

ICF/DD-HABILITATIVE (ICF/DD-H) PROGRAM PLAN

INSTRUCTIONS AND CHECKLIST

Facility Name:	Telephone:
Facility Address:	
Primary Contact's Name:	Primary Contact's Email: Primary Contact's Role at Facility:
Name of Facility RN:	RN's Email: RN's Telephone:
Number of Proposed Individuals Served:	Age Range:
If CHOW, Current Licensed Capacity:	Ambulatory Status:

INSTRUCTIONS

1. To develop your Program Plan, use this document, the ICF-DD H Program Plan Instructions and Checklist, **all applicable** statutes and regulations, and **current best practices** as a guide.
2. Refer to [Forms, Checklists and Regulations for ICF Program Plans](#).
3. Submit the main portion of the Program Plan in a Microsoft Word document. Label all documents according to their content. Attachments 1 and 2 must be submitted as DDS-provided templates. Attachments 3-6 must be submitted as PDFs. Attachments 7-9 must be submitted as Microsoft Word documents.
4. Prior to submission to DDS, review the Program Plan to ensure that it aligns with the Checklist below, and is complete. Enter the **specific page number** in the Checklist to coincide with the Program Plan. Sign and date the Checklist to certify that it is complete.
5. Place components of the Program Plan in sequential order, as outlined in the Checklist (see Program Plan Contents below).
6. Language should be clear and concise. We recommend a 12-point font. Do not use only uppercase letters.
7. Verify that all professional licenses and credentials are current and valid, and all contracts are dated and fully executed. Note that the consultants listed in **bold** print are required for Program Plan approval.
8. The Department of Developmental Services (DDS) Nurse Consultant will review the Medication Administration Training (MAT). Submit this as a separate Microsoft Word document. Please note that a separate Checklist for the MAT is also required to be submitted with the Program Plan package. The ICF/DD-H Medication Training Plan MAT Checklist is available on the DDS website at the link above.
9. Once completed, email the Instructions/Checklist as well as your Program Plan and Attachments to HealthFacilities@dds.ca.gov. Submit the Program Plan as regular

email attachment(s). Downloads from a cloud transfer service are not always readily available via this address. You may Zip the files if they are too large to send. Contact HealthFacilities@dds.ca.gov if you have any difficulty with the submission process.

10. DDS will assign an analyst to review the Program Plan Package once all required documents are submitted, including:
 - a. the DS 1852 *Health Facility Program Plan Application*;
 - b. the Program Plan;
 - c. Attachments 1-9; and
 - d. the signed certifications, below, in the proper formats, as specified. If any documents are missing and/or components in the Checklist are incomplete, the Program Plan will not be accepted until it is complete.
11. DDS may require revisions to the Program Plan prior to approval. The licensee, or their designee, must confirm receipt of DDS' request for revisions in a timely manner.
12. DDS-requested revisions to the Program Plan must be resubmitted to DDS *within two weeks* of request.
13. If the Program Plan is returned with comments and requests for changes, please keep these original edits in the document you return to DDS. **DO NOT DELETE OR RESOLVE COMMENTS AND REQUESTS FROM DDS** when resubmitting, as DDS will confirm that all requested revisions were sufficiently addressed.

***Note: Selected sections of statutes and regulations, applicable to Program Plan development are provided for your reference. This document does not include all statutes and regulations pertaining to ICF/DD-H and/or their services.**

