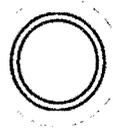
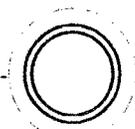


# ICF-IID Regulations Overview



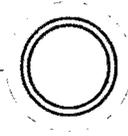
**TAMMY ROSS  
ACTING SUPERINTENDENT  
MONTANA DEVELOPMENTAL CENTER**

# ICF-IID



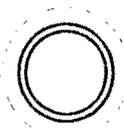
- Intermediate Care Facility for Individuals with Intellectual Disability
- Licensed by Centers for Medicare & Medicaid Services
- State Operations Manuals, Appendix J  
[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_j\\_iintermcare.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_j_iintermcare.pdf)
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c02.pdf>
- <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms2786v.pdf>

# Condition of Participation



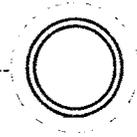
- 8 Condition of Participations with multiple Standards that provide guidelines for facilities.
  - Governing Body and Management
  - Client Protections
  - Facility Staffing
  - Active Treatment
  - Client Behavior and Facility Practices
  - Health Care Services
  - Condition of Participation
  - Dietetic Services

# Governing Body and Management



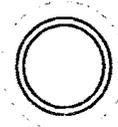
- The governing body develops, monitors, and revises, as necessary, policies and operating directions which ensure the necessary staffing, training resources, equipment and environment to provide clients with active treatment and to provide for their health and safety.
- Appoints the facility administrator.
- Ensures compliance with Federal, State, and local laws.
- Ensures protection of clients' rights.
- Ensures the facility is licensed under applicable State and local law.

# Client Protections



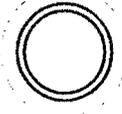
- Ensure the rights of clients and inform each client, parent/legal guardian of rights and rules of the facility.
  - Right to file complaints, right to due process
  - Right to manage their financial affairs.
  - Ensure that clients are not subjected to physical, verbal, sexual, or psychological abuse or punishment
  - Ensure that clients are free from unnecessary drugs and physical restraints

## Client Protections cont.



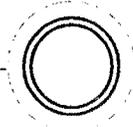
- The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients and
- Precludes any commingling of client funds with facility funds or with the funds of any person other than another client.
- Ensure communication with clients, parents, and guardians.

# Facility Staffing



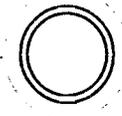
- Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional (QIDP).
  - Has at least one year of experience working directly with persons with intellectual disability or other developmental disabilities and holds at least a bachelor's degree in a professional category.
- Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan.

## Facility Staffing cont.



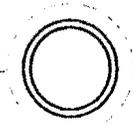
- The facility must not depend upon clients or volunteers to perform direct care services for the facility.
- There must be responsible direct care staff on duty and **awake** on a 24-hour basis, when clients are present, to take prompt, appropriate action in case of injury, illness, fire or other emergency, in each defined residential living unit housing-
  - Clients for whom a physician has ordered a medical care plan;
  - Clients who are aggressive, assaultive or security risks;
  - More than 16 clients; or
  - Fewer than 16 clients within a multi-unit building.

## Facility Staffing cont.



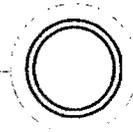
- There must be a responsible direct care staff person on duty on a 24 hour basis (when clients are present) to respond to injuries and symptoms of illness, and to handle emergencies, in each defined residential living unit housing-
  - Clients for whom a physician has not ordered a medical care plan;
  - Clients who are not aggressive, assaultive or security risks; and
  - Sixteen or fewer clients.

## Facility Staffing cont.



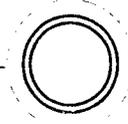
- Direct care staff must be provided by the facility in the following minimum ratios of direct care staff to clients:
  - For each defined residential living unit serving children under the age of 12, severely and profoundly retarded clients, clients with severe physical disabilities, or clients who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic-like behavior, the staff to client ratio is 1 to 3.2.
  - For each defined residential living unit serving moderately retarded clients, the staff to client ratio is 1 to 4.
  - For each defined residential living unit serving clients who function within the range of mild retardation, the staff to client ratio is 1 to 6.4.

