

Statement of Deficiencies

Developmental Disabilities Agency

S.L. Start & Associates -- Boise

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Survey Type: Recertification**Entrance Date:** 4/12/2010**Exit Date:** 4/15/2010

Initial Comments: Survey Team: Greg Miles, Medical Program Specialist; Carrie Johns, Medical Program Specialist; Heather Olsen, Child Developmental Specialist; Melissa Woods, Clinician.

Observations:

[Participant 2] was observed shopping in the community. Staff did a great job of allowing her to decide what she wanted to buy. Direction from staff was only used when necessary. Her money program was utilized as written. There was excellent rapport between the two. When moving to pay for the items, natural supports were apparent from the cashier.

[Participant B] was observed in the center. It was evident that the therapist and the participant had an excellent rapport. During the observation, the therapist worked with the participant on "self direction" and "staying on task." The participant played a board game with the therapist. The participant got distracted several times during the game, but the therapist did a great job redirecting him and restating the task. The therapist provided consistent verbal reinforcement. The participant was successful completing the tasks. Data was gathered during the observation and therapy was observable in practice.

[Participant C] was observed on April 13, 2010, at the library. The therapist gave the child a crossword puzzle to work on. There was no conversation or interaction between the therapist and child for the first 5-10 minutes. The therapist looked up and said something to the child, but the observer did not catch what was said. There was more silence for another 5-8 minutes, and then the therapist gave verbal reinforcement ("Wow, that's great, you're finding them so fast.") She also asked the child what all the words had in common or what the theme was of the puzzle, and the child answered, but again the observer could not make out what he said. The child continued to work on the crossword puzzle as the therapist finished data collection, and then began reading a newspaper. There was no interaction with the child during this time. He was working on an on-task objective, and the objective was to stay on-task for 15 minutes. This task lasted 25 minutes and it appeared he could have stayed on-task for much longer based on the observation. After he was finished, the therapist gave the child a "high five" and said, "Great job." The therapist then said they had to go. The observation lasted only 30 minutes. While the therapist did reinforce the child, active therapy was not observable in practice as there was very little interaction between the therapist and the child, and the therapist was also doing a non-therapy related activity.

[Participant D] was observed (file review not completed for this child). The observation took place at the center from 11:10 a.m. to 12:00 p.m. on April 14, 2010. The child and the therapist were eating lunch. Almost all of his objectives were implemented during the observation and

the therapist was running the plan as written; delivering reinforcement (mostly verbal praise) when appropriate, but also using natural reinforcement by giving the child the item he had requested. The child did get upset with the therapist at one point and asked to use the bathroom. The therapist told the observer this had been taught to him as a way to take a break when he was becoming upset or angry, so this was an effective way of communicating that he needed some time to calm down. The therapist checked on him every minute or two. It appeared the trigger to the child's frustration was that the therapist asked him to indicate "yes" or "no" when asked if he wanted more chicken nuggets. The child used a communication device to ask for more food, but the therapist pressed him to indicate either "yes" or "no." The child had already communicated his desire (button for "I want chicken nuggets"). It did not seem to matter which specific words he used as long as the need was communicated appropriately and effectively, which it was in this case. Overall, however, this observation was very good and active therapy treatment was taking place.

