

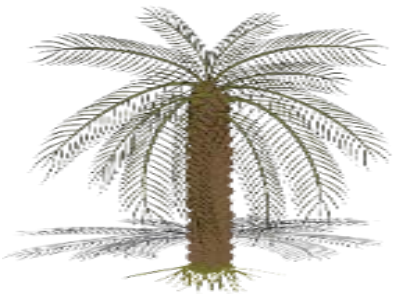
CONDITION OF PARTICIPATION

ACTIVE TREATMENT

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and

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ACTIVE TREATMENT – DIRECT CARE STAFF

All Clients develop increased skills and independence in functional life areas:

- ♥ Communication.
- ♥ Socialization.
- ♥ Toileting.
- ♥ Bathing.
- ♥ Household Tasks.
- ♥ Community Assesses.

1. Each Client must maintain his/her functioning level to the maximum extent possible.
2. Each Client receives **continuous, competent training, supervision and support, which promote skills and independence** to function on a daily basis.

W 206 Each Client must have an **individual program plan** developed by an interdisciplinary team.

W 240 The individual program plan must **describe relevant interventions to support the individual toward independence.**

The Role of the QIDP

CMS states the following:

“View the person serving in this role as pivotal to the adequacy of the program the individual receives, since it is the role that is intended to ensure that the individual receives those services and interventions necessary by competent persons capable of delivering them.

The paramount importance of having persons competent to judge and supervise active treatment issues cannot be overstated.”



The QIDP requires an approval letter from the Department of Developmental Services.

The QIDP requires one-year experience with the Mentally Retarded and/or the Developmentally Disabled. (W 160)

W 159 – Each client’s “Active Treatment” program must be integrated, coordinated and monitored by the QIDP.

- The facility must have a system for monitoring and coordination of the Individual Program Plans including observation of the client during the implementation of the plan and visiting the day programs / work sites or schools must be in place.
- There must be consistency between the internal (Facility) and external (Outside Services) programs and data collection.
- The QIDP assures that environmental supports, assistive devices, outside services (including transportation and safety), equipment and written program plans are present and utilized.
- There is a plan in place for the provision for “***promoting independence***”.

Please note: *ICF/DD-H regulations - Title 22 - 76860 (a) (9) - directs the QIDP to document monthly progress notes.*

W 169 – Professional program staff must participate in on-going staff development and *training*, in both formal and informal settings with other professional and paraprofessional staff members.

- Professional staff are able to provide evidence of continuing education and aware of current developments in their field.
- Direct Care Staff have been **trained** to provide individual program plans as written.

W 189 –The facility must provide each employee with initial and ongoing training that enables the employee to perform his/her duties effectively, efficiently, and competently.

- Staff-training programs reflect the basic needs of the individuals served within the program.
- Professional staff have received training (initial and ongoing) to ensure competency with his or her job performance.
- Orientation / skills checklists must be complete and in-service records must be current.
- Staff are **trained** to know how to alter their own behaviors to match needs and learning style of individuals served within the program.

W 196 – Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a specialized and generic training program, treatment, and health and related services.

- Each client has an **assessment of their strengths and needs** and addressing major life areas.
- New skills are **encouraged and reinforced**.
- Client routines and the environments are organized to facilitate acquisition of skills, **appropriate behavior, greater independence and choice**.
- The QIDP directs staff to provide ongoing training programs as identified in the Individual Program Plans and **collects data for measurement of success and review**.

W 254 - The facility must document significant events that are related to the client's individual program plan and assessment and contributes to an overall understanding of the client's ongoing level and quality of functioning.

W 255 – The IPP must be reviewed and revised, as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the IPP.

W 256 - The IPP must be reviewed and revised, as necessary, including, but not limited to situations in which the client is regressing or losing skills already gained.

W 257 - The IPP must be reviewed and revised, as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.

W 258 - The IPP must be reviewed and revised, as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made **OR** are being considered towards new objectives.

There are two areas of responsibility for the Direct Care Staff:

IMPLEMENTATION

- a) Staff use the adaptive equipment, assistive devices, environmental supports, materials, supplies, etc., specified in the individual program plan.
- b) Activities support the accomplishment of the individual program plan.

DATA COLLECTION

- a) The facility must document significant events that are related to the client's individual program plan and assessments.
- b) Data are those performance measurements recorded at the time the treatment, procedure, intervention or interaction occurs with the individual.
- c) The data should be located in a place accessible to all staff who are conducting and documenting the training.



Steps:

1. Review individual program plan.
2. Note the **steps** of the individual program plan.
3. Note the **date/time** of the implementation of the individual program plan.
4. Note the **person responsible** for the implementation of the individual program plan.
5. Note the **method/description/content/instructions** outlined in the individual program plan.
6. Note **how often** the individual program plan is to be implemented and **how often** the **data** is to be documented.

The facility QIDP will monitor the results of this documentation, evaluate the progress, and revise the plan as needed with your input.



IF, the facility follows the above steps, the facility will be implementing and documenting the active treatment programs.

To assist the facility Interdisciplinary Team, the following materials are on the CD included in your CAHF folder ...

CHOICES

DIGNITY

INDIVIDUAL PROGRAM PLAN DEVELOPMENT

QIDP AUDIT FORM

RED FLAGS FOR THE QIDP

TOOLS FOR SUCCESS

MONEY MANAGEMENT SKILL BUILDING

CLIENT RELATIONSHIPS

CONSULTANT CHECKLIST

DAY PROGRAM MANAGEMENT GUIDE

HOUSE RULES

HUMAN RIGHTS COMMITTEE

BEHAVIOR MANAGEMENT TOOLS