management plan available to all facility staff, regional center representative, the client if appropriate, or the client’s authorized representative, when lawful. The behavior management plan shall include: | | |  |  |  |
|  | Long-range goals. | | |  |  |  |
|  | Behavioral objectives that are time-limited, measurable, observable and which complement the long-range goals. | | |  |  |  |
|  | Behavioral objectives which specify: | | |  |  |  |
|  | The name of the primary person providing the intervention | | |  |  |  |
|  | The place of intervention | | |  |  |  |
|  | The reinforcements to be used to elicit adaptive behaviors | | |  |  |  |
|  | The type(s) of interventions to be used. | | |  |  |  |
|  | The anticipated outcome of the behavior management plan. | | |  |  |  |
|  | The date by which the anticipated outcome is to be achieved. | | |  |  |  |
|  | The written document that clearly states, PRIOR to the use of behavioral interventions that: | | |  |  |  |
|  | The procedure to be used is the least restrictive and most effective for the maladaptive behavior. | | |  |  |  |
|  | The environment where the behavior change is to occur is designed to avoid stigma, and to support and reinforce compatible and adaptive behaviors. | | |  |  |  |
|  | A specific choice from different behavior interventions has been made based on relative effectiveness. | | |  |  |  |
| Page  Numbers | **REQUIREMENTS** | | | **FOR DDS USE ONLY** | | |
| **MET** | **NOT MET** | **COMMENTS** |
|  | The undesirable long-term and short-term effects which may be associated with the procedures have been identified. | | |  |  |  |
|  | The conditions under which procedure is contraindicated have been identified. | | |  |  |  |
|  | Social, behavioral and status benefits that can be expected have been specified. | | |  |  |  |
|  | The rights of the developmentally disabled person were and are protected in accordance with Section 4503 and 4505 of the W&I Code. | | |  |  |  |
|  | All legal and regulatory requirements have been met. | | |  |  |  |
|  | There is a plan to decrease the restrictiveness of the program over time. | | |  |  |  |
|  | A recommended treatment hierarchy which identifies the maladaptive behavior warranting the most immediate attention has been developed. | | |  |  |  |
|  | A written monthly report of progress which includes: | | |  |  |  |
|  | The progress attained in achieving each behavioral objective. | | |  |  |  |
|  | Determination as to whether the program should continue as designed or be amended. | | |  |  |  |
|  | For those instances when it can be documented that behavioral programs utilizing only positive reinforcement do not result in the desired adaptive behavior, mild restrictive interventions may be employed. Such interventions shall be limited to: *[if any of the following behavioral programs will not be used, state this in your program plan]* | | |  |  |  |
|  | Contingent observation | | |  |  |  |
|  | Extinction | | |  |  |  |
|  | Withdrawal of social contact | | |  |  |  |
|  | Fines of tokens or other reinforcers | | |  |  |  |
|  | Exclusion time-out, with client in constant view | | |  |  |  |
|  | W262 – W263; §483.440(f)(3) Explain the type of restrictive/aversive techniques to be utilized after approval from ID team/Human Rights Committee (HRC) and written informed consent has been obtained. | | |  |  |  |
|  | Containment | | |  |  |  |
|  | Physical restraint | | |  |  |  |
|  | Chemical restraint | | |  |  |  |
| Page  Numbers | **REQUIREMENTS** | | | **FOR DDS USE ONLY** | | |
| **MET** | **NOT MET** | **COMMENTS** |
|  | Psychotherapeutic or behavior altering drugs shall be used only as an integral part on an individual service plan that is designed by an interdisciplinary professional staff/team to lead to a less restrictive way of managing maladaptive behavior and ultimately to the elimination of those behaviors for which the drugs are employed. | | |  |  |  |
| **Human Rights Committee**  W261 – W264; §483.440(f)(3) | | | | | | |
|  | The facility shall have a Human Rights Committee (HRC) which shall be responsible for assuring that client rights as specified in the Welfare and Institutions Code Section 4502-4505 and Sections 50500-50550, Title 17 California Administrative Code are safeguarded. | | |  |  |  |
|  | Minutes of every committee meeting shall be maintained in the facility and shall indicate the names of the members present, date, subject matter discussed and action taken. | | |  |  |  |
|  | Composition of the committee shall consist of at least the administrator, QIDP, RN, Regional Center Client’s Rights Advocate and with the consent of the client or when otherwise permitted by law, a client representative or developmentally disabled person, parent or community representative and may include a member from the State Council Regional Advisory Committee. | | |  |  |  |
