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HEALTH & WELFARE

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June 12, 2008

Frank Knight, Administrator
Pro Active Advantage, LLC
P O. Box 73
Hagerman, Idaho 83332

Dear Mr. Knight:

According to IDAPA 16 04 11.203.01, your agency certificate was contingent upon the correction of deficiencies. The Department has received documentation to support your agency's Plan of correction. The documented corrections submitted satisfy the Plan of Correction as written Please assure the ongoing quality assurance processes continue to implement and monitor these changes.

Thank you;

Pam Loveland-Schmidt

Pam Loveland-Schmidt
Medical Program Specialist
Survey and Certification
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IDAHO DEPARTMENT OF HEALTH & WELFARE

DDA COMPLIANCE REVIEW

AGENCY NAME: PROACTIVE ADVANTAGE, LLC **SURVEY DATE(S):** APRIL 14, 2008- APRIL 17, 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: Sheila Erling, M. Child & Family Studies, FACS Senior D.S, Region V; and Pam Loveland-Schmidt, BS HCA Medical Program Specialist Survey & Licensing found your agency through observations, discussions and record review to be providing quality services. However, the survey team found several areas of deficiencies that require immediate attention, due to non-compliance with the IDAPA rule and the Provider Agreement. The deficiencies are as follow:

SURVEY FINDINGS

Consumer/Family Satisfaction Survey:

Participants/Parents interviewed were please with services.

Therapy Observation Notes:

Adult participant (1) was observed in the community at Target with Developmental Therapist (ET). The participant and therapist were working on completing items on her list. Therapy was provided in the natural setting. The therapist had a good rapport with the participant, provided appropriate reinforcement. The therapist may want to offer more choices/option instead of commands.

Adult participant (2) was observed in the community at a restaurant with Developmental Therapist (GP). The participant and therapist worked on ordering and purchasing which he ordered a milk shake and paid for the shake. The developmental therapist and the participant informed surveyor of the goals/objectives that they worked on during the day. The therapist did hold the participant's money and it appeared as though the participant was capable of handling his money and the therapist could discuss how much the item cost and how much change he should expect back and then allow him to purchase the item and check the change with him after. Therapy was provided in the natural setting. Overall, the Developmental Therapist had a good rapport with the participant and provided good prompts and rein forcers.

Child Participant (3) was not observed due to the participant was ill for scheduled observation days.

Child Participant (4) was observed in the participant's natural setting with Developmental Therapist (MH). The therapist provided appropriate prompts and

reinforcements. Overall, good rapport with the participant.

Deficiencies:	Agency's Plan for Compliance: *(Answer questions 1 through 5 for each deficiency)*
400 GENERAL STAFFING REQUIREMENTS FOR AGENCIES. **02. Professionals**. The agency must have available, at a minimum, the following personnel, qualified in accordance with Section 420 of these rules, as employees of the agency or through formal written agreement: (7-1-06) **a.** Speech-language pathologist or audiologist; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: Agency record(s) lacked: • A formal written agreement with a Speech-language pathologist or audiologist. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	*Agency corrected deficiency during the survey. Agency needs to address questions number 3 and 4.* 1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *3. Frank Knight, CEO, and Pat Marecki, Human Resource, will be responsible for implementing the corrective action.* *4. A procedure, such as a checklist, will ensue the tracking of the required documentation when employing or contracting personnel.* ***05/19/08 Agency Plan of Correction accepted.***
400 GENERAL STAFFING REQUIREMENTS FOR AGENCIES. **03. Records of Licenses or Certifications**. The agency must maintain documentation of the staff qualifications required under Section 420 of these rules, including copies of applicable licenses and certificates. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 4 contracted employee (Speech) record(s) lacked: • Documentation of the staff qualifications required under Section 420 of these rules, including copies of applicable licenses and certificates. (7-1-06) For example: No documentation of a license for the Speech contracted employee through Sierra Therapy. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. Pro Active Advantage will obtain a copy of the Speech provider's license.* *2. At this time, Pro Active Advantage doesn't have any clients receiving speech with this agency.* *3. Ilene Jenkins was asked to request a copy of the Sierra Therapy's license.* *4. A procedure, such as a checklist, will ensue the tracking of the required documentation when employing or contracting personnel or an agency.* *5. The license for the Speech contracted employee through Sierra Therapy is attached to the end of this reply.* ***06/11/08 Agency Plan of Correction accepted.***
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	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action?