# Active Treatment



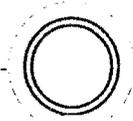
- Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward-
  - The acquisition of the behaviors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

# Admissions, Transfers, Discharges



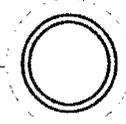
- Clients who are admitted by the facility must be in need of and receiving active treatment services.
- A preliminary evaluation must contain background information as well as currently valid assessments of functional developmental, behavioral, social, health and nutritional status to determine if the facility can provide for the client's needs and if the client is likely to benefit from placement in the facility.

# Comprehensive Functional Assessment



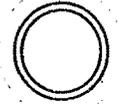
- The individual's interdisciplinary team must produce accurate, comprehensive functional assessment data, within 30 days after admission, that identify all of the individual's:
  - Specific developmental strengths, including individual preferences;
  - Specific functional and adaptive social skills the individual needs to acquire;
  - Specific functional and adaptive social skills the individual needs to acquire;
  - Presenting disabilities, and when possible their causes; and
  - Need for services without regard to their availability.
  
- At least annually, the comprehensive functional assessment of each individual is reviewed by the interdisciplinary team for its relevancy and updated, as needed.

# Human Rights Committee



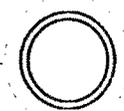
- The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility to-
  - Review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights;
    - restraints
    - drugs to manage behavior;
    - restrictions on community access;
    - contingent denial of any right; or
    - restrictions of materials or locations in the home.
  - ✦ Review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.

# Policies and Procedures



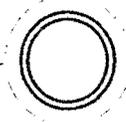
- The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.
- The facility must develop and implement written policies and procedures for the management of conduct between staff and clients.
- The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior.

# Restraints and Time Out Rooms



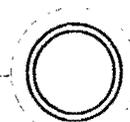
- Restraint and Time Out Policies and Procedures must address:
  - the types of physical restraint that are allowed in the facility;
  - the persons who apply such restraints;
  - the parameters for duration of application;
  - the methods that assure the health and safety of clients while in restraints; and
  - the specific training required for staff allowed to apply such restraints.
- "Physical restraint" is defined as any manual hold or mechanical device that the client cannot remove easily, and which restricts the free movement of, normal functioning of, or normal access to a portion or portions of a client's body. Examples of mechanical devices may include arm splints and mittens.

# Restraints and Time Out Rooms cont.



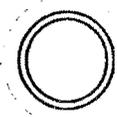
- "Time-out room" is defined as a separate room that is used to remove a client from stimulation that may be triggering and reinforcing maladaptive behavior. The facility must have written policies and procedures for the use of time out rooms.
- Time out procedures allows a client to be alone in a room, but do not allow that room to be locked. During a time out procedure, egress can only be prevented by a person standing in the door way, or holding the door closed, but as soon as the staff move from the door way or let go of the door the client can come out.
- A client may be placed in a room from which egress is prevented only if the following conditions are met:
  - The placement is a part of an approved systematic time-out program as required by paragraph (b) of this section. (Thus, emergency placement of a client into a time-out room is not allowed.)
  - The client is under the direct constant visual supervision of designated staff.
  - The door to the room is held shut by staff or by a mechanism requiring constant physical pressure from a staff member to keep the mechanism engaged.
  - **Seclusion, defined as the placement of a client alone in a locked room, is never allowed.**
  - **Placement of a client in a time-out room must not exceed one hour.**

# Psychotropic Medications



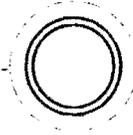
- The use of drugs to manage inappropriate behavior; Drugs to manage inappropriate behavior are defined as any medication prescribed and administered for purposes of modifying the maladaptive behavior of a client.
- Applicable policies may include a discussion of:
  - When a drug can be used to manage inappropriate behavior;
  - Consistency with diagnosis;
  - Alternatives tried before a drug is used;
  - Precautions that must be followed prior to and during the use (lab values, monitoring of side effects);
  - Implementation of a plan to address the behaviors for which the drug was prescribed; and
  - Plan to reduce the medication as appropriate.

