IDAHO DEPARTMENT OF
HEALTH & WELFARE

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March 3, 2010

Marlene Garner, Administrator
Family and Children's Therapy Services
529A East Bannock Street
Boise, ID 83712-6315

Dear Ms. Garner,

Thank you for submitting the Family and Children's Therapy Services Plan of Correction dated March 2, 2010. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Family and Children's Therapy Services a full two year certificate effective from April 1, 2010 through April 1, 2012.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that you your Plan of Correction has been met. Please submit these documents in order of citation, following the plan of correction findings. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than April 16, 2010. You may submit supporting documentation as follows:

NOTE: Pease assure that each document submitted as supporting documentation is directly referenced to a citation.

Fax to:364-1811 Attn: Greg Miles
Email to: milesg@dhw.idaho.gov
Mail to: Medicaid DDA/RH Survey and Certification
PO Box 83720
Boise, Idaho 83720-0036
Or deliver to: 3232 Elder Street, Boise

You can reach me if you have any questions at 364-1828.

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

Greg Miles
Medical Program Specialist
DD Survey and Certification

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

Family and Children's Therapy Services, P.A. -- Boise
4FAMCHILD135

529A E Bannock St
Boise, ID 83712-6315
(208) 921-9715

Survey Type: Recertification

Entrance Date: 1/11/2010
Exit Date: 1/13/2010

Initial Comments: Survey Team Members: Greg Miles, Medical Program Specialist; Heather Olson, Developmental Specialist; Veronica Martinez, Clinician; Melissa Woods, Clinician; Sarah Czaja, Clinician.

Observations:

[Participant A] was observed with a therapist in his home for one hour. The participant answered the door and introduced himself to the observer and shook hands. The therapist told him it was time to shower and reminded him to cut back the amount of time he took. The participant went to shower. The therapist sat at the kitchen table to wait for the participant. The observer asked what the therapist does while waiting for the participant to finish showering. He reported he sometimes has to remind the participant that he has been in the bathroom long enough. The observer further asked when would he knock on the door to remind the participant, and he said about 10 minutes, so during this 10 minutes, there was no interaction between the therapist and the participant. The participant exited the shower quicker than usual according to the therapist, and the therapist asked the participant what he wanted to do next. The two talked for about five minutes about what they could do and settled on playing a chess game. The chess game lasted for the duration of the observation, about 45 minutes, and the two were still playing when the observer left, so it is unknown how long the activity actually lasted. The child did have an objective addressing staying on-task until completion, but this did not seem like such a task. He also has an objective in which he is to use appropriate social language when spoken to, but that objective could have only been implemented once or twice, which left the overall therapy not observable in practice (the time simply consisted of game play between two people). The therapist did seem to have a good relationship and rapport with the child, but it was unclear how the chess game was providing a therapeutic experience for the child.

[Participant B] was observed in the home setting with his mother and four siblings present as well. The IBI staff addressed following verbal directives/non-preferred activity/signing while the participant was putting away clothes in his room. The IBI staff was very respectful to the child and gave clear verbal directions each time making sure that the participant's attention was first gained. The staff used verbal praise, high fives and intermittently reinforced with 10 minutes of watching a movie, which was very motivating for the participant. It was apparent that the staff had a very positive rapport with the child and family and the child was very receptive to the staff. [Participant B] was very engaged and successful in therapy.

[Partipcant C] was observed at the child's home. The therapist and participant seemed to have an excellent rapport. The therapist gave [Participant C] step-by-step direction on their schedule and reminded him of their reward system. The therapist ran three five-minute programs and gave him a short break with an activity of his choice. During the observation, the therapist provided consistent verbal, edible,

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and physical reinforcements. [Participant C] was easily engaged and when he seemed to be getting frustrated, the therapist provided enthusiastic encouragement and verbal reinforcement. The therapist used open-ended questions, and was extremely patient and enthusiastic. Data was gathered during therapy.