[Participant E] was observed in the center. During the observation, the therapist worked with the participant on "requesting needed items." The participant played with favored toys and made a beaded bracelet. The participant was given choices of two colored beads and was asked to request the colored bead she would like to have. The participant was redirected and prompted to request the bead by saying, "I want red please," or "I want pink please." Interactions were positive and reinforcement was provided consistently and quickly. Data was taken on the objective during the observation and therapy was observable in practice.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.653.04.a-c</p> <p>653.DDA SERVICES - COVERAGE REQUIREMENTS AND LIMITATIONS.</p> <p>04. Excluded Services. The following services are excluded for Medicaid payments: (3-19-07)</p> <p>a. Vocational services; (3-19-07)</p> <p>b. Educational services; and (3-19-07)</p> <p>c. Recreational services. (3-19-07)</p>	<p>Developmental Therapy</p> <p>For five of six participants reviewed ([Participants B, C, E, 1, and 2]), documentation showed activities being conducted as recreational in nature.</p> <p>For example, [Participant 2]'s documentation showed her as participating in swimming. This is not a billable service.</p> <p>See also IDAPA 16.03.10.13.23.</p>	<p>Training on the exclusion of recreational services was provided on May 12, 2010 to all IBI professionals, Developmental Therapists and Developmental Specialists.</p> <p>Review of all participant Program Implementation Plans will be conducted and corrections will be made if recreational services are identified by June 30, 2010.</p> <p>On-going monitoring of this issue will occur via monthly staff observations and the internal quality assurance review process.</p>

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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-06-30 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.601.01</p> <p>601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.</p> <p>01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06)</p>	<p>Assessments</p> <p>For one of six participants reviewed ([Participant A]), there was no occupational or speech therapy assessments found in the file. The participant's file did, however, contain progress notes for occupational and speech therapy occurring.</p>	<p>The Developmental Specialist has requested the initial OT and speech evaluations for Participant A. Evaluations will be obtained by June 30, 2010.</p> <p>A review of all participant files will be conducted by June 30, 2010 to ensure that current assessments are on file for any participants receiving OT, PT, or SLP. If needed, relevant assessments will be obtained by July 30, 2010.</p> <p>On-going monitoring for this issue will be conducted via the internal quality assurance review process.</p>

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.601.03.a 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)	Assessments For one of six participants reviewed ([Participant C]), there was no psychological assessment found in the file. The participant currently takes behavior modifying drugs.	The psychological assessment request for Participant C has been sent to the appropriate Medical Professional. The required documentation will be obtained by June 30, 2010. A review of all participant files, will be conducted by June 30, 2010 to ensure that current psychological assessments are on file for those participants receiving behavior modifying drugs. On-going monitoring for this issue will be conducted via the internal quality assurance review process.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-06-30 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.602.01 602. 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)	Assessments For one of six participants reviewed ([Participant B]), there was no documentation of current psychological and occupational assessments found in his file. The participant is currently taking behavior modifying medication and had programming for "balancing" which would require an occupational (or physical) therapy assessment.	The updated Psychological Assessment was obtained on 4/13/2010. The request for the initial OT evaluation has been sent and will be obtained by June 30, 2010. A review of all participant files, will be conducted by June 30, 2010 to ensure that all relevant assessments are on file. On-going monitoring for this issue will be conducted via the internal quality assurance review process.

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

Date to be Corrected: 2010-06-30

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.04.b 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	Collateral Contact For two of six participants reviewed ([Participants A and B]), ranges were documented for the amount of service needed. For example, [Participant A]'s documentation indicated a need for collateral contact, but the service hours required stated "as needed".	The IPP for Participant A has been updated to reflect specific hours of collateral contact. The IPP for Participant B will be revised by June 30, 2010. A review of all participant files for this issue will be completed by June 30, 2010. Any needed corrections to reflect specific hours of service will be completed by August 30, 2010.

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)
 b. Amount of service is the total number of service hours during a specified period of time. This is typically indicated in hours per week. (7-1-06)

[Participant B]'s IPP indicated a range of hours for developmental therapy "10.5 in school and 12.75 out of school".

On-going review for this issue will be conducted via the internal quality assurance review process.

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

Date to be Corrected: 2010-06-02

Administrator Initials:

Rule Reference/Text
 16.04.11.701.05.b

Category/Findings
 Service Provision Procedures

Plan of Correction (POC)

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

For one of six participants reviewed ([Participant A]), there was not a physician's signature for the service that was being provided.
 Corrected at the time of survey. Agency must answer questions 2-4 on the Plan of Correction.