during its service hours. 420 All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06) **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: (7-1-06) **a.** Give instructions; (7-1-06) **b.** Review progress; and (7-1-06) **c.** Provide training on the program(s) and procedures to be followed. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 4 out of 4 Employee(s) (ET,GP,MH,SB) employee record lacked: • Assurance that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06) **a.** Give instructions; (7-1-06) **b.** Review progress; and (7-1-06) **c.** Provide training on the program(s) and procedures to be followed. (7-1-06) Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. Pro Active Advantage will provide more consistent weekly instruction, review progress and provide training on program(s) and procedures to be followed with proper documentation.* *2. The participants that are affected by the deficiencies are the paraprofessionals.* *3. Brenda D. Hall, D.S. and J.B. Burke, D.S. will be responsible for implementing and correcting action.* *4. The weekly supervision will be schedule, documented and turned in to the office, and tracked by the Developmental Specialist and the Scheduler to be in compliance with the IDAPA rules.* *5. The weekly supervision will be corrected by July 18, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
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. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06)	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. Pro Active Advantage will provide consistent monthly observations to assure that paraprofessionals are receiving needed supervision and training enabling them to implement the programs efficiently and effectively.* *2. The participants that are affected by the deficiencies are the paraprofessionals. The paraprofessional will receive monthly supervision and review then provide appropriate training.*

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). (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 4 out of 4 Employee(s) (ET,GP,MH,SB) employee record lacked: • Documentation the agency assures 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). For example: Developmental Therapist (ET, GP) lack evidence monthly observations were completed for 02/08 and 03/08. Developmental Therapist (MH) lacked evidence monthly observations were completed for 09/07, 11/07, 01/08-03/08. Developmental Therapist (SB) lacked evidence monthly observations were completed for 04/07-10/07, 01/08 and 03/08. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	*3. Brenda D. Hall, D.S. and J.B. Burke, D.S. will be responsible for implementing and correcting the action.* *4. The monthly supervision will be scheduled, documented and turned in to the office, tracking by the Developmental Specialist and the Scheduler to be in compliance with the IDAPA rules.* *5. The monthly supervision will be corrected by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.415 GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. **01. Yearly Training**. The DDA must ensure that each developmental specialist, IBI professional, paraprofessional, or volunteer who provides a DDA service completes a minimum of twelve (12) hours of formal training each calendar year. (7-1-06) **c.** Direct service staff must be trained to meet any special health or medical requirements of the participants they serve. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 5 employees (SB) training records **lacked the following**: • Documentation of any special health or medical requirements training for the participants they serve. Pro Active Advantage has contracted with a consultant to assist with	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. One employee will receive training on special health and medical requirements training.* *2. The participant was identified on the Master Training documentation sheet.* *3. Developmental Specialists and the client's parent will train the paraprofessional on any health and or medical requirements. Clerical will document when the training is completed.* *4. The corrective action will be monitored on the Master Training documentation sheet that is updated quarterly showing compliance with IDAPA rules.*

