



*A Place for Everyone to Grow and Learn*  
*Developmental Disability Agency*

# Participant Handbook of Policies and Procedures

412 E. Mullan Avenue  
Post Falls, Idaho 83854  
208/777-2629

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## I. **Philosophy**

Our program is inclusive and our mission is to provide developmentally appropriate evidenced-based interventions and supports for children receiving developmental disability services from our agency. Our focus is personal and individualized to enhance each child's skill development, growth and sense of well-being. We believe that we are partners with parents and families to provide a circle of caring for children in which they are respected, safe and able to unlock their full potential.

## II. **Mission Statement**

Our mission is to provide high quality individualized interventions and supports for the children and families receiving developmental disability services with our agency. We use evidenced-based professional practices so that our clients develop the competence needed to successfully participate in a variety of settings such as school, home and the community. Each student's program is highly individualized and is closely measured to assure rapid progress.

## III. **Non-discrimination statement**

It is the policy of The Learning Garden that at no time may a staff member, volunteer or agent engage in activities that in any way may be construed to discriminate against a fellow staff member, volunteer, child or family enrolled at our facility based on age, gender, race, religion, national origin, physical or mental disability, or veteran status. A substantiated claim of discrimination is grounds for termination.

## IV. **Developmental Disability Services offered**

Families have a wide range of developmental disability services to choose from to meet their child's needs at the Learning Garden:

### Intervention services

Behavior Intervention  
Habilitative Skill  
Interdisciplinary training  
Crisis Intervention

### Support services

Community Based Supports  
Family Education  
Respite

Department of Health and Welfare – Children's Developmental Disability Program website:

[http://healthandwelfare.idaho.gov/Medical/DevelopmentalDisabilities/ChildrensDDservices/ChildrensDDInformationfor Providers/tabid/2362/Default.aspx](http://healthandwelfare.idaho.gov/Medical/DevelopmentalDisabilities/ChildrensDDservices/ChildrensDDInformationforProviders/tabid/2362/Default.aspx)

The Learning Garden also offers a developmental preschool classroom option that is separate from Medicaid covered developmental disability services noted above. Families that are interested in enrolling their child in the Learning Garden developmental preschool classroom option must complete separate registration and meet additional program requirements.

**V. Ethical conduct**

All staff members, volunteers and agents of The Learning Garden must at all times be ethical in their actions and communications with fellow staff, children and parents. Staff and volunteers are expected to act in a professional manner refraining from behavior or actions that are inappropriate such as use of breach of confidentiality, foul language, dishonesty, physical aggression, illegal drug use or alcohol use before or during work hours. Staff and volunteers are expected to be mindful that they are to model appropriate behavior at all times. The LGDP code of ethics is incorporated by reference as appendix C.

**VI. Parent provider relationship policy**

It is the policy of The Learning Garden that all staff members and volunteers shall treat all parents with respect, honoring confidentiality and at all times being truthful. Staff members and volunteers are encouraged to remember that the development of a positive parent-provider relationship is crucial to our developmental disability clients reaching their fullest potential. All staff should work together with families to include but not limited to the following:

- work together with the client and their family to make treatment plan decisions with trust and open communication;
- collaborate with service providers from different fields to teach each other and work on client's goals;
- services are based on the client's strengths and needs, involve people that regularly care for client and focus on the client's routines and activities throughout the day;
- service delivery is provided in a way that decreases stress on the family, is flexible, meets specific client and family needs and promotes the family's sense of well-being;
- services must be responsive to the family's values and beliefs and fit in their culture and home language;
- the client, their extended family, friends and community are included in helping reach targeted goals;
- services provided must increase the client's or parent's knowledge and confidence in parenting, decision-making and sense of control in meeting the needs of the client and his/her family.

**VII. Children's needs policy**

It is the policy of The Learning Garden that all staff member and volunteers shall respect and honor the needs and rights of the children in their care and that

every effort will be made to develop warm responsive relationships and implement individualized interventions and supports in a developmentally appropriate manner. Staff must consider the individual needs of the client to include but is not limited to the following:

- communicate with the client and their family about the child's interests, abilities, and needs in order to develop an effective and person-centered program for the client;
- communicate with parents about their family resources, concerns and priorities related to the client's development;
- communicate with the client and their family to determine the client's strengths and needs;
- work with parents to gather information about the client in a variety of ways.
- we will not restrict access and will provide support to ensure that clients are able to participate in age appropriate employment or volunteer opportunities.
- we will not restrict access and will provide support to ensure clients are able to purchase goods or services with their personal monies.
- If incorporated into their intervention plan, we will provide frequent opportunities for the client to leave the center to participate in community activities for skill building and socialization.

**VII. Quality intervention and support policy**

- Create a quality intervention or support plan based on the functional skills, individual choices, needs, interests and values of the client as identified through the person-centered planning process in addition to current standards of professional practice. The person-centered plan will be created timely and occurs at times/location that are convenient to the client.
- Create an ongoing, fluid quality intervention or support plan that is developed by a diverse group of stakeholders including the client and his/her family through the person-centered planning process as a result of:
  - collecting and analyzing aggregated data on client responses, interventions and functional skill levels and other areas;
  - identifying trends and patterns that need to be addressed;
  - identifying priority outcome areas to be addressed;
  - comprehensive assessment of internal and external material resources, staff, tools and interventions needed to accomplish stated goals/outcomes;
  - developing strategies for intervention which are evidenced-based, specific and measurable;
  - ongoing assessment of the effectiveness of the strategies; and

- measures of interventional success aligning with personal outcomes attained by client and his/her family.
- Utilize various means of involvement – surveys, meetings, training and family education. This will assist people to have an investment in the plan and its outcomes.
- The environment in which services are delivered is safe and conducive to learning and skill training activities are conducted in the natural and least restrictive setting where the skill would be commonly learned and utilized whenever appropriate.
- The agency will ensure that therapeutic and support programs developed by this agency to assist participants with managing inappropriate behaviors are conducted only with the written informed consent of the participant and guardian where applicable. When the plan was developed by another agency or service provider the LGDP will obtain a copy of the informed consent.
- All therapeutic intervention plans used to manage a participant’s inappropriate behavior are only implemented after the review and written approval of the qualified professional. If restrictive or aversive components are included in the plan they must be approved in advance by a licensed psychologist. If the plan is developed by another agency or service provider the LGDP will obtain a copy of these reviews and approvals.
- Interventions used to manage a participant’s inappropriate behavior are never used for disciplinary purposes, convenience of staff, as a substitute for a needed training program or by untrained or unqualified staff.
- Opportunities for interaction with typically developing peers are systematically incorporated into the daily activities of the client where appropriate.
- Program developed to manage maladaptive behaviors 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 Learning Garden will obtain a copy of the informed consent.
- Programs developed to manage maladaptive behaviors are focused on teaching of an alternative adaptive skill to replace the maladaptive behavior.
- That all replacement behaviors will serve the same function as the maladaptive behavior and meets the needs, interests and lifestyle of the participant.
- Prevention strategies will be used to ensure and document positive approaches to increase social skills and decrease maladaptive behaviors while using the least restrictive alternative and proactive responses to behaviors.
- Interventions will focus on developing or increasing the participant’s social skills.
- Evaluations will be completed of the participant’s adaptive and maladaptive behaviors.

- At all times, Learning Garden staff will ensure the safety, welfare and human and civil rights of the participant are adequately protected.
- For intervention services, all objectives and intervention strategies will be written and implemented to address self-injurious, aggressive, inappropriate sexual and any other maladaptive behaviors that significantly interfere with the participant's independence or ability to participate in the community.

The Learning Garden is committed to a person-centered planning process that includes the client, their family and circle of support. The process is designed to be responsive to the changing needs and choices of the client, maximize independence, support self-direction and achieve a consistent, responsive and coordinated approach to service plan development and implementation.

It is our policy that clients have the opportunity to express their choice and/or preferences regarding staff that provide developmental disability services. We have a procedure in place to provide the option for the client and/or their parent to meet the individual that will provide the services prior to services being provided to determine goodness of fit. Additionally, it is our policy that clients and their guardian or parent are actively involved in the development of the service plan. We have procedures in place that provide multiple opportunities to provide input, prioritize goals and amend the service plan as needed to meet the client's individual needs.

Person-centered supports rely on evidenced-based practices that promote quality of life and prevent the use of aversive procedures for our clients. This is consistent with objectives associated with applied behavior analysis and positive behavior supports. Core tenets of applied behavior analysis include social significance, collaborative, and dynamic intervention plans, increasing quality of life for the client by developing meaningful relationships and strengths with a balance of identifying what is important *to* the client and which is important *for* the client.

#### VIII. **Guidance policy**

It is the policy of The Learning Garden that at no time will staff members or volunteers treat children in a disrespectful manner. Children will be re-directed from inappropriate behavior and provided with guidance towards appropriate replacement behavior using evidenced-based intervention strategies based on the needs and current functional skill level of the client. If a child has become abusive such as hurting himself, other children or staff removal of the child from the room may be necessary. At no time will a staff member or volunteer use fear, intimidation, humiliation or physical or verbal abuse towards a child. Parental involvement in providing support to reinforce appropriate behavior is essential.

