IDAHO DEPARTMENT OF HEALTH & WELFARE

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September 9, 2008

Administrator, Margaret Porter
SL Start
579 W. Hayden Ave
Hayden Lake, ID 83835

Dear Ms. Porter,

Thank you for submitting your agency's Plan of Correction. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued SL.Start a full two (2) year certificate effective from September 9, 2008 through September 1, 2010.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that you your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than November 7, 2008. You may submit supporting documentation as follows:

Fax to:208-364-1811
Email to: fadnessr@dhw.idaho.gov
Mail to: DDA Survey and Certification
PO Box 83720
Boise Idaho 83720

You can reach me if you have any questions at 208-364-1906.

Thank you for your patience and accommodating us through the survey process.

Rebecca Fadness
Program Supervisor
DD Survey and Certification

IDAHO DEPARTMENT OF HEALTH & WELFARE

DDA COMPLIANCE REVIEW

AGENCY NAME: SL START R 1 **SURVEY DATE(S):** JULY 21-24, 2008

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

SURVEY TEAM MEMBERS: Rebecca Fadness, DD Certification Program Supervisor and Tim Voz , FACS DD Program Supervisor
Cyndy Jonsson, Pamela Loveland-Schmidt, Dave Doran and Greg Miles – DD Certification Staff
Paul Norstag and Heather Gregory – Children's DD Program Staff

SURVEY FINDINGS

Therapy Observation Notes:
Hayden –Participant 2– Comm & Center. Center – time mgt. Staff provided appropriate prompts, reinforcements and overall provided good therapy. In the community, the staff was working with Participant 2 and another person in a "group". After Participant 2 worked on her program, staff shifted to the other person and Participant 2 was observed eating lunch and not receiving Developmental Therapy.

While observing one adult client at Fred Meyer's, it was observed that the SL Start bus was parked out front and then a community bus dropped off a couple of other participants. One participant had brought her lunch into the store and was sitting and eating her lunch in the food area. The participant did not purchase her food there. Other typically developed people do not bring their lunch to an eating establishment. This is environment could cause attention to the participant in a negative way; therefore it is not image enhancing. One client was sitting in that same area working on a program for pronunciation. She did not purchase food and this is not a natural environment to work on pronunciation. It called attention to the fact that she was not in an environment where she was participating in the way that other typically developed persons would participate and was not image enhancing. The fact that others persons from this agency were also at Fred Meyer's calls into question this store as an individualized environment where a person would typically shop so that they could learn skills in the store where they would successfully utilize the skills from their home neighborhood. This would lead to greater independence in their own home/community environment.
At the center in Sandpoint, all persons appeared to be receiving Developmental Therapy. Participant 6 was observed working with his dog, who will be an assistant to him. There were some problems with how the programs were written related to the training of the dog. Therapy tech was reinforcing and encouraged independence throughout the program.

IBI therapy with Participant C was observed at the SL Start Center in a quiet room with dim lighting. Staff 17 has great instructional control with Participant C. This was noticeable in the way she set limits and knew when to be firm with him and appropriately waited for him to respond when he was asked questions. Staff 17 planned this day's activities around Participant C's interest in pirates and allowed him to make choices, while challenging him with tasks

that Participant C perceived to be difficult (cutting things out and completing art projects). Staff 17's involvement reflected the least restrictive intervention to encourage independence. She did not take over the project so it could be completed but allowed it to progress at Participant C's pace. When Participant C made negative remarks about his ability to complete art projects (not smart enough), Staff 17 simply pointed out to him that he was doing well and did not give his comments too much attention. Soon Participant C stopped making the negative remarks and continued to work on the project without asking Staff 17 to do it instead. At one point he showed initiative and started drawing cannons on the side of the ship. Staff 17 deflected potentially hurtful comments so he was not reinforced for this behavior. There was only one comment made toward Staff 17 and Participant C did not make any more. Staff 17 had activities planned for the day and when it came time for a transition to a non-preferred activity, Staff 17 gave plenty of warning. When Participant C started to complain about the trip to the library she explained why they need to go there (to return a book) and Participant C seemed to accept this. She sufficiently prepared him for the transition and the trip had a defined purpose.

Participant D was observed participating in a group story time at the Library. She fit in and had to be pointed out to this observer. She paid close attention to the story reader and showed involvement in the story with her body language. When the story was over, she looked to her DT for instruction which was given with sign language from where the DT was standing with other children's parents. The next event the reader announced was a "popcorn race" where each child would have a paper cup attached to his or her shoe, and filled with popcorn. The object was to get to a big bowl across the library lawn and dump the cup into the bowl without using hands. Participant D did not understand the instructions and went to her DT for information which the DT gave in sign language again and Participant D got excited and jumped up and down. Throughout this session, the DT and Participant D stayed in contact, but the DT gave only the minimal amount of help to enable Participant D to avoid excessive frustration, allowing her to try things herself first. Participant D appeared to be completely integrated into the community setting. At the SL Start center, Participant D did well at following direction and participating. Again her DT held to the least restrictive approach to allow Participant D to try things herself first.