corrections and rule compliance.	*5. IDAPA rules states that" paraprofessional…. completes ……training each calendar year" The corrective action will be completed by July 25, 2008* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.415. General Training Requirements for DDA Staff **02. Sufficient Training**. Training of all professional and direct service staff and volunteers must include the following as applicable to their work assignments and responsibilities: (7-1-06) **g.** Each participant's rights, advocacy resources, confidentiality, safety and welfare; and (7-1-06) **h.** The proper implementation of all policies and procedures developed by the agency. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 4 employees (SB) training records **lacked the following**: • Documentation of training on each participant's rights, advocacy resources, confidentiality, safety and welfare; and (7-1-06) Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. An employee will receive training on participant's rights, advocacy resource, confidentiality, safety and welfare…..* *2. The participant was identified on the Master Training documentation sheet.* *3. Pat Marecki, Human Resource, will train the paraprofessional on these requirement areas. Clerical will document when the training is completed.* *4. The corrective action will be monitored on the Master Training documentation sheet that is updated quarterly showing compliance with IDAPA rules.* *5. IDAPA rules states that" paraprofessional…. completes ……training each calendar year" The corrective action will be completed by end of the calendar year.* **05/19/08 Agency Plan of Correction not accepted. Agency must have all corrections completed within 3 months after the date it was notified of deficiencies. (16.04.11.300.06.a.)** ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.415. General Training Requirements for DDA Staff **02. Sufficient Training**. Training of all professional and direct service staff and volunteers must include the following as applicable to their work assignments and responsibilities: (7-1-06) **h.** The proper implementation of all policies and procedures developed by the agency. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 4 employees (SB) training records **lacked the following**: • Documentation of training on the proper implementation of all policies and procedures developed by the agency. (7-1-06) Pro Active Advantage has contracted with a consultant to assist with	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. An employee will receive training on proper implementation of all policies and procedures developed by the agency.* *2. The participant was identified on the Master Training documentation sheet.* *3. Pat Marecki, Human Resource, will train the paraprofessional on these requirement areas. Clerical will document when the training is completed.* *4. The corrective action will be monitored on the Master Training documentation sheet that is updated quarterly showing compliance with IDAPA rules.*

corrections and rule compliance.	*5. IDAPA rules states that" paraprofessional…. completes ……training each calendar year" The corrective action will be completed by June 12, 2008.* ****** See Attachment Master Training List ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.510 HEALTH REQUIREMENTS. **01. Required Health Policies and Procedures**. Each DDA must develop policies and procedures that: (7-1-06) **a.** Describe how the agency will assure that staff is free from communicable disease; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 5 out of 5 employees (BH,ET,GP,MH,SB) training records **lacked the following**: • Evidence the agency assures that staff is free from communicable disease. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *Pat Marecki, Human Resource, sent me the following e-mail.* I talked to Pamela Loveland-Schmidt, the auditor about this issue, because this particular requirement violated some of the discrimination and HIPAA Laws. I developed a form and had it approved by Rebecca Fadness who is Pamela's supervisor which would make us come into compliance. It is now being used in the HR files on new hires, and will be incorporated into all of the files for previous employees. *5. The employees were sent the forms on 5/14/08 requesting that the forms be turned in with their notes on 5/19/08.* *Ninety-seven percent of the employees have signed and returned the forms.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.510 HEALTH REQUIREMENTS. **04. Incident Reports**. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant. Each report must document that the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: Agency records **lacked the following**:	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. Pro Active Advantage will review evidence of documented incident reports at least annually with written recommendations.* *2. Pro Active Advantage will look at each DT client to identify who may be affected by the deficiency. The agency will give incident reports to the paraprofessionals to fill out for each incident to turn in the following Monday with their notes.* *3. The Administrative Staff and Developmental Specialist will implement the corrective action.*

