

Qualified Intellectual Disability Professional

The Role and Responsibilities in the
ICF/IID Setting

Condition of Participation for Facility Staffing

- Per Exhibit 355, the Condition of Participation (CoP) for Facility Staffing (W158) is met when:
 - The CoP for Active Treatment is met (e.g., there are sufficient numbers of competent, trained staff to provide active treatment); and
 - The CoP for Client Protections is met (e.g., there are sufficient numbers of competent, trained staff to protect clients' health and safety).

W159

The first standard under the Condition of Participation for Facility Staffing is W159 , and is commonly referred to as the “Q” tag.

W159 states “Each client’s active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional...”

Therefore, in order to understand the QIDP’s role and responsibilities, you must first understand active treatment.

W195 Condition of Participation: Active Treatment Services

The CoP for Active Treatment Services is found at W195 and includes the standards of W196 through W265.

- W196 states “Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward...

The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and

The prevention or deceleration of regression or loss of current optimal functional status.”

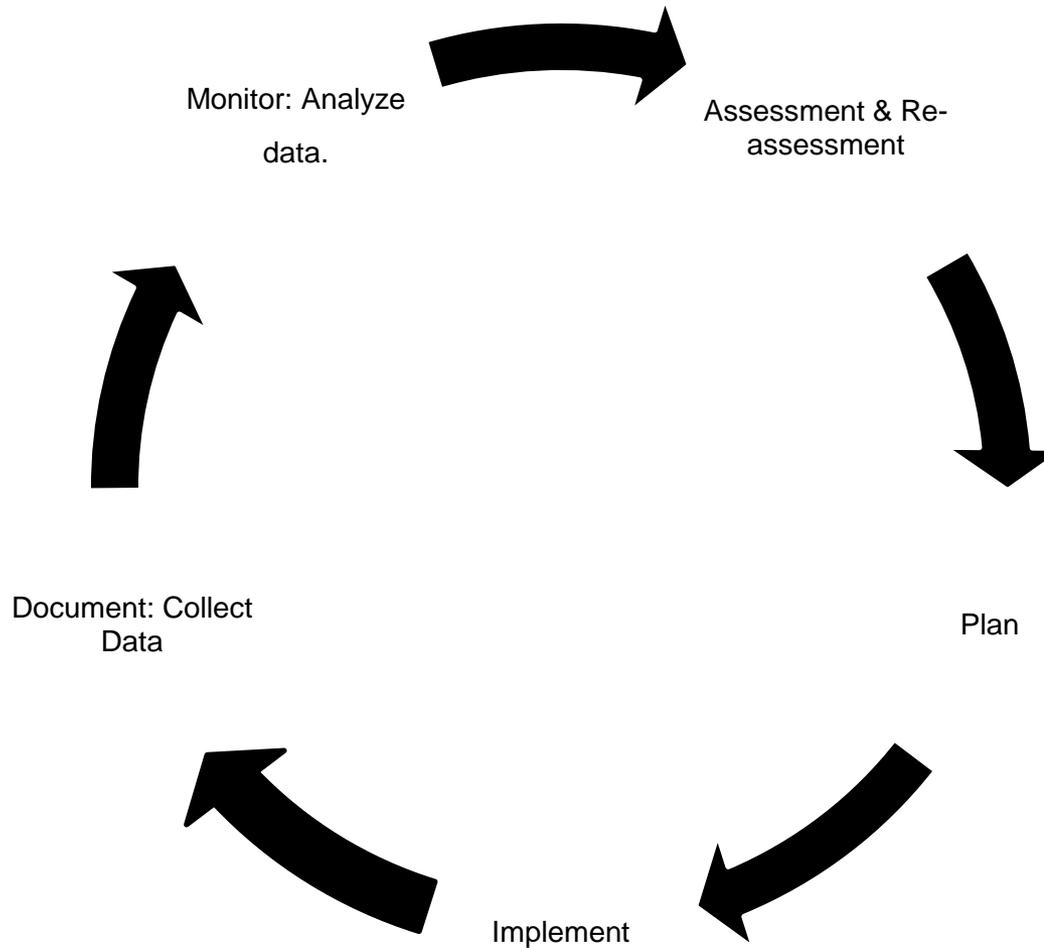
W195 Condition of Participation: Active Treatment Services