Participant B was observed at SL Start's summer camp program in the community. During this observation, Participant B and Staff 18 were in a room by themselves working on activities and were later joined by older children who worked one-on-one with their therapists. Staff 18 has a caring way of interacting with Participant B, is very attentive to keeping on task with his programming and has creative ideas for learning activities. She has created a chart for reinforcement and will begin implementing a sticker program. We discussed giving Participant B the sticker right after he does something she wants him to do so he learns what appropriate behavior is. We also discussed stating his name once to get his attention and waiting for him to respond. Keeping the words to a minimum is important or he tunes her out and becomes more defiant about following directions. Staff 18 may need some supervision around gaining instructional control with Participant B so he knows that she is the boss. Part of instructional control is the way an instruction is delivered so that Participant B listens and responds. We talked about telling versus asking for things that Participant B does not have a choice about (cleaning up). Staff 18 was great about giving Participant B choices and letting him change the course of the activity instead of taking over for him so it is completed as designed (letting him explore with scissors rather than making him cut out shapes that he was clearly not ready for). Participant B was observed at SL Start's summer camp program in the community. During this observation, Participant B and Staff 18 were in a room by themselves working on activities and were later joined by older children who worked one-on-one with their therapists. Staff 18 has a caring way of interacting with Participant B, is very attentive to keeping on task with his programming and has creative ideas for learning activities. She has created a chart for reinforcement and will begin implementing a sticker program. We discussed giving Participant B the sticker right after he does something she wants him to do so he learns what appropriate behavior is. We also discussed stating his name once to get his attention and waiting for him to respond. Keeping the words to a minimum is important or he tunes her out and becomes more defiant about following directions. Staff 18 may need some supervision around gaining instructional control with Participant B so he knows that she is the boss. Part of instructional control is the way an instruction is delivered so that Participant B listens and responds. We talked about telling versus asking for things that Participant B does not have a choice about (cleaning up). Staff 18 was great about giving Participant B choices and letting him change the course of the activity instead of taking over for him so it is completed as designed (letting him explore with scissors rather than making him cut out shapes that he was clearly not ready for).

Participant E was observed receiving therapy through Discrete Trial and Incidental Teaching methodologies as well as desensitization to sensory

defensiveness treatment with oral stimulation (toothbrush). Throughout the observation, Participant E was moderately attentive and compliant with direction, although sometimes needing physical cueing. Participant E has made great progress since starting IBI, although his working for a reinforcer is still not a solid skill, nor is his attention/instructional control. Staff 19 did a nice job of attending to Participant E's internal state, but complete participation is still not achieved, and Participant E's many escape behaviors are only partially managed. Several opportunities for direction/redirection and for inserting language into therapy routines were missed in this observation. Staff 19 expressed excellent knowledge of behavioral and neurological programming, and is communicating with other therapists who also work with Participant E.

Participant F was observed returning from a community activity with several (approximately 5) other participants and staff and entering an open classroom type area. Other staff and participants were preparing teaching materials and trying to begin teaching sessions all within the same room. Participant F was observed to completely exit the room and go outside in what appeared to be an escape from the rather high level of stimulation in this transition. With staff assistance he returned to a table for DT and began acting out by grabbing the pencil from the therapist's hands and running away across the room a couple of times when she attempted to get it back. After about 5 minutes Participant F sat down and began working on an objective in which he would write out the day's activity that was just finishing in about 15 minutes at the center. This child has autism with a high degree of need for transition support and planning as a means to better self regulate behavior. The activity he was engaged in may have had some benefit as a planning and transition strategy if done at the beginning of the day. Completing the activity as an academic writing exercise was not indicated anywhere as a need. It was clear that the environment in which he was getting DT was over stimulating. This activity may have actually been counterproductive in that it did not meet any identified need and was done in an environment that was not appropriate to his disability.

