

511 Medication Standards

Participant Name(s); Plan Start Date; & Corresponding number(s):	>>>			
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Rule Requirement	Y-N-N/A	Y-N-N/A	Y-N-N/A	Y-N-N/A	
Participant number>>>					List Participant Number and reason for non compliance in this section:
<u>If the agency does not assist with medications for this individual, put N/A and move to the next section.</u>					
01. Medication Policy. Each DDA must develop written medication policies and procedures that outline in detail how the agency will ensure appropriate handling and safeguarding of medications. An agency that chooses to assist participants with medications must also develop specific policies and procedures to ensure this assistance is safe and is delivered by qualified, fully-trained staff. Documentation of training must be maintained in the staff personnel file. (7-1-11)					
02. Handling of Participant's Medication. (7-1-11) a. The medication must be in the original pharmacy-dispensed container, or in an original over-the-counter container, or placed in a unit container by a licensed nurse and be appropriately labeled with the name of the medication, dosage, time to be taken, route of administration, and any special instructions. Each medication must be packaged separately, unless in a Mediset, blister pack, or similar system. (7-1-11)					
b. Evidence of the written or verbal order for the medication from the physician or other practitioner of the healing arts must be maintained in the participant's record. Medisets filled and labeled by a pharmacist or licensed nurse can serve as written evidence of the order. An original prescription bottle labeled by a pharmacist describing the order and instructions for use can also serve as written evidence of an order from the physician or other practitioner of the healing arts. (7-1-11)					
c. The agency is responsible to safeguard the participant's medications while the participant is at the agency or in the community. (7-1-11)					
d. Medications that are no longer used by the participant must not be retained by the agency or agency staff for longer than thirty (30) calendar days. (7-1-11)					
03. Self-Administration of Medication. When the participant is responsible for administering his own medication without assistance, a written approval stating that the participant is capable of self-administration must be obtained from the participant's primary physician or other practitioner of the healing arts. The participant's record must also include documentation that a physician or other practitioner of the healing arts, or a licensed nurse has evaluated the participant's ability to self-administer medication and has found that the participant: (7-1-11) a. Understands the purpose of the medication; (7-1-11) b. Knows the appropriate dosage and times to take the medication; (7-1-11) c. Understands expected effects, adverse reactions or side effects, and action to take in an emergency; and (7-1-11) d. Is able to take the medication without assistance. (7-1-11)					
04. Assistance with Medication. An agency may choose to assist participants with medications; however, only a licensed nurse or other licensed health professional may administer medications. Prior to unlicensed agency staff assisting participants with medication, the following conditions must be in place: (7-1-11) a. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program, a course approved by the Idaho State Board of Nursing, or other Department-approved training; (7-1-11) b. The participant's health condition is stable; (7-1-11) c. The participant's health status does not require nursing assessment, as outlined in IDAPA 23.01.01, "Rules for the Idaho Board of Nursing," before receiving the medication or nursing assessment of the therapeutic or side effects after the medication is taken; (7-1-11) d. The medication is in the original pharmacy-dispensed container with proper label and directions, or in an original over-the-counter container, or the medication has been placed in a unit container by a licensed nurse. Proper measuring devices must be available for liquid medication that is poured from a pharmacy-dispensed container; (7-1-11) e. Written and oral instructions from a licensed physician or other practitioner of the healing arts, pharmacist, or nurse concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency have been reviewed by the staff person; (7-1-11) f. Written instructions are in place that outline required documentation of assistance and who to call if any doses are not taken, overdoses occur, or actual or potential side effects are observed; (7-1-11) g. Procedures for disposal or destruction of medications must be documented and consistent with procedures outlined in the "Assistance with Medications" course. (7-1-11)					Complete General Staffing section under the Staff tab for employees assisting with medication.
05. Administration of Medications. Only a licensed nurse or another licensed health professional working within the scope of his license may administer					

medications. Administration of medications must comply with the Administrative Rules of the Board of Nursing, IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (7-1-11)