# Health Care Services



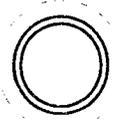
- The facility must ensure the availability of physician services 24 hours a day.
  - A designated physician must be available via telephone, pager, e-mail or on-site in the facility on a 24 hour per day basis for consultation regarding both emergency and non-emergency medical issues. If the facility employs a fulltime physician, there must be procedures in place for coverage in the absence of the physician from the facility.
  - A physician must participate in the establishment of each newly admitted client's initial individual program plan and if appropriate, physicians must participate in the review and update of an individual program plan as part of the interdisciplinary team process either in person or through written report to the interdisciplinary team.

# Health Care Services cont.



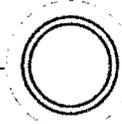
- The facility must provide or obtain
  - preventive and general care
  - annual physical examinations of each client that at a minimum include the following:
    - ✦ Evaluation of vision and hearing;
    - ✦ Immunizations
    - ✦ Routine screening laboratory examinations as determined necessary by the physician,
    - ✦ Tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.

# Health Care Services cont.



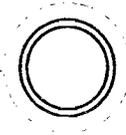
- The facility must provide clients with nursing services (by a licensed nurse) in accordance with their needs.
  - Participation as appropriate in the development, review, and update of an individual program plan as part of the interdisciplinary team process;
  - The development, with a physician, of a medical care plan of treatment for a client when the physician has determined that an individual client requires such a plan;
  - Other nursing care as prescribed by the physician or as identified by client needs; and
  - Implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to:
    - ✦ Training clients and staff as needed in appropriate health and hygiene methods
    - ✦ Control of communicable diseases and infections, including the instruction of other personnel in methods of infection control; and
    - ✦ Training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.

# Health Care Services cont.



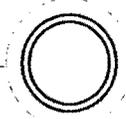
- The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement.
- If appropriate, dental professionals must participate, in the development, review and update of an individual program plan as part of the interdisciplinary process either in person or through written report to the interdisciplinary team.
- A complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission);
- Periodic examination and diagnosis performed at least annually

## Health Care Services cont.



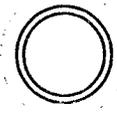
- The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy.
- A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.
- Clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective.

# Physical Environment



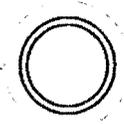
- The facility must not house clients of grossly different ages, developmental levels, and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all those housed together.
- The facility must not segregate clients solely on the basis of their physical disabilities. It must integrate clients who have ambulation deficits or who are deaf, blind, or have seizure disorders, etc., with others of comparable social and intellectual development.
- Furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.

## Physical Environment cont.



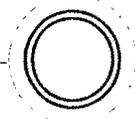
- The facility must develop and implement detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing clients.
- The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks and are familiar with the use of the facility's fire protection features.

# Dietetic Services



- Each client must receive a nourishing, well balanced, diet including modified and specially prescribed diets.
- A qualified dietitian must be employed either full-time, part-time, or on a consultant basis at the facility's discretion.
- If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food services.

# Fire Life Safety Regulations



- The Life Safety Code (LSC) is a set of fire protection requirements designed to provide a reasonable degree of safety from fire. It covers construction, protection, and operational features designed to provide safety from fire, smoke, and panic.
  - Interior Finish
  - Exits and Egress
  - Illumination
  - Emergency Plans and Fire Drills
  - Fire Alarms Systems
  - Automatic Sprinkler Systems
  - Smoking Regulations
  - Building Service Equipment
  - Furnishings and Decorations
  - Electrical and Emergency Power