• Evidence of documented review of all incident reports completed at least annually with written recommendations. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	*4. The clerical staff will collect the incident reports and file them for the administrative staff and developmental specialist to review each quarter giving written instruction.* *5. This will be an on going process occurring each quarter, thus address concerns and issues sooner. This will be corrected July11, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.600 COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) **01. Comprehensive Assessments**. A comprehensive assessment must: (7-1-06) **d.** Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 2 out of 4 Participants (2,4) record **lacked the following**: • Evidence the participant's assessment(s) have current and relevant strengths, needs and interests. For example: Participant (2)'s record did not have evidence of a Physical therapy assessment and a Speech assessment. Participant (4) record did not have evidence of a Social/Medical History. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will check the Healthy Connection Referral and Physicians Medical Evaluation for additional assessments requested by the Physician. The Developmental Specialists will verify the client's current and relevant strengths, needs, and interests to the respective discipline for assessment conducted by the DDA. The DDA regularly utilizes assessments generated by other stakeholders. Given that Pro Active does not conduct those assessments, the rules regarding strengths, needs, and interests do not apply. Pro Active, though, will assure that all assessments conducted by the DDA contain all required components. Additionally, Pro Active will meet and discuss participants' needs with the person-centered planning team and/or service coordinator to assure that all relevant assessments are procured.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, Lisa Colwell, Nurse and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components. Completing the data checklist will pinpoint any missing components* *5. The correct actions will be completed with the client's annual review, however, Brenda D. Hall is trying to complete them sooner.* ****** See the attachment Medical/Social History **05/19/08 Agency Plan of Correction not accepted. Agency must have all**

	corrections completed within 3 months after the date it was notified of deficiencies. (16.04.11.300.06.a.) ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.600. Comprehensive Assessments Conducted by the DDA Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) **01. Comprehensive Assessments**. A comprehensive assessment must: (7-1-06) **e.** For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (4) record **lacked the following**: • Documentation medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will check the Healthy Connection Referral and Physicians Medical Evaluation for additional assessments requested by the Physician including medical or psychiatric assessments. The Developmental Specialists will verify the client's recommendations of type and amount of therapy for assessments conducted by the DDA. The DDA regularly utilizes assessments generated by other stakeholders. Given that Pro Active does not conduct those assessments, the rules regarding the recommendation of type and amount of therapy do not apply. Pro Active, though, will assure that all assessments conducted by the DDA contain all required components. Additionally, Pro Active will meet and discuss participants' needs with the person-centered planning team and/or service coordinator to assure that all relevant assessments are procured.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008..* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.600 COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?

03. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (2) record **lacked the following**: • Evidence of a Physical Therapy and Speech assessments for participant (2) recommended by physician. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	5. Dates for when the corrective action will be completed? *1. The Development Specialists will check the Healthy Connection Referral and Physicians Medical Evaluation for a Physical Therapy and Speech assessments for participant recommended by physician. Pro Active will meet and discuss participants' needs with the person-centered planning team and/or service coordinator to assure that all relevant assessments are procured.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.601 GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. **01. Completion of Assessments**. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 3 out of 4 Participants (1,2,3) record **lacked the following**: • Assessments must be completed or obtained prior to the delivery of therapy in each type of service. For example: No evidence of Physical Therapy and Speech assessments for participant (2) recommended by physician. Evidence of Physical Therapy assessment for participant (1) currently receiving through another agency. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will check the Healthy Connection Referral and Physicians Medical Evaluation for assessments must be completed or obtained prior to the delivery of therapy in each type of service. Pro Active will meet and discuss participants' needs with the person-centered planning team and/or service coordinator to assure that all relevant assessments are procured.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the*

	file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components. *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.601 GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. **01. Completion of Assessments**. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06) **e.** For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 3 out of 4 Participants (1, 2, 3) record **lacked the following**: • Evidence the physical therapy for participant (2) and speech assessments for participant (1, 2) recommend the type and amount of therapy necessary to address the participant's needs. No evidence of assessments in participant record(s). Participant (3)'s psychological assessment did not recommend type and amount. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will check the Healthy Connection Referral and Physicians Medical Evaluation for additional assessments requested by the Physician. The Developmental Specialists will verify the recommendations of type and amount of therapy for assessments conducted by the DDA. The DDA regularly utilizes assessments generated by other stakeholders. Given that Pro Active does not conduct those assessments, the rules regarding the recommendation of type and amount of therapy do not apply. Pro Active, though, will assure that all assessments conducted by the DDA contain all required components. Additionally, Pro Active will meet and discuss participants' needs with the person-centered planning team and/or service coordinator to assure that all relevant assessments are procured.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008* ****** See the Attachment Developmental Assessment and Developmental Assessment Update, Medical/Social Update ***06/11/08 Agency Plan of Correction accepted.***
16.04.601 GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. **03. Psychological Assessment**. A current psychological assessment must be completed or obtained: (7-1-06)	1. What corrective action(s) will be taken? 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?