Deficiencies:	**Agency's Plan for Compliance:**
16.04.11.405.STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. **02.** Frequency of Supervision. The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a ***weekly basis*** or more often if necessary: a. Give instructions; b. Review progress; and c. Provide training on the program(s) and procedures to be followed. **03.** Professional Observation. The agency must assure that a professional qualified to provide the service must, on a ***monthly basis*** or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). **FINDING**: Based upon record review and discussions with staff, the	1. Agency Quality assurance program identified the deficient practice and began implementation of correction. 2. Who will be responsible for implementing each corrective action? Branch Manager and Developmental Specialist(s). Effective September 1, 2008, Branch Manager will utilize the Monthly Staff Observation and Weekly Staff Supervision Assignment and Tracking Log (DDA-IBI-F10) to ensure weekly supervision and monthly observations are completed for all staff. 3. What modifications will be made to the QA system. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? To ensure on-going compliance with IDAPA rules, weekly supervision and monthly observation of paraprofessionals will be monitored via SL Start's bi-annual internal quality assurance review process utilizing ADMIN-F10 DDA Quality Assurance Review. Person responsible: QA Director. 4. Dates for when the corrective action will be completed? As stated above.

agency is not in compliance. Agency files **lacked evidence as follows**: • CdA: There was no documentation of required weekly supervision for Staff 10 for 6 months, same for Staff 11 for 4 months and Staff 12 for 15 weeks + all of February. There was no monthly observation for Staff 12 in January. • Sandpoint: There was no evidence of required monthly observation for Staff 14 for 8 months and no documentation of weekly supervision for 8 months. There was no evidence or documentation for monthly and weekly observations of Staff 13 for 3 months or for Staff 16 for 2 months. There were neither monthly nor weekly for Staff 15 for 5 months and no monthly for an additional 3 months. Staff 13 did not have the required documentation of weekly supervision for 2 months and the same for Staff 16 for 1 month. • The agency administrator or DS in charge of service delivery must assure compliance with these rules. The agency is responsible to provide the staff necessary to fulfill the requirements, even if on a temporary basis.	
16.04.11.415. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. 01. **a.** Each agency employee providing services to participants must participate in fire and safety training upon employment and at least yearly thereafter; **b.** Each agency employee providing services to participants must be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter **FINDING**: Based upon record review, the agency is not in compliance. Agency files **lacked evidence as follows**: • Staff 13 and 15 in Sandpoint had expired first aid and CPR certification. • Staff 17 lacked evidence of initial and annual fire safety training *Corrected at the time of survey*	**Corrected at the time of survey**
16.04.11.520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES. **04. Image Enhancement.** The community-based services must enhance each participant's social image, personal competencies, and promote inclusion in the community.	1. What corrective action(s) will be taken? Training on ensuring participants are utilizing the setting in the same way that typically developed members in the community use the setting and blending into the setting will be conducted with the Developmental Specialist and Branch Manager by October 3, 2008. This training will be

16.04.11.900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. **01. Purpose of the Quality Assurance Program.** The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: **d.** Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; **FINDINGS:** Based upon record review and interview the agency is not in compliance. Agency files **lacked evidence as follows:** • Developmental Therapy is being conducted in community settings where participants are not utilizing the setting in the same way that typically developed members in the community use the setting. During observations, Participant4 was reviewing PECS and working on "slowly pronouncing common words" in an eating establishment section of Fred Meyers. This does not enhance her social image or promote inclusion in the community. In the parking lot, there was a bus bearing the name of the agency. Participants were staffed one to one, but trainers and participants were congregated in the restaurant area of Fred Meyers. Only one person was observed in that area utilizing the area as other community members would do – picking out and purchasing his lunch. • The participants were not blended into the community setting, utilizing the area as it is intended for the community as a whole. The number of persons with a Developmental Disability in a community setting should be far fewer than the number of typically developed persons, similar to the general population ratio. A large group of participants and trainers in one setting, using the setting for a variety of training programs not related to the setting, calls attention to the individuals and does not enhance their social image. They are not included in the community setting the ways other persons are who are using the setting for its intended purposes. • A review of programs in sampled files reveal programs occurring in community environments where participants are using the environment differently than other community members. Department stores, library, bookstores, etc. – programs are being conducted that don't utilize the environment for its intended use.	facilitated by DDA Operations Manager/Developmental Specialist. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all participants IPP's and PIP's to ensure clear definitions of community sites and instructions to staff on ensuring the site is utilized in the same manner as typically developed members of the community and blending into the community will be completed by October 11, 2008. Any plans needing revisions that were part of the State QA will be updated by October 31, 2008. Any additional plans not surveyed during the State QA will be corrected by February 7, 2009. 3. Who will be responsible for implementing each corrective action? Branch Manager and Developmental Specialist(s) 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Monitoring will occur via the agency's internal QA process which includes monthly staff observations by the Developmental Specialist and twice annual review by QA Director. 5. Dates for when the corrective action will be completed? As stated above.
16.04.11.915.POLICIES REGARDING DEVELOPMENT OF SOCIAL	1. What corrective action(s) will be taken? Training on teaching alternative