CHECKLIST – ICF/DD-H

REQUIRED PROGRAM PLAN PACKAGE CONTENTS	Page #(s):
DS 1852 Health Facility Program Plan Application	Cover Sheet
PROGRAM PLAN:	
Table of Contents (This should be included at the beginning of the Program Plan.)	
I. Introduction Include the facility's philosophy and mission. Also include a statement that compliance with all relevant, current, and future State and Federal regulations and statutes will be maintained and adopted into facility policies and procedures.	
II. Individual Placement Process Describe the Individual Placement Process per California Code of Regulations (CCR), Title 22 §76857, 76858, 76859 and 51343.1 and Code of Federal Regulations (CFR), Title 42 §483.440(b)(1-5). Include the following items:	
A. Individual Profile/ Description Use the Client Development Evaluation Report (CDER) to explain who the facility will serve. Include a summary of the individuals' identified needs.	
B. Entrance Criteria Describe who will be placed at the facility, consistent with regulations.	
C. Exclusionary/Exit Criteria Describe for whom the facility will not be able to provide services, consistent with regulations.	
D. Preadmission Assessment Describe how the facility will ensure the person's needs can be met. Note who will be responsible for completion of this assessment.	
E. Placement Process Describe the process that will be used to make determinations about placement and ensure the facility will be able to meet each resident's needs, prior to placement.	
F. Discharge Plan Describe how the facility will create a comprehensive discharge plan to meet each person's needs (who will be involved, content areas) and how the plan will be implemented. Include how information will be relayed to the staff regarding the individual being newly placed at the facility and describe how the facility will avoid transfer trauma. Describe opportunities for the individual to visit the new placement prior to transfer and note any cross-training between current and new staff.	
Are all of the above items included in the Program Plan? For Provider Use Yes No For DDS Use Yes No	
III. Individual Assessment & Interdisciplinary Team Process Per CCR, Title 22 §76860, 76859, CFR, Title 42 §483.440 (c)(1-4), (d)(1),(e) and (f), include the following items:	
A. Interdisciplinary Team (IDT) Process 1. Explain who will be on the IDT and how the facility will promote a team process and meaningful discussion, per Appendix J §483,440(d)(1).	

REQUIRED PROGRAM PLAN PACKAGE CONTENTS		Page #(s):						
2. Include consideration of the person’s need for continued ICF/DD-H Services. Include communication with the regional center. Include consideration of the need for guardianship or conservatorship. 3. Provide an acknowledgement that the assessment will be shared with direct care staff.								
B. Terminology- Individual Service Plan (ISP) versus Individual Program Plan (IPP) Define and differentiate the terms ISP and IPP and explain how these terms are used in the Program Plan. NOTE: State law refers to ISP whereas Federal law refers to IPP, which should not be confused with the Lanterman Act Required IPP that is generated by the regional center.								
C. ISP Development Process Provide descriptions of how the ISP will be developed based on the Comprehensive Functional Assessment (CFA) and under the direction of the Qualified Intellectual Disability Professional (QIDP).								
D. ISP Review Schedule Provide a statement, consistent with regulations, that the facility will complete the ISP within thirty (30) days following the individual’s admission, review semi-annually and as needed thereafter.								
E. ISP Objectives Provide a statement, consistent with regulations, that the facility will develop and review specific objectives necessary to meet the individual’s needs as identified in the CFA. Objectives must identify a single behavioral outcome, be assigned projected completion dates, be expressed in behavioral terms that provide measurable indices of performance, reflect developmental progression appropriate to the individual, and be assigned priorities.								
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For Provider Use	Yes	No						
For DDS Use	Yes	No						
IV. Program Elements Provide a statement that Habilitative Programming will be based on the individual’s specific needs as identified through the CFA per CCR, Title 22 §76862 and 76875, and CFR, Title 42 §483.440(a)(1) and 483.460(c)(1-5). Include the following items:								
A. Services provided by a Registered Nurse (RN) Pursuant to CCR, Title 22 §76875 and CFR, Title 42 §483.460(c)(1-5), describe how the facility will provide nursing services to meet the needs of each resident. Services must include, but should not be limited to, the following: 1. Provide training to residents and staff as needed. 2. Provide preadmission, initial, and ongoing assessments. 3. Participate as a member of the IDT and update ISP at least every six months. 4. Develop, with a physician, a medical care plan when the physician has determined that an individual requires such a plan. 5. Review the type, extent, and quality of nursing services on an ongoing basis.								

