

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: INDIVIDUAL INSTRUCTION AND SUPPORT PLAN AND RISK SUMMARY 5.08

Authority: [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 the Developmental Disabilities Administration (DDA) individual instruction and support plans (IISP) and the risk summary developed and maintained by the service provider. The IISP is the primary document that describes how habilitation and support will be provided in a way that promotes the benefits outlined in the [DDA Guiding Values](#) and is based on the client's preferences and assessed needs identified in the DDA person-centered service plan (PCSP). Service provider staff must use the IISP to guide their service delivery. The risk summary is a one-page document that can be a part of the IISP 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 DDA-contracted residential service programs:

For adults:

- Supported living (SL)
- Group homes (GH)
- Group training homes (GTH)
- State-operated living alternatives (SOLA)

For children:

- State-operated living alternatives (SOLA)
- Staffed residential home (SRH)

DEFINITIONS

Goals means what the client has identified with their support team as something they want to accomplish with the supports provided by the residential service provider.

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

IISP means the individual instruction and support plan, which 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 residential service 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 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 service providers.

Staffed residential home, as defined in WAC 110-145-1305, means a licensed group care facility that provides twenty-four hour care to six or fewer children who require more supervision than can be provided in a foster home.

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

POLICY

- A. Residential service providers must provide 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. Residential service providers must develop a written IISP for each client to whom they provide supports. 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. The summary of

goal progress, and revised goals if applicable, must be sent to the case manager for review at least every six months.

PROCEDURES

- A. Person-centered goals and paid support needs will be identified as part of the DDA assessment process. Residential service providers must review, contribute, and recommend changes as necessary. After the PCSP meeting, the provider may review the PCSP and suggest necessary changes before the provider signs the document.
- B. Residential service providers must develop an IISP for each client they provide supports to under [Chapter 388-101D WAC for adults and Chapter 388-826 WAC for children](#). The IISP must:
1. Include the elements in this policy or indicate where the information may be found in the client's records.
 2. Be available to staff when working with the client. The entire IISP must be kept in the client's home either electronically or in hard copy.
 3. 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.
 4. 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.
 5. Document the participation and written agreement of the client, and the client's legal representative if applicable.
 6. Include the date developed, reviewed, or revised, and the name and signature of the person who prepared, reviewed, or revised the plan.
 7. 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 his or her goals; or
 - c. The client or the client's legal representative request an update.

8. Be provided to the client or legal representative and the client's case manager no more than ten business days after completion of the plan.
- C. Service providers may use their own format as long as the risk summary and IISP contain all information required by this policy. DDA's [IISP Template](#) meets all requirements of this policy and may be used. If a service provider uses the IISP Template, they do not have to complete DDA's [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 communication style or styles of communication staff should use with the client;
 - e. The client's, and the client's legal representative's if applicable, written agreement to the plan;
 - f. The date of the PCSP meeting on which the IISP was based;
 - g. A list of the people who participated, verbally or in writing, in the IISP development;
 - h. A summary of relevant client history; and
 - i. The date the IISP was developed or revised.
 2. The IISP must include an assessment of known risks and strategies or protocols in place to address those risks.
 - a. The service 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](#) for service providers is an optional tool available on the DDA website for use and reference in completing this assessment.
- c. A one-page risk summary, at a minimum, must include:
- i. The client's name;
 - ii. The date the risk summary was written or modified;
 - iii. A recent picture of the client unless the client, or the client's legal representative if applicable, objects to this requirement;
 - iv. A summary of risks and interventions for all risks which, considering likelihood and severity, risks that present immediate life threatening danger to the client or others; and
 - v. Any other information staff may need to keep the client and others safe.
3. 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 all other areas 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.
 - b. For adults, For the six areas assessed as "Extensive Support Needed" in the Exceptional Behavior Support Needs section of the PCSP that require a functional assessment and positive behavior support plan, the IISP should include reference to the client's functional assessment and

positive behavior support plan as required under [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans*.

- 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 their medical professional.
4. The IISP must include goals the client wants to accomplish with the habilitative instruction and support of the service 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 service provider uses the goals in the PCSP as a foundation for the IISP habilitative goals. 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. IISP goals should reflect what the client wants to accomplish and what active process staff will use to support the client to accomplish his or her goals.

For example: If the client wants to go out to the same coffee shop each day to build a friendship with people in the coffee shop, the active process the staff will use could be rehearsing appropriate greetings, responses, or conversation starters, modeling and reinforcing appropriate interactions when at the coffee shop.
 - d. The service provider must document the instruction the staff provided and measure the client's progress on meeting his or her goal.

For example: Measurable documentation from the example above could be documenting the number of social interactions, the number of people who speak to the client, or the length of conversations at the coffee shop. (Measuring the number of times going to the coffee shop would not measure the client's progress.)

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- e. Clients who are assessed at support levels 1 and 2 must have a minimum of two habilitative goals.
 - f. Clients who are assessed at support levels 3A, 3B, 4, 5 and 6 must have a minimum of three habilitative goals.
 - g. Clients receiving children's out-of-home services must have a minimum of three habilitative goals.
 - h. The PCSP goals assigned to the provider must be identified in the IISP.
 - i. Habilitative goals must:
 - i. Be specific and measurable;
 - ii. Include goal measurement criteria and a timeline;
 - iii. Specify the active role staff take to support the client to achieve the goal; and
 - iv. Include documentation instructions.
 - j. Habilitative goals must be revised or changed:
 - i. When a 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.
5. 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.

SUPERSESION

DDA Policy 5.08
Issued July 1, 2019

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 1, 2021