SKILLS AND APPROPRIATE BEHAVIORS. **04**. Behavior Replacement. Ensure that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. **FINDING**: Based upon record review, the agency is not in compliance. Agency files lacked evidence as follow: • Participant 1 has a program to "refrain from invading personal space." There is no teaching of an alternative adaptive behavior. • Participant 3 has program to "will not dominate or withdraw from conversation"	adaptive behaviors will be conducted with the Developmental Specialist and Branch Manager by October 3, 2008. This training will be facilitated by DDA Operations Manager/Developmental Specialist. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all participants IPP's and PIP's to ensure clear definitions of replacement behaviors and adaptive skills will be completed by October 11, 2008. Any plans needing revision from the State QA to ensure clear definitions of replacement behaviors and adaptive skills will be updated by October 31, 2008. Any other plans found to be out of compliance will be revised by February 7, 2009. 3. Who will be responsible for implementing each corrective action? Branch Manager and Developmental Specialist(s) 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? To ensure on-going compliance with IDAPA rules, clear definitions of replacement behaviors and adaptive skills will be monitored via SL Start's bi-annual internal quality assurance review process utilizing ADMIN-F11 DDA QA Review – Adult Case Files and ADMIN-F12 – DDA QA Review – Children's Case Files. Person responsible: QA Director. 5. Dates for when the corrective action will be completed? As stated above
16.04.11.600.01. Comprehensive Assessments. A comprehensive assessment must: **d**. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; **16.04.11.705.RECORD REQUIREMENTS. 01. General Records Requirements**. **f**. When assessments are completed or obtained by the agency, the *participant's record must include* assessment results, test scores when applicable, and *narrative reports*, signed with credentials and dated by the respective evaluators. **FINDINGS:** Based upon record review and interview the agency is not in compliance. Agency files **<u>lacked evidence as follows:</u>** • The agency's Comprehensive Developmental Assessment and completion of the format does not clearly list the participant's strengths related to Developmental Therapy and does not list interests for Developmental Therapy skill acquisition. • The narratives for each of the areas of Developmental Therapy do not clearly establish a relevant need for the program. Programs are written and narrative states a need when the assessment	1. What corrective action(s) will be taken? Training on clearly listing the participant's strengths related to Developmental Therapy and interests for Developmental Therapy skill acquisition and relevant need for developmental therapy will be conducted with the Developmental Specialist and Branch Manager by October 3, 2008. This training will be facilitated by DDA Operations Manager/Developmental Specialist. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all participants' comprehensive assessments to ensure inclusion of participant's strengths related to Developmental Therapy, interests for Developmental Therapy skill acquisition, and relevant need for developmental therapy will be completed by October 11, 2008. Any comprehensive evaluations that were part of the State QA needing revision will be updated by October 31, 2008. Any other comprehensive assessments found to be out of compliance will be corrected by February 7, 2009. 3. Who will be responsible for implementing each corrective action? Branch Manager and Developmental Specialist(s) 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? To ensure on-going compliance with IDAPA rules, clearly listing the participant's strengths related to

shows a strength. Narratives do not clearly articulate barriers for the person in terms of independence in the community or their home to show evidence of the need. Narratives do not focus on the individual within the context of their living situation, age, supports, etc. to establish a relevant need for or functionality of the therapeutic interventions.	Developmental Therapy and interests for Developmental Therapy skill acquisition and relevant need for developmental therapy will be monitored via SL Start's bi-annual internal quality assurance review process utilizing ADMIN-F11 DDA QA Review – Adult Case Files and ADMIN-F12 – DDA QA Review – Children's Case Files. Person responsible: QA Director. 5. Dates for when the corrective action will be completed? As stated above
16.04.11. 600. 01. Comprehensive Assessments. A comprehensive assessment must: **a.** Determine the necessity of the service; **b.** Determine the participant's needs; **c.** Guide treatment; **FINDINGS:** Based upon record review and interview the agency is not in compliance. Agency files **lacked evidence as follows:** • Assessment of strengths, interests and needs and necessity of service is not be used to guide treatment. • Participant1 has the learning equivalency of 1 yr, 8 mos. Several programs are written that may require learning abilities greater than the participants assessed score. He has very low baselines. He has very high objectives (i.e.80%) to meet by the target date. • Participant 4 file review indicates an assessment by a Speech Therapist that she has reached a plateau in terms of enunciation and Speech Therapy would no longer be indicated. However, the DS has written a program for her to pronounce difficult words. The Speech Therapist's assessment was not being included to guide treatment. • Participant 6 has programs where he is assessed as having independent skills, but then the strength is not used to guide treatment and programs are written anyway. • Participant 6 cannot write legibly and programs are written for him to correspond with agencies and fill out forms. The fact that he cannot write (due to CP) was not taken into consideration to guide treatment.	The plan of correction for this deficiency is the same as that listed for 16.04.11.600.01 & 16.04.11.705.f. In addition, training on ensuring that the Developmental Specialist acquires, reads and utilizes the information gained from evaluations conducted by other professionals will be conducted for the Branch Manager and Developmental Specialists by October 3, 2008. Training will be facilitated by DDA Operations Manager/Developmental Specialist.
16.04.11.602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. **01**. Current Assessments for Ongoing Services. To be considered current, assessments must be completed or updated at least annually for service	The plan of correction for this deficiency is the same as that listed for 16.04.11.600.01 & 16.04.11.705.f. In addition, training on ensuring assessments are updated annually either by conducting a full assessment or updating the previous assessment based off probe data or other information will be conducted for the Branch Manager and Developmental Specialists by October 3, 2008. Training will be facilitated by DDA Operations