REQUIRED PROGRAM PLAN PACKAGE CONTENTS	Page #(s):
6. Notify physician immediately of any sudden or marked adverse changes exhibited by consumer. 7. Oversee Infection Control. 8. Ensure needed medications are administered accurately and all necessary medical equipment is available. 9. Oversee discharge planning.	
B. Active Treatment/Habilitative Program Pursuant to CFR, Title 42 §483.430(b)(1) and 483.440(a)(1-2), define Active Treatment. Provide a statement that there will be no more than two consecutive hours not devoted to active treatment unless specified otherwise in the ISP and that each person will receive a continuous active treatment program which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services. 1. Describe how this will look in the facility. Include a statement that active treatment will be provided seven days a week with each person receiving no less than 56 hours. 2. Include focus on the acquisition of the behaviors necessary for the individual to function with as much self-determination as possible and the prevention or deceleration of regression or loss of current optimal functional status, per W-196. 3. Include a statement that allows individuals to manage their financial affairs and teach them to do so to the extent of their capabilities. Pursuant to Appendix J, §483.420(a)(4) the IDT must not conclude that a money management program is inappropriate based solely upon the level of intellectual or physical disability of the individual. The need for a formal money management program must be addressed in every person's ISP by the IDT on an annual basis. 4. Describe how the facility will ensure the individual's ISP is implemented effectively (training, procedures, and generalization of practices across settings). 5. Describe how outcomes from implementation of individuals' ISPs align with Program Plan objectives. 6. Explain how the facility will ensure consistency and continuity of services.	
C. Program Documentation Pursuant to CFR, Title 42 §483.440(e)(1-2) and 483.440(f)(1): 1. Describe how the facility will ensure documentation is consistent and accurate. 2. Explain how the facility will ensure data is collected and monitored consistently. 3. Describe how the facility will analyze the data after it is collected and how often it will be analyzed. 4. Note what changes will take place as a result of data analyses.	
D. Self-Help/Activities of Daily Living Pursuant to CFR, Title 42 §483.440(c)(4): 1. Note who will evaluate the person's current level of functioning. 2. Describe how you will determine their strengths and needs. 3. Explain how the facility will provide programming in sensory motor development/mobility/fine and gross motor skills.	

REQUIRED PROGRAM PLAN PACKAGE CONTENTS	Page #(s):						
E. Sensory Motor Development/Mobility/Fine and Gross Motor Skills Pursuant to CFR, Title 42 §483.440(c)(3)(v): - Note who will evaluate the individual's current level of functioning. - Describe how you will determine their strengths and needs. - Explain how the facility will provide programming in the area of sensory motor development/mobility/fine and gross motor skills. - Note if there will be an exercise program. - Note if adaptive equipment is needed.							
F. Communication Skills Pursuant to CFR, Title 42 §483.440(c)(3)(v): - Note who will evaluate the person's current level of functioning. - Explain how the facility will determine their strengths and needs. - Describe how the facility will provide programming in the area of communication skills.							
G. Bowel and Bladder Training Pursuant to CFR, Title 42 §483.440(c)(6)(iii): - Note who will evaluate the individual's current level of functioning. - Describe how the facility will determine their strengths and needs. - Explain how the facility will provide programming in the area of bowel and bladder training.							
H. Social/Recreational Skills and Leisure Activities Pursuant to CFR, Title 42 §483.440(c)(3)(v): - Note who will evaluate the person's current level of functioning. - Explain how the facility will determine their strengths and needs. - Describe how the facility will provide programming in the area of social/recreational skills and leisure activities.							
I. Dietary and Nutrition Pursuant to CFR, Title 42§483.480 (a-d) and Title 22 § 76881-76892 : - Note who will evaluate the individual's current needs and oversee menus. - Describe how the facility will ensure well balanced meals are served daily. - Explain how this will be monitored and evaluated in the facility.							
Are all of the above items included in the Program Plan? <table border="0"> <tr> <td align="right">For Provider Use</td> <td>Yes</td> <td>No</td> </tr> <tr> <td align="right">For DDS Use</td> <td>Yes</td> <td>No</td> </tr> </table>		For Provider Use	Yes	No	For DDS Use	Yes	No
For Provider Use	Yes	No					
For DDS Use	Yes	No					
V. Behavior Management Program Per CCR, Title 22 §76869 and CFR, Title 42 §483.450(b) and (d), include the following items:							
A. Required Components - Note who will evaluate the person's current level of functioning. Include a written functional behavior assessment conducted by the interdisciplinary professional. - Explain how the facility will determine what the resident is trying to communicate.							