W196 interpretive guidance states “Active Treatment embodies an individually-tailored series of daily life and living experiences that serve as the primary opportunity for the acquisition, development and expression of functional skills and adaptive behaviors necessary for the client to experience optimal independence and promote purposeful ‘self expression’...”

The active treatment standards (W196 – W265) require each individual receive continuous active treatment which is based on accurate assessment and adjusted as the individuals’ needs change. The standards describe how this is to be accomplished and is commonly referred to as the active treatment loop.

****For additional information related to active treatment, please refer to the “Understanding the CoPs from Assessment to Monitoring” training and other related training modules posted under the “Active Treatment” heading on our website.*

Active Treatment Loop



W159

Per W159, the QIDP is responsible for all aspects of each individual's active treatment program. The guidance at W159 states "The position of qualified intellectual disability professional (QIDP) is unique to the ICF/IID program. This position can be central to the overall responsiveness and effectiveness of an active treatment program...The QIDP function may not be delegated to other employees even though the QIDP co-signs their work."

W159

W159 guidance states the QIDP is responsible to:

- “Orchestrate all facets of the active treatment effort, including the IDT creation of relevant IPPs tailored to meet individual client needs.”
- “Effectively coordinate internal and external program services and supports to facilitate the acquisition of client skill and adaptive behaviors...”
- “Promote competent interactions of residential staff with clients in program implementation and behavior management.”

W159 – 5 Elements

W159 guidance also includes 5 basic elements of integrating, coordinating and monitoring active treatment programs:

Element 1: “Routinely observing clients across settings in program areas to assess effectiveness of program implementation and consistency of training effort to determine effectiveness of IPPs and making timely modifications to facilitate achieving desired skills or goals.”

Element 2: “Routinely interacting with program staff across settings to assist in determining the effectiveness and continued relevance of program plans in meeting identified client needs.”

W159 – 5 Elements

Element 3: “Determining the need for program revision based on client performance.”

Element 4: “Identifying inconsistencies in training approaches or programs not being implemented as written and facilitation the resolution of these inconsistencies.”

Element 5: “Assures follow-up occurs for any recommendation for services, equipment or programs so that needed services and supplies are provided in a timely manner to meet the client’s needs.”

W159 – 5 Elements

During observations and interactions, QIDPs should be ensuring that:

- All staff are implementing programs consistently across all settings and that those programs are effective in meeting the individuals' needs.
- Program data collection is an accurate reflection of the individuals' observed performance.
- Observations are consistent with documentation in the individuals' Comprehensive Functional Assessments (CFAs) and Individual Program Plans (IPPs).

W159 – 5 Elements

In order to ensure individual needs are being met and that staff consistently implement programs and collect data, observations and interactions should occur at varied times across all shifts of personnel.

Observations and interactions should be documented, including what was observed and what was not observed (e.g. Frank was observed to use a lipped-plate which is not identified as necessary adaptive equipment on his IPP and Kate was not observed using her walker which is identified as necessary adaptive equipment on her IPP).

Any identified problems and other actions taken as a result of the observations and interactions should also be documented by the QIDP.

W159 – 5 Elements

For example, a QIDP may observe staff spoon-feed an individual medications during the morning shift and then observe the individual independently take the medications during the evening shift. This QIDP should take action to investigate why this inconsistency is occurring (e.g. root cause analysis). Additional action may include:

- Talking with the staff regarding the inconsistency. Did the staff fail to implement the program or are the program methods inadequate? What does the individual's CFA and current program data show?
- Is spoon-feeding medications happening only with this individual or does it impact all individuals receiving medications during the morning shift?
- Do other staff on the morning shift spoon-feed medications? If so, why? Is the individual sleepy in the morning and less inclined to be independent? Does the individual also need assistance with breakfast?