areas in which the participant is receiving services on an ongoing basis. **02**. Updated Assessments. At the time of the required review of the assessment(s), the qualified professional in the respective discipline must determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participant's current status in that service area. If, during the required review of the assessment(s), the latest assessment accurately represents the status of the participant, the file must contain documentation from the professional stating so. (7-1-06) **FINDINGS:** Based upon record review and interview the agency is not in compliance. 2 of 6 children's files **lacked evidence as follows:** • Participant B file does not have an updated assessment. The record includes a Comprehensive Developmental Assessment from another agency dated October 2006. Although the old assessment has a signature and 'Update' noted at the bottom with the current provider signature, there is no indication that any probes, assessment or changes of any type were made from the initial outdated assessment that reflects the child's current needs. This would be particularly indicated by the child's age of 4 yrs, 9 mos. • Participant F has a DT Implementation Plan dated July 2007. The child then left and began receiving services at another agency. A Comprehensive Developmental Assessment and IPP were developed by that agency in December 2007. The child then returned to services. There is no evidence of an updated assessment since the initial one was completed although there have been significant changes in the child's life.	Manager/Developmental Specialist.
16.04.11.701 REQUIREMENTS FOR A DDA PROVIDING SERVICES... **05. Individual Program Plan (IPP)** For participants 3-17 years of age who do not use ISSH waiver services, and for adults receiving EPSDT services, the DDA is required to complete an IPP. e. The IPP must include: xi. The transition plan is designed to facilitate the participant's independence, personal goals and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. **FINDINGS:** Based upon record review and interview the agency is not in compliance. Agency files **lacked evidence as follows:**	1. What corrective action(s) will be taken? Training on writing clear transition plans that specify criteria for participant transition into less restrictive, more integrated settings will be conducted with the Developmental Specialist and Branch Manager by October 3, 2008. This training will be facilitated by DDA Operations Manager/Developmental Specialist. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all participant's IPP's to ensure clear transition plans that specify criteria for participant transition into less restrictive, more integrated settings will be completed by October 11, 2008. Any IPP's needing revision that were part of the State QA to ensure this

• For 2 of 6 Transition plans, IPPs did not list criteria for transition, or had vague criteria (Participant D and E).	will be updated by October 31, 2008. Any other plans found to be out of compliance will be corrected by February 7, 2009. 3. Who will be responsible for implementing each corrective action? Branch Manager and Developmental Specialist(s) 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? To ensure on-going compliance with IDAPA rules, clear transition plans that specify criteria for participant transition into less restrictive, more integrated settings will be monitored via SL Start's bi-annual internal quality assurance review process utilizing ADMIN-F11 DDA QA Review – Adult Case Files and ADMIN-F12 – DDA QA Review – Children's Case Files. Person responsible: QA Director. 5. Dates for when the corrective action will be completed? As stated above.
16.04.11.703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. 02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. FINDINGS: Based upon record review the agency is not in compliance. Agency files **lacked evidence as follows:** • Baselines do not all contain specific, measured skill levels and abilities related to a specific skill to be learned. • Implementation plans contained baselines that are at or above objective.	1. What corrective action(s) will be taken? Training on writing specific, measured skill levels and abilities related to a specific skill to be learned will be conducted with the Developmental Specialist and Branch Manager by October 3, 2008. This training will be facilitated by DDA Operations Manager/Developmental Specialist. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all participant's PIP's to ensure the baseline statements are written in specific, measured skill levels and abilities related to a specific skill to be learned will be completed by October 11, 2008. Any PIP's needing revision that were part of the State QA will be updated by October 31, 2008. Any other plans found to be out of compliance will be corrected by February 7, 2009. 3. Who will be responsible for implementing each corrective action? Branch Manager and Developmental Specialist(s) 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? To ensure on-going compliance with IDAPA rules, on writing specific, measured skill levels and abilities related to a specific skill to be learned will be monitored via SL Start's bi-annual internal quality assurance review process utilizing ADMIN-F11 DDA QA Review – Adult Case Files and ADMIN-F12 – DDA QA Review – Children's Case Files. Person responsible: QA Director. 5. Dates for when the corrective action will be completed? As stated above
16.04.11.703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. 03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service.	1. What corrective action(s) will be taken? Training on writing measurable, behaviorally stated objectives that correspond to goals will be conducted with the Developmental Specialist and Branch Manager by October 3, 2008. This training will be facilitated by DDA Operations