e. When a participant has been diagnosed with mental illness; or (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 2 out of 4 Participants (2,4) record **lacked the following**: • Documentation of a current psychological assessment. For example: participant (2) whose physician's medical care evaluation has Bi-Polar/ADHD as a diagnosis and the most current psychological assessment is 08/04/06. Participant (4) is diagnosed with ADHD and the most current psychological assessment is 03/11/05. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will check the Healthy Connection Referral and Physicians Medical Evaluation for documentation of a current psychological assessment.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.602 Requirements for Current Assessments Assessments must accurately reflect the current status of the participant. (7-1-06) **01. Current Assessments for Ongoing Services.** To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 3 out of 4 Participants (1, 2, 3, 4) record **lacked the following**: • Evidence assessments are completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. For example: Participant (2)'s psychological assessment is from 08/04/06 and no documentation of a physical therapy assessment or speech assessment. Participant (1) receives physical therapy but no documentation of an assessment or updates. Participant (3)'s record has no documentation of a physical therapy assessment. Participant (4)'s psychological assessment is from 2005.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will complete assessments or updated at least annually for service areas in which the participant is receiving services on an ongoing basis.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will conduct a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.*

Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	*5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.602 Requirements for Current Assessments Assessments must accurately reflect the current status of the participant. (7-1-06) **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) Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (3) record **lacked the following**: • Evidence that 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 and 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 qualified to conduct those assessments. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will collaborate with 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.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.602 REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06) **03. Medical/Social Histories and Medical Assessments**. Medical/social histories and medical assessments must be completed at a frequency determined by the recommendation of a professional qualified to conduct those assessments. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included:	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will check the Healthy Connection Referral and Physicians Medical Evaluation for medical/social histories and when medical assessments must be completed with the recommendation of a professional qualified to conduct those assessments.*

2 out of 4 Participants (2,4) record **lacked the following**: • Evidence Medical/social histories and medical assessments are completed at a frequency determined by the recommendation of a professional qualified to conduct those assessments. For example: participant (2)'s medical assessment recommendations stated quarterly visits. Participant (4)'s record did not have evidence of a medical social history. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	*2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, Lisa Colwell, Nurse and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.604 TYPES OF COMPREHENSIVE ASSESSMENTS. **06. Medical Assessments**. Medical assessments must be completed by a physician or other practitioner of the healing arts who is qualified in accordance with Section 420 of these rules and accurately reflects the current status and needs of the person. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (4) record **lacked the following**: • Evidence the Medical assessments completed by a physician or other practitioner of the healing arts who is qualified in accordance with Section 420 of these rules and <u>accurately reflects the current status</u> and needs of the person. For example: Participant (4)'s medical assessment was completed 04/13/05. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will confirm that medical assessments are completed by a physician or other practitioner of the healing arts, current, and accurately reflect the current status and needs of the client.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.701 REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance

Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) **01. Eligibility Determination.** Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-06) **a.** Medical Assessment. This must contain medical information that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code; (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (4) record **lacked the following**: • Evidence the medical assessment contains medical information that accurately reflects the current status of the person and establishes categorical eligibility. For example: Participant (4)'s medical assessment was from 03/11/05. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will confirm that prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility. For eligibility determination, the following assessments must be obtained or completed by the DDA, Medical Assessment. This must contain medical information that accurately reflects the current status of the person and establishes categorical eligibility.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.701 REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) **01. Eligibility Determination.** Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-06) **b.** Psychological Assessment. If the medical assessment does not establish categorical eligibility, the DDA must obtain or conduct a psychological assessment that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code. (7-1-06) FINDINGS:	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will confirm that prior to the delivery of any DDA services, the DDA For eligibility determination; the following assessments must be obtained or completed by the DDA a psychological assessment. If the medical assessment does not establish categorical eligibility, the DDA must obtain or conduct a psychological assessment that accurately reflects the current status of the person and establishes categorical eligibility* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.*

Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (4) record **lacked the following**: • Evidence if the medical assessment does not establish categorical eligibility, the DDA obtained or conducted a psychological assessment that accurately reflects the current status of the person and establishes categorical eligibility For example: Participant (4)'s psychological assessment was from 2005. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	*3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.701 REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) **01. Eligibility Determination.** Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-06) **c.** Standardized Comprehensive Developmental Assessment. This must contain developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with Section 66-402(5)(b), Idaho Code. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (4) record **lacked the following**: • Evidence the standardized comprehensive developmental assessment contains developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with section 66-402(5)(b), Idaho Code. For example: Participant (4)'s SIB-R was dated 2006. Pro Active Advantage has contracted with a consultant to assist with	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will determine, prior to the delivery of any DDA services, and document the participant's eligibility. For eligibility determination, the following assessments must be obtained or completed by the DDA. Standardized Comprehensive Developmental Assessment. This must contain developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed with by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***

corrections and rule compliance.	
16.04.11.701 REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) **02. Intake**. The DDA must obtain information that accurately reflects the current status and needs of the participant prior to the delivery of services. (7-1-06) **b.** The DDA must obtain or complete a comprehensive medical and medical/social history. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (4) record **lacked the following**: • Evidence of a Medical Social in participant record. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will check the Healthy Connection Referral for additional assessments requested by the Physician. The Developmental Specialists will verify the client has a current Medical-Social History.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, Lisa Colwell, Nurse, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file section contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed with by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.701 REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) **04. Individual Program Plan (IPP) Definitions**. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06) **d.** Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date. (7-1-06) FINDINGS:	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will verify the delivery of each service on a plan of service in terms of the type, amount, frequency, and duration of the service. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be*

Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (4) record **lacked the following**: • Evidence the IPP includes duration of service. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	*labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file section contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.701 REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) **05. Individual Program Plan (IPP).** For participants three (3) through seventeen (17) years of age who does not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) **a.** The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (4) record **lacked the following**: • Evidence the IPP was developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. For example: Participant (4)'s record does not have evidence of a medical/social history. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will verify completion an IPP. Developing the IPP following obtainment or completion of all applicable assessments for clients three to seventeen.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file section contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.701 REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?

700 of these rules for all ISSH Waiver participants. (7-1-06) **05. Individual Program Plan (IPP).** For participants three (3) through seventeen (17) years of age who does not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) **b.** The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian is unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 participant (4)record **lacked the following**: • Evidence the parent or legal guardian was provided a copy of the completed IPP. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	5. Dates for when the corrective action will be completed? *1. The Development Specialists will validate the following IDAPA rule by implementing a signature page for parent(s)/legal guardian(s) to sign after receiving their copy of the IPP created by the clerical staff. For participants three through seventeen years, the DDA is required to complete an IPP. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file section contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed with by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.701. Requirements for a DDA Providing Services to Children ages 3-17 and Adults Receiving IBI or Additional DDA Services Prior Authorized Under the EPSDT Program. Based upon record review and staff discussion, the agency is not in compliance. The findings included: 2 out of 2 Participants (3,4) record **lacked the following**: .05.e.iv. Evidence the IPP includes the type, amount, frequency and duration of therapy to be provided. For developmental therapy the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more that 20% over a period of four weeks, unless there is documentation of a participant based reason. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. Participant 3 was in compliance with this IDAPA rule. This Participant was the first annual review reorganized to the new system. The Development Specialists will include the type, amount, frequency and duration of therapy to be provided. For developmental therapy the total hours of services provided cannot exceed the amount recommended on the plan.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant,*

	who will complete a final review or assessment. *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file section contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.701 REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) **05. Individual Program Plan (IPP).** For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) **e.** The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-06) xi. A transition plan. 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. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (4) record **lacked the following**: • Evidence 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. These settings may include integrated	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will include the type, amount, frequency and duration of therapy to be provided. For developmental therapy the total hours of services provided cannot exceed the amount recommended on the plan.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file section contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***

