LACY BEYL & COMPANY, INC.

QIDP Course – May 14, 2026 (In-Person)

Indiana Department of Health Approved QIDP Course

Course Information

This one-day program is designed for staff working in Indiana long-term care facilities who serve specialized populations.

Course Highlights

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

Course Meets Indiana State Regulations

Students attend a full day of class and successfully complete quizzes at the end of the day. This program meets the regulatory requirement for a State-approved QIDP-D course.

The staff of Lacy Beyl & Company, Inc. is degreed/licensed professionals with experience working in the field of long-term care.

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

Course Location

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

Need a Hotel?

Hotel Information
Drury Inn & Suites Indianapolis Northeast
Phone: 317-849-8900
Springhill Suites Indianapolis Keystone
Phone: 463-223-2040
*Ask for Lacy Beyl rate/discount at either hotel.

Course Information

May 14, 2026: 9:00 a.m. to 4:30 p.m.
(Lunch provided)

Course Fee $310

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

*Payment due **May 5**.*

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

Questions: 317-845-4256
Fax: 317-841-8441
www.lacybeyl.com

QIDP Registration

I plan to attend the QIDP course May 14, 2026

Attendee Name : _____ Facility: _____

Facility Address:_____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax:_____ Cell:_____

Attendee Title: _____Attendee E-mail: _____

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

Attendee Signature: _____

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