



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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June 29, 2010

Van Beechler, Administrator
Access Behavioral Health Services, Inc.
1276 River Street, Suite 100
Boise, ID 83702

Dear Ms. Beechler:

Thank you for submitting the Plan of Correction for Access Behavioral Health Services, Inc. dated June 28, 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 Access Behavioral Health Services, Inc. a full three-year certificate effective May 7, 2010, through May 6, 2013.

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 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 seven days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than October 7, 2010. You may submit supporting documentation as follows:

Fax: (208) 364-1811

Email: MilesG@dhw.idaho.gov

Mail: Attn: DDA/RH Survey and Certification
Division of Medicaid
PO Box 83720
Boise, ID 83720

Deliver: Department of Health and Welfare
Division of Medicaid
3232 Elder Street
Boise, ID 83705

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June 29, 2010
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Thank you for your patience and accommodating us through the survey process. If you have any questions, you can reach me at (208) 364-1828.

Sincerely,

A handwritten signature in black ink that reads "Greg Miles". The signature is written in a cursive style with a large, stylized "G" and "M".

GREG MILES
Medical Program Specialist
DDA/ResHab Survey and Certification

GM/sm

Enclosures

Statement of Deficiencies

Developmental Disabilities Agency

Access Behavioral Health Services, Inc.

4ACCBHSVC122

1276 River St Ste 100

Boise, ID 83702-

(208) 338-4699

Survey Type: Recertification

Entrance Date: 3/15/2010

Exit Date: 3/18/2010

Initial Comments: Survey Team Members: Greg Miles, Medical Program Specialist; Carrie Johns, Medical Program Specialist; Melissa Woods, Clinician; Linda Keirnes, DD Supervisor.

This report has been amended as a result of the Informal Dispute Resolution Process.

Observations:

[Participant 1] was observed at WalMart. He seemed to readily know some of his goals such as expressing his needs, remaining on task, and interacting positively. He seemed very at ease to communicate likes and dislikes. The staff was very respectful. He stated that he was working on taking on control of his own finances. He was easily redirected away from the computer section (in which he was interested in) and required virtually no prompting in the 45-minute time period of the observation. His comprehensive assessment did not seem to accurately reflect his level of functioning. Staff indicated that the participant sometimes lacked motivation to complete training programs.

[Participant A] was observed at the Hillcrest Library. The staff member stated that making wise choices would be worked on there. The participant looked at books that she chose for the half hour observation. She looked at a book about pets, gardening, and of maps. She let staff know she was listening by responding to questions asked about any of the books she was looking at. After the half hour she and the staff traveled to Paul's Market to purchase a birthday cake that [Participant A]'s care provider had ordered earlier in the day. Her behavior was appropriate during the time at the store until she was given the change and wanted to put it all in a donation container. She put a nickel in the container. She became upset, but verbalized this to the staff. The staff reinforced her according to the PIP (and redirected well – sometimes with just a gestural cue). Data was not taken during the session. Staff said she and [Participant A] do errands for the care provider and incorporate them into the therapy.

[Participant B] was observed at Fort Boise. He and his therapist played pool and then played an air hockey game. During the game, the participant stated the rules of the game they were playing (like re-do's in the pool game for missed shots). He responded to feedback well. Once during the game, he was speaking to staff and was prompted to make eye contact with her (a goal). He responded to the cue and made eye contact. Data was not taken during the session. He was also prompted to stay on task (another goal). He returned to the going activity quickly following the prompt. Staff verbally reinforced him. His rights and confidentiality were observed during the observation. Location of therapy was conducive to learning. The games were age appropriate and there were other teens at the center playing other games and interacting with their peers. The staff was courteous during the therapy session even when the participant made what could be

construed as a rude comment to her.