FINDINGS: Based upon record review the agency is not in compliance. Agency files **lacked evidence as follows:** • Files contain objectives which are not behaviorally stated. I.e. such as "increase ability", "appropriate", "demonstrate safe behavior", "tactful response", "patience and tolerance". Terms are not defined to assure measurability. • Objectives do not contain defined criteria to measure objective. Multiple steps are combined and the measurement is stated to complete them with "X" percent accuracy or success. • Participant B has an objective that reads: " When in a social setting 'Participant B' will not approach strangers, identify who is a stranger and state what makes that person a stranger by completing 80% of the steps for 3 of 3 months". The objective fails to identify clearly what is being measured.	Manager/Developmental Specialist. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all participant's IPP's & PIP's to ensure objectives are written in measurable and behaviorally stated way will be completed by October 11, 2008. Any IPP's & PIP's needing revision that were part of the State QA will be updated by October 31, 2008. Any other plans found to be out of compliance will be corrected by February 7, 2009. 3. Who will be responsible for implementing each corrective action? Branch Manager and Developmental Specialist(s) 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? To ensure on-going compliance with IDAPA rules, on writing measurable and behaviorally stated objectives will be monitored via SL Start's bi-annual internal quality assurance review process utilizing ADMIN-F11 DDA QA Review – Adult Case Files and ADMIN-F12 – DDA QA Review – Children's Case Files. Person responsible: QA Director. 5. Dates for when the corrective action will be completed? As stated above
16.04.11.703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS **05. Service Environments.** Identification of the type of environment(s) where services will be provided. **FINDINGS:** Based upon record review and interview the agency is not in compliance. Agency files **lacked evidence as follows:** • There are programs that do not clearly identify a community environment. Environments should be chosen to be those that the participant is likely to use even when they are not receiving Developmental Therapy. (i.e. stores they typically go to with family, etc. to shop in, busses to and from places they would actually go to). Community environments should be utilized the same as the other members of the community use them.	The plan of correction for this deficiency is the same as that listed for 16.04.11.520 & 16.04.11.900. In addition, training on clearly defining the community environment and the attribute that needs to be present in that environment to successfully conduct therapy will be conducted for the Branch Manager and Developmental Specialists by October 3, 2008. Training will be facilitated by DDA Operations Manager/Developmental Specialist.
16.04.11. 704.PROGRAM DOCUMENTATION REQUIREMENTS. **01. General Requirements for Program Documentation** **b.** Sufficient progress data to accurately assess the participant's progress toward each objective **FINDINGS:** Based upon record review and interview the agency is not in compliance. Agency files **lacked evidence as follows:** • Programs contain multiple steps, each with an individual +/- data probe for each step. The data probes are averaged for one	The plan of correction for this deficiency is the same as that listed for 16.04.11.703. By being trained on how to write observable and measurable objectives, the Developmental Specialist will then have data that is measurable. Training on calculating data will be facilitated by DDA Operations Manager/Developmental Specialist by October 3, 2008.

measurement. There is no way to measure the person's progress with each step, so the data does not reflect progress through the steps.	
16.04.11.704. PROGRAM DOCUMENTATION REQUIREMENTS. **01. General Requirements for Program Documentation.** For each participant the following program documentation is required: **c.** A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. **FINDINGS:** Based upon record review and interview the agency is not in compliance. Agency files **lacked evidence as follows:** • Review of data sheets indicate data where participants are not successful and to changes are made to the programs.	1. What corrective action(s) will be taken? The Progress Review policy was updated July 1, 2008 to include steps to take when an individual is not making progress, has fallen below baseline, etc. Training on this policy will be conducted with the Developmental Specialist and Branch Manager by October 3, 2008. This training will be facilitated by DDA Operations Manager/Developmental Specialist. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all participant's status reviews to ensure any changes warranted by the data have been made will be completed by October 11, 2008. Any IPP's & PIP's needing revision that were part of the State QA will be updated by October 31, 2008. Any other plans found to be out of compliance will be corrected by February 7, 2009. 3. Who will be responsible for implementing each corrective action? Branch Manager and Developmental Specialist(s) 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? To ensure on-going compliance with IDAPA rules, specifically on status reviews will be monitored via SL Start's bi-annual internal quality assurance review process utilizing ADMIN-F11 DDA QA Review – Adult Case Files and ADMIN-F12 – DDA QA Review – Children's Case Files. Person responsible: QA Director. 5. Dates for when the corrective action will be completed? As stated above.
16.04.11.705.RECORD REQUIREMENTS Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. **FINDINGS:** Based upon record review and interview the agency is not in compliance. Agency files **lacked evidence as follows:** • Data sheets do not include signatures of individuals providing the service.	1. What corrective action(s) will be taken? The Data Collection form (DDA-IBI-F11) has been modified to include a space for signature. The Activity Tag (DDA-F7) will be modified to include a space for signature. Training on revised forms will occur by October 3, 2008. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Effective October 4, 2008 and going forward, the revised data collection forms and activity tags will be used. 3. Who will be responsible for implementing each corrective action? Branch Manager and Developmental Specialist(s) 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? To ensure on-going compliance with IDAPA rules, the Developmental Specialist(s) will review Activity Tags on a weekly basis and Data Collection Forms on a monthly basis to ensure information required by rule is included. Feedback/training will