520 Community Requirements

[Participant Name\(s\) & Corresponding number\(s\): >](#)

Rule Requirement	Y-N-N/A	Y-N-N/A	Y-N-N/A	Y-N-N/A	List Participant Name and reason for non compliance in this section:
Participant Name>>>					
The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-11)					
01. Accessibility. The community-based setting must be accessible, safe, and appropriate for each participant. (7-1-11)					
02. Environment. The community-based setting must be designed and equipped to meet the needs of each participant including factors such as sufficient space, equipment, lighting, and noise control. (7-1-11)					
03. Service Group Size. The community-based services must occur in integrated, inclusive settings and with no more than three (3) participants per qualified staff at each session. (7-1-11)					
04. Image Enhancement. The community-based services must enhance each participant's social image and personal competencies. (7-1-11)					
05. Promote Inclusion. The community-based services must promote the participant's inclusion in the natural community. (7-1-11)					
06. Natural Environment. The environment where an activity or behavior naturally occurs that is typical for peers of the participant's age, such as the home and community where the participant lives or participates in activities, and according to the service environment indicated. (7-1-11)					

600 Documentation Requirements

[Participant Name\(s\) & Corresponding number\(s\): >](#)

Rule Requirement	Y-N-N/A	Y-N-N/A	Y-N-N/A	Y-N-N/A	List Participant Name and reason for non compliance in this section:
Participant Name>>>>					
Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-11)					
01. Requirements for Participants Seven Through Sixteen. For participants ages seven (7) through sixteen (16), the DDA must document that the child has been referred to the local school district. (7-1-11)					
02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies: (7-1-11) a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. (7-1-11)					
i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year. (7-1-11)					
ii. The DDA must document that it has provided a current copy of the child's plan of service to the child's school. (7-1-11) Since the agency no longer generates the plan of service, providing copies of implementation plans will meet this requirement.					
iii. The DDA may provide additional services beyond those the school is obligated to provide during regular school hours. (7-1-11)					
b. For participants of mandatory school attendance age, seven (7) through sixteen (16), who are not enrolled in school, the DDA must document that it has referred the child to the local school district for enrollment in educational and related services under the provisions of the Individuals with Disabilities Education Act (IDEA). (7-1-11)					

601 Record Requirements

[Participant Name\(s\) & Corresponding number\(s\): >](#)

Rule Requirement	Y-N-N/A	Y-N-N/A	Y-N-N/A	Y-N-N/A	List Participant Name and reason for non compliance in this section:
Participant name>>>					
Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These <u>records must be maintained for at least five (5) years</u> . Each participant record must support the <u>individual's choices, interests, and needs</u> that result in the <u>type and amount of each service provided</u> . Each participant record must <u>clearly document the date, time, duration, and type of service</u> , and include the <u>signature of the individual providing the service, for each service provided</u> . <u>Each signature must be accompanied both by credentials and the date signed</u> . Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)					
01. General Records Requirements. Each participant record must contain the following information: (7-1-11) a. Authorized plan of service as required for the participant. (7-1-11)					
b. Program implementation plans that include participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services are delivered to the participant. (7-1-11)					
c. When a participant has had a psychological or psychiatric assessment, the results of the assessment must be maintained in the participant's record. (7-1-11)					
d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-11)					
e. Medical, social, and developmental information and assessments that reflect the current status of the participant; and (7-1-11)					
f. Intervention evaluation. An evaluation must be completed or obtained by the agency prior to the delivery of the intervention service. The evaluation must include the results, test scores, and narrative reports signed with credentials and dated by the respective evaluators. (7-1-11)					
02. Status Review. Written documentation that identifies the participant's progress toward goals defined on his plan, and includes why the participant continues to need the service. (7-1-11)					
03. Case Record Organization. The case record must be divided into program and discipline areas identified by tabs, including plan of service, medical, social, psychological, speech, and developmental, as applicable. (7-1-11)					