It is the policy of the agency that interactions with clients address the

development of each participant's social skills and management of inappropriate behavior using positive social skill development:

- Intervention and support staff will focus on developing or increasing positive social skills by using prevention strategies including least restrictive alternatives and proactive non-judgmental response to behaviors.
- Intervention staff must address the function of the behavior and address the underlying cause or what the client is attempting to communicate by the behavior.
- Intervention staff must be aware of appropriate replacement behaviors and manage inappropriate behavior by teaching alternative adaptive skills.
- Intervention and support staff must ensure that the safety, welfare and human and civil rights of participants are adequately protected.
- Intervention staff will ensure compliance with the client's objectives and written therapeutic plan. The therapeutic plan includes objectives and intervention techniques that are developed and implemented to address self-injurious, aggressive, inappropriate sexual and other behaviors that significantly interfere with the client's independence or ability to participate in the community. Staff must ensure that reinforcement and intervention strategies are individualized and appropriate to the task and contraindicated for medical reasons.
- Intervention staff will work closely with the person-centered planning team to develop the intervention plan to increase social skills and to manage inappropriate behavior.
- Intervention staff will ensure that participants be treated with dignity, respect, free from coercion or unauthorized restraints.

#### **IX. Health and Safety policy**

Staff members and volunteers are responsible for ensuring that the health and safety policies and procedures of the Learning Garden Developmental Preschool are carried out this includes participation in fire drill and fire evacuation procedures. Staff must model good health and safety skills for the children regardless of the setting in which they are working with the client. Parents must provide a copy of the client's immunization records or complete an exemption form from the State of Idaho. All clients must also maintain current Healthy Connections referrals in order to maintain eligibility for intervention services. Our health and safety policies are based on national health standards and are in place to ensure that your child has the time to get better and to reduce the exposure of illness to staff member or other children.

#### **Health and Safety Policies and Procedures:**

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**Hand Washing** - Hands will be washed before and after meals, after bathroom use, nose blowing or wiping, messy play, handling pets and upon entry to the classroom. This practice minimizes the potential for germs and viruses being brought into the classroom from outside sources. We appreciate your helping your child with this vital practice.

**Diaper Changing** – Non-latex gloves are utilized while changing diapers and changed between each diaper changed, hands will be washed before and after changing diapers. The changing mat is sterilized with recommended bleach solution before and after each use. Soiled diapers will be disposed of in a closed and sanitized container.

**Toys & Equipment** - These will be sterilized daily or as needed with the recommended bleach solution.

**Bedding & Soiled Clothing** - These items will be laundered on a weekly or as needed basis.

**Fire Drills** - Practice drills will be conducted at least monthly and recorded on record sheets provided by the City of Post Falls Fire Department. Data recorded must include the date/time of the drill, problems, corrective action and amount of time it took to evacuate the building. Intervention and support staff are responsible for ensuring that their client is safely evacuated from the building in the event of a fire or other emergency. The evacuation plan and fire drill procedures are attached to this manual as appendix A.

**Health Care Plan** - Only children who are current on immunizations or have a completed exemption form from the State of Idaho shall be admitted. Medical records and immunizations will be kept up to date in children's files.

**Accidents & Injuries** - First Aid will be administered to a child needing care. Each accident will be recorded on a report. Parents will be given a copy of this report and the center will maintain a copy in the child's file for a minimum of five (5) years.

**First Aid Training** - We require all of our staff to maintain a current CPR & First Aid Certificate.

**Daily Reports** - May be written about your child's activities upon your request.

**Release of Children** - Children will absolutely **NOT** be released to anyone except those authorized to pick up the child on the enrollment form. Photo identification will be required of those authorized who are unfamiliar to staff. In the event you wish another adult to pick up child, it would require that you give written permission in advance or a phone call to verify.

**Illness policy** - Children will be visually screened at the beginning of the therapy or support session. If a child **exhibits** signs of illness, it will be determined if the symptoms indicate the need for exclusion until remedied. In the event a child becomes ill and needs to be picked up, the child will be separated from other children to reduce cross contamination until a parent arrives.

**Non-Admittance** - Your child will not be allowed to attend the scheduled therapy or support session whether in the community, center or home if he/she exhibits symptoms for exclusion within a 24-hour period prior to attendance. If your child is unable to participate in the normal activities of the session, then your child must stay home.

**Symptoms For Exclusion:**

Fever of 101 degrees F or higher;  
Diarrhea (three or more watery stools within 24 hours);  
Vomiting during the past 24 hours;  
A draining rash or infected skin lesion;  
Eye discharge or Pinkeye;  
Lice or Nits;  
Too tired or ill to participate in normal activities;  
Contagious, bacterial or viral, illnesses including transmission via contact and/or respiratory in nature.

**Illness Reports** - We are required to report communicable diseases to the Panhandle Health Department. Communicable diseases occur when bacteria or viruses from one person enter the body of another person. Each illness will be recorded on a monthly health report. Parent will be given a copy of this report and the agency will maintain a copy.

**Staff Illness** - Staff members who display signs of infectious illness will not be required to be in attendance, in that event, they will be replaced by a qualified substitute until their return.

**Universal precautions** - When a person is bleeding, there is an easy pathway for infection. If one makes contact with an injured person's blood and has a cut, scrape, sore, or any other kind of open wound, a path exists for infection to enter the body. To reduce the risk of infection while assisting others, universal precautions are taken.

Universal precautions consist of the following:

1. Avoid being splashed by blood and/or bodily fluids;
2. Place a barrier between you and the victim's blood and/or bodily fluids. Non-latex gloves should always be worn when providing care;

3. Wash hands thoroughly with soap immediately after providing care;
4. Avoid touching objects that may have been contaminated with blood and/or bodily fluids;
5. Avoid touching objects that you may contaminate with blood and/or bodily fluids;
6. Avoid handling any of your personal items when providing care for someone who is bleeding.

There may be a need to clean up blood due to an injury or accident. The following is to be observed when cleaning blood:

1. Wear gloves during cleanup.
2. Wipe blood up with an absorbent towel.
3. Apply disinfectant to the area.
4. Discard the towel in the trash.

**Medical Emergencies** - In the event of a medical emergency, we will first call 911, and then the parents or guardian will be contacted as soon as possible. If the parent/guardian cannot be reached the directions on the client contact form will be followed. In the event IMMEDIATE medical attention should be required, we will use Kootenai Medical Center, 2003 Lincoln Way, Coeur d'Alene, Idaho. If you have a preference other than the one listed, we will try to accommodate you, if possible. All accidents and illnesses are recorded on a monthly health and accident report.

**Special Health Needs** – In the event that a client has special health needs every effort will be made to accommodate those needs in accordance with the American with Disabilities Act. Staff assigned to work with the client must receive training in the special health need prior to working with that client or taking responsibility to meet that need. Training will be provided by an expert in the field associated with the special health need.

**Medications** - Idaho law prohibits developmental disability agency staff from dispensing or assisting with medication administration other than a licensed nurse or other licensed medical practitioner operating within the scope of his license. Medication will not be administered by developmental disability staff.

## **X. Child abuse and neglect policy**

The State of Idaho mandates that developmental disability agency staff report any suspicion of child abuse or neglect to the Department of Health and Welfare. All employees of the Learning Garden are individually responsible and required by Idaho State law to report any and all incidents of child abuse. All employees are required to report any and all instances of inappropriate behavior between any staff member and any child on the premises. It is important to understand

that this is your legal obligation as a mandatory reporter under the laws of the State of Idaho. These reports must be made in writing to the Director no later than the close of business the same day the incident occurs. If the Director, is not available, make the report directly to the Department of Health and Welfare, Dial 211, and notify the Director by phone, text or e-mail that you have made a report. Failure to notify the Director of these instances will result in immediate termination.

What substantiates neglect can be confusing but if you have any concerns, please report them to the Director immediately. It is better to seek help rather than to ignore and have a child endangered. Neglect is defined as the failure, refusal, or inability, for reasons other than poverty, to provide necessary care, food, clothing, shelter or medical care. Staff and volunteers who report in good faith are immune from civil or criminal liability. Staff or volunteers who intentionally fail to report suspicion are subject to fines or imprisonment under the law.

It is part of our sacred trust with families to do everything within our power to prevent child abuse and neglect. The following are some prevention strategies that all staff should strive to incorporate into our everyday practice:

1. There are many situations in our program where one to one staff/child situations occur for instruction, guidance, therapy and adaptive assistance throughout the day. Our staff are professionals that have been trained in child abuse and prevention practices, undergone extensive background checks and supervision to ensure the safety of all children in our care.
2. Design our classrooms to avoid hidden and secluded areas.
3. Makes sure interactions between children and staff can be observed and interrupted.
4. Uses proper names for body parts.
5. Never forces children to give affection.
6. Tells children that if they have questions about someone's behavior, the best thing they can do is ask about it.
7. Explains that secrets can be harmful.
8. Requires a background check for all staff.
9. Develops positive, non-judgmental relationships with parents.
10. Is alert to signs of stress in parents and struggles in the parent-child interaction.
11. Communicates regularly with parents concerning a child's progress.
12. Provides education including offering tips for specific challenges.
13. Provides opportunities for parents to become involved in their child's care.
14. Provides information about community resources.

15. Models developmentally appropriate practices by allowing the parent observational opportunities to see their child interact with staff.
16. Provides an atmosphere for parents to share their experiences and develop support systems.
17. Reaches out to non-custodial parents, grandparents and other extended family members that are involved in a child's development.