W159 – 5 Elements

After investigation, appropriate corrective action should be taken based on the reason why the inconsistency occurred, which may include:

- Retraining staff on consistent implementation and data collection (W194).
- Adjusting the individual's active treatment schedule to better accommodate individual needs and preferences (W250).
- Re-assessing the individual's skills and updating the CFA, IPP and objective (W259, W260, W227, and W371).
- Based on re-assessment, providing additional supports such as adaptive equipment, to help facilitate independence (W243, W244, W245 and W436).
- Revising programs to include more specific methods (W234).

Again, the QIDP should be documenting any identified problems and actions taken which occur based on their observations and interactions.

****For additional information related to Root Cause Analysis and evaluating the strength of corrective actions, please refer to the "Culture of Safety" training posted on our website.*

W159 – 5 Elements

Observations and interactions must also involve any outside services, in accordance with W120.

W120 states the facility must assure that outside services meet the needs of each client. Services provided to individuals by another agency (day program sites, school programs, work sites, etc.) must meet the needs of the individual as identified by the interdisciplinary team (IDT).

Additionally, if the individual receives services from an outside discipline (a psychiatrist, medical specialist, occupational or physical therapist, etc.), the QIDP is responsible to ensure these services are coordinated between providers and included in the Individual Program Plan (IPP). The same rule of consistency applies to all services such as speech therapy, health and dietary services, and behavioral services.

W159 – 5 Elements

For example, if an individual is successfully using a picture exchange communication system at home, but struggling to use object exchange communication at the day program, it is the QIDP's responsibility to ensure the inconsistency is identified and resolved, per the guidance at W159, Element 4: "Identifying inconsistencies in training approaches..."

Outside service coordination, including observation, interactions, identified problems and actions taken should be documented.

Occasionally, there will be times when programming will not be consistent based on different environments (e.g. a home program which states the individual is to be immediately redirected to their bedroom when displaying aggression can not be implemented at school or while the person is in the community). These types of inconsistencies are reasonable and expected. However, the intervention strategies of the outside service provider must be evaluated by the QIDP to ensure they meet the individual's needs.

W159 – 5 Elements

In addition to routine observation and interactions, reviewing individuals' records is also a critical part of the QIDP's role and essential for ensuring Elements 3, 4 and 5 of the W159 guidance are met.

Element 3: “Determining the need for program revision based on client performance.”

Element 4: “Identifying inconsistencies in training approaches or programs not being implemented as written and facilitation the resolution of these inconsistencies.”

Element 5: “Assures follow-up occurs for any recommendation for services, equipment or programs so that needed services and supplies are provided in a timely manner to meet the client's needs.”

W159 – 5 Elements

QIDPs are required to review program data and make adjustments based on each individual's performance. The regulations for program monitoring and change state "The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client..."

- "Has successfully completed an objective or objectives identified in the individual program plan;" (W255)
- "Is regressing or losing skills already gained;" (W256)
- "Is failing to progress toward identified objectives after reasonable efforts have been made; or" (W257)
- "Is being considered for training towards new objectives." (W258)

W159 – 5 Elements

The interpretive guidance for W255 through W258, found in Exhibit 355², includes additional questions and probes which are asked to help ensure the QIDP is actively monitoring each individual's programs. The guidance states:

- “Determine whether the QIDP has reviewed the data and recommended appropriate adjustments to the program.”
- “Is the QIDP actually monitoring individual programs, or does the QIDP simply review paperwork? See also W159.”
- “Are timely modification of unsuccessful programs or development of programs for unaddressed, but significant needs made or ensured by the QIDP?”
- “Does the QIDP routinely visit program areas and discuss performance and problems of clients?”
- “Is there evidence that collected data are systematically recorded, analyzed, and used to make changes in programs?”
- “Can the QIDP describe the programs implemented with clients for whom they are responsible or do they need to go to the record for this information?”