[Participant D] was observed at his home. It was evident that the therapist and the participant had an excellent rapport. During the observation, the therapist worked on compliance, staying on task, and not ignoring requests. The participant was asked to clean his room, follow the rules of a chess game, and put the dog away in a separate room. When he got distracted several times on other things, the therapist did a great job redirecting him and restating the task. The therapist provided consistent verbal reinforcement as well as a preferred activity (a game of chess). The participant was successful in completing the tasks. Data was gathered during the observation and therapy was observable in practice.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.009.01	Criminal History	1. CORRECTIVE ACTION: The agency will maintain a copy of the Criminal History check in the staff file for all direct providers, including employees, subcontractors, agents and volunteers, to verify Criminal History compliance in accordance with 16.05.06. When the DDA does not provide the direct services (ie. through written formal agreement and not billed by the DDA), written formal agreements will state assurance to Criminal History requirement. 2. IDENTIFY/CORRECT: New written agreements with a psychologist and OT will be secured and will ensure compliance with the Criminal History requirement. 3. WHO REPONSIBLE: The agency administrator will be responsible to complete the annual check and implement new written agreements. 4. HOW: No direct provider will deliver services without a copy of the Criminal History check to the agency. The agency will conduct an annual review of provider and affiliate documents to verify Criminal History are in compliance in accordance with 16.05.06 so the problem does not recur. 5. DATE: The corrective action will be completed before 4-16-10.
009. MANDATORY CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks." (7-1-06)	For two of the agency's contracted personnel (the psychologist and the OT), there was no documentation found that they had complied with "Rules Governing Mandatory Criminal History Checks".	

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.02.a-c	Training	1. CORRECTIVE ACTION: The agency will ensure that paraprofessionals providing developmental therapy are supervised by a Developmental Specialist (DS) during regular service hours. This will be accomplished by ensuring a DS is recruited, hired, trained, and available at the agency location in Boise. 2. IDENTIFY/CORRECT: Although a DS interviewed, gave instructions, reviewed progress, and gave verbal training on programs and procedures on a weekly basis, a DS will now be available in Boise during regular service hours for supervision of paraprofessionals providing developmental therapy. 3. WHO REPONSIBLE: The agency administrator will be responsible to ensure supervision by a DS in Boise during regular service hours. 4. HOW: Hire or ensure a DS is certified and available for supervision in Boise during regular service hours. 5. DATE: The corrective action will be completed before 4-16-10.
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) 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)	For one of one participant records with the possibility to be cited for this deficient practice ([Participant C]), there was no documentation found as to a qualified professional available to provide supervision to the paraprofessional during regular service hours. The professional that was qualified to provide that supervision was located a great distance away in the state and therefore could not provide specific procedures to be followed.	

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c. Provide training on the program(s) and procedures to be followed. (7-1-06)

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 4/16/10 **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.03 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) 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)	Training For one of one participant records with the possibility to be cited for this deficient practice ([Participant C]), there was not a qualified professional present to provide supervision during regular service hours. The professional qualified to do so was located (lived) a great distance away in the state. Therefore, the professional was not necessarily availble to observe and review the paraprofessionals service delivery.	1. CORRECTIVE ACTION: The agency will ensure that a Developmental Specialist (DS) is available to observe and review paraprofessionals providing developmental therapy during regular service hours. This will be accomplished by ensuring a DS is recruited, hired, trained, and available at the agency location in Boise. 2. IDENTIFY/CORRECT: Although a DS observed and reviewed the paraprofessional on a monthly basis, a DS will now be available in Boise during regular service hours for observation at least monthly for all participants in developmental therapy. 3. WHO REPONSIBLE: The agency administrator will be responsible to ensure paraprofessionals receive observation and review by a DS in Boise during regular service hours. 4. HOW: Hire or ensure a DS is certified and available for supervision in Boise during regular service hours. 5. DATE: The corrective action will be completed before 4-16-10.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 4/16/10 **Administrator Initials:** [illegible]