classrooms, community-based organizations and activities, vocational trainings, supported or independent employment, volunteer opportunities or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	
16.04.11.703 PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. <u>If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay</u>. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (4) record **<u>lacked the following</u>**: • Evidence the Program Implementation Plan was written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. For example: Participant (4)'s Implementation Plan start dates were 07/03/06, target dates were 08/29/06 and mastery date was 07/03/07. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. The Program Implementation Plan must be written and implemented within fourteen days after the first day of ongoing programming and be revised whenever participant needs change.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file section contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.703 PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within	*Agency corrected deficiency during the survey. Agency needs to address questions number 3 and 4.* 1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?

this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) **04. Written Instructions to Staff.** These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 2 out of 4 Participants (1, 2) record **lacked the following**: • Evidence the Program Implementation Plans included type and frequency of reinforcement. **Agency corrected during survey.** Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	5. Dates for when the corrective action will be completed? *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file section contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.703 PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) **05. Service Environments.** Identification of the type of environment(s) where services will be provided. (7-1-06) Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. Identification of the type of environment(s) where services will be provided will be clearly identified.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule and required documentation, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file section contents on a data checklist. Completing*

	the data checklist will pinpoint any missing components. *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
***16.04.11.703* PROGRAM IMPLEMENTATION PLAN REQUIREMENTS.** For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) **07. Results of the Psychological or Psychiatric Assessment**. When a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (2) record **lacked the following**: • Evidence the psychological assessment was used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's health status. For example: participant (2)'s most recent psychological assessment is 08/04/06. Participant (4)'s most recent psychological assessment is 2005. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will develop a Program Implementation Plan. When a participant has had a psychological or psychiatric assessment, the results must be used when developing objectives to assure therapies provided accommodate the participant's mental health needs and to assure that none are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.704 Program Documentation Requirements	1. What corrective action(s) will be taken?

Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06) **01. General Requirements for Program Documentation**. For each participant the following program documentation is required: (7-1-06) **b.** Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 2 out of 4 participants (1, 2) record **lacked the following:** • Evidence of sufficient progress data to accurately assess the participant's progress toward each objective. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will maintain records for each participant the agency serves. Participant's record must include documentation of the participant's involvement in and response to the services provided. The following program documentation is required sufficient progress data to accurately assess the participant's progress toward each objective.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.704 Program Documentation Requirements Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06) **01. General Requirements for Program Documentation**. For each participant the following program documentation is required: (7-1-06) **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. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings included: 2 out of 4 participants (1, 2) record **lacked the following:** • Documentation a review of the data, and when indicated, changes in the daily activities or specific implementation procedures by the	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for? when the corrective action will be completed *1. The Development Specialists will maintain records for each participant the agency serves. Pro Active Advantage must maintain records for each participant including documentation of the participant's involvement in and response to the services provided. General requirements for Program Documentation required 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.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore*

qualified professional. The review must include the qualified professional's dated initials. For example: no documentation of changes in the daily activities or specific implementation procedures by the qualified professional. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	*identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.705 RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. 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. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06) **01. General Records Requirements**. Each participant record must contain the following information: (7-1-06) **e.** Current medical, social, and developmental information and assessments; and (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 4 participants (4) training records **lacked the following**: • Evidence participant record contains current medical, social and developmental information and assessment. For example: Participant (4)'s record lacked a medical social. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will maintain records for each participant the agency serves. Each participant record must contain the following information: current medical, social, and developmental information and assessments.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.705 RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action?

the individual's choices, interests, and needs that result in the type and amount of each service provided. 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. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06) **01. General Records Requirements**. Each participant record must contain the following information: (7-1-06) **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. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 1 out of 4 participants (4) training records **lacked the following**: • 1 out of 4 Participants (4) record **lacked the following**: .01.f Evidence assessments are completed or obtained by the agency, the participant's record must include the assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will maintain records for each participant the agency serves. Each participant record must contain the following information assessments 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.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.706 REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-06) FINDINGS:	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Development Specialists will maintain records for each participant the agency serves. Each participant record must contain the following information assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore*

Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 4 Participants (4) record **lacked the following**: • Evidence the participant record includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-06) Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	*identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins. Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.708 REQUIREMENTS FOR DELIVERY OF DDA SERVICES. **01. Comprehensive Assessment and Plan Requirements.** Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service. (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 3 out of 4 participants (1,2,4) training records **lacked the following**: • Documentation all services are included on the participant's plan of service. For example: No documentation Physical Therapy was included on participant (1, 2)'s plan and no documentation Speech was included on participant (2)'s plan. No documentation of a medical social for participant (4). Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed *1. The Development Specialists will maintain records for each participant the agency serves. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***
16.04.11.708 REQUIREMENTS FOR DELIVERY OF DDA SERVICES. **01. Comprehensive Assessment and Plan Requirements.** Prior to the	**Agency needs to address questions 1-5 for physical therapy, medical social and speech assessments.**

delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service. (7-1-06)

FINDINGS:
Based upon record review and staff discussion, the agency is not in compliance. The findings include:
3 out of 4 participants (1,2,4) training records **lacked the following**:

- Evidence all services were included on the participant's plan of service. For example: No documentation of Physical Therapy & Speech assessments for participant (2). No documentation of Developmental assessment for participants (1, 2). No documentation of Medical Social for participant (4).

Agency corrected deficiency for Developmental assessment for participants (1, 2) during the survey.

Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.

1. What corrective action(s) will be taken?
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?
3. Who will be responsible for implementing each corrective action?
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?
5. Dates for when the corrective action will be completed?

1. The Development Specialists will maintain records for each participant the agency serves. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service.
2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.
3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.
4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.
5. The correct actions will be completed by July 25, 2008.

Agency corrected deficiency during the survey for Developmental Assessments. Agency needs to address questions number 3 and 4.

1. What corrective action(s) will be taken?
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?
3. Who will be responsible for implementing each corrective action?
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?
5. Dates for when the corrective action will be completed?

3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.
4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person.

05/19/08 Agency Plan of Correction accepted.

IDAHO DEPARTMENT OF HEALTH & WELFARE

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. (7-1-06) **02. Quality Assurance Program Components**. Each DDA's written quality assurance program must include: (7-1-06) **d.** A method for assessing participant satisfaction; and (7-1-06) FINDINGS: Based upon record review and staff discussion, the agency is not in compliance. The findings include: 2 out of 4 participants (1,2) training records **lacked the following**: • Evidence of participant satisfaction. Pro Active Advantage has contracted with a consultant to assist with corrections and rule compliance.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed? *1. The Pro Active Advantage will develop and implement a quality assurance program. Each DDA's written quality assurance program must include a method for assessing participant satisfaction. The clerical staff created a parent satisfaction survey that will be given to parents/guardians to complete and returned to the administrative offices.* *2. As Brenda D. Hall, Development Specialist, reorganizes the clients' files to the new system, the files will be reviewed for compliance according to IDAPA rules therefore identifying any client files with missing documentation. Noncompliant sections will be labeled and assessed with corrective procedures following.* *3. Brenda D. Hall, D.S., Ilene Jenkins, Clericals-Files, and Ryan Brown, Consultant, who will complete a final review or assessment.* *4. With each section being labeled with the IDAPA Rule, it will ensure compliance. At a minimum, the file will be reviewed or assessed by a second person documenting the file sections contents on a data checklist. Completing the data checklist will pinpoint any missing components.* *5. The correct actions will be completed by July 25, 2008.* ***06/11/08 Agency Plan of Correction accepted.***

Medicaid Survey Team Lead Signature: _____ Date: _____

FACS Team Signature: _____ Date: _____

Agency Administrator Signature: _____ Date: _____

Plan of Correction accepted: Pam Rowland Schmidt Date: 6/13/08