W159 – 5 Elements

Per the interpretive guidance, QIDPs simply reviewing data summary numbers **does not** constitute program monitoring. QIDPs must also **analyze** the data being collected and make adjustments based on that analysis as numerous factors may be impacting the individual's performance.

For example, Individual A's data shows he is regressing in the skill of hand washing.

- Jane QIDP **reviews** the data, identifies a regression, and modifies the program to increase positive reinforcement and continues to monitor. Over the next 3 months, Individual A does not show improvement, despite the program adjustment.

This **does not** meet the regulatory requirements as **an analysis of why** Individual A was regressing **did not occur** prior to program adjustments being made.

W159 – 5 Elements

Given the same example of Individual A's data showing he is regressing in the skill of hand washing.

- John QIDP reviews the data and identifies a regression. He then **analyzes** the data to determine why the regression is occurring (root cause analysis). Based on that **analysis**, John QIDP determines the sink faucet handles were replaced and the individual is no longer able to independently turn the water on and off, resulting in the data showing a regression. John QIDP replaces the faucet handles and Individual A's hand washing skills immediately return to his previous level of independence.

This **does** meet the regulatory requirements as an **analysis of why** Individual A was regressing did occur. In this situation, modifying the program objective, increasing reinforcement, and/or re-training the staff would not have been effective in increasing Individual A's success.

W159 – 5 Elements

Exhibit 355 also includes questions and probes for other active treatment standards, which helps to ensure the QIDP is actively monitoring each individual's programs. Observations and interactions, coupled with thorough data review and analysis by the QIDP will ensure other active treatment standards are met, such as:

- “Does the assessment reflect how the environment could be changed to support the person?” (W214)
- “Do programs and strategies have a relationship to needs identified and objectives chosen?” (W232)
- “Is there a consistent discernible pattern of evidence that staff implement, practice, reinforce, and otherwise carry out strategies to achieve individual objectives?” (W249)
- “Do the data collected on an individual basis vary according to the nature of the task, or are data collected the same way for all clients on all tasks?” (W252)

W159 – 5 Elements

Additionally, when QIDPs document program monitoring and change information, updates to the CFA and IPP should also be documented per W259 and W260.

Because assessment (W211 through W225) and re-assessment (W259) is the foundation of an individual's active treatment program, it is imperative that assessments are a current accurate reflection of the individual's actual status. The QIDP is responsible to ensure this occurs based on continuous monitoring via observations, interactions and a review of each individual's records.

W259 states “[At least annually] the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed...” The W259 guidance states “The review of the CFA occurs sooner than annually if:

- indicated by the needs of the client;
- reflects any changes in the client since their last evaluation; and
- incorporates information about the progress or regression with objectives.

W159 – 5 Elements

The W259 guidance also states “The review of the CFA applies to all evaluations conducted for a client. It is not required that each assessment be completely redone each year, except the physical examination. It is required that at least annually the assessment(s) be updated when changes occur so as to accurately reflect the client’s current status.”

In addition to ensuring the CFA is updated as needed, it is also the QIDP’s responsibility to ensure updated assessments and evaluations are reviewed. The QIDP must ensure updated information is accurate and consistent with the information contained in the other portions of the CFA.

For example, if an updated Occupational Therapy report states an individual does not use adaptive dining equipment, but an updated Nutritional Evaluation states the individual does use adaptive dining equipment, then the QIDP is responsible to resolve the discrepancy and ensure that all evaluations are an accurate reflection of the individual’s actual status.

Further, updated assessment and evaluation information may result in new recommendations. Follow-up regarding any new recommendations is also the QIDP’s responsibility, per W159 guidance Element 5.