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.a-c	Assessments	1. CORRECTIVE ACTION: The agency will ensure that future comprehensive assessments will show the necessity of the service or guided therapy. In particular, the comprehensive assessments for Participant C will show the why guided therapy is needed for training areas, such as eating food without gagging or spitting. 2. IDENTIFY/CORRECT: Although both parents of Participant C are medical professionals and had requested this particular service, a standardized assessment or statement of necessity by a medical professional will be included in future comprehensive assessments. 3. WHO REPONSIBLE: The DS will responsible to conduct comprehensive assessments that determine the necessity of services, determine the necessity of the participant's needs, and guide treatment. 4. HOW: The agency will review comprehensive assessments and individual program plans at least every six months to ensure the necessity of a service or guided therapy is included in comprehensive assessments. 5. DATE: The corrective action will be completed before 4-16-10.
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) a. Determine the necessity of the service; (7-1-06) b. Determine the participant's needs; (7-1-06) c. Guide treatment; (7-1-06)	For one of four participant records reviewed ([Participant C]), there was no documentation found in the comprehensive assessment that showed the necessity of the service or guided therapy. For example, [Participant C] had a program to eat food without gagging or spitting; however, the comprehensive assessment did not provide any information as to why this was a needed training area.	
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 4/16/10 Administrator Initials: [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.e	Assessments	1. CORRECTIVE ACTION: All future comprehensive assessments will state the specific amount of therapy to be provided. 2. IDENTIFY/CORRECT: Annual file reviews will ensure future comprehensive assessments for all participants are correct. 3. WHO RESPONSIBLE: The DS will be responsible. 4. HOW: Comprehensive assessments will be reviewed annually and corrected as needed.
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)	For four of four participant records reviewed, the comprehensive assessment stated the amount of therapy as "up to" so many hours, versus stating a specific amount.	

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)		5. DATE: The corrective action will be completed before 4-16-10.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 4/16/10 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.602.01	Assessments	1. CORRECTIVE ACTION: For participants receiving behavior modifying medications, a current psychological assessment will be conducted. 2. IDENTIFY/CORRECT: For Participants A and B, parents will be requested to provide a copy of a current psychological assessment as soon as possible. 3. WHO RESPONSIBLE: The agency DS will be responsible. 4. HOW: Annual reviews of assessments will be completed to ensure assessments are completed or updated at least annually. For those Participants receiving behavior modifying medications, the agency will request that the psychologist review the individual plans to confirm the therapy is appropriate for the medications prescribed.
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)	For two of four participant records reviewed ([Participants A and B]), there was no documentation found of current psychological assessments. Both participants were receiving behavior modifying medications.	

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		5. DATE: The corrective action will be completed before 4-16-10.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 4/16/10 **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.01.a-g	Assessments	1. CORRECTIVE ACTION: All future comprehensive assessments will assess the area of learning by a qualified DS. 2. IDENTIFY/CORRECT: Comprehensive assessments for all participants will be reviewed annually to ensure they reflect the developmental status for the 7 required areas outlined in 16.04.11.604.01.a-g. 3. WHO RESPONSIBLE: The agency DS will be responsible. 4. HOW: Annual reviews of assessments will be completed to ensure developmental status for the 7 required areas are addressed. 5. DATE: Sample group by 4-16-10 and all other participants by 7-16-10.
604. TYPES OF COMPREHENSIVE ASSESSMENTS. 01. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-06) a. Self-care; (7-1-06) b. Receptive and expressive language; (7-1-06) c. Learning; (7-1-06) d. Gross and fine motor development; (7-1-06) e. Self-direction; (7-1-06) f. Capacity for independent living; and (7-1-06)	For three of four participant records reviewed ([Participants A, B, and C]), there was no documentation found in the comprehensive assessments that the area of "learning" had been assessed.	

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g. Economic self-sufficiency. (7-1-06)		

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 7/16/10 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.07.a-h	History and Physical	1. CORRECTIVE ACTION: All future Medical/Social Histories will contain all the components required in rule 16.04.11.604.07.a-h. 2. IDENTIFY/CORRECT: Future Medical/Social histories for Participant B and C and all other participants will include required components including criminal history information, family histories and financial resources. 3. WHO RESPONSIBLE: The agency administrator will be responsible. 4. HOW: Annual reviews of Medical/Social histories will be conducted to ensure they contain all required components. 5. DATE: The corrective action will be completed before 4-16-10.
07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06) a. Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-06) b. Developmental history including developmental milestones and developmental treatment interventions; (7-1-06) c. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (7-1-06)	For three of four participant records reviewed ([Participants A, B, and C]), the medical-social histories did not contain all the componets required in rule. For example: [Participant B]'s medical-social history was missing criminal history information. [Participant C]'s medical-social history was missing family histories and financial resources.	

