

# LACY BEYL & COMPANY, INC.

## *QIDP Course - October 17, 2018*

### *ISDH Approved QIDP Course*

#### Course Information

*This 1-day course is designed for staff working in Indiana long-term care facilities who serve specialized populations.*

#### Course Highlights

- Federal & State regulations
- MDS, RAI & care plans
- Level I & Level II assessments
- Annual case analysis and certification
- QIDP progress notes & related documentation
- Individual habilitation plans & tracking tools
- DSM-V definitions
- Disabilities & related behaviors
- Indiana Rule 7, Federal Rules F825 - F826
- BDDS, APS, Vocational Rehab.
- Serving ID/DD residents in long-term care
- Staff qualifications & QIDP consultation

#### Course Meets ISDH Regulations

Students must attend all day and successfully complete quiz at the end of the course. **This course meets the regulatory requirement for a State-approved QIDP-D course.**

Lacy Beyl Consultants: highly skilled, degreed/licensed professionals with extensive experience working in the field of long term care.

Lacy Beyl & Company, Inc. is a healthcare consulting organization specializing in **nursing, MDS, social work services, activities, behavior management, mock surveys, project management, interim staffing, staff training, QIDP services, special projects and facility management.**

#### Course Location

Indiana Wesleyan University Conference Center  
3777 Priority Way South  
Indianapolis, IN 46240

#### Course Information

**9:00 a.m. to 4:30 p.m. – lunch included**

#### Course Fee - \$265

Includes instruction, consultation, training materials, lunch and refreshments.

**Payment due by October 5 to reserve a spot.**

*Corporate check or money order payable to:*  
**LACY BEYL & COMPANY, INC.**  
**9922 Logan Lane, Fishers, IN 46037**

**Questions: 317-845-4256**

**Fax: 317-841-8441**

[www.lacybeyl.com](http://www.lacybeyl.com)



#### QIDP Course Registration

**I plan to attend the QIDP course October 17, 2018**

Attendee Name : \_\_\_\_\_ Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attendee Title: \_\_\_\_\_ Attendee E-mail: \_\_\_\_\_

**I understand that I must have a high school diploma or have completed a GED in order to enroll and participate in this course.**

Attendee Signature: \_\_\_\_\_

***Substitutions are welcome anytime. No shows or withdrawals from the course forfeit a refund.***