A report of child abuse is not an accusation. It is a request for more information by a reporter who has reasonable suspicion that abuse or neglect may be occurring. A report does not mean that our employees must determine that abuse and/or neglect has occurred. In Idaho, Child Protective Services is responsible for that determination.

## **XI. Participant Rights**

All individuals have the same basic rights and responsibilities regardless of their ability, gender, race, religion. The Learning Garden Developmental Preschool recognizes and honors the rights of our clients receiving disability services. Idaho law specifically provides for the following protections for individuals receiving developmental disability services:

- \* Humane care and treatment;
  - \* Not to be put in isolation;
  - \* Be free of mechanical restraints, unless necessary for the safety of that person or for the safety of others;
  - \* Be free of mental and physical abuse;
  - \* Communicate by telephone or otherwise and to have access to private area to make telephone calls and receive visitors;
  - \* Receive visitors at all reasonable times and to associate freely with persons of his own choice;
  - \* Practice his own religion;
  - \* Wear his own clothing and to retain and use personal possessions;
  - \* Voice grievances and to recommend changes in policies or services being offered;
  - \* Be informed of his medical and habilitative condition, or services available at the agency and the charges for the services;
  - \* Reasonable access to all records concerning himself;
  - \* Refuse services; and
  - \* Exercise all civil rights and all other rights established by law.
- 
- \* Space for personal space, privacy and confidentiality;
  - \* Be treated in a courteous manner with dignity and respect;

- \* Be free from coercion;
- \* Be free from isolation and unauthorized restraints;
- \* Receive services on a flexible schedule that meets the needs of the participant;
- \* Right to age-appropriate individual choices while receiving services;
- \* Right to choose who they want to engage with while receiving services;
- \* Right to express their preferences and choices on how services are provided;
- \* Receive a response from the agency to any request made within a reasonable time frame; and
- \* Receive services which enhance the consumer's social image and personal competencies and whenever possible promote inclusion in the community; and
- \* Refuse to perform services for the agency. If the consumer is hired to perform services for the agency, the wage paid shall be consistent with state and federal law, and
- \* Review the results of the most recent survey conducted by the Department and the accompanying plan of correction, and
- \* Be protected from harm;
- \* Receive services under a written service plan;
- \* Help guide the development of plan of service and corresponding implementation plans;
- \* Be present during any/all services and medical appointment if you choose;
- \* Determine the environment the services are delivered in accordance with rule and evidence based practice;
- \* Refuse any services if you do not feel they meet the needs of your child;
- \* Be informed of your child's budget;
- \* Be informed of your child's medical condition, needs based on the condition, of habilitative services available, and the cost of the service;
- \* File a complaint regarding your developmental disability services;
- \* Reasonable access to all records concerning your child. Includes but not limited to, assessments, service/implementation plans, status reviews, and plan monitoring reports;

The Learning Garden Developmental Preschool will ensure that each participant is informed of his/her rights in the following manner:

- \* Upon initiation of services, each family/participant will be provided with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone

numbers of protection agencies and advocacy services. This packet will be in writing and easy to understand;

- \* A list of the participant's rights will be posted in the program center; and
- \* Each family/participant will be provided with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights.

## **XII. Grievance Policy**

At any time, the client has a right to choose who and what type of provider provides services and how services are provided. If at any time a client chooses a change in therapy staff, they can contact the Clinical Supervisor, Cathy Kowalski at 208/777-2629, every effort will be made to promptly find a suitable replacement therapist.

Client grievances include a wide range of complaints, from minor grievances to serious allegations. The guiding principle is that the client defines the grievance, not the staff member. As a consumer of our service, you, the client and/or guardian(s), have the right to present a grievance to our staff involved and their direct supervisor(s). The client should be assured that their concern will be immediately addressed and should not feel distress that their concern will be put aside. The following procedure will be followed when a staff member receives a client grievance, complaint, or other indication of dissatisfaction with the services that they have received.

1. The staff member who receives the grievance will discuss the matter with the client in a timely manner (within two working days) in an effort to resolve the issue as quickly as possible.
2. The staff member's supervisor(s) will be informed via written report that a grievance has been made. If the grievance has been resolved, no further action will be taken.
3. If the grievance is not resolved, the supervisor will meet with the client to further discuss the grievance and make any adjustments deemed satisfactory by both client and the supervisor.
4. If the grievance is not resolved, a meeting with the staff member involved, the Clinical Director and the client and/or guardian will be scheduled at the first available date to further address the grievance and work with the client and/or guardian to find a resolution to the grievance.
5. If a resolution is not achieved, written notes of the meetings will be provided to the client and/or guardian upon request with the name, address and contact information for the Department of Health and Welfare and disability advocacy groups.

6. At any time, parents can contact their child's case manager with the Department of Health and Welfare for assistance. Contact number for the Coeur d'Alene area is 208/665-8817.

7.

Families are encouraged to address issues with us prior to registering a formal complaint. Should you feel that your child is not receiving appropriate care or therapeutic services required by regulation you may file a complaint with the Department of Health and Welfare by calling the Survey and Certification division at (208) 364-1906 or toll free at 1-877-457-2815.

In instances where the concerns are detailed and complicated, it is recommended that you submit a written complaint to DDA/RH Survey and Certification, P. O. Box 83720, Boise, Idaho, 83720-0036 or by e-mail to [FACSDDCO@dhw.idaho.gov](mailto:FACSDDCO@dhw.idaho.gov).

### **XIII. Disability advocacy and community resources**

There are several disability advocacy groups in Idaho that may also be a resource for your family and can also assist with filing a complaint if you feel your rights have been violated:

#### **Disability Rights Idaho**

Phone: 1-866-262-3462

Website: <http://www.disabilityrightsidaho.org>

Email: [info@disabilityrightsidaho.org](mailto:info@disabilityrightsidaho.org)

Boise Office  
4477 Emerald Street, Suite B-100  
Boise, Idaho 83706  
5125

Office Phone: 208-336-5353  
Fax: 208-336-5396  
Toll-free Phone: 800-632-

Moscow Office  
200 S. Almon  
Moscow, Idaho 83204

Office Phone: 208-882-0962  
Fax: 208-883-4241  
Toll-Free Phone: 877-654-2178

#### **Disability Action Center**

800/854-9500  
[www.dacnw.org](http://www.dacnw.org)  
3650 N. Government Way, Ste. L  
Coeur d'Alene, ID 83815

#### **Child Protective Services**

Call Idaho Care Line by dialing 211 or 1/800-926-2588

#### **Council on Developmental Disabilities**

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**Department of Health and Welfare**

IDHW Children's Developmental Disabilities Program

North Hub Supervisor

Katie Rigoli, M.S.

(208) 665-8975

Email: [Katie.rigoli@dhw.idaho.gov](mailto:Katie.rigoli@dhw.idaho.gov)

## North Idaho Resource and Support Group Contacts

### **Panhandle Autism Society**

Panhandle Autism Society (PAS) is a non-profit organization and chapter of the Autism Society of America and United Way Agency of Kootenai County. Membership is free of charge, offering services including information, referrals, community education, and parental support groups. You can also visit their website for dates of monthly support group meeting times.

Mailing Address:

Website:

[www.panhandleautismsociety.org](http://www.panhandleautismsociety.org)

Panhandle Autism Society  
P.O. Box 3950  
Coeur d'Alene, ID 83816  
Phone: 208/664-4133

### **Northwest Autism Center**

This website offers resources and connections to individuals and groups affected by autism spectrum disorders in the Inland Northwest.

Mailing Address:

Website: [www.nwautism.org](http://www.nwautism.org)

Northwest Autism Center  
*Community Connections Office*  
127 W. Boone  
Spokane, WA 99201

Phone: 509-328-1582

Fax: 509-328-6342

Email: [info@nwautism.org](mailto:info@nwautism.org)

### **Idaho Parents Unlimited**

Idaho Parents Unlimited is a statewide organization which offers the Idaho Parent Training and Information Center and Family to Family Health Information Center. The Idaho Parent Training Information Center works to ensure parents of children with disabilities receive training and information on their rights, responsibilities, and protections under Individuals with Disabilities Education Act (IDEA). Family to Family health information center helps sustain the health and wellbeing of Idaho families. The contact for North Idaho is Lorisa Wellock, her phone number is 208/342-5884 and e-mail: [lorisa@ipulidaho.org](mailto:lorisa@ipulidaho.org).

Website: [www.ipulidaho.org](http://www.ipulidaho.org)

Phone: 800/242-4785

General Email: [parents@ipulidaho.org](mailto:parents@ipulidaho.org)  
[webmaster@ipulidaho.org](mailto:webmaster@ipulidaho.org)

Webmaster Email:

### **Parents Reaching Out to Parents (PROP)**

Parents Reaching Out to Parents is a North Idaho non-profit organization for parents with children or adults with developmental disabilities. Meetings are every Wednesday from 12:30 p.m. to 2:30 p.m. We meet at Early Head Start at the address listed below. This is a place of safety and comfort for parents. They share, cry, and laugh, but all are understood. If you are interested in attending,

please call Lorena Freund at the number listed below, or visit the website.