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d. Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (7-1-06) e. Educational history including any participation in special education; (7-1-06) f. Prevocational or vocational paid and unpaid work experiences; (7-1-06) g. Financial resources; and (7-1-06) h. Recommendation of services necessary to address the participant's needs. (7-1-06)		

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 4/16/10 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.605.04	Specific Skill Assessments	1. CORRECTIVE ACTION: Future skill assessments will be written so that baseline abilities will be written to align with programs with corresponding prompt levels. 2. IDENTIFY/CORRECT: Participant C's baseline statements and programs will be corrected so skill assessments and programs are aligned. 3. WHO RESPONSIBLE: The agency DS will be responsible. 4. HOW: Semiannual file reviews will be conducted to ensure skill assessments and programs are aligned with the participant's baseline statements and programs. 5. DATE: The corrective action will be completed before 4-16-10.
605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06) 04. Determine a Participant's Skill Level. Be conducted for the purposes of determining a participant's skill level within a specific domain. (7-1-06)	For one of four participant records reviewed ([Participant C]), the skill assessments did not determine the participant's specific abilities within the objective domain For example, [Participant C] had baseline statements that showed his abilities to be at the independent level; however, many programs revealed his abilities to be at the verbal or physical prompt level.	

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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 4/16/10 **Administrator Initials:** GB

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.xi	Individual Program Plan	1. CORRECTIVE ACTION: The transition plan for Participant C will be rewritten to include specific criteria as to when the participant will transition into a less restrictive, more integrated setting. 2. IDENTIFY/CORRECT: Annual reviews will be conducted to ensure transition documentation includes specific criteria for participants receiving developmental therapy as well as for IBI therapy. 3. WHO RESPONSIBLE: The agency DS will be responsible. 4. HOW: Annual reviews will be conducted to ensure transition documentation includes specific criteria for participants receiving developmental and IBI therapy. 5. DATE: The corrective action will be completed before 3-16-10.
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	For one of four participant records reviewed ([Participant C]), there was no documentation found as to a specific criteria for the participant to transition into a less restrictive, more integrated setting.	

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participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. 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)		

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 3/16/10 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705	Record Requirements	1. CORRECTIVE ACTION: Participant daily service logs will be reformatted to include space for the time of service (i.e. hours and minutes). Providers will be trained to ensure they include the time of service for each service record. 2. IDENTIFY/CORRECT: Service logs for all participants will be reviewed weekly to ensure the time of service is included on each service record. 3. WHO RESPONSIBLE: The agency DS will be responsible. 4. HOW: Service logs will include the time of service (i.e. hours and minutes). Providers will be trained to ensure they include the time of service for each service record. Logs will be reviewed weekly to ensure the time of service in included on each service record. 5. DATE: The corrective action will be completed before 4-16-10.
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)	For four of four participant records reviewed, the participant files did not indicate the time of service. There was no documentation found as to when a given program was implemented.	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 4/16/10 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.03.f	QA Program	1. CORRECTIVE ACTION: Daily service logs will be reformatted to document the time spent in therapy per objective. 2. IDENTIFY/CORRECT: Weekly reviews by the DS will ensure all participants (including Participant A) have daily service logs that document the time spent in therapy per objective. Observations will be conducted to document how providers are implementing quality services to participants and whether they are observable in practice. To continue providing services, providers must demonstrate they deliver quality services that are observable in practice. 3. WHO RESPONSIBLE: The agency DS will be responsible. 4. HOW: The DS will conduct weekly reviews to ensure all daily service logs document the time spent in therapy per objective for all participants. Observations will be conducted to document how providers are implementing quality services to participants and whether they are observable in practice. 5. DATE: Service logs and observations implemented fully by 3-16-10.
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) 03. Additional Requirements: The quality assurance program must ensure that DDA services provided to participants: (7-1-06) f. Are observable in practice. (7-1-06)	For one of four therapy sessions observed ([Participant A]), the observation revealed that training was not conducted in an hour-long time period (see observation notes in the initial comments).	

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Administrator Signature (confirms submission of POC): Angelane Garner			**Date:** 3/1/2010
Team Leader Signature (signifies acceptance of POC): Day Miles			**Date:** 3/3/2010

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