|  | The committee shall meet at least quarterly. | | |  |  |  |
|  | The function of the HRC shall include: | | |  |  |  |
|  | Development of policies and procedures to assure and safeguard the client’s rights listed in the W &I Code and Title 17. | | |  |  |  |
|  | Document and participate in developing and implementing relevant in-service training programs. | | |  |  |  |
|  | Review treatment modalities used by the facility where client human rights and dignity is affected. | | |  |  |  |
|  | Review and approve at least annually, all behavior management programs. For those client programs utilizing restrictive procedures, the minutes of the HRC shall reflect all previous treatment modalities used by the facility and shall document that the current program represents the least restrictive alternative. | | |  |  |  |
|  | W124; §483.20(a)(2) Inform each client, parent (if the client is a minor), or legal guardian, of the client’s medical condition, developmental and behavioral status, attendant risks of treatment and of the right to refuse treatment. | | |  |  |  |
| **INITIAL ORIENTATION TRAINING**  W189; §483.430(e)(1) | | | | | | |
|  | All new staff shall be provided sixteen (16) hours of orientation by a QIDP, Registered Nurse, Licensed Vocational Nurse or Licensed Psychiatric Technician. These hours shall be completed and be documented during the first forty (40) hours of employment. | | |  |  |  |
| Page  Number | **REQUIREMENTS** | | | **FOR DDS USE ONLY** | | |
| **MET** | **NOT MET** | **COMMENTS** |
|  | Prior to providing direct client care and during the first eight hours of employment, each direct-care staff member shall be provided with the following: | | |  |  |  |
|  | Tour of the facility. | | |  |  |  |
|  | Description of client population. | | |  |  |  |
|  | The client’s daily schedule. | | |  |  |  |
|  | Instruction in the use and application of equipment and assistive devices. | | |  |  |  |
|  | Instruction in unusual occurrences and lifesaving procedures including but not limited to, emergency procedures for relief of choking. | | |  |  |  |
|  | Orientation to fire and disaster plans. | | |  |  |  |
|  | An introduction to client care and special needs of developmentally disabled persons. | | |  |  |  |
|  | The remaining eight (8) hours of orientation shall include: | | |  |  |  |
|  | Administrative structure of the facility. | | |  |  |  |
|  | Organization of staff. | | |  |  |  |
|  | Services offered. | | |  |  |  |
|  | The role of direct-care staff, including job descriptions, the team concept and approaches to clients. | | |  |  |  |
|  | Personnel Policies. | | |  |  |  |
|  | The facility’s philosophy of client care. | | |  |  |  |
|  | Overall concepts of the facility’s program to meet the needs of the clients, including normalization and interdisciplinary professional staff team concept. | | |  |  |  |
|  | Developmental growth and assessment. | | |  |  |  |
|  | Client’s activities of daily living. | | |  |  |  |
|  | Implementation of the individual service plan. | | |  |  |  |
|  | Clients’ rights. | | |  |  |  |
|  | Nursing policies and procedures. | | |  |  |  |
|  | Legal ethical considerations of health care. | | |  |  |  |
|  | The role of federal and state regulations in the provisions of care by employees. | | |  |  |  |
| Page  Number | **REQUIREMENTS** | | | **FOR DDS USE ONLY** | | |
| **MET** | **NOT MET** | **COMMENTS** |
| **IN SERVICE TRAINING PLAN**  W189 – W194; §483.430(e) | | | | | | |
|  | The facility shall require that all direct care staff receive at least 3 hours per month, 36 hours annually, of planned in-service education which shall be documented and shall include: | | |  |  |  |
|  | Program techniques specific to the facility’s clients. | | |  |  |  |
|  | Developing program objectives for clients. | | |  |  |  |
|  | Evaluation, assessment techniques. | | |  |  |  |
|  | Documentation of a client’s response to his/her program including observation, reporting and recording. | | |  |  |  |
|  | Special developmental needs of the facility’s clients. | | |  |  |  |
|  | Sensory deprivation and stimulation. | | |  |  |  |
|  | Interpersonal relationships and communication skills between staff and clients. | | |  |  |  |
|  | Psychosocial aspects of developmental disabilities as related to individual, family and community. | | |  |  |  |
|  | Confidentiality of client information. | | |  |  |  |
|  | Detection of signs of illness or dysfunction that warrant medical or nursing intervention. | | |  |  |  |