[Participant C] was observed in the community at a Dollar Tree store and then at a local park. The therapist stated that many of the objectives on the participant's plan occurred in the home, but her parents did not wish to have the observation occur there. The participant purchased a plastic bat and ball and a snack at the dollar store. At the park, the staff and the participant played ball, and then the participant played on the jungle gym near/with other children. The staff prompted her to cover her snack (a chocolate bunny) that had begun melting in the sun (a goal). She was slightly resistant, stating that she wanted to make a "milk shake" with the melted chocolate. Redirection was by cueing her to work on her calendar and stated that maybe they could get a milk shake on another outing. [Participant C] seemed satisfied with the suggestion and put the melting chocolate bunny under a jacket, out of the direct sunlight. She was questioned about specific dates and what day of the week they were (another goal), but she grew tired of the activity and asked if she could play. The activities were age appropriate. The therapist was very courteous and respectful. Confidentiality was observed during all of the activities.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.a-c	Assessments	What corrective action will be taken? All participants
<p>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)</p>	<p>For two of five participants reviewed ([Participants 1 and 2]), the comprehensive development assessments did not establish necessity or guide treatment.</p> <p>For example: [Participant 1]'s CDA stated he can "join a conversation without disruption"; however, he has a training program to remain on topic. [Participant 2]'s CDA stated deficit areas without describing why particular deficits were chosen to work on as training needs.</p>	<p>comprehensive narrative assessments will be more comprehensive and will establish necessity and guide treatment. We will accomplish this by doing a more in depth interview with the participant and/or guardian at the time of the intake and through collaboration with other providers. Each area identified will address why the skill is necessary in the participant's narrative. The objectives will be linked to the need identified and the statement of necessity. How will the agency identify participants who may be affected by the deficiencies? If participants are identified what corrective action will be taken? All participants files will be audited for compliance and the narratives will be updated accordingly. Who will be responsible for implementing each corrective action? The DS assigned to each participant. How will the corrective action be monitored to ensure consistent compliance with IDAPA rules? It will be added to our QA monitoring tools. By what date will the corrective action be completed? The two identified participants files will be updated by July 1, 2010 and all participants files will be updated by October 1, 2010.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-10-01 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.600.01.d</p> <p>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)</p> <p>01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)</p> <p>d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06)</p>	<p>Assessments</p> <p>For three of five participants reviewed ([Participant A and 1]), the comprehensive development assessment did not contain the participant's interests.</p> <p>For example:</p> <p>[Participant 1]'s assessment reflected his mother's desires for training programs.</p> <p>For [Participant A], no training areas were identified that might be of interest to her (she is 17).</p>	<p>What corrective action will be taken? The corrective action taken will be to include the participants interests in the Developmental Narrative.</p> <p>How will the agency identify participants who may be affected by the deficiencies? If participants are identified what corrective action will be taken? All participants files will be audited for participants interests in the Developmental Narrative, if it is not found, the participant will be interviewed and the Narrative will be updated accordingly.</p> <p>Who will be responsible for implementing each corrective action? The participant's DS will be responsible for implementing the corrective action.</p> <p>How will the corrective action be monitored to ensure consistent compliance with IDAPA rules? The corrective action will be monitored by adding the interests to the QA monitoring tools.</p> <p>By what date will the corrective action be completed? The corrective action will be completed on the 2 participants files within 90 days, or July1, 2010. All participants files will be audited and corrected within the next 6 months, October 1, 2010.</p>