Meeting Address:	Office Address:
411 N. 15 <sup>th</sup> Street	2195 Ironwood Court
Coeur d'Alene, ID 83814	Coeur d'Alene ID 83814
Phone: 208-769-1409	
Fax: 208-769-1430	
Website: <a href="http://www.parentsreachingout.com">www.parentsreachingout.com</a>	

#### **XIV. Intervention Modalities**

The Learning Garden Developmental Preschool uses a variety of evidenced-based intervention and support modalities based on the client's individual interests, functional skill level and family prioritized needs across settings as identified through the person-centered planning process. The following is information on a couple of evidenced-based practices that we use in our intervention programs:

##### Applied Behavior Analysis (ABA)

The Learning Garden Developmental Preschool uses applied behavioral analysis and other evidenced based intervention modalities in our treatment plans. ABA is the systematic application of the science called Behavior Analysis which uses a variety of instructional techniques to improve a person's behavior and then demonstrate that the procedures used were responsible for the improvement of the behavior. It has been well documented through research to be an effective teaching method for children with autism. Advances in this science include using incidental teaching, pivotal response training, verbal behavior techniques and shared control of the teaching interaction (child and adult-initiated interactions) in addition to traditional discrete trial teaching. The overall goal of ABA is to increase appropriate behaviors (skills) and to decrease inappropriate behaviors. This allows the child to engage in meaningful social interactions, acquire needed skills and function as independently as possible. Typically, teaching begins with the learning readiness skills of sitting, attending and following directions. Once the child has learned to attend, more complex and sophisticated skills are taught in a planned and controlled process.

ABA techniques can be applied throughout the day both in formal one-to-one teaching sessions and as part of daily routines. Families are taught to use ABA techniques throughout the day and to recognize opportunities for teaching within their daily routines. Families also learn how to recognize the factors that lead to or reward a particular behavior of their child and how to increase or decrease behavior.

##### Developmental Individual Difference Relationship-based model (DIR)

The Developmental Individual Difference Relationship-based Model is a comprehensive, person-centered approach to assessment and intervention for

children with difficulties in relating and communicating. Based on the concept that feelings enable us to generate ideas and thought and are the foundation for creative, logical and abstract thought, a basic premise of DIR is that thinking and learning begin with our own personal emotional experience, starting first with the child's ability to form relationships and engage in interactions with his caregiver(s). The child's functional emotional developmental levels form the "D" in DIR which consist of:

- 1) being able to stay calm and to take interest in the world;
  - 2) forming connections with others in an engaging way;
  - 3) communicating with expressions, gestures and eventually, with words;
  - 4) connecting movement, affect (emotion) and problem solving;
  - 5) functional and imaginative use of language and use of pretend play;
- and
- 6) emotional problem solving—from the gut, not the head (ex. Why sad?);

The "I" in DIR stands for individual, biologically based differences in the child's ability to process and modulate (take in and make sense of) the information coming into his body through his senses and to plan, sequence and carry out body movements. This includes auditory, visual, tactile (touch), taste, smell, and movement, as well as his perceptions of pain, where his body is in space and underlying muscle tone and strength. Each child's unique developmental level, sensory profile, motor abilities and regulatory state determine the level and type(s) of intervention. Individual differences, not diagnosis, guide the program.

The "R" in DIR is the child's capacity to initiate and sustain these relationships. Floor Time, also known as the Greenspan approach, is the heart of DIR. A floor time, relationship-based program includes three levels:

- 1) Spontaneous, follow-the-child's-lead floor time;
- 2) Semi-structured problem-solving sessions; and
- 3) Motor, sensory, sensory integration, visual-spatial and perceptual motor activities.

During Floor Time interactions, an adult partner uses the child's natural interests and motivations to encourage his ability to use thinking and problem solving, communication, and motor and sensory exploration in meaningful interactions. Starting with mutual, shared engagement, the child is "enticed" into increasingly more complex interactions in a process known as "opening and closing circles of communication." Floor time strategies can be implemented in a variety of settings - in the home, classroom and community settings. Inclusion with typically developing peers is recommended once a child can imitate gestures, sounds or words. Continual re-evaluation of the intervention program is critical as the child progresses and changes.

The goals of Floor Time are to help the child:

1. Become more alert and aware of change;
2. Take more initiative and be less passive in his environment;
3. Become more flexible;
4. Tolerate frustration and change;
5. Sequence longer and more complex actions, plan and execute them;
6. Mediate the process of finding solutions;
7. Communicate gesturally and verbally; and
8. Take pleasure in learning and interacting with others.

Under the goals of floor time, the team works to help your child become a warm, engaging individual who recognizes himself as unique, with natural interests and abilities, and who can be motivated to fully participate in the world using these capacities. We want to see a spontaneous, independent and interactive child who can respond to others and the environment with a range of responses.

The relationship and interactions between the child and his caregivers is the foundation of the DIR Model. The role of the therapist in this model is to coach caregivers and family to develop skills that optimize the child's developmental progress. This is accomplished during warm, secure, pleasurable, child-led floor time interactions as well as during activities in the daily routine. DIR/floor time philosophy and practices are compatible with early intervention best practice in their developmental, individualized, relationship-based, family focus, in the natural environment. DIR emphasizes the earliest possible start to intervention and stresses the importance of the earliest stages of development, typically accomplished in infancy.

## **GLOSSARY OF TERMS**

Sensory processing- the ability to analyze, organize and connect (or integrate) messages coming into the brain from the different senses. It is through this process that the many parts of the nervous system work together so a person can interact with and learn from their environment effectively.

Sensory modulation- the brain's ability to regulate its own activity.

Auditory processing- the ability to receive, identify, discriminate, understand and respond to sound.

Visual processing- the ability to perceive, interpret and respond to what the eye sees.

Tactile system- sense of touch, including pressure, vibration, temperature and pain.

Sensory profile- information collected regarding how a child responds to sensory input in a variety of situations.

Regulatory state- the nervous systems ability to attain, maintain and change levels of arousal or alertness. These levels change according to demands of specific situations and activities.

Circles of communication- a core concept of floor time; the continuous flow of

engagement between the child and adult. Example - child opens circle by looking at parent, parent responds by looking back, child responds to parent by smiling or vocalizing, thereby closing the circle.

## **Research**

*Applied Behavioral Analysis* - <http://www.autismspeaks.org/science/resources-programs/autism-treatment-network/atn-air-p-applied-behavior-analysis>

*DIR/Floortime* - <http://www.icdl.com/dirFloortime/overview/index.shtml>

*Council for Exceptional Children, Division of Early Childhood* - <http://www.dec-sped.org/Families>

The Association for Science in Autism Treatment (ASAT) <http://asatonline.org>

The National Alliance for Autism Research, NAAR <http://naar.org>

The Interdisciplinary Council on Developmental and Learning Disorders

<http://www.icdl.com>

The Organization for Autism Research <http://www.researchautism.org>

## **XV. Collaboration and transitions**

The Learning Garden Developmental Preschool will participate in collaboration with all members of the person-centered planning team including the client, parents, speech, occupational and physical therapists, medical doctor, and school district staff to ensure consistent implementation of intervention and/or support strategies across all settings in which the child participates. We are committed to ensuring that your child continues his/her progress and works closely to reduce stress on the child and family during transitions from one service to another. The Learning Garden will work with parents to develop a written transition plan when arranging a move from one therapeutic or educational setting to another.

Programs should actively support collaboration between the student (whenever appropriate), his/her parents, school personnel, and related agencies. The following factors will be considered in transition planning:

1. Every aspect of planning involves the person-centered planning team including but not limited to student (whenever appropriate), parents and other family members, current and receiving professionals, and other relevant individuals.
2. Transition planning begins as soon as a change in placement is anticipated to occur. Transitions include but are not limited to: one classroom to another, one program to another and one service delivery system to another.

Transition plans will include:

- a. A statement of current skills and needs;
- b. Identification of necessary supports;
- c. A schedule of training for receiving staff; and
- d. A detailed description of the process.

Transition planning should begin while the student is in the current placement.

Whenever possible, the student and the family will have an opportunity to visit the new setting and intervention programs will consider the skills needed in the next intervention or support setting.

#### **XVI. Program operating information**

Hours of operation are 6:30 a.m. to 5:30 p.m. Monday through Friday. Intervention and support services will be delivered as identified by the individual intervention or support plan and may include non-traditional time and dates for delivery of services based on the individual needs of the participant as identified by the person-centered planning team.

**Religious & National Holidays** – It is important for parents to share their family’s rituals and practices as it relates to holidays in order for your child’s therapist or support technician to ensure individualized approaches and strategies are incorporated into developmental disability services that respect and honor your family’s culture.

**Holiday closures** – Holiday closures are scheduled as listed below. If the holiday falls on a weekend, then we will be closed the same days as the federal and state offices. Scheduled holidays that fall on a Monday, Tuesday or Thursday will be scheduled as a three-day holiday. The Learning Garden will also be closed for staff workdays two times a year. These days are essential and allow the staff time to attend in-service training. We have scheduled these days near holidays when historically we have the lowest need for services.

New Year’s Day  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving & the day after  
Christmas Eve, Christmas Day and the day after (December 24, 25 & 26<sup>th</sup>)  
Monday after Easter – staff workday  
Friday before Labor Day – staff workday

**Weather closures** - Closures prior to opening of the program will be reported on the local television channel 6, KHQ, there can be delays in the station reporting closures of private organizations. The station always reports the public-school closures first, the Learning Garden will always be closed when the Post Falls School District closes due to severe weather conditions.

In the event of severe weather conditions during operating hours, the Learning Garden Developmental Preschool will remain open except in the event of a power outage, closure of schools by Post Falls School District or when local authorities request early closure due to hazardous road conditions. You will be

called prior to a closure during operating hours.