W159 – 5 Elements

Element 5: The QIDP “Assures follow-up occurs for any recommendation for services, equipment or programs so that needed services and supplies are provided in a timely manner to meet the client’s needs.”

- If, based upon assessment, an individual is found to be in need of a particular service (psychiatric services, medical specialist services, PT/OT services, speech therapy, etc.), a particular piece of equipment (adaptive dining equipment, communication device, wheelchair, positioning device, brace or orthotic, etc.), or programming in a particular area (bathing, behavioral, grooming, dining, etc.), it is the responsibility of the QIDP to ensure the individual receives those services or items.

W159 – 5 Elements

For example, if a physician recommends an individual receive a barium swallowing evaluation, it is the responsibility of the QIDP to ensure the IDT, including the SLP and dietician, are aware and that the evaluation takes place.

The facility may delegate portions of these tasks to other staff, such as the nurse taking the individual to the appointment. However, it is ultimately the responsibility of the QIDP to ensure follow-up occurs.

Once the recommendations of assessments and evaluations are received, it is the QIDP's responsibility to ensure the information is shared and discussed with the IDT.

W159 – 5 Elements

If the individual does not receive the recommended services or items, valid reasons from the IDT must be documented and included in the individual's record. It is the QIDP's responsibility to ensure this occurs.

If the IDT agrees with the recommendations, then the QIDP ensures the services or items are incorporated into the individual's IPP (W260) and becomes a part of the individual's active treatment services.

The QIDP then monitors the new services in concert with the individual's entire active treatment program to ensure the individual's needs are effectively met via routine observations, interactions and record reviews per the 5 elements described in the W159 guidance.

W159

When a QIDP is sufficiently integrating, coordination and monitoring, an individual's active treatment needs should be met. However, there will be times when errors and omissions still occur. This does not always mean the QIDP standard at W159 is unmet.

Per W159 guidance "Breakdowns in the provisions of needed services does not automatically equate with deficient practice with QIDP regulations. Non-compliance with QIDP regulations exists where the facility has failed to provide a QIDP or sufficient numbers of QIDPs to effectively perform these required functions or the QIDP(s) has failed to assertively attempt to integrate, coordinate and/or monitor each client's active treatment program."

W159 guidance also states "The number of QIDPs will vary depending on such factors as the number of clients the facility serves, the complexity of needs manifested by these clients, the number, qualifications and competencies of additional professional staff members, and whether or not other duties are assigned to the QIDP function."

W159

W159 probes and procedures in Exhibit 355 help verify that there are sufficient numbers of QIDPs and that QIDP monitoring is occurring. The interpretive guidance states:

“Verify there are sufficient numbers of QIDPs to:

- observe clients,
- review data and progress, and
- revise programs based on client need and progress.”

“Verify the monitoring by QIDPs to ensure:

- consistent communication among external and internal programs and disciplines;
- individual program plans are designed in accordance with the CFA;
- each individual program is implemented consistent with the written active treatment plan;
- that any conflicts between programmatic, medical, dietary, and vocational aspects of the client’s assessment and program are resolved;
- follow-up occurs for any recommendation for services, equipment or programs; and
- that adequate environmental supports (e.g. accessibility to front door, kitchen sink, clothes closet, washing machine, and assistive devices) are present and in good working order to promote independence.”

W159

W159 Probes and procedures in Exhibit 355 also state the determination that the number of QIDPs is adequate is based on the ability of the facility to provide QIDP services in an effective manner. The probes ask:

- “Are the QIDP functions actually being carried out, or is paperwork simply reviewed.”
- “Are timely modifications of unsuccessful programs or development of programs for unaddressed, but significant needs made or ensured by the QIDP function?”
- “Are program areas visited and are performance and problems of clients discussed?”
- “Does the plan flow from only the original diagnosis/assessment? Does it take into consideration interim progress on plans and activities?”
- “Does the QIDP make recommendations and requests on behalf of clients? How does the facility respond?”