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-10-01 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.601.03.a-f</p> <p>601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. 03. Psychological Assessment. A current psychological assessment must be completed or obtained: (7-1-06) a. When the participant is receiving a behavior modifying drug(s); (7-1-06) b. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-06) c. Prior to the initiation of supportive counseling; (3-30-07) d. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06) e. When a participant has been diagnosed with mental illness; or (7-1-06) f. When a child has been identified to have a severe emotional disturbance. (7-1-06)</p>	<p>Assessments</p> <p>For one of two participants reviewed for this issue ([Participant 1]), there was no documentation found of a psychological assessment that meets IDAPA requirements.</p> <p>[Participant 1] was diagnosed with a mental illness and took behavior modifying medications.</p>	<p>What corrective action will be taken? When a participant is identified to be on a behavior modifying drug, prior to the initiation of restrictive interventions, prior to the initiation of supportive counseling, when diagnosed with a mental illness or an emotional disturbance, or when necessary to determine eligibility we will obtain a psychological evaluation by a licensed professional.</p> <p>How will the agency identify participants who may be affected by the deficiencies? If participants are identified what corrective action will be taken? All participant charts will be audited and corrective action will be taken by obtaining current psychological assessments by licensed professionals according to IDAPA code. All new intakes will have a psychological assessment if determined necessary prior to the delivery of respective service.</p> <p>Who will be responsible for implementing each corrective action? The DS assigned to the participant.</p> <p>How will the corrective action be monitored to ensure consistent compliance with IDAPA rules? The corrective action will be monitored by adding it to our QA monitoring tools.</p> <p>By what date will the corrective action be completed? The corrective action will be completed to the one identified participant by September 1, 2010. And on all identified participants by their annual date no later than June of 2011.</p>
<p>Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: _____</p> <p>Administrator Initials: <i>M</i></p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.604.01.a-g</p> <p>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</p>	<p>Assessments</p> <p>For three of five participants reviewed ([Participants A, B, and C]), there were areas in the comprehensive assessment that were not assessed or evaluated.</p> <p>For example, [Participant A] had areas which</p>	<p>What corrective action will be taken? All developmental assessments evaluated all seven areas to determine the necessity of the discipline. We did not include all areas in the narrative if parents did not want that area worked on. We will make sure that we include all seven areas in the narrative.</p>

Developmental Disabilities Agency	Access Behavioral Health Services, Inc.	3/18/2010
<p>developmental status in the following areas: (7-1-06)</p> <ul style="list-style-type: none"> 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) g. Economic self-sufficiency. (7-1-06) 	<p>stated that "though there are needs in this area, the guardian will seek outside services to work with them". Therefore, the developmental assessment did not evaluate all areas as required by rule.</p>	<p>How will the agency identify participants who may be affected by the deficiencies? If participants are identified what corrective action will be taken? All participant's charts will be audited to determine if all seven areas were included in the narrative, if an area has not been included, the narrative will be revised accordingly.</p> <p>Who will be responsible for implementing each corrective action? The DS assigned to the participant.</p> <p>How will the corrective action be monitored to ensure consistent compliance with IDAPA rules? The corrective action will be monitored by adding it to the QA monitoring tools.</p> <p>By what date will the corrective action be completed? The 3 identified participant files will be correct by July 1, 2010. All other participant files identified will be corrected by October 1, 2010.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** **Administrator Initials:** *M*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.xi</p> <p>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</p>	<p>Individual Program Plan</p> <p>For three of three participants reviewed for this issue ([Participants A, B, and C]), there was no documentation found of a rule-compliant transition plan.</p> <p>There was not specific criteria found to identify when a participant should transition to a less restrictive environment.</p>	<p>What corrective action will be taken? All transition plans will include specific criteria to identify when a participant needs to transition to a less restrictive environment.</p> <p>How will the agency identify participants who may be affected by the deficiencies? If participants are identified what corrective action will be taken? All participant files will be audited for specific criteria and each file identified to have a deficiency in this area will have an amended transition plan added to their IPP.</p> <p>Who will be responsible for implementing each corrective action? The DS assigned to the participant.</p> <p>How will the corrective action be monitored to ensure consistent compliance with IDAPA rules? The corrective action will be added to the QA monitoring tools.</p>

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 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)

By what date will the corrective action be completed? The three identified participant files will be corrected by July 1, 2010. All other participant files identified will be corrected by October 1, 2010.