	be given to staff as appropriate based on the reviews. 5. Dates for when the corrective action will be completed? As stated above.
16.04.11.010. DEFINITIONS -- A THROUGH O. **14. Developmental Therapy**. Developmental therapy is the use of therapeutic intervention and positive behavioral techniques that result in measurable skill acquisition or prevent regression where documentation shows that regression is anticipated in the following areas: a. Self-care; b. Receptive and expressive language; c. Learning; d. Mobility; e. Self-direction; f. Capacity for independent living; and g. Economic self-sufficiency. **FINDINGS:** Based upon record review and interview the agency is not in compliance. Agency files **lacked evidence as follows:** • Monitoring of exercise routines and recreational activities is not developmental therapy. There are no therapeutic interventions for measurable skill acquisition. • Filling out paperwork for a participant who cannot write clearly is not Developmental Therapy. • Programs for Mental Health issues such as stress, expressing feeling, and dealing with emotions, depression, coping skills, etc. are not Developmental Therapy and should not be delivered by Developmental Specialists. The agency has qualified professionals such as those qualified to deliver psychotherapy or supportive counseling to provide treatment and therapy for those issues. • When a person is uninterested in working on a program, no Developmental Therapy is being provided. The person should not receive a "minus" since there was no skill training program delivered. The time should not be documented as Developmental Therapy.	1. What corrective action(s) will be taken? Training on what is developmental therapy and what is not developmental therapy will be conducted with the Developmental Specialist and Branch Manager by October 3, 2008. This training will be facilitated by DDA Operations Manager/Developmental Specialist. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all participant's IPP's & PIP's to ensure programming is developmental therapy will be completed by October 11, 2008. Any IPP's & PIP's needing revision that were part of the State QA will be updated by October 31, 2008. Any other plans found to be out of compliance will be corrected by February 7, 2009 3. Who will be responsible for implementing each corrective action? Branch Manager and Developmental Specialist(s) 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? To ensure on-going compliance with IDAPA rules, on what is and what is not developmental therapy will be monitored via SL Start's bi-annual internal quality assurance review process utilizing ADMIN-F11 DDA QA Review – Adult Case Files and ADMIN-F12 – DDA QA Review – Children's Case Files. Person responsible: QA Director. 5. Dates for when the corrective action will be completed? As stated above.
16.04.11.801 IBI AUTHORIZATION AND REVIEW. IBI services must be reviewed and prior authorized for each service year as follows: **01. Initial IBI Authorization**: **a**. Evidence of the child's eligibility for Intensive Behavioral Intervention; **e.** Measurable objectives.	1. What corrective action(s) will be taken? Eligibility information will be obtained and placed on file for Participant C by September 15, 2008. Training on writing measurable objectives will be conducted with the IBI professionals and Branch Manager by October 3, 2008. This training will be facilitated by DDA Operations Manager/Developmental Specialist.