REQUIRED PROGRAM PLAN PACKAGE CONTENTS	Page #(s):
3. Explain how the resident communicates (e.g., vocally, sign language, hand gestures, etc.) 4. Include social and emotional status, cognitive and adaptive skills, and identification of the maladaptive behaviors. 5. Include an identification of the maladaptive behaviors and a data collection system that addresses the behaviors. 6. Include long-range goals and behavioral objectives that are time-limited, measurable, observable and complement the long-range goals. 7. Behavioral objectives must specify the name of the primary person providing the intervention, the place of intervention, the reinforcements to be used to increase adaptive behaviors and the type of interventions to be used. 8. Include that the facility will maintain a written document that clearly justifies that the procedure to be used is the least restrictive and most effective intervention for the maladaptive behaviors and is designed to avoid stigma and to support and reinforce adaptive behaviors. 9. Identify the conditions under which each procedure is contraindicated and the social, behavioral and status benefits that can be expected. 10. Confirm that the rights of the individual will be protected in accordance with §4503 and 4505 of the Welfare and Institutions Code. 11. Acknowledge that all legal and regulatory requirements will be met, and that current best practices will be utilized. 12. Confirm that there is a plan to decrease the restrictiveness of each person's program. 13. Confirm that the facility applies a recommended treatment hierarchy that identifies the maladaptive behavior warranting the most immediate attention. 14. Acknowledge that a written monthly report of progress will be developed, and will include the amount of progress attained, and a determination as to whether the program should be continued as designed or amended.	
B. Describe the positive behavioral supports that the facility will be using including, but not limited to: 1. Trauma Informed Care 2. Preference Assessment 3. Reinforcement 4. Functional Communication Training 5. Environmental Modifications 6. Proactive, Instructional, and Reactive Strategies 7. Functionally Equivalent Replacement Behaviors/Additional Functional Skills 8. Non-physical De-escalation Strategies 9. Include a description of the facility's data collection methods.	
C. Psychoactive Medications (previously referred to as Psychotherapeutic or Behavior Altering Drugs) 1. Acknowledge that psychoactive medications will be used only as an integral part of an ISP that is designed by an IDT to lead to a less restrictive way of managing maladaptive behavior and ultimately to the elimination of those behaviors for which	

REQUIRED PROGRAM PLAN PACKAGE CONTENTS	Page #(s):
the drugs are employed pursuant to CCR, Title 22 §76868 and CFR, Title 42 §483.450(e) (1-4) and HSC 1180.4(k). 2. Acknowledge that if a person also has a diagnosis of a psychiatric condition that requires a stable level of a psychiatric medication to control the symptoms associated with the psychiatric diagnosis, the annual evaluation for reduction of that particular medication for the symptoms of the psychiatric diagnosis would not apply. Include that documentation will be included in the person's record from their psychiatrist or physician that medication reduction would be contraindicated or that the current level of medications is therapeutic, pursuant to per Appendix J §483.450(e)(4). Note that the definition of "chemical restraint" in CCR, Title 22 §76803 differs from the currently accepted definition and that the facility must not use drugs in doses that interfere with the individual's daily living activities or restrict freedom of movement.	
D. Include a statement that seclusion will not be used in the facility pursuant to CCR, Title 17 §50515(a).	
Are all of the above items included in the Program Plan? For Provider Use Yes No For DDS Use Yes No	
E. Include a statement as to whether the facility will or will not utilize emergency intervention procedures involving Restraint/Containment or Painful Stimuli under any circumstances. If these techniques <u>will not be used</u> in the facility, E1 through E10 in blue, below, should <u>not</u> be included in the Program Plan. If this facility proposes the use of these procedures, address the following items pursuant to the State Operations Manual (SOM) Appendix J §483.450(b) and (d), Health and Safety Code 1180.3, 1180.4, 1180.5, <i>The Association for Behavior Analysis International Position Statement on Restraint and Seclusion</i> (Vollmer, et al., 2011), and best practice:	
1. Confirm and describe how facility policies will address the supervisory oversight provided during the application of the intervention to ensure that the procedures were followed correctly. Procedures must include what retrospective analysis is done on each intervention to ensure that procedures are being followed correctly. Explain the facility's policy and procedure in detail.	
2. The Department strongly recommends that emergency restraint procedures be limited to those included in a standardized empirically based program and should be focused on alternative methods of handling aggressive/assaultive behavior including de-escalating volatile situations and other non-physical intervention techniques such as crisis communication or evasive techniques. Indicate which program will be used in the facility. Include a statement that the program includes an annual refresher training following the initial training certification for the duration of hours recommended by that training program.	
3. Acknowledge that an assessment will be completed prior to or upon admission to the facility and will include the following:	