**Parent Policy Board** – We strive to provide excellent service to the families at the Learning Garden and as such have a parent board that serves the program and assists with staff interviews, policy decisions and grievance procedures. If you are interested in participating, please speak with the Clinical Director.

**Orientation** – It is our desire to make the transition into our program as smooth as possible for your family. If at all possible, in your schedule our preference is that your child come and visit the program and meet the staff. This allows them to become familiar with the environment and routines and develop an assurance that this is a safe place. Parents are welcome to observe and meet with the staff outside of the therapy or support sessions to answer any questions. This orientation is highly recommended and is also a great time for you to get to know the program and staff better.

**Termination** – Whenever possible, the Learning Garden will give a minimum of a two-week written notice to parents if it should become necessary to terminate developmental disability services. Examples of situations that would require a termination of services include but are not limited to non-compliance with Medicaid eligibility requirements or unsafe interactions of adults with children, staff or other parents. Should you need assistance you have options to resolve any conflicts such as, speak to your child’s therapist, meet with the clinical director and finally you can request a meeting of the parent board to review the issue and work towards a solution prior to any dismissal action. Grievances must be made in writing for an appeal to the parent policy committee. Developmental disability services will not be stopped prior to a review of any issues by the parent board unless continued services endanger the health or safety of the children, staff or families in the program or your child no longer meets Medicaid eligibility requirements for developmental disability services.

We recognize the importance of continuity for your child and will make every attempt to resolve issues as they arise. Every effort will be made to resolve issues in order to provide continuity for your child and appropriate supports for your family. We strive to create a culture of open communication with each family and provide supports to ensure that your experience at the Learning Garden is beneficial to both you and your child.

**Signing in & out** - You are required to sign your complete signature when you drop off and pick up your child. The sign in/out record will be kept near the front door to the therapy room. Children will not be permitted to sign themselves in and out. If your child leaves the facility to attend school, then a staff person, with parental permission, may sign your child out. The State of Idaho prohibits a provider from releasing children to a parent/guardian or any other person who is



clearly under the influence of alcohol or other drugs. A child will not be released to anyone except for his custodial parent or guardian. In the event that an individual, other than the custodial parent or legal guardian, but is on the authorized pick-up list attempts to pick-up the child we will not release the child until we receive confirmation directly from the custodial parent or guardian approving the release of the child. Identification of the authorized pick-up person will be verified by staff by viewing either a driver's license or state identification card.

I have read and understand the developmental disability service participant handbook of the Learning Garden Developmental Preschool.

**Parent/guardian name:** \_\_\_\_\_  
(print name)

**Parent/guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Parent copy – keep for your records and reference)

If at any time I have questions or need to change service type, frequency or need resources I can contact my case manager at:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I have read and understand the developmental disability service participant handbook of the Learning Garden Developmental Preschool:

**Parent/guardian name:** \_\_\_\_\_  
(print name)

**Parent/guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(DDA file copy – to be filed in client file)

## Learning Garden Developmental Preschool EMERGENCY EVACUATION PROCEDURES

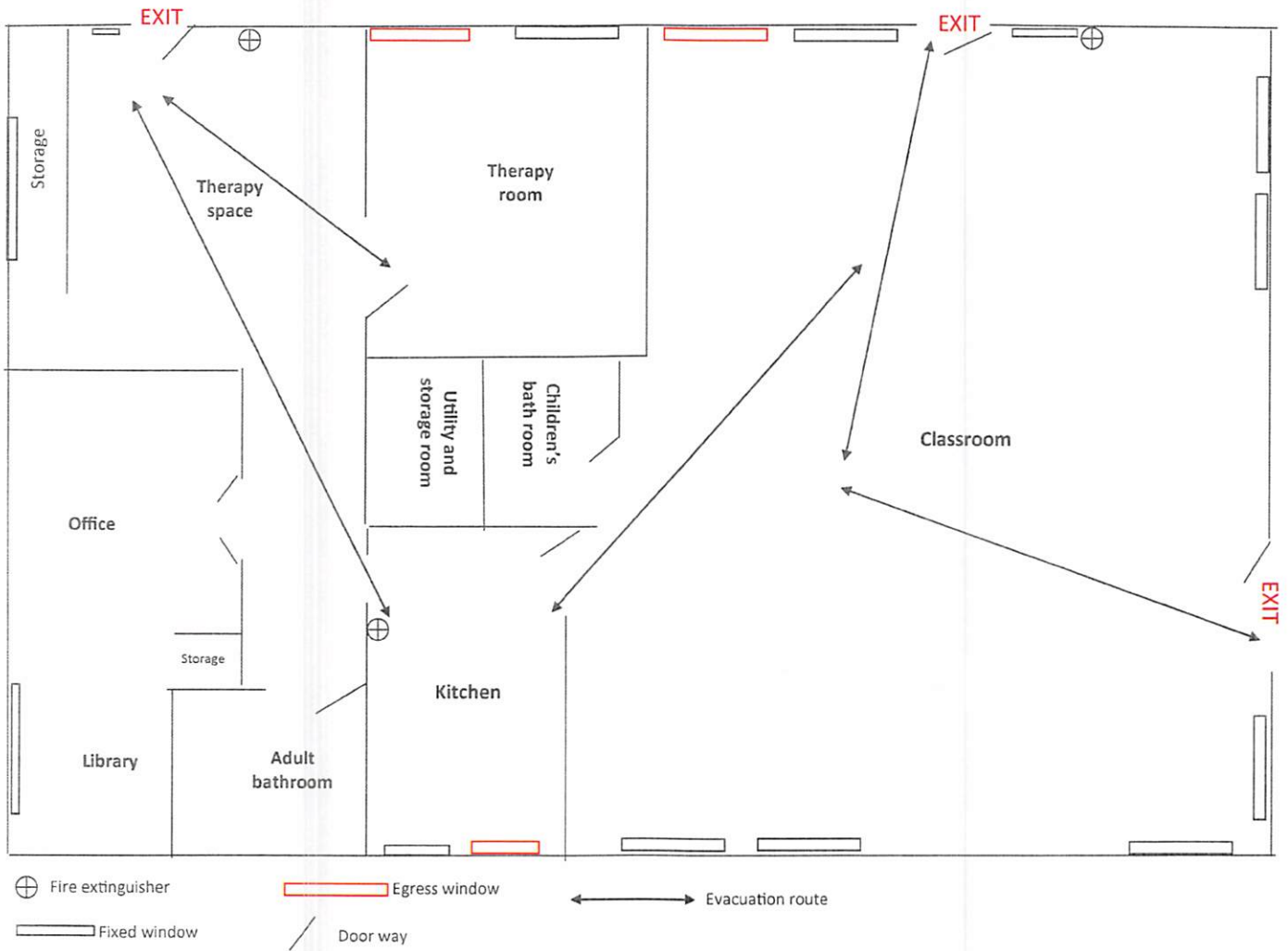
In the event of an emergency that requires evacuation of the building, such as a fire, follow these steps:

1. **Notify the staff member** located nearest you.
2. One person will **call 911**.
3. ECE staff will **count the children** in each group being evacuated using the daily sign-in sheet to ensure that all children are present.
4. Intervention staff are responsible for the child or children they are currently working with.
5. Classroom teachers are responsible for the children in the classroom. Therapy staff are responsible for their client.
6. **Evacuate the building** using the nearest safety exit (evacuation routes are posted in each room).
  - a) WALK the children out of the building in a calm and orderly fashion.
  - b) Check closets, bathrooms, or any other area where children may hide (whether or not children are allowed in those areas).
  - c) Children will be evacuated to the farthest corner of the playground as far as possible from the source of the fire danger.
  - d) Children will be counted again when they reach the evacuation destination.
  - e) After counting children, teacher will display a green card if all children are accounted for or a red card if they are missing children.
7. If practical and safe, fight fire with a portable extinguisher (saving property should **only** be considered when all lives are safe)

### Use the extinguisher if:

- a) You are nearby when a fire starts or the fire is discovered in its early stages and you can get out fast if your effort fails.
  - b) Other staff are designated and do not need assistance to **get all children out of the building and call the fire department**.
  - c) If the fire is small enough (confined to its origin - in a wastepaper basket, cushion, or small appliance).
  - d) You can fight it with your back to an exit
  - e) Your extinguisher is in working order, and you stand back about 8 feet.
  - f) Aim at the base of the fire, not the flames or smoke
  - g) Squeeze or press the lever while sweeping from the sides to the middle of the fire.
- 8) Upon the arrival of the emergency crew, inform them of the occupant status and direct them to the fire.
  - 9) All new staff will receive pre-service training on the evacuation plan.
  - 10) Evacuation out of the classroom will be to the farthest corner of the play yard near the music center. In the event it is not safe to stay on site, the secondary evacuation site will be the office space next door at 810 S. Henry, Ste. 190.

# Learning Garden Developmental Preschool Fire Evacuation plan



## LEARNING GARDEN

### Participant Rights

All individuals have the same basic rights and responsibilities regardless of their ability, gender, race, religion. The Learning Garden Developmental Preschool recognizes and honors the rights of our clients. Idaho law specifically provides for the following protections for individuals receiving developmental disability services:

- \* Humane care and treatment;
- \* Not to be put in isolation;
- \* Be free of mechanical restraints, unless necessary for the safety of that person or for the safety of others;
- \* Be free of mental and physical abuse;
- \* Communicate by telephone or otherwise and to have access to private area to make telephone calls and receive visitors;
- \* Receive visitors at all reasonable times and to associate freely with persons of his own choice;
- \* Practice his own religion;
- \* Wear his own clothing and to retain and use personal possessions;
- \* Voice grievances and to recommend changes in policies or services being offered;
- \* Be informed of his medical and habilitative condition, or services available at the agency and the charges for the services;
- \* Reasonable access to all records concerning himself;
- \* Refuse services; and
- \* Exercise all civil rights and all other rights established by law.

