

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: INDIVIDUAL INSTRUCTION AND SUPPORT PLAN 5.08

Authority: [42 CFR 440.301\(c\)\(4\)](#) *Home and Community-Based Settings*
[Title 71A RCW](#) *Developmental Disabilities*
[Chapter 388-101D WAC](#) *Requirements for Providers of Residential Services
and Support*
[Chapter 388-826 WAC](#) *Out-of-Home Services*

PURPOSE

This policy establishes the requirements for individual instruction and support plans (IISPs) and risk summaries developed and maintained by a client's provider. The IISP is the primary document that describes the agreement between the client and the provider on how habilitation and support will be provided. The IISP promotes the benefits outlined in the [DDA Guiding Values](#) and is based on the client's preferences and assessed needs identified in the client's person-centered service plan (PCSP). Provider staff must use the IISP to guide their service delivery.

The risk summary is a brief description of risks that is part of the IISP, readily available to staff, and is intended to provide staff with a synopsis of crucial information regarding safeguards in place for protection and may also include other important information.

SCOPE

This policy applies to the following providers of residential habilitation:

For adults:

- Supported living
- Group homes
- Group training homes
- State-operated living alternatives

For children:

- State-operated living alternatives
- Staffed residential homes

DEFINITIONS

Goal means an objective the client wants to pursue with support from the residential provider and others.

Habilitation means services delivered by providers intended to assist people with developmental disabilities to acquire, retain, or improve upon the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

Individual instruction and support plan or **IISP** means a plan developed by the provider that describes how staff will provide habilitation and supports to meet the needs identified in the client's PCSP, which are assigned to and agreed upon by the provider.

Instruction means an active process of teaching a particular skill or subject in an attempt to move toward the client's greater independence, or to maintain their current skills and abilities.

Legal representative means a parent of a client if the client is under age eighteen, a court-appointed guardian if a decision is within the scope of the guardianship order, or, for the purpose of this policy, any other person authorized by law to act for the client..

PCSP means the person-centered service plan developed by the DDA case manager, the client, the client's legal representative, and all the client's providers.

Risk assessment means an inventory and evaluation of the known risks to a client's health or safety and the strategies or protocols in place to address those risks.

Risk summary means a list or concise explanation of risks that are potentially life-threatening or pose immediate danger to a client summarized from the risk assessment.

Support means the implementation of services provided to meet assessed needs.

POLICY

- A. Providers deliver services in a manner emphasizing instruction and support that promotes the client's community integration and increased independence or maintains the client's skills and abilities.

- B. Providers must develop a written IISP for each client they support. The IISP must describe the specific ways in which staff will provide the instruction and supports in the client's PCSP.
- C. The provider must review goal progress data at least every six months. If needed, the IISP must be revised to reflect current supports, goals, and preferences.

PROCEDURES

- A. Person-centered goals and paid support needs will be identified as part of the DDA assessment process. Providers must review, contribute, and recommend changes to the PCSP as necessary. After the annual assessment meeting, the provider may review the PCSP and suggest necessary changes before signing the document.
- B. The provider must develop an IISP for each client they support. The IISP must:
 - 1. Be available to staff when working with the client. The entire, current IISP must be kept in the client's home either electronically or in hard copy.
 - 2. Include, as part of the IISP or as a separate document, a risk summary. A hard copy of the risk summary must be available to staff in the client's home at all times.
 - 3. Be completed and implemented no more than 30 days after the client begins receiving services from a new provider. The provider must review the IISP no more than 90 days after beginning to provide services to the new client.
 - 4. Document the participation and written agreement of the client, and the client's legal representative if applicable.
 - 5. Include the date developed, reviewed, or revised, and the name and signature of the person who prepared, reviewed, or revised the plan.
 - 6. Be reviewed at least every six months and updated as necessary. The IISP must be updated if:
 - a. The client's needs change significantly;
 - b. The client achieves their goals; or
 - c. The client or the client's legal representative request an update.

7. Be provided to the client or legal representative, if the client has one, and the client's case manager no more than ten business days after:
 - a. Completing an initial plan; and
 - b. Updating a plan as required under this section.
 8. Indicate where required IISP information may be found if not directly inside the IISP.
- C. If a provider's template for the IISP and risk summary contains all information required by this policy, a provider may use their own format for creating these documents. Providers may use the following optional DDA templates for the IISP and risk summary:
1. [IISP Template](#) (which meets all requirements of this policy and includes the risk assessment and risk summary); and
 2. [Risk Summary](#).
- D. Contents of the IISP
1. The IISP must include:
 - a. The full name of the client, and the client's legal representative if applicable;
 - b. The client's preferences, including likes and dislikes;
 - c. The client's skills and abilities;
 - d. The client's preferred communication style or styles of communication staff should use with the client;
 - e. Written documentation of the client's, and, if applicable, the client's legal representative's, agreement to the plan;
 - f. The effective date of the PCSP on which the IISP was based;
 - g. A list of the people who helped develop or write the IISP;
 - h. A summary of relevant client history; and
 - i. The date the IISP was developed or revised.