REQUIRED PROGRAM PLAN PACKAGE CONTENTS	Page #(s):
a. Input from the person and someone whom the person desires to be present or another authorized representative. b. A person's advanced directive regarding de-escalation or the use of behavioral restraints. c. Identification of early warning signs or triggers that may cause the person to escalate. d. Techniques, methods, or tools that would help the person control the person's behavior. e. Preexisting medical conditions or any physical disabilities that would place the person at greater risk during restraint. f. Any trauma history or abuse that the affected person feels is relevant.	
4. Include a statement that the facility will not use physical restraint or containment as an extended procedure.	
5. Include a statement that the facility will afford persons who are restrained the least restrictive alternative and maximum freedom of movement.	
6. Include a statement that the facility will keep under constant, face-to-face human observation a person who is in any type of restraint.	
7. Include a statement that the facility will not utilize any type of restraint that obstructs a person's respiratory airway or impairs the person's breathing or respiratory capacity, including techniques in which a staff member places pressure on a person's back or places the staff member's body weight against the person's torso or back, or use an item that covers the person's face as part of a containment process.	
8. Include a statement that the person will be released from the restraint as soon as the danger to self or others is no longer present.	
9. Include the facility's policy on the release, breaks and maximum length of time of restraints, consistent with the identified training program's recommendations.	
10. Provide an assurance that, as quickly as possible, but no later than twenty-four (24) hours after the use of behavioral restraints, the facility will conduct a debriefing regarding the incident with the person, and if the person requests it, the person's family member, significant other, or authorized representative. Include that the purpose of the debriefing is to: a. Assist the person to identify the precipitant of the incident and suggest methods of more safely responding to the incident. b. Assist the staff to understand the precipitants to the incident, and to develop alternative methods of helping the person avoid or cope with those incidents. c. Help the treatment team staff devise treatment interventions to address the root cause of the incident and its consequences, and to modify the treatment plan. d. Help assess whether the intervention was necessary and whether it was implemented in a manner consistent with staff training and facility policies. e. Provide both the person and staff the opportunity to discuss the circumstances resulting in the use of the restraint and strategies to be used	

REQUIRED PROGRAM PLAN PACKAGE CONTENTS	Page #(s):								
by the staff, the person, or others that could prevent the future use of this emergency intervention. f. Document in the person's record that the debriefing took place and any changes to the person's treatment plan that resulted from the debriefing. Include if there were any adverse responses by the individual to the intervention including injuries and/or observation of or reports of distress associated with the implementation of the intervention.									
11. The Department does not support the use of mechanical restraints, prone containment, or painful stimuli. Include a statement that these techniques will not be used in the facility under any circumstances. If limited utilization of either is proposed, additional information will be required for further consideration.									
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VI. Human Rights Per CCR, Title 22 §76917, Title 17 §50520(b) and CFR, Title 42 §483.420(a-c) and 483.440(f)(3) describe how your facility will address the following requirements:									
A. The facility shall have a Human Rights Committee (HRC), which shall be responsible for assuring that individual rights as specified in CCR, Title 22 §76917 and the Welfare and Institutions Code, §4502 through 4505, and CCR, Title 17 §50500-50550 are safeguarded.									
B. Minutes of every committee meeting shall be maintained in the facility and shall indicate the names of the members present, date, subject matter discussed, and actions taken.									
C. Committee organization and structure shall be as follows: - Composition of the HRC shall consist of at least the Administrator, QIDP, a registered nurse, representative of the regional center, and with the consent of the resident, or when otherwise permitted by law, a resident representative and/or developmentally disabled person, a parent, or a community representative, and may include a member from the State council Regional Advisory Committee. - The HRC shall meet at least quarterly.									
D. The function of the HRC shall include: - Development of policies and procedures to assure and safeguard the individual's rights as listed in the Welfare and Institutions Code, §4502 through 4505, and CCR, Title 17 §50500-50500. - Monitor staff performance to ensure that policies and procedures are implemented. - Document and participate in developing and implementing relevant in-service programs. - Review treatment modalities used by the facility where individual rights or human dignity is affected. - Review and approve at least annually, all behavior management programs. For those programs utilizing restrictive procedures, the minutes of the HRC shall									