Additionally, the Learning Garden Developmental Preschool shall ensure the following rights to individuals that receive developmental disability services from our agency are protected, particularly as they relate to the following:

- \* Space for personal space, privacy and confidentiality;
- \* Be treated in a courteous manner with dignity and respect;
- \* Be free from coercion;
- \* Be free from isolation and unauthorized restraints;
- \* Receive services on a flexible schedule that meets the needs of the participant;
- \* Right to age appropriate individual choices while receiving services;
- \* Right to choose who they want to engage with while receiving services;
- \* Right to express their preferences and choices on how services are provided;
- \* Receive a response from the agency to any request made within a reasonable time frame; and
- \* Receive services which enhance the consumer's social image and personal competencies and whenever possible promote inclusion in the community; and
- \* Refuse to perform services for the agency. If the consumer is hired to perform services for the agency, the wage paid shall be consistent with state and federal law, and

- \* Review the results of the most recent survey conducted by the Department and the accompanying plan of correction, and
- \* Be protected from harm;
- \* Receive services under a written service plan;
- \* Help guide the development of plan of service and corresponding implementation plans;
- \* Be present during any/all services and medical appointment if you choose;
- \* Determine the environment the services are delivered in accordance with rule and evidence based practice;
- \* Refuse any services if you do not feel they meet the needs of your child;
- \* Be informed of your child's budget;
- \* Be informed of your child's medical condition, needs based on the condition, of habilitative services available, and the cost of the service;
- \* File a complaint regarding your developmental disability services;
- \* Reasonable access to all records concerning your child. Includes but not limited to, assessments, service/implementation plans, status reviews, and plan monitoring reports;

The Learning Garden Developmental Preschool will ensure that each participant is informed of his/her rights in the following manner:

- \* Upon initiation of services, each family/participant will be provided with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection agencies and advocacy services. This packet will be in writing and easy to understand;
- \* A list of the participant's rights will be posted in the program center; and
- \* Each family/participant will be provided with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights.

I have been advised of my rights as a participant in developmental disability services in Idaho.

Client: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Learning Garden Developmental Preschool

### Code of Ethics

We have a legal and ethical requirement to ensure that all of our clients receive supports that increase their access and ability to participate in a variety of settings. We believe that all children deserve *access* to high quality learning environments, typical home or educational routines and community activities regardless of their functional ability. We are committed to facilitating access by providing individualized therapeutic intervention and supports to allow our clients to fully *participate* and engage across environments in a variety of intentional ways determined by the individual needs and priorities of young children and their families. Our commitment to these *supports* include providing ongoing professional development to staff to acquire specialized knowledge, skills and dispositions required to implement effective intervention practices. Our services are implemented in a coordinated method integrating general early childhood education, special education, specialized practitioners, treating physicians and families into a cohesive approach to provide a quality framework for early intervention.

We recognize that we have an ethical obligation to use professional practices at all times with clients, colleagues and community members. Our program has adopted a code of ethics modeled on national expertise in our field including the National Association for the Education of Young Children (NAEYC), Behavior Analyst Certification Board (BACB) and the Council for Exceptional Children, Division for Early Childhood (DEC). The following is incorporated into this document as a summary of ethical standards that we adhere to for high quality inclusive and therapeutic practices:

#### Inclusive practices:

- Team members focus on the individual child's functioning in the contexts in which he or she lives, not the service.
- Team members use the most normalized and least intrusive intervention strategies available that result in desired function.
- Team members plan to provide services and conduct interventions in natural learning environments.
- A variety of appropriate settings and naturally occurring activities are used to facilitate children's learning and development.
- Services are provided in natural learning environments as appropriate. These include places in which typical children participate such as the home or community settings.

- Interventionists facilitate children's engagement with their environment to encourage child-initiated learning that is not dependent on the adult's presence.
- Environments are provided that foster positive relationships, including peer-peer, parent/caregiver-child, and parent-caregiver relationships.
- Practices are used systematically, frequently, and consistently within and across environments and across people.
- Planning occurs prior to implementation, and that planning considers the situation (home, classroom, etc.) to which the interventions will be applied.
- Program policies support the provision of services in inclusive or natural learning environments. Strategies are used to overcome challenges to inclusion.
- Students/staff learn to apply instructional strategies in natural environments.
- Teachers and staff from early education programs and community child care centers are provided with knowledge and skills relative to the inclusion of young children with disabilities.

#### Professional practices:

- At all times staff maintains the high standards of professional behavior of our professional organization.
- Staff rely on scientifically and professionally derived knowledge when making professional judgments in service provision.
- Staff provide services only within the boundaries of their competence, based on their education, training, or professional experience. Staff will only provide services in new areas or using new techniques after first undertaking appropriate training, supervision and/or consultation from other professionals who are competent in those areas or techniques.
- Staff receive at a minimum 12 hours of ongoing professional development training a year in addition to maintaining an awareness of current scientific and professional information in the field of behavioral therapy and early childhood education.
- Staff provide therapeutic services only in the context of a defined professional role with clients.
- Staff uses language that is fully understandable to the participants of the services, provide appropriate information prior to service delivery about the nature of the services and appropriate information later about results and conclusions derived from the services.
- At no time does staff engage in discrimination against individuals or groups based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status or any prescribed by law.
- Staff will refrain from providing services when their personal circumstances may compromise delivering services to the best of their abilities.
- Staff will not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as persons' age, gender,



race, ethnicity, national origin, religion, sexual orientation, disability, language or socioeconomic status in accordance with law.

- We recognize in our small community, it may not be feasible or reasonable for staff to avoid social or other nonprofessional contacts with clients. Staff must always be sensitive to the potential harmful effects of other contact on their work and on their clients.
- Staff shall not exploit their clients or family members nor shall they accept gifts, barter or engage in inappropriate relationships with them as these behaviors are a conflict of interest, potentially exploit the client and jeopardize the professional relationship of trust necessary to successful therapeutic services.
- Staff will only accept as clients those individuals whose service needs are commensurate with their professional education, training and experience.
- Staff have a responsibility not just to the client receiving services but to the family of the client as they are impacted by behavioral services.
- Staff cooperate and coordinate services with other professionals in order to serve their clients effectively and appropriately.
- Staff have a primary obligation and take reasonable precautions to respect the confidentiality of those with whom they work or consult. In order to minimize intrusions on privacy, staff will discuss confidential information only with persons involved on the client's therapeutic service team.
- Staff will review and analyze the likely effects of all alternative treatments including those provided by other disciplines and no intervention and recommend therapeutic treatments that are scientifically supported as the most effective treatment procedures having been validated as having both short and long term benefits to clients.
- Staff are truthful and honest, follows through on obligations and professional commitments with high quality work and conforms to the legal and moral codes of the Behavior Analyst Certification Board.
- Staff recognize the importance of continuity of service delivery and will make every reasonable effort to ensure minimal interruption of service delivery.

#### Client rights:

- The client has the right to have their individual rights by law supported.
- The client must be provided on request an accurate, current set of the staff members credentials.
- The client must be informed of their rights, and about procedures to complain about professional practices of staff members.
- Clients have a right to confidentiality and will be informed of these rights at the beginning of services and thereafter as new circumstances may warrant.
- Clients have a right to effective treatment.

In accordance with Idaho Code, Sections 66-412 and 66-413, clients of Developmental Disability Agencies have specific participant rights:

- The right to humane treatment;
- The right to not be put in isolation;
- The right to be free of mechanical restraints, unless necessary for the safety of that person or for the safety of others;
- The right to be free of mental and physical abuse;
- The right to voice grievances and recommend changes in policies or services being offered;
- The right to practice his own religion;
- The right to wear his own clothing and retain and use personal possessions;
- The right to be informed of his medical and habilitative condition, of service available at the agency and the charges for the services;
- The right to reasonable access to all records concerning himself;
- The right to refuse services;
- The right to exercise all civil rights, unless limited by prior court order;
- The right to privacy and confidentiality;
- The right to be treated in a courteous manner;
- The right to receive a response from the agency to any request made within a reasonable time frame;
- The right to receive services that enhance the participant's social image and personal competencies and, whenever possible, promote inclusion in the community;
- The right to 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;
- The right to review the results of the most recent survey conducted by the Department of Health and Welfare and the accompanying plan of correction;
- All other rights established by law; and
- The right to be protected from harm.