W159

As with all services, QIDPs must ensure there is evidence which demonstrates each individual's needs are being met. QIDPs must ensure they are documenting all of their efforts to provide the 5 basic elements of integrating, coordinating and monitoring active treatment programs, including:

Element 1: Documentation of observations;

Element 2: Documentation of interactions with program staff across settings;

Element 3: Documentation of data analysis and how program change determinations were made;

Element 4: Documentation of how inconsistencies are identified and resolved; and

Element 5: Documentation of follow-up for any recommendation for services, equipment or programs.

Governing Body Responsibilities: W104

While the QIDP is responsible for each individual's active treatment program, the Governing Body is ultimately responsible for each facility. W104 states "The governing body must exercise general policy, budget, and operating direction over the facility."

W104 guidance states "The governing body develops, monitors, and revises, as necessary, policies and operating directions which ensure the necessary staffing, training resources, equipment and environment to provide clients with active treatment and to provide for their health and safety."

It is the Governing Body's responsibility to ensure the QIDPs are providing quality services and that the facility is in compliance with the regulatory requirements.

Governing Body Responsibilities: W104

Governing Body monitoring and adjustments is commonly referred to as Quality Assessment/Performance Improvement (QAPI). The Governing Body's role and responsibilities to each facility mimic the QIDP's role and responsibilities to each individual. Both follow the same feedback loop principles:

- The QIDP monitors and adjusts each individual's overall active treatment program by implementing the ongoing active treatment loop.
- The Governing Body monitors and adjusts each facility's overall systems by implementing the ongoing QAPI loop.

****For additional information on facility QAPI programs, please refer to the Quality Assessment and Performance Improvement training and the related quality indicator data examples posted on our website.*

Governing Body Responsibilities: W104

Given the critical nature of the QIDP's role and responsibilities, monitoring of the QIDP function should be an integral part of the Governing Body's QAPI program.

- Has the Governing Body established policies and procedures which set expectations related to observing individuals and interacting with staff across all settings?
- Has the Governing Body established policies and procedures which set expectations for QIDPs related to how monitoring of programs is to occur? Has the Governing Body set expectations regarding the frequency of QIDP monitoring?
- Has the Governing Body established policies and procedures which set expectations for updating assessment information and IPPs based on individuals' functional changes?
- How is the Governing Body monitoring QIDPs to ensure they are following the established policies and procedures and meeting Governing Body expectations? How does the Governing Body respond if it is determined the QIDP is not adequately monitoring individuals' active treatment programs?
- How frequently does the Governing Body monitor the QIDPs?



Governing Body Responsibilities: W104

While the regulations require the Governing Body to monitor each facility, the regulations do not specify how the monitoring is to occur or the frequency of the monitoring.

Most of the current ICF/ID providers in Idaho have monitoring in place, which includes observations of care, chart reviews, incident/accident report and investigation reviews, etc. and the frequency of the monitoring varies.

However, like active treatment, QAPI is an ongoing process. It is not sufficient for the Governing Body to rely exclusively on survey findings to identify areas in need of improvement. Ultimately, survey findings should not be a surprise. If the facility's QAPI system is well designed and implemented, the facility will have identified deficient practices and taken corrective action prior to a survey being conducted.



Governing Body Responsibilities: W104

A comprehensive QAPI system will help ensure all regulations, including W159 are met. More importantly, it will help ensure the individuals are receiving the highest quality of care possible.

References

- *State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Individuals With Intellectual Disabilities*. Retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_j_intermcare.pdf
- *Exhibit 355 State Operations Manual Appendix J, Part II – Interpretive Guidelines – Responsibilities of Intermediate Care Facilities for Individuals With Intellectual Disabilities*. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R135SOMA.pdf>

*Send your comments or questions to
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