REQUIRED PROGRAM PLAN PACKAGE CONTENTS	Page #(s):						
reflect an examination of all previous treatment modalities used by the facility and shall document that the current program represents the least restrictive treatment alternative and current best practice. 6. Inform each resident, parent (if the resident is a minor), or legal guardian, of the person's medical condition, development and behavioral status, attendant risks of treatment, and of the right to refuse treatment. 7. The Department recommends that the review of resident expenditures and safeguarding of resident funds is periodically addressed by the HRC.							
E. Describe how the facility will ensure that all individuals are informed about their rights and how the facility will maintain ongoing dialogue with residents on their rights.							
F. Describe how the facility will include individuals in decision-making and promote self-advocacy in the facility.							
G. Include a statement that the facility will report all incidents of the use of behavioral restraints and the use of involuntary emergency medication used to control behavior pursuant to Welfare and Institutions Code §4659.2.							
Are all of the above items included in the Program Plan? <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td>For Provider Use</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>For DDS Use</td> <td>Yes</td> <td>No</td> </tr> </table>		For Provider Use	Yes	No	For DDS Use	Yes	No
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VII. Orientation and In-Service Training Programs Per CCR, Title 22 §76873(b-c) and CFR, Title 42 §483.430(e), describe how your facility will address the following requirements:							
A. Orientation Program The facility shall require that all new staff, prior to providing direct care services, receive eight (8) hours of orientation, which shall be documented and be completed during the first 40 hours of employment. The orientation shall include: 1. A tour of the facility. 2. A description of the resident population. 3. An explanation of the needs of individuals with developmental disabilities. 4. An overview of the concepts in the facility's program, which meet the needs of the residents, including normalization. 5. Developmental growth and assessment. 6. Implementation of the ISP. 7. Activities of daily living. 8. Use of adaptive equipment or devices. 9. Unusual occurrences with residents including but not limited to, emergency procedures for relief of choking. 10. Fire and Disaster Plans.							
B. In-Service Program The facility shall require that all direct care staff, in addition to eight (8) hours of orientation, receive at least three (3) hours per month, 36 hours annually, of planned in-service training which shall be documented and shall include, but not be limited to, the following topics:							

REQUIRED PROGRAM PLAN PACKAGE CONTENTS	Page #(s):								
1. Program techniques specific to the facility's residents. 2. Developing program objectives for residents. 3. Evaluation and assessment techniques. 4. Documentation of individual progress. 5. Developmental special needs of the facility's residents. 6. Interpersonal relationships and communication skills between staff and residents. 7. Confidentiality of client information/Health Insurance Portability and Accountability Act (HIPPA). 8. Detection of signs of illness/dysfunction that warrant medical/nursing intervention. 9. Basic nursing and health related skills. 10. Behavior management. 11. Emergency intervention procedures for behavior control. 12. Prevention and control of infection. 13. Fire and accident prevention and safety. 14. Consumer rights as specified in Welfare and Institutions Code §4502 through 4505 and CCR, Title 17, §50500 through 50550. 15. Role and involvement of the parent, guardian, conservator, or authorized representative in the overall individual service plan. 16. First Aid and cardiopulmonary resuscitation (CPR). 17. If any resident has epilepsy, the causes and treatment of epilepsy, care during and following a seizure, safety precautions, and protective equipment. 18. Locating and using program reference materials. 19. The use and proper application of supportive devices.									
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For Provider Use	Yes	No							
For DDS Use	Yes	No							
VIII. Abuse Prevention and Reporting Per Welfare and Institutions Code §4659.2 and 15630(b), Health and Safety Code 1418.91, CFR, Title 42 §483.420(a)(5), W127 and W149-157, CCR, Title 17 §54327, and Title 22§ 76916 (a)(8) the facility must have a system to prevent, report and investigate reported/suspected abuse.									
A. System Provide a detailed description of the system to prevent, report, and investigate reported/suspected abuse.									
B. Policy Provide your facility's Abuse Policy and associated documents.									
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For Provider Use	Yes	No							
For DDS Use	Yes	No							