## Children's Community Developmental Disability Services

Developmental  
Disabilities



FAMILY AND COMMUNITY SERVICES

CHILDREN'S COMMUNITY SERVICES

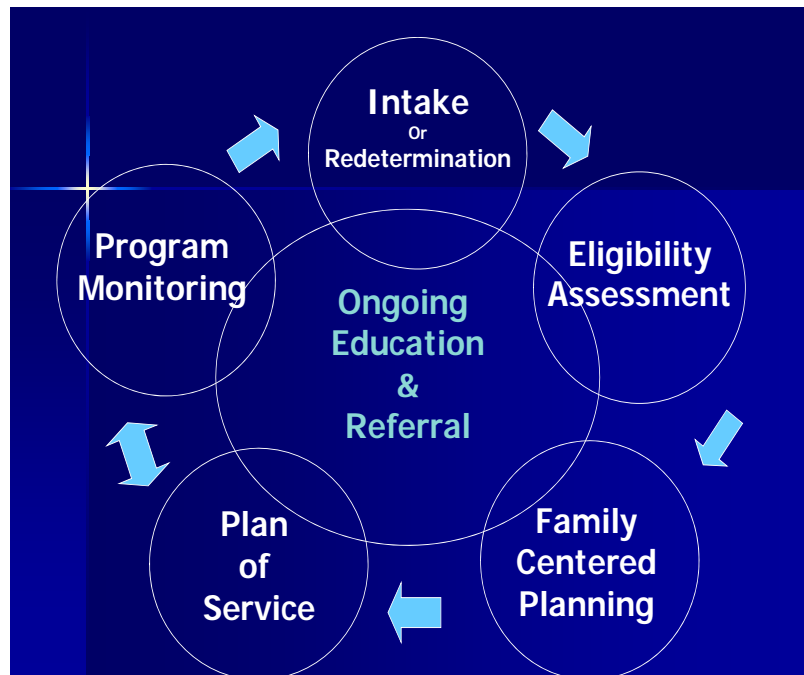
This handout is an overview of Idaho Medicaid's community-based services for children with developmental disabilities. The community-based system of care emphasizes evidenced-based treatment, community integration and family empowerment.

Parents can choose one of two pathways described below in which to access community-based developmental disability services for their child.

1. The "Traditional" option is a predetermined menu of services which offers a balance between services and supports - promoting skill development through treatment methods that are evidenced-based and through natural learning by means of integration in the community. Pages 2 - 10 review "Traditional" option services.
2. The "Family- Directed" option allows families more flexibility to design a program of care to meet their child's needs. More information on the Family-Directed Services option can be found at: [www.familydirected.dhw.idaho.gov](http://www.familydirected.dhw.idaho.gov). Please see page 11 for more information on the "Family- Directed" option.

Here is how the overall system of care works:

1. A Department intake worker will guide parents through the intake process.
2. An assessment will be done to determine eligibility for services and assign a budget. (completed annually)
3. A Department case manager together with the family will develop a plan of service based on the child's needs and annual budget.



Ongoing education will be provided to help make decisions about services and supports.

Please visit [www.childrensDDservices.dhw.idaho.gov](http://www.childrensDDservices.dhw.idaho.gov) for more details about children's community-based developmental disability services.

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# TRADITIONAL PLAN OPTION

The next several pages highlight Idaho Medicaid “Traditional” option community-based services for children with developmental disabilities. A complete description of services can be found in IDAPA 16.03.10 “Medicaid Enhanced Plan Benefits”.

A child will qualify for one of two benefit packages based on eligibility and assessment information gathered. These benefit packages are called the “state plan” and “waiver services”.

- All children that meet the eligibility criteria for a developmental disability will qualify for “state plan - home and community based services (HCBS)” including *respite*, *habilitative supports* and *family education*.
- Children who meet “institutional level of care” will qualify for “waiver services”. “Waiver services” include all “state plan” services, plus *habilitative intervention*, *family training*, *interdisciplinary training*, *therapeutic consultation*, and *crisis intervention*.

Additionally, all children with developmental disabilities continue to be eligible for occupational, physical and speech/language therapy services and other Medicaid medical services. These services are not part of the children’s community developmental disability services described in this handout and do not need to be included in a child’s annual community services ‘budget’.

## STATE PLAN SERVICES

### Respite



***“Respite gives Mom and Dad a chance to take a needed break...”***

**Respite provides for the supervision of a child to allow the primary caregiver occasional short-term relief.**

Caring for a child with a disability can be overwhelming at times. Respite services are a means for parents to take a break by providing supervision for a child on an occasional or short-term basis. Respite can be set up on a regular basis or can be used when there is a family emergency. For example, respite can be used for a regularly scheduled “date night” for mom

and dad or when the family needs to spend time with another family member that is hospitalized. The goal is to provide relief for the caregiver and reduce stress.

There are two types of respite providers. One type is employed by a developmental disability agency (DDA) the other is an independent respite provider who has entered into a provider agreement with Medicaid. The independent respite provider must be at least 18 years of age and have a high school diploma or GED. The independent respite provider is a means for a family to pay a trusted friend or neighbor for caring for their child. The respite DDA provider must be at least 16 years of age because they are directly supervised by a DDA. Both types of respite providers must have received training in the needs of the child and be able to perform the duties required in a Plan of Service for the child.

Certain restrictions apply with respite care. If the child is on the Act Early waiver, the respite service costs cannot exceed 10% percent of the child's overall budget amount.

Respite cannot be:

- used as payment for room and board
- used with paid caregivers
- delivered in order to allow the parent to work
- used for over 14 consecutive days
- provided at the same time as other Medicaid services

Respite can only be offered in a group when the service is through a DDA:

Center-based: a minimum of 1 staff to every 6 children.

Community-based: a minimum of 1 staff to every 3 children.

Staff to child ratio shall be adjusted according to the number of children in the group with significant functional impairments or behavioral issues.

Respite through a DDA can be offered at the DDA, in the community or in the child's home. Respite through an independent provider can be offered in the community or in the child's home.

## Habilitative Supports



**Habilitative Support helps a child become more independent and integrated in their community.**

Habilitative support provides children with opportunities to explore their interests by providing the supports necessary to participate in community activities and events. This could include anything from attending Girl Scout camp once a year to weekly Sunday school. Habilitative support provides a

variety of learning opportunities for children to interact with others in typical community activities. It also promotes a proven teaching method - peer modeling. Children will learn

through watching their peers and seeing how others behave (appropriately). This will promote learning new things in the community setting while having fun! They also gain opportunities to improve and practice skills learned in other therapeutic environments.

**Children learn from Children:** Integration provides many opportunities for learning through peer modeling. These opportunities may include such things as increasing skills related to following directions, seeing others that are dressed and groomed well, using appropriate manners, and being engaged in activities associated with proper use of utensils at a meal, etc.

Habilitative support provides opportunities to reinforce all types of skills such as maintenance of mobility, sensory-motor, communication, social, personal care and relationship building. It should provide opportunities for a variety of leisure activities such as going to a theatre, buying a movie ticket and buying popcorn and soda, etc.

For Habilitative supports to occur, it must first be identified as a goal on the child's plan of service. The activities or events must not replace services such as school or therapy that is currently being provided in another environment and must not supplant the role of the primary caregiver. The activities must be age-appropriate with typically developing peers.

Providers of habilitative supports must be at least 18 years of age, be high school graduates (or have a GED), and have six-months supervised experience working with children with developmental disabilities. Additionally, staff must complete a required training (currently approximately 3 hours) focusing on inclusion.

## Family Education



**Through Family Education, parents can learn about disability issues and treatment strategies for their child.**

Family Education is a teaching service available to help families better meet the needs of their child by providing education on their child's needs that have been identified on the plan of service. This service is provided by trained professionals on issues as broad as an orientation on disabilities and as narrow as the use of adaptive seatbelts or intervention strategies on the plan of service.

Family Education can also include helping the parent educate other unpaid caregivers regarding the needs of the child. Providers of family education are required to maintain documentation of the training in the child's records indicating the activities that are stated in the plan of service are being implemented.

There is a maximum group ratio of 5 families per class. The provider must meet the professional requirements of a habilitative interventionist.

## WAIVER SERVICES

### Habilitative Intervention



#### **Habilitative Intervention services improve children's functional skills and discourage problem behavior.**

Intervention services are outcome-based, therapeutic services delivered by a professional. Services include individual or group behavioral interventions and skill development activities.

Habilitative Intervention must be based upon well-known and widely regarded principles of evidence-based treatment (EBT).

EBT is the use of intervention methods that research has shown effective as treatment for specific problems.

1. **Develop Functional, Adaptive Skills.** When goals to address skill development are identified on the plan of service, the intervention must provide for the acquisition of functional skills such as riding the bus, cooking, banking, dressing, keeping a schedule and community safety skills.
2. **Diminish Maladaptive Behaviors.** When goals to address maladaptive behavior are identified on the plan, the intervention must include the development of replacement behavior/skills rather than merely the elimination or suppression of maladaptive behavior that interferes with the child's overall general development, community and social participation.

Habilitative intervention can be conducted in a child's home, in community settings or at the DDA. It can be one-on-one with a child or in a small group of up to 3 children. Staff to child ratio shall be adjusted according to the number of children in the group with significant functional impairments or behavioral issues.

When group intervention is community-based, children must be integrated in the community in a natural setting with typically-developing peers. Group intervention must be directly related to meeting the needs of the child, and be identified as an objective in accordance with a plan goal. Providers of Habilitative Intervention must have a bachelor's degree in a human service field including certain child-related course content and one year's experience working with the population.



## Family Training



**Research shows that family training and involvement makes an amazing difference in the rate of progress.**

**Family Training is instruction provided on a 'one-on-one' basis to families by a trained professional on treatment strategies.**

This service allows a professional to meet with the family to help them with the intervention techniques that are being used with their child.