FINDINGS: Based upon record review and interview the agency is not in compliance. Agency files **lacked evidence as follows:** • 1 of 2 child's IBI files (Participant C) did not contain DD and IBI checklists to provide evidence of IBI eligibility. This same child's IP objectives were not clearly measurable to the review team.	2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all participant's case files and IP's to ensure documentation of IBI eligibility and measurable objectives will be completed by October 11, 2008. Any case files or IP's needing revision that were part of the State QA will be updated by October 31, 2008. Any other plans found to be out of compliance will be corrected by February 7, 2009 3. Who will be responsible for implementing each corrective action? IBI professionals and Branch Manager 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? To ensure on-going compliance with IDAPA rules, on documentation of IBI eligibility and measurable objectives will be monitored via SL Start's bi-annual internal quality assurance review process utilizing ADMIN-F12 – DDA QA Review – Children's and IBI Case Files. Person responsible: QA Director. 5. Dates for when the corrective action will be completed? As stated above.
16.04.11.804. IBI CONSULTATION. IBI consultation objectives and methods of measurement must be developed in collaboration with the person receiving IBI consultation. 02. Measurable Progress: IBI consultation must result in measurable improvement in the child's behavior. It is not intended to be used for educational purposes only. Evidence of Progress: Persons who receive IBI consultation must meet with the IBI professional, agree to follow and IBI Implementation Plan, and provide evidence of progress. **FINDINGS:** Based upon record review and interview the agency is not in compliance. Agency files **lacked evidence as follows:** • For 1 of 2 participant files (C), there was not evidence of measurable improvement in the child's behavior related to consultation, although parent report and observation of improvement were noted often. • It was not clear that that the individuals receiving consultation for C (parents) provided data to show progress. Summaries of consultation sessions and parent report of progress was recorded by the therapist in the child's file. There was not evidence in the IBI participant's file (C) of measurable improvement in the child's behavior related to consultation, although parent report and observation of improvement were noted often.	1. What corrective action(s) will be taken? Training on writing and implementing IBI consultation objectives to gain measurable progress will be conducted with the IBI professionals and Branch Manager by October 3, 2008. This training will be facilitated by DDA Operations Manager/Developmental Specialist. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? A review of all participant's consultation IP's to ensure the objectives are measurable and being implemented with families to illicit data and progress will be completed by October 11, 2008. Any consultation IP's needing revision that were part of the State QA will be updated by October 31, 2008. Any other consultation IP's found to be out of compliance will be corrected by February 7, 2009 3. Who will be responsible for implementing each corrective action? IBI professionals and Branch Manager 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? To ensure on-going compliance with IDAPA rules, regarding writing measurable IBI consultation objectives and collecting measurable data will be monitored via SL Start's bi-annual internal quality assurance review process utilizing ADMIN-F12 – DDA QA Review – Children's and IBI Case Files. Person responsible: QA Director. 5. Dates for when the corrective action will be completed? As stated above.

16.04.11.900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. **01. Purpose of the Quality Assurance Program.** The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: **a.** Services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice **d.** Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate **03. Additional Requirements.** The quality assurance program must ensure that DDA services provided to participants: c. Promote integration d. Provide opportunities for community participation and inclusion f. Are observable in practice **FINDINGS:** Based upon record review and interview the agency is not in compliance. Agency files **<u>lacked evidence as follows:</u>** • Deficient findings during the survey provide evidence that the Quality Assurance program does not ensure the purposes and additional requirements as cited above. • Participant F was observed to be engaged in an activity with a therapist in which he was 'journaling' a written review of his schedule at the end of the day. The child has significant needs identified for transition support that would suggest a schedule may be of benefit in planning the day's activity at the beginning of the day to support transition. There is no indication of any need for an academic experience of recalling the day's events. The child was also observed to be agitated (left the room and exited outside twice within the first 5 minutes of the session). The child was clearly over stimulated in an open area with several other participants working on developmental therapy at the same time. This program was evidence of a lack of current standards of practice for individuals with this participant's diagnosis. The assessment did not indicate a need for this program. In accordance with IDAPA 16.04.11.415.02. Sufficient Training requires (f.) adequate observation, review and monitoring of staff and participant performance to promote the achievement of participant objectives. In this case, the agency did not assure	1. What corrective action(s) will be taken? Training on what to look for during monthly staff observations will be conducted with the Branch Manager and Developmental Specialist by October 3, 2008. We are currently exploring various resources/experts who can offer training on current standards of practice for individuals with Autism. Training will be selected and completed for the Branch Manager, IBI Professionals, and Developmental Specialists by December 31, 2008. 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? Staff observations will continue to occur on a monthly basis. As programming is identified that does not reflect current standards of practice, the relevant IPP's and PIP's will be revised. 3. Who will be responsible for implementing each corrective action? Branch Manager and Developmental Specialist(s) 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? To ensure on-going compliance with IDAPA rules, regarding utilizing current standards of practices will be monitored via SL Start's bi-annual internal quality assurance review process. We are in the process of reviewing the State QA Observations form and how to use it or portions of it for our internal QA process. Person responsible: QA Director. 5. Dates for when the corrective action will be completed? As stated above.

sufficient training that reflect current standards for this diagnosis. The agency did not provide adequate observation, review and monitoring of staff and participant performance for this program. The Quality Assurance program was not able to discover and remediate problems with this program and how the program was run.	

Survey report completed by : Cynthia Jonsson Date: August 11, 2008

Agency Administrator Signature: Margaret Porter Date: August 28, 2008

Plan of correction accepted: Rebecca Holmes Date: 9/8/08