REQUIRED PROGRAM PLAN ATTACHMENTS

ATTACHMENTS IN DDS-PROVIDED TEMPLATE All copies must be clear and readable. Verify that all required documents are included.	File Name Must Read:
Attachment 1- Consultant List pursuant to Title 22, §76857 and CFR, Title 42 §483.430 Use the form on the DDS website. Include: List of Consultants/Professional Staff utilized indicating their disciplines and hours worked. Provide names and weekly hours.	Consultant List
Attachment 2- Staff Schedule pursuant to Title 22, §76857 and CFR, Title 42 §483.430. Use the form on the DDS website. Include the facility program staffing pattern (staff schedule). Include a key and ensure the required number of staffing hours is clearly reflected on the schedule.	Staff Schedule
ATTACHMENTS IN PORTABLE DOCUMENT FORMAT (PDF) All copies must be clear and readable. Verify that all required documents are included.	PDF File Name Must Read:
Attachment 3- Floor Plan pursuant to CCR, Title 22 §76857 and CFR, Title 42 §483.470(b) and Medicare and Medicaid Programs: Fire and Safety Requirements. Include a facility floor plan that clearly shows square footage of each bedroom and sprinkler locations .	Floor Plan
Attachment 4- Contracts & Professional Credentials pursuant to Title 22, §76857, 76872 and CFR, Title 42 §483.430 Include: • A copy of each fully executed contract with everyone listed on the Consultant List who is not an employee of the facility. Each contract must be current, dated, and signed by both parties. • Consistent with and in order of the Consultant/Professional Staff List QIDP, Administrator, Dentist, Dietician, Physician, Registered Nurse, Pharmacist, Physical Therapist, Occupational Therapist (or RT), Psychologist, Recreational Therapist (or OT), Social Worker, Speech Pathologist and Audiologist, provide a copy of their current resume and current professional license*, registration, certification, or diploma. (Include an education equivalency report of foreign diplomas, if applicable.)	Contracts and Professional Credentials
*Please note that expired licenses will not be accepted.	
Attachment 5- New Provider Orientation Training pursuant to Health and Safety Code §1268.6. Provide proof of sixteen-hour 'New Provider Orientation Training' by licensee or licensee designee.	New Provider Orientation

Attachment 6- Emergency Preparedness pursuant to CFR, Title 42 §483.475, and Centers for Medicare & Medicaid Services Emergency Preparedness Rule. Include a copy of the facility's Emergency Operations Plan. The California Association of Health Facilities Disaster Preparedness Program website is available to use as a guide.	<i>Emergency Preparedness</i>
ATTACHMENTS IN WORD FORMAT All copies must be clear and readable. Verify that all required documents are included.	Word - formatted File Name Must Read:
Attachment 7- Facility Operations pursuant to CCR, Title 22 §76857 and CFR, Title 42, §483.410, 483.420(a)(11) Include: • A week's program schedule for residents in the facility. • Description of 'Weekend' programming, which emphasizes recreational and social experiences. • The facility's organizational chart. • A plan for utilization of community resources including the names and addresses of such resources. Describe the space provided for program elements and equipment.	<i>Facility Operations</i>
Attachment 8- Quality Assurance Plan pursuant to CFR 483.470 and best practice. Refer to the Federal <i>Standards of Participation</i> when creating your plan to address continuous quality improvement. Consider best practices to address the health, safety, and well-being of individuals served. Include a tool or checklist. Identify how often the Quality Assurance tool or checklist is utilized to improve the quality of programming, the facility, and services. In the event of survey findings, accidents, or reportable incidents, the QA plan should be updated to prevent future risk.	<i>QA Plan</i>
Attachment 9- Medication Administration Training Plan pursuant to Title 22, §76857 and CFR, Title 42 §483.430(e)(2). Medication Administration Training Plan for drug administration for non-licensed personnel who administer drugs in the facility in accordance with Title 22 §76876. Submit as a separate Microsoft Word document and include the Medication checklist located on the DDS website.	<i>Medication Training Plan</i>

CERTIFICATIONS:

I certify that I have reviewed the program plan with this checklist and verified that all items are included and complete.

LICENSEE NAME

LICENSEE SIGNATURE

DATE