The physician's signature was obtained on Participant A's IPP on 4/13/2010. A review of all participant files have shown that this was an isolated incident.
 On-going monitoring for this issue will be conducted via the internal quality assurance review process.

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 are 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)

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

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.xi	Individual Program Plan	
<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 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</p>	<p>For five of five participants reviewed for this issue ([Participants A, B, C, D, and E]), the individual program plans did not contain rule-compliant transition plans. There was no specific criteria noted for a transition to a less restrictive environment. (REPEAT DEFICIENCY)</p>	<p>Training on transition plans was provided to Developmental Specialists on May 12, 2010. An example of a transition plan has been sent and approved by the regional FACS rep. A review of all children's files will be conducted and transition plans will be updated as the plans come due. On-going monitoring for this issue will be conducted via the internal quality assurance review process.</p>

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: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text

16.04.11.703

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)

Category/Findings

Program Implementation Plan

For one of seven participants reviewed ([Participant A]), there were no developmental program implementation plans developed within 14 days of the start of developmental therapy. Records indicated he had been receiving developmental therapy since March 22, 2010.

Plan of Correction (POC)

The PIPs for Participant A were completed on 4/15/2010.

A review of all participant files has shown that this was an isolated incident.

On-going monitoring for this issue will be conducted via the internal quality assurance review process.

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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** **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) 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 five of five participants reviewed for this issue ([Participants B, C, E, 1, and 2]), objectives were considered not measurable. The objectives contained multiple components that data was taken on separately; however, that data was then combined into a single score which did not relate to any single skill to be learned.</p> <p>For example, [Participant 2] had a program to participate in and write planned activities. Individual data was reflected for each step; however, it was then added together to give an overall percentage. That percentage did not accurately reflect either one of the steps or skills in which she may be succeeding at.</p> <p>(REPEAT DEFICIENCY)</p>	<p>Developmental Specialists were trained on how to calculate data to ensure it is measurable (i.e. based on a single step rather than multiple steps). Training completed on May 12, 2010.</p> <p>Beginning April 1, 2010 all monthly data will be tallied in a way that is measurable and will accurately reflect progress.</p> <p>On-going monitoring for this issue will be conducted via the internal quality assurance review process.</p>

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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-05-03 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.703.04</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>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)</p>	<p>Program Implementation Plan</p> <p>For two of six participants reviewed ([Participants 1 and 2]), data indicated success percentages falling below baselines for several months with no revisions to programs noted being made.</p> <p>For example, [Participant 1]'s social interaction program had success percentages of 63%, 67%, 50% and 70%. However, the baseline indicated a success percentage of 86%. Percentages below that baseline for several months would indicate a needed change to the implementation plan to obtain progress.</p> <p>(REPEAT DEFICIENCY)</p>	<p>Provider Status Reviews for Participants 1 and 2 will reviewed and any corresponding plan changes completed by June 30, 2010.</p> <p>Our current policies indicate that plans will be revised as needed to promote participant progress. Retraining of Developmental Specialists on our policy will be conducted by June 15, 2010.</p> <p>On-going monitoring for this issue will be conducted via the internal quality assurance review process.</p>

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-06-30 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.900.03.f</p> <p>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)</p> <p>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-06)</p> <p>f. Are observable in practice. (7-1-06)</p>	<p>QA Program</p> <p>For one of five participants reviewed for this issue ([Participant C]), service was not observable in practice.</p> <p>See observation notes for [Participant C] in the initial comments.</p>	<p>Training on therapy being observable in practice was provided to the Developmental Therapists on 4/22/2010.</p> <p>On-going monitoring for this issue will occur via random, unannounced observations of therapy as well as through the internal quality assurance review process.</p>

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm	Date to be Corrected:	Administrator Initials:
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Administrator Signature (confirms submission of POC):	Date:
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Team Leader Signature (signifies acceptance of POC):	Date:
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