2. The IISP must include a risk assessment.
 - a. The provider must review each of the following risk categories and document known risks and the interventions for the risks, or state that no known risks have been identified:
 - i. Abuse, neglect, or exploitation;
 - ii. Behavioral;
 - iii. Environmental;
 - iv. Falls;
 - v. Legal;
 - vi. Financial;
 - vii. Medical; and
 - viii. Other.
 - b. DDA's [Guide to Assessing Risk](#) is an optional tool the provider may use when completing this assessment. See Attachment A, *Clarifying Examples of Risks*, for a list of possible risks to address.
 - c. For a client with a known seizure disorder who bathes in a bathtub, the risk assessment must describe the protocol to monitor and keep the client safe.
 - d. For a client with a history of choking, the risk assessment must describe the actions staff should take to reduce choking risks based on guidelines from the client's medical professional.
3. The IISP must include a risk summary based on the risk assessment. The risk summary, at a minimum, must include:
 - a. The client's name;
 - b. The date the risk summary was written or modified;
 - c. A recent picture of the client unless the client, or the client's legal representative if applicable, objects to this requirement;
 - d. A summary of risks and interventions for all risks which, considering likelihood and severity, present immediate life-threatening danger to the client or others; and
 - e. Any other information staff may need to keep the client and others safe.

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4. The IISP must include a description of how instruction and support services will be implemented. This should be based on a review of the client's PCSP with added information that clarifies or adds details necessary for supporting the client. This does not need to restate all needs identified in the client's PCSP but must be sufficient to give staff direction.
 - a. For a client assessed as "Extensive Support Needed" in the six areas of the Exceptional Behavior Support Needs section of the PCSP that require a functional assessment and positive behavior support plan as required under [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans*, the IISP should include reference to the client's functional assessment and positive behavior support plan.
 - b. For all other areas outside of the six areas identified under DDA Policy 5.21 assessed as "Extensive Support Needed" and for all areas assessed as "Some Support Needed" in the Exceptional Behavior Support Needs section of the PCSP, the IISP must describe how that support will be provided.
 5. The IISP must include habilitative goals the client wants to accomplish with the instruction and support of the provider.
 - a. Broad goals are typically developed with the client, the client's legal representative if applicable, and others they choose to involve and are documented in the PCSP.
 - b. The provider uses the goals in the PCSP as a foundation for the habilitative goals in the IISP. The PCSP goals assigned to the provider must be identified in the IISP. The IISP may contain additional goals not identified in the PCSP. The IISP goals can be refined and adapted to reflect the client's preferences and progress.
 - c. The provider must document the instruction the staff provided and measure the client's progress on meeting their habilitative goal.
 - d. Clients who are assessed at support levels 1 and 2 must have a minimum of two habilitative goals.
 - e. Clients who are assessed at support levels 3A, 3B, 4, 5, and 6 must have a minimum of three habilitative goals.

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- f. Clients receiving children’s out-of-home services must have a minimum of three habilitative goals.
 - g. Habilitative goals must:
 - i. Reflect what the client wants to accomplish;
 - ii. Be specific and measurable;
 - iii. Include goal measurement criteria and a timeline;
 - iv. Specify the active role staff take to support the client to achieve the goal; and
 - v. Include documentation instructions.
 - h. A habilitative goal must be revised or changed:
 - i. When the goal is achieved;
 - ii. If the data indicates the instruction is not effective after a reasonable period, but no longer than six months; and
 - iii. When requested by the client, or the client’s legal representative if applicable.
 - i. A habilitative goal may be revised or changed if, in consultation with the client, the provider determines the change may benefit the client.
6. The IISP must reference other relevant support or service information such as the client’s individual financial plan, functional assessment, positive behavior support plan, and cross-systems crisis plan.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the deputy assistant secretary or designee.

SUPERSESSION

DDA Policy 5.08
Issued July 1, 2021

Approved: 
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 1, 2023

ATTACHMENT A

Clarifying Examples of Risks

The following examples are provided to assist staff in identifying potential risks when completing a client's risk assessment. The risks listed under each category are not all-inclusive and may not apply to every individual.

Abuse/Neglect/Exploitation

- Lack of awareness of risks
- Vulnerability
- Social isolation

Behavioral

- Self-injurious behavior (SIB)
- Inappropriate sexual behavior
- Food-seeking
- Aggression

Environmental

- Fire, earthquakes, flooding
- Physical layout of the home
- Neighborhood
- Water temperature
- Water safety
- Ingestion of inedible objects/substances
- Access to sharp objects
- Weapons ownership
- Community safety skills

Falls

- Unfamiliar terrain
- Transitions (i.e., room-to-room, stairs)
- Balance
- Uneven gait
- Vision impairment

Medical

- Diabetes
- Seizures
- Heart disease
- Respiratory, allergy
- Skin integrity

Legal

- Guardianship
- Custody concerns

Financial

- Financial exploitation
- Requires help to manage money