



DEVELOPMENTAL DISABILITIES COMMUNITY SERVICES DIVISION

Olympia, Washington

TITLE:	INDIVIDUAL INSTRUCTION AND SUPPORT PLAN	5.08
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Authority:	42 CFR 440.301(c)(4)	<i>Home and Community-Based Settings</i>
	Title 71A RCW	<i>Developmental Disabilities</i>
	Chapter 388-101D WAC	<i>Requirements for Providers of Residential Services and Support</i>
	Chapter 388-826 WAC	<i>Out-of-Home Services</i>
	Chapter 388-824 WAC	<i>Residential Habilitation for Dependent Youth (RHDY)</i>
	WAC 388-823-1095	<i>Client Rights</i>

NOTICE:

Effective May 1, 2025, Developmental Disabilities Administration moved under Home and Community Living Administration. The former Developmental Disabilities Administration will be known as Developmental Disabilities Community Services Division (DDCS) within the Home and Community Living Administration.

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 [DDCS 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 of the client, staff, and others, 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, maintain, or improve upon the self-help, socialization, and adaptive skills necessary to reside successfully in the community.

Individual instruction and support plan (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 person-centered service plan (PCSP), which are assigned to and agreed upon by the provider.

Instruction means goal-oriented teaching and training that is designed for acquiring, enhancing, and maintaining skills of the client's choice.

Legal representative means a parent of a client if the client is under age eighteen, a court-appointed guardian or conservator if a decision is within the scope of the guardianship or conservatorship order under [RCW 11.130](#), an agent with power of attorney when within the scope of the writing granting the agent authority under [RCW 11.125](#), or any other person authorized by law to act for the client. When legal representative is used, it means only when the client has one.

Person-centered service plan (PCSP) means a plan developed by the DDCS case manager, the client, the client's legal representative, and the client's providers. The PCSP identifies a client's goals and assessed health and welfare needs and indicates the paid services and natural supports that will assist a client to achieve their goals and address their assessed needs.

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, staff, or others, which is summarized from the risk assessment.

Support means the services provided to a client based on needs identified in the client's PCSP.

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 staff will provide the instruction and supports identified in the client's PCSP.
- C. The provider must review data on the client's habilitative goal progress when the IISP is updated and at least every six months. If needed, the IISP must be revised to reflect current supports, habilitative goals, and preferences.

PROCEDURES

- A. Person-centered goals and paid support needs will be identified as part of the DDCCS assessment process. Providers must review, contribute to, and recommend changes to the PCSP as necessary. After the annual assessment meeting and before signing the document, the provider may review the PCSP and request necessary changes.
- B. The provider must develop an IISP for each client they support. The IISP must meet the following requirements:
 - 1. The IISP must 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. The IISP must 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. A provider must complete and implement a new client's IISP no more than 30 days after beginning to deliver services to the client.
 - 4. A provider must review a new client's IISP no more than 90 days after beginning to deliver services to the client.
 - 5. The IISP must include the date the plan was developed, reviewed, or revised, and the name and signature of the person who prepared, reviewed, or revised the plan.

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6. The provider must review a client's IISP at least every six months and update the plan as necessary. The IISP must be updated if:
 - a. The client's needs change significantly;
 - b. The client achieves their habilitative goals; or
 - c. The client or the client's legal representative requests an update.
 7. The provider must give a copy of the client's IISP to the client, client's legal representative, 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. The IISP must indicate where information required under this policy 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 DDCCS 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;
 - b. The client's preferences, including likes and dislikes;
 - c. The client's skills and abilities;
 - d. The client's preferred language, communication style, or styles of communication staff should use with the client;

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- e. Participation and agreement of the client;
 - f. Consent from client or the client's legal representative to the plan;
 - g. The plan effective date on the PCSP;
 - h. A list of the people who helped develop or write the IISP;
 - i. A summary of relevant client history; and
 - j. 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. DDCS'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 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:

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- 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, 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.
4. The IISP must include a description of how instruction and support services will be implemented.
 - a. If a client receives remote supports, the IISP must describe which supports are delivered by the remote support provider (see [Policy 6.16](#), *Remote Support and Teleservice in Residential Habilitation Services*).
 - b. If a client receives services delivered by the residential provider via teleservice, the IISP must describe how instruction and support services will be delivered virtually.
 - c. This must be based on a review of the client's PCSP with added information that clarifies or adds detail on how staff will deliver necessary supports to the client. This does not need to restate all needs identified in the client's PCSP but must be sufficient to give staff direction.
 5. 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 [DDCS 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.
 6. For all other areas outside of the six areas identified under [DDCS 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.

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7. For a client supported by a contracted supported living or state-operated living alternative provider, the client's preferences for privacy in their bedroom and how they choose to secure their bedroom door must be documented in their individual instruction and support plan. For an IISP implemented before July 1, 2025, the provider must include the client's privacy preferences at the next IISP update.
 8. The IISP must include habilitative goals the client wants to accomplish with the instruction and support of the provider.
 - a. The PCSP documents person-centered goals that are typically developed with the client, the client's legal representative, and others they choose to involve.
 - b. The client, client's legal representative, and provider use the goals assigned to the provider in the PCSP to inform the development of habilitative goals in the IISP. The PCSP goals assigned to the provider must be identified in the IISP. The IISP may contain additional habilitative goals not identified in the PCSP. Habilitative goals in the IISP can be refined and adapted to reflect the client's preferences and progress.
 - c. The provider must document 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.
 - 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.
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- 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.
 - i. A habilitative goal may be revised or changed if, in consultation with the client, the provider determines the change may benefit the client.
9. 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. The individual instruction and support plan must include where the information is located.

EXCEPTIONS

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

SUPERSESSSION

DDCS Policy 5.08
Issued July 1, 2023

Approved:



Deputy Assistant Secretary
Developmental Disabilities Community Services Division

Date: July 1, 2025

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