|  | Maintenance of healthy skin: prevention of skin breakdown, body positioning and range of motion. | | |  |  |  |
|  | Basic nursing & health related skills. | | |  |  |  |
|  | Bladder and bowel training and management. | | |  |  |  |
|  | Oral hygiene. | | |  |  |  |
|  | Nutritional needs of clients including special feeding techniques. | | |  |  |  |
|  | Behavior management. | | |  |  |  |
|  | Emergency intervention procedures for behavior control. | | |  |  |  |
|  | Prevention & control of infection. | | |  |  |  |
|  | Fire & accident prevention & safety. | | |  |  |  |
|  | Disaster preparedness. | | |  |  |  |
| Page  Number | **REQUIREMENTS** | | | **FOR DDS USE ONLY** | | |
| **MET** | **NOT MET** | **COMMENTS** |
|  | Clients rights as specified in Sections 4502 through 4507 of the W&I code and Sections 50500 through 50550 of Title 17, California Code of Regulations. | | |  |  |  |
|  | The role and involvement of parent, guardian, conservator or authorized representative in the client’s overall service plan. | | |  |  |  |
|  | Instructions in first aid and CPR to be taught by an instructor certified by the American Red Cross or the American Heart Association. | | |  |  |  |
|  | Instruction in the causes and treatment of epilepsy, care of the client during and following an epileptic seizure, safety precautions and protective equipment. | | |  |  |  |
|  | Locating and using program reference materials. | | |  |  |  |
|  | The use and proper application of postural supports. | | |  |  |  |
|  | Caring for the dying client and understanding the grieving process. | | |  |  |  |
| **PROGRAM PLAN ATTACHMENTS** | | | | | | |
| #1 | A one-week program schedule for clients in the facility. | | |  |  |  |
| #2 | W136; §483.420(a)(11) Weekend programming which emphasizes recreational and social experiences. | | |  |  |  |
| #3 | The facility’s organizational chart. | | |  |  |  |
| #4 | W164, W167; §483.430(b)(1)-(2) The IPST utilized indicating their disciplines worked each week. *[provide monthly hours]* | | |  |  |  |
| #5 | W186 – W187; §483.430(d)(1)-(3) Facility staffing pattern (for one week).  *[Staff Schedule]* | | |  |  |  |
| #6 | W412 – W413; §483.470(b)(1), W435; §483.470(g)(1) A description of space provided for program activities.  *[A facility floor plan, include square footage of each bedroom]* | | |  |  |  |
| #7 | Description of the equipment available for program use. | | |  |  |  |
| #8 | A plan for utilization of community resources. | | |  |  |  |
| #9 | W127; §483.420(a)(5), W149 - W157; §483.420(d)(1)-(4) **Task Two Protocol**: Develop system to prevent, report, and investigate reported/suspected abuse. *Include reporting requirements from Welfare & Institutions Code Sections 4659.2 and 15630(b).* | | |  |  |  |
| #10 | Develop a facility wide Quality Assurance Plan. | | |  |  |  |
| Page  Number | REQUIREMENTS | | | **FOR DDS USE ONLY** | | |
| **MET** | **NOT MET** | **COMMENTS** |
| #11 | Attach the following complete updated information for each professional staff:  1. Copy of contract.  2. Resume***.***  3. Professional license, registration, certification, or diploma. *[Include an education equivalency report of foreign diplomas if necessary]* | | |  |  |  |
| #12 | The facility will maintain written transfer agreements with one or more general acute hospitals to make services of those facilities accessible to clients as needed and to facilitate the expeditious transfer of clients and essential client information. | | |  |  |  |
| #13 | **Medication Training Program Plan**  A training program for drug administration for non-licensed personnel who administer drugs in the facility.  *[to develop the medication training plan, see the medication training Checklist attachment, the Medication Training Plan must be submitted as part of your Program Plan.]* | | |  |  |  |
| #14 | Health & Safety Code Section 1337(a) Attendant Training Program Plan Develop a lesson plan for EACH TOPIC under Modules 1-4.   1. Select ONE lesson plan from each Module and submit to DDS for approval. 2. Include in your submission a completed DS1853 -Training Program for 3. ICF/DD-N Attendant form. | | |  |  |  |
| 14.1 | **Specialized Procedures**   1. Specialized Procedure Approval Cover Sheet 2. Specialized Procedure Format Sheet 3. *[not typically required for new facilities]* | | |  |  |  |
| #15 | **Health and Safety Code Section 1268.6 Sixteen-Hour New Provider Orientation Training**. *[include a copy of the certificate demonstrating proof of the 16-hour new provider orientation training]* | | |  |  |  |
| #16 | §483.475 **Emergency Preparedness** *[INCLUDE A COPY OF THE FACILITY EMERGENCY PREPAREDNESS PROGRAM]* | | |  |  |  |