DHS 132.695 Special requirements for facilities serving persons who are developmentally disabled

(1)

SCOPE. The requirements in this section apply to all facilities that serve persons who are developmentally disabled.

(2)

DEFINITIONS. In this section: (a) "Active treatment" means an ongoing, organized effort to help each resident attain or maintain his or her developmental capacity through the resident's regular participation, in accordance with an individualized plan, in a program of activities designed to enable the resident to attain or maintain the optimal physical, intellectual, social and vocational levels of functioning of which he or she is capable. (b) "Interdisciplinary team" means the persons employed by a facility or under contract to a facility who are responsible for planning the program and delivering the services relevant to a developmentally disabled resident's care needs. (c) "IPP" or "individual program plan" means a written statement of the services which are to be provided to a resident based on an interdisciplinary assessment of the individual's developmental needs, expressed in behavioral terms, the primary purpose of which is to provide a framework for the integration of all the programs, services and activities received by the resident and to serve as a comprehensive written record of the resident's developmental progress. (d) "QIDP" or "qualified intellectual

disabilities professional" means a person who has specialized training in intellectual disabilities or at least one year of experience in treating or working with individuals with intellectual disabilities and is one of the following:1. A psychologist licensed under ch. 455, Stats.; 2. A physician; 3. A social worker with a graduate degree from a school of social work accredited or approved by the council on social work education or with a bachelor's degree in social work from a college or university accredited or approved by the council on social work education. 4. A physical or occupational therapist who meets the requirements of s. DHS 105.27 or 105.28; 5. A speech pathologist or audiologist who meets the requirements of s. DHS 105.30 or 105.31; 6. A registered nurse; 7. A therapeutic recreation specialist who is a graduate of an accredited program or who has a bachelor's degree in a specialty area such as art, dance, music, physical education or recreation therapy; or 8. A human services professional who has a bachelor's degree in a human services field other than a field under subds. 1. to 7., such as rehabilitation counseling, special education or sociology.

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"Interdisciplinary team" means the persons employed by a facility or under contract to a facility who are responsible for planning the program and delivering the services relevant to a developmentally disabled resident's care needs.

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(3)

ACTIVE TREATMENT PROGRAMMING. All residents who are developmentally disabled shall receive active treatment. Active treatment shall include the resident's regular participation, in accordance with the IPP, in professionally developed and supervised activities, experiences and therapies.

(4)

RESIDENT CARE PLANNING. (b) Development and content of the individual program plan. 1. Except in the case of a person admitted for short-term care, within 30 days following the date of admission, the interdisciplinary team, with the participation of the staff providing resident care, shall review the preadmission evaluation and physician's plan of care and shall develop an IPP based on the new resident's history and an assessment of the resident's needs by all relevant disciplines, including any physician's evaluations or orders. 2. The IPP shall include: a. Evaluation procedures for determining whether the methods or strategies are accomplishing the care objectives; and b. A written interpretation of the preadmission evaluation in terms of any specific supportive actions, if appropriate, to be undertaken by the resident's family or legal guardian and by appropriate community resources. (c) Reassessment of individual program plan.1. The care provided by staff from each of the disciplines involved in the resident's treatment shall be reviewed by the professional responsible for monitoring delivery of the specific service. 2. Individual care plans shall be reassessed and updated at least quarterly by the interdisciplinary team, with more frequent updates if an individual's needs warrant it, and at least every 30 days by the QIDP to review goals. 3. Reassessment results and other necessary information obtained through the specialists' assessments shall be disseminated to other resident care staff as part of the IPP process. 4. Documentation of the reassessment results, treatment objectives, plans and procedures, and continuing treatment progress reports shall be recorded in the resident's record. (d) Implementation. Progress notes shall reflect the treatment and services provided to meet the goals stated in the IPP.

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Implementation. Progress notes shall reflect the treatment and services provided to meet the goals stated in the IPP.