

POLICY AND PROCEDURE CONCERNING INDIVIDUAL PROGRAM PLAN, DEVELOPMENT, AMENDMENT, AND REVIEW

I. PURPOSE

This policy and procedure is implemented in order to assure compliance with Regulations: Title 175 Chap. 3 005.06, Title 205 Chap. 5 and Title 480 A 3-002.

II. AUTHORITY

This procedure has been implemented with the approval of the Governing Board and/or its designee.

III. PROCEDURAL DIRECTIVES

A. INDIVIDUAL PROGRAM PLAN DEVELOPMENT (IPP):

Each person served by the agency will have an IPP developed within 30 days of entry into service, and annually after the initial IPP (within 12 calendar months of the date of the initial IPP).

The IPP is the written product of the interdisciplinary planning process. It is individually tailored, establishing goals and objectives that address the unique preferences and needs of the person (see Appendix A).

The IPP will be scheduled and chaired by the Services Coordinator of the individual served. The IPP Team shall consist of, at minimum, the person served, a person representing the person legally (if the individual is not of majority or is legally incompetent), such as a parent, family member, guardian and/or advocate, the Services Coordinator, support staff, and representative of management for each agency component providing services to the individual. Additional persons may be included at the request of the person served/IPP Team.

The IPP will be based on the assessed strengths and needs of the person served in the following assessment areas (see Policy and Procedure Concerning Individual Assessments):

1. Physical Development and Health
2. Sensorimotor Development
3. Communication Development
4. Social/Affective Development
5. Cognitive Development
6. Independent Living Skills
7. Leisure/Personal Skills

Agency staff and consultants will be responsible for providing assessment results and a comprehensive summary of progress for all programs and other interventions conducted during the previous IPP year. All Team members will arrange to attend the scheduled IPP, and be prepared to discuss potential programming, concerns, and recommendations. The Team members have a responsibility to assure that any concern is discussed and that they each understand the direction of the individual's services during the upcoming program year, including responsibilities assigned to them (see Appendix B - *Annual IPP Worksheet*).

Following the meeting, agency staff must forward any required paperwork to the Services Coordinator within a specified time.

All programs must be implemented within 30 days of the IPP date. Instructions for writing long term goals, short term objectives, and program methodologies may be found in the *Policy and Procedure Concerning Support Programs*, the *Policy and Procedure Concerning Plans for Developing Adaptive Behaviors*, and agency training materials.

Staff objectives may be developed to address certain needs which are not included in program plans (see the *Policy and Procedure Concerning Staff Objectives* for details).

B. IPP REVIEW:

1. Monthly Review

A monthly review will be conducted each month to ensure relevant IPP issues are addressed.

Within the given month, the Supervisor Assistant will complete a monthly review of the previous month's data for each individual receiving services in his/her program.

At least two times a year, the Support Supervisor will conduct a complete file review for each individual receiving services in his/her respective program. The Area Management Team will determine the process by which this is done in the area program.

A complete file review includes:

- a. Reviewing the IPP Review Progress Sheet and the IPP Review Comment Sheet
- b. Reviewing the file to ensure it is current
 - complete IPP
 - assessment
 - programs/staff objectives/plans/etc.
 - other pertinent information

- c. Discussing questions and concerns with direct support staff and documenting accordingly on the comment sheet

See Appendix C - *Monthly Review of the Current IPP*.

2. Semi-Annual Review

The IPP Team will meet six months after the annual IPP to complete the Semi-Annual Review. The Semi-Annual Review will serve a dual purpose; to review the current IPP and to plan for the Annual IPP.

During the review, the Team will discuss progress made, revisions implemented or requested, and the status of other assignments (see Appendix D-*Semi-Annual IPP Worksheet*).

The IPP Team will review the individual's plan for the future, progress on the existing IPP and restrictions or rights as preparation for the annual meeting. Assessments will be authorized at the Semi-Annual meeting (see *Policy and Procedure Concerning Individual Assessment*).

Team members are responsible for being familiar with a variety of assessments. The assessment tool is individualized for the person served, which may include staff observation.

3. Any joint monitoring forms will be filed at the discretion of the Area Management Team.

C. AMENDMENTS TO THE IPP:

Methodology revisions in skill programs may be made at any time. The revision must be approved by the Support Supervisor. The revision must be documented on the skill program plan, dated, and initialed prior to implementing the revision. Methodology revisions in behavior programs may be made as outlined in the *Policy and Procedure Concerning Plans for Developing Adaptive Behaviors*.

A *Comments Regarding Services Form* may be used to communicate with other team members regarding changes in the circumstances of the individual in services, progress, problems with the implementation of any part of the IPP, proposed changes, or any other matter that may impact the IPP for the individual in services.

The written IPP may be amended or modified to meet the needs of the person served, to reflect changing circumstances, or to correct errors with the approval of the IPP Team.

A Team member may make a request to the Services Coordinator for a meeting at any time that a situation warrants the need.

D. SCHEDULING COMMITMENTS:

In an effort to efficiently plan and prepare for meetings and meeting attendance, meetings must be scheduled a minimum of two calendar weeks in advance. Failure to schedule and/or confirm meeting dates two weeks in advance will preclude any party from committing to the date, which may require a rescheduling of the meeting at a mutually convenient time. Emergency meetings will be acknowledged as such and be scheduled at the earliest possible time.

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