Incident/Accident Reporting:

16.03.21.510.04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant or require the participant to be hospitalized. Each report must document the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review by the agency of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-11)					
05. Reporting Incidents as Mandatory Reporters. DDA's must notify appropriate authorities of any health- and safety-related incident they are obligated to report to adult or child protection authorities, or law enforcement as mandatory reporters as required in Section 910 of these rules. (7-1-11)					
06. Reporting Incidents to the Department. If a DDA reports a health- and safety-related incident to protective or legal authorities, they must also notify the Department of this incident within twenty-four (24) hours. (7-1-11)					

900 Quality Assurance

[Participant Name\(s\) & Corresponding number\(s\): >](#)

Rule Requirement	Does agency have a policy?	Participant record	Participant record	Participant record	Participant record	Note: The policy section is for the staff completing the administrative section of rule <u>and</u> the participant section is for the staff completing participant record requirements.
	Y-N-N/A	Y-N-N/A	Y-N-N/A	Y-N-N/A	Y-N-N/A	List Participant Name and reason for non compliance in this section:
Participant name>>>						
Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)						
01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)						
a. Services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice; (7-1-11)						
b. Sufficient staff and material resources are available to meet the needs of each person served; (7-1-11)						
c. The environment in which services are delivered is safe and conducive to learning; (7-1-11)						
d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-11)						
e. The rights of a person with disabilities are protected and each person is provided opportunities and training to make informed choices. (7-1-11)						
02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)						
a. Goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in Subsection 900.01 of this rule; (7-1-11)						
b. Person, discipline, or department responsible for each goal; (7-1-11)						
c. A system to ensure the correction of problems identified within a specified period of time; (7-1-11)						
d. A method for assessing participant satisfaction annually including minimum criteria for participant response and alternate methods to gather information if minimum criteria is not met; (7-1-11)						
e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)						
f. An annual review of agency's policy and procedure manual to specify date and content of revisions made; and (7-1-11)						
g. Ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain independence is identified. (7-1-11)						
03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)						
a. Are developed with each participant, parent, or legal guardian, where applicable, and actively promote the participation, personal choice, and preference of the participant; (7-1-11)						
b. Are age appropriate; (7-1-11)						
c. Promote integration; (7-1-11)						
d. Provide opportunities for community participation and inclusion; (7-1-11)						
e. Offer opportunities for participants to exercise their rights; and (7-1-11)						
f. Are observable in practice. (7-1-11)						

905 Participant Rights

[Participant Name\(s\) & Corresponding number\(s\): >](#)

Rule Requirement	Y-N-N/A	Y-N-N/A	Y-N-N/A	Y-N-N/A	List Participant Name and reason for non compliance in this section:
Participant name>>>					
01. Participant Rights Provided Under Idaho Code. Section 66-412, Idaho Code, provide the following rights for participants: (7-1-11)					
a. Humane care and treatment; (7-1-11)					
b. Not be put in isolation; (7-1-11)					
c. Be free of mechanical restraints, unless necessary for the safety of that person or for the safety of others; (7-1-11)					
d. Be free of mental and physical abuse; (7-1-11)					
e. Voice grievances and recommend changes in policies or services being offered; (7-1-11)					
f. Practice his own religion; (7-1-11)					
g. Wear his own clothing and retain and use personal possessions; (7-1-11)					
h. Be informed of his medical and habilitative condition, of services available at the agency, and the charges for the services; (7-1-11)					
i. Reasonable access to all records concerning himself; (7-1-11)					
j. Refuse services; and (7-1-11)					
k. Exercise all civil rights, unless limited by prior court order. (7-1-11)					
02. Additional Participant Rights. The agency must also ensure the following rights for each participant: (7-1-11)					
a. Privacy and confidentiality; (7-1-11)					
b. Receive courteous treatment; (7-1-11)					
c. Receive a response from the agency to any request made within a reasonable time frame; (7-1-11)					
d. Receive services that enhance the participant's social image and personal competencies and, whenever possible, promote inclusion in the community; (7-1-11)					
e. Refuse to perform services for the agency. If the participant is hired to perform services for the agency the wage paid must be consistent with state and federal law; (7-1-11)					
f. Review the results of the most recent survey conducted by the Department and the accompanying plan of correction; (7-1-11)					
g. All other rights established by law; and (7-1-11)					
h. Be protected from harm. (7-1-11)					
03. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-11)					
a. Upon initiation of services, the DDA must provide each participant and his parent or guardian, where applicable, with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. This packet must be written in easily understood terms. (7-1-11)					
b. When providing center-based services, a DDA must prominently post a list of the rights contained in this chapter. (7-1-11)					
c. The DDA must provide each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights. (7-1-11)					
d. Parents of infants and toddlers under three (3) years of age must be provided with a copy of their parental rights consistent with the requirements of 34 CFR 303.400 through 303.460, and 303.510 through 303.512. (7-1-11)					