The child must be present when Family Training is provided so the trainer can demonstrate intervention techniques and strategies. Additionally, Family Training is required for all parents of children receiving Habilitative Intervention. If the child is on the Act Early Waiver, the parent will need to be physically present at the intervention session a minimum of 20% of the time in which Habilitative Intervention is being provided to receive family training. This is a very important requirement and is part of the Idaho IDAPA rules that allow for this type of education for children on the Act Early Waiver.

## Interdisciplinary Training



**Collaboration**

Interdisciplinary Training encourages collaboration by allowing two providers to bill at the same time under certain circumstances, allowing one professional to bill Interdisciplinary Training and one professional to bill for the direct service being provided.

Interdisciplinary Training is only provided during the time in which support or intervention services are being provided to the child. With Interdisciplinary Training, the DDA staff and the child's OT, PT or SLP should be able to collaborate in order to reinforce each other's goals and objectives and eliminate therapy that is inconsistent and not complimentary of one another.

Interdisciplinary Training can be provided on topics such as health and medication monitoring, positioning and transfers, intervention techniques, positive behavior supports and the use of therapeutic equipment. The child must be present when the interdisciplinary training is being provided to the direct service provider.

Interdisciplinary Training between a Habilitative Interventionist and a Therapeutic Consultant is not a reimbursable service. Interdisciplinary Training between employees of the same discipline is also not a reimbursable service.

The Interdisciplinary Training provider is required to maintain documentation of the training in the child's records indicating the activities were provided as stated in the plan of service.

Occupational Therapists, Physical Therapists, Speech-Language Pathologists, Practitioners of the Healing Arts, Habilitative Intervention providers and Therapeutic Consultants may be qualified to provide interdisciplinary training.

## Therapeutic Consultation



**Therapeutic Consultation is an opportunity to consult with the experts in a field when treatment isn't working.**

When a child receiving Habilitative Intervention is not demonstrating expected outcomes and it is anticipated that a crisis event may occur without the consultation service, Therapeutic Consultation can be used to bring in an expert in the field to consult on the treatment plan.

A Therapeutic Consultant has advanced expertise and experience to address complex needs that have not been successfully mitigated in Habilitative Intervention. These could include severe aggression, self-injury or other dangerous behaviors that require more aggressive efforts in training and assistance. There could also be a risk of a crisis unless the consultative services are acquired.

The Therapeutic Consultant can:

- Develop and oversee a "positive behavior support" plan. Positive behavioral supports are intervention strategies used to reduce or prevent problem behaviors by replacing them with socially-appropriate behaviors.
- Provide advanced types of assessments to help determine what training and assistance is needed to address the complex needs.
- Monitor the progress and coordination and implementation of the plan across various environments such as the home or the community, or
- Provide consultation to other service providers and families.

Certain limitations are in effect for Therapeutic Consultation. Therapeutic Consultation cannot be provided as a direct intervention service, it is a consultative service. A child must be receiving Habilitative Intervention services prior to consideration of a Therapeutic Consultation, with the exception of crisis situations. Additionally, Therapeutic Consultation is limited to 18 hours per year per child and must be prior authorized by the child's case manager.

## Crisis Intervention Services



A crisis is defined as an unanticipated event, circumstance or life situation that places a child with a developmental disability at risk of at least one of the following:

- Hospitalization;
- Loss of housing;
- Loss of employment;
- Being arrested or incarcerated; or
- Physical harm to self or others, including family altercation or psychiatric relapse.

Crisis Intervention can help prevent or avert a community placement and guide families and service providers in situations where risk to the health and safety of the child exists or there is the potential for a crisis to occur.

Crisis Intervention Professionals provide consultation services, such as training and staff development to help address the child's needs. Crisis intervention professionals must meet the minimum Therapeutic Consultation provider qualifications.

An Emergency Intervention Technician provides emergency back-up or direct support, such as crisis intervention services in the home or community on a short term basis, not to exceed 30 days. An out-of-home cannot exceed 14 days and must be pre-authorized by the Department. Emergency Intervention Technician providers must meet the same minimum qualifications as a habilitative support provider.

Crisis intervention can be requested retroactively when a crisis has already occurred and there were no other supports available for the child during the time of the crisis. The request must be made to the Department within 72 hours of the services being provided. If the child staying at home creates a dangerous situation for themselves, the family, or both, the provider can request short-term placement out of the home for the child - this requires prior authorization by the Department.

Positive behavioral interventions (intervention strategies that are developed and implemented to prevent problem behavior with alternative behaviors that are socially appropriate) must be used prior to, and along with, the use of any restrictive interventions. Crisis intervention services can also be provided for a child in a crisis situation via tele-health resources.

All children on the Traditional option are eligible for crisis services.  
Crisis services are not deducted from a child's annual budget.

## Children's Benefit Redesign

### Summary of Children's Developmental Disabilities Service Rates

Line Item	New Service Description	Rate	Hourly Rate
1	Respite-Individual	\$ 3.46	\$13.84
2	Independent Respite – Individual	\$ 2.05	\$ 8.20
3	Respite – Group	\$ 1.50	\$ 6.00
4	Habilitative Supports – Individual	\$ 5.01	\$20.04
5	Habilitative Supports – Group	\$ 2.14	\$ 8.56
6	Habilitative Intervention Assessment	\$11.35	\$45.40
7	Habilitative Intervention – Individual	\$11.35	\$45.40
8	Habilitative Intervention – Group	\$ 4.56	\$18.24
9	Therapeutic Consultation	\$16.20	\$64.80
10	Independent Therapeutic Consultation	\$16.20	\$64.80
11	Family Education	\$11.35	\$45.40
12	Family Training	\$11.35	\$45.40
13	Interdisciplinary Training	\$11.35	\$45.40
14	Crisis Intervention – Technician	\$ 5.39	\$21.56
15	Crisis Intervention – Professional	\$16.20	\$64.80
16	Independent Crisis Intervention – Professional	\$16.20	\$64.80

# FAMILY-DIRECTED SERVICES PATHWAY OPTION

The “Family Directed” option offers parents of children with developmental disabilities more choice and flexibility in purchasing the services their children need. Using the child’s individualized budget assigned during the annual assessment, a family can plan a year of therapy, services and goods to enable their child to live a full and inclusive life.

The flexibility in the Family Directed option allows parents to design and direct services outside of the traditional menu of services, within guidelines. Families are able to contract with non-traditional and traditional service providers with the skills, experience and qualifications desired by the family.

The Family Directed pathway allows for creative and innovative ways to access services while still maintaining accountability required by federal authorities.

## FAMILY-DIRECTED SERVICES MAY BE RIGHT FOR YOU IF:

- You are willing to invest the time involved in administrating the FDS program.
- You understand and assume the responsibilities in administering the FDS program.
- You would like to gain more control over the resources that are available for your child.
- You want to manage an individualized budget based on your child’s assessed needs.
- You want to recruit, hire, set wages, train and monitor your child’s service providers (families can also contract with traditional and non-traditional service providers).
- You want to maintain records, monitor services and spending, set schedules and submit timesheets for your child’s providers.

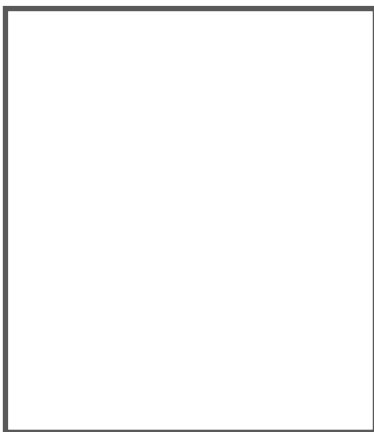
## How It Works

1. A child is determined eligible for services and will be assigned a budget based on their strengths and assessed needs. This process is the same as in the Traditional option. The plan is authorized by a regional Department case coordinator.
2. The family will hire a “support broker” to assist them in administering the program, including developing a plan, managing services and monitoring the budget.
3. A “fiscal employer agent” takes care of the financial considerations including paying for authorized services and goods, withholding applicable taxes and providing monthly expenditure reports.
4. Together you, your support broker and the Department will work together to assure that your child’s health and safety needs are met.

*Choosing Family-Directed Services allows you more control over your child’s services if you wish to take more responsibility for coordination and management.*

Name:

# ABOUT ME



# STRENGTHS

**I am**

\_\_\_\_\_!

# GOALS

This year?

Vision for adulthood?

**To Reach My Goals,  
I Need To:**

# WHAT WORKS

# WHAT DOESN'T

The Learning Garden is committed to a person-centered planning process that includes the client, their family and circle of support. The process is designed to be responsive to the changing needs and choices of the client, maximize independence, support self-direction and achieve a consistent, responsive and coordinated approach to service plan development and implementation.

It is our policy that clients have the opportunity to express their choice and/or preferences regarding staff that provide developmental disability services. We have a procedure in place to provide the option for the client and/or their parent to meet the individual that will provide the services prior to services being provided to determine goodness of fit. Additionally, it is our policy that clients and their guardian or parent are actively involved in the development of the service plan. We have procedures in place that provide multiple opportunities to provide input, prioritize goals and amend the service plan as needed to meet the client's individual needs.

Person-centered supports rely on evidenced-based practices that promote quality of life and prevent the use of aversive procedures for our clients. This is consistent with objectives associated with applied behavior analysis which include social significance, collaborative, and dynamic intervention plans, increasing quality of life for the client by developing meaningful relationships and strengths with a balance of identifying what is important *to* the client and which is important *for* the client.