

## GUIDE TO COMPLETING MRDD & LAH WAIVER FORMS

### SUMMARY PROGRAM OF HABILITATION

1. Program Name: Same as Program Name on Level of care, i.e. Residential Habilitation Day Habilitation or Hourly Service
2. Center Number: N/A
3. AAMR Defined measured Intellectual Level: Same as Level of Care
4. Adaptive Behavior Level: Same as Level of Care
5. Date of Initial Testing and or staffing: If you choose to put the date of initial testing the date will remain the same. If you choose the staffing date it will change from year to year.
6. Period Covered by Habilitation: Plan will not be equivalent to re-determination date. It is acceptable to put pending or projected dates on initial applications. All subsequent re-determinations would have the staffing for the habilitation plan date and cover through a one year period. Example: A new or initial admission of August 6. Habilitation planning is projected for September 6, dates would be 9/6/04 through 9/30/2005. Re-determination would reflect what habilitation planning date for 2005 through a one-year period.
7. Assets: This section should reflect skills that an individual can perform. You may have assets and deficits in the same areas. For example, self-care. A person may be able to take a shower and wash their hair, but need to learn to brush their teeth.
8. Deficits: This section should reflect the areas that you have indicated limitations in on the level of care form. An example is self-care and inability to wash hair.
9. Habilitation plan narrative: This section should include a snapshot of how you are going to address areas identified in the deficit section. An example is an individual will be trained in self care and will work on skills to improve ability to wash hair.