915 Behavior Management

[Participant Name\(s\) & Corresponding number\(s\): >](#)

Rule Requirement	Does agency have a policy?	Participant record	Participant record	Participant record	Participant record	Note: The policy section is for the staff completing the administrative section of rule <u>and</u> the participant section is for the staff completing participant record requirements.
	Y-N-N/A	Y-N-N/A	Y-N-N/A	Y-N-N/A	Y-N-N/A	List Participant Name and reason for non compliance in this section:
Participant Name>>>						
Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address: (7-1-11)						
01. Adaptive and Maladaptive Behaviors. For intervention services, ensure an evaluation of participants' adaptive and maladaptive behaviors is completed. (7-1-11)						
02. Social Skills Development. Focus on developing or increasing participants' social skills. (7-1-11)						
03. Prevention Strategies. Ensure and document the use of positive approaches to increase social skills and decrease maladaptive behavior while using least restrictive alternatives and consistent, proactive responses to behaviors. (7-1-11)						
04. Function of Behavior. Address the possible underlying causes or function of a behavior and identify what participants may be attempting to communicate by the behavior. (7-1-11)						
05. Behavior Replacement. For intervention services, ensure that programs to assist participants with managing maladaptive behavior include teaching of alternative adaptive skills to replace the maladaptive behavior. (7-1-11)						
06. Protected Rights. Ensure the safety, welfare, and human and civil rights of participants are adequately protected. (7-1-11)						
07. Objectives and Plans. For intervention services, ensure that objectives and intervention techniques are developed or obtained and implemented to address self-injurious behavior, aggressive behavior, inappropriate sexual behavior, and any other behaviors which significantly interfere with participants' independence or ability to participate in the community. Ensure that reinforcement selection is individualized and appropriate to the task and not contraindicated for medical reasons. (7-1-11)						
08. Participant Involvement. Ensure plans developed by the DDA involve the participants, whenever possible, in developing the plan to increase social skills and to manage maladaptive behavior. (7-1-11)						
09. Written Informed Consent. Ensure programs developed by an agency to assist participants with managing maladaptive behavior are conducted only with the written informed consent of a participant, parent, or legal guardian, where applicable. When programs used by the agency are developed by another service provider the agency must obtain a copy of the informed consent. (7-1-11)						
10. Review and Approval. Ensure programs developed by an agency to manage maladaptive behavior are only implemented after the review and written approval of the professional. If the program contains restrictive or aversive components, a licensed individual working within the scope of their license, must also review and approve, in writing, the plan prior to implementation. When programs implemented by the agency are developed by another service provider, the agency must obtain a copy of these reviews and approvals. (7-1-11)						
11. Appropriate Use of Interventions. Ensure interventions used to manage participants' maladaptive behavior are never used: (7-1-11)						
a. For disciplinary purposes; (7-1-11)						
b. For the convenience of staff; (7-1-11)						
c. As a substitute for a needed training program; or (7-1-11)						
d. By untrained or unqualified staff. (7-1-11)						