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

Date to be Corrected: 2010-10-01

Administrator Initials: M

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.703</p> <p>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</p>	<p>Program Implementation Plan</p> <p>For one of five participants reviewed ([Participant B]), there was no documentation found as to why the the Program Implementation Plans were not implemented within 14 days of the IPP date.</p> <p>The IPP date was November 24, 2009, and the plan's date was January 4, 2010.</p> <p>Corrected at survey; please answer questions 2-4.</p>	<p>How will the agency identify participants who may be affected by the deficiencies? If participants are identified what corrective action will be taken? All participant charts will be audited and if there is a delay in the implementation of the plan more than 14 days after the IPP, a letter explaining the individual circumstance or reason will be added to the participant's file.</p> <p>Who will be responsible for implementing each corrective action? The DS assigned to the participant.</p> <p>How will the corrective action be monitored to ensure consistent compliance with IDAPA rules? The corrective action will be added to the QA monitoring tools.</p> <p>By what date will the corrective action be completed? All other participant files identified will be corrected by October 1, 2010.</p>

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)

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

Date to be Corrected: 2010-10-01

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.703.03</p> <p>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)</p> <p>03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)</p>	<p>Program Implementation Plan</p> <p>For 59 of 83 programs reviewed (including all participants), there were objectives that were not measurable.</p> <p>Objectives contained ranges for prompt levels (2-5 verbal prompts), which would not identify a specific criteria.</p>	<p>What corrective action will be taken? A skill assessment will be performed on all participants to determine the exact number of prompts needed to complete the prospective objective. Also, the prompt level hierarchy will be changed to include a more specific prompt levels.</p> <p>How will the agency identify participants who may be affected by the deficiencies? If participants are identified what corrective action will be taken? All participant charts will be audited and and if a deficit is found, the prompt level will be changed to the correct number based on the skill assessment. Skill assessments will be conducted at the annual and 180 reviews for existing participants, and during the new intake process for any new participants. This will ensure that all participant charts will be in compliance within 6 months.</p> <p>Who will be responsible for implementing each corrective action? The DS assigned to the participant.</p> <p>How will the corrective action be monitored to ensure consistent compliance with IDAPA rules? The corrective action will be added to the QA monitoring tools.</p> <p>By what date will the corrective action be completed? All participant files will be corrected by October 1, 2010.</p>

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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm	Date to be Corrected: 2010-10-01	Administrator Initials: <i>MS</i>
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.915.04</p> <p>915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06)</p> <p>04. Behavior Replacement. Ensure that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. (7-1-06)</p>	<p>Behavior Replacement</p> <p>For two of five participants reviewed ([Participant C and 2], and two of two programs that were designed to reduce behavioral issues, training did not include teaching alternative adaptive skills.</p> <p>For example:</p> <p>[Participant 2] had a program stating he would "refrain from offensive comments". There was no strategy as to what he was to do instead.</p> <p>[Participant C] had a program (goal #2) that called for removing her from the situation when she became frustrated. Although the program stated to then prompt her to talk about the frustrating situation, it did not have an adaptive skill for her to learn before she was removed from the situation.</p>	<p>What corrective action will be taken? When writing programs designed to reduce behavioral issues, alternative behavior will be taught to replace the undesirable behavior.</p> <p>How will the agency identify participants who may be affected by the deficiencies? If participants are identified what corrective action will be taken? All participant charts will be audited and if a deficit is found, the program will be amended to include a replacement behavior.</p> <p>Who will be responsible for implementing each corrective action? The DS assigned to the participant.</p> <p>How will the corrective action be monitored to ensure consistent compliance with IDAPA rules? The corrective action will be added to the QA monitoring tools.</p> <p>By what date will the corrective action be completed? The two participant files with the deficit will be amended and corrected by July 1, 2010. All other participant files found to have deficits will be amended and corrected by October 1, 2010.</p>

Developmental Disabilities Agency Access Behavioral Health Services, Inc. 3/18/2010

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Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm	Date to be Corrected:	Administrator Initials: <i>MM</i>
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Administrator Signature (confirms submission of POC): <i>[Signature]</i>	Date: 6/9/2010
Team Leader Signature (signifies acceptance of POC): <i>[Signature]</i>	Date: 6/28/2010