



C.L. "BUTCH" OTTER - Governor
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June 7, 2010

Administrator, Tammy Gusman
Advanced Services, LLC
210 E. Carol Street
Nampa, ID 83687

Dear Ms. Gusman,

Thank you for submitting the Plan of Correction for Advanced Services, LLC dated 6/2/2010. 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 Advanced Services LLC a full three (3) year certificate effective from 7/13/2010 through 7/13/2013.

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 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than August 27, 2010. You may submit supporting documentation as follows:

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

Fax to: 208-364-1906
Email to: fadnessr@dhw.idaho.gov
Mail to: Medicaid DDA/RHA Survey and Certification
PO Box 83720
Boise Idaho 83720-0036
Or deliver to: 3232 Elder Street

You can reach me if you have any questions at 208-364-1906. Thank you for your patience and accommodating us through the survey process.

Rebecca Fadness
Program Supervisor
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

Advanced Services, LLC	210 E Carol St
3ADV081	Nampa, ID 83687
	(208) 461-0438

Survey Type:	Recertification	Entrance Date:	5/10/2010
		Exit Date:	5/12/2010

Initial Comments: Survey Team: Rebecca Fadness, Program Supervisor; Carrie Johns, Medical Program Specialist; Greg Miles, Medical Program Specialist; Melissa Woods, FACS Clinician.

Observations:

The observation of [Participant A] took place at the Garden City Library. The therapist and participant seemed to have a good rapport. Programs were delivered as written. The therapist prompted him to stay engaged in the activity. Verbal reinforcements were used as well as juice drink. When asking participant to engage in a new activity, staff would ask him questions like, "Do you want to go to the computers now?" He responded several times with, "No." Recommend giving him closed-ended choices between two non-preferred activities instead of stating, "Do you want to...?" Staff did a nice job of being consistent. Data was taken during observation. It was evident that therapy was observable in practice.

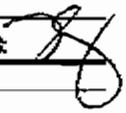
The observation of [Participant B] took place at the subdivision park near the child's home. The therapist and participant seemed to have an excellent rapport. Staff delivered programming as written. During the observation, the therapist provided consistent verbal reinforcements. The observation did not occur as a regular therapy session, as it was a quick schedule change to meet survey requirements. Staff did a good job re-adjusting the schedule for the observation and [Participant B] did not appear to mind being observed. During his reinforcement play time, he waved at the therapist and the surveyor several times. Program implementation was observable in practice. The data book was not brought to the park, so none was taken at the time of the observation (the participants privacy was observed).

[Participant 1] was observed at the center in group therapy on May 11, 2010. The therapist did a great job including everyone in the group and moving from person to person. [Participant 1] seemed interested and engaged in group therapy, which was to write down and state his personal information. The "discuss current events" program was also run, but the only section of newspaper available was the Community section of the Nampa paper. It appeared they were looking for a current event to attend but did not have enough material resources to find any events. Recommend getting the Boise Weekly or other magazines that will show more community events rather than just the community section of the newspaper.

[Participant 2] was observed at the center. A staff member, who is related to the participant, was working with him. She knew him very well and it was apparent there was a good relationship for training purposes. He responded to cues very well and training was run as written for his programs. He was working on task attention programming. The staff did a nice job of re-direction when needed.

[Participant 3] was observed at the center. She was working on staying on task. Staff did a nice job of re-directing her to programming when necessary. It was noted that behavior programming did not contain a replacement behavior; however, data showed her behaviors were minimal.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.600.01.a-c</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>a. Determine the necessity of the service; (7-1-06)</p> <p>b. Determine the participant's needs; (7-1-06)</p> <p>c. Guide treatment; (7-1-06)</p>	<p>Assessments</p> <p>See also 16.04.11.600.01.d.</p> <p>For all participants, both children and adults, Comprehensive Developmental Assessments (CDA) had some sections that said, "No needs at this time." This statement does not assess need. CDAs do not address needs. Categorical needs were shown on the tools, but not summarized on the CDAs.</p> <p>The Comprehensive Developmental Evaluation for [Participant A] did not include all the required components. The evaluation is missing current strengths and interests.</p> <p>CDA for [Participant B] recommended a range of hours, 22 hours out of school and 10 hours during school.</p>	<p>1. Developmental assessments for participants A/B will be corrected immediately. All developmental assessments will be reviewed and corrected eliminating the no needs at this time statement and all needs will be addressed in the evaluations. Developmental assessments for participants A/B 1-4 will be corrected by 7-31-10.</p> <p>2. All other assessments will be reviewed and corrected by 10-31-10. All new assessments will be written in the new format.</p> <p>3. Program Administrator, Developmental specialists.</p> <p>4. Program Administrator will perform random quarterly QA's on perm files for corrected assessments.</p> <p>5. 7-31-10 for participants in review 10-31-10 for all other participants.</p>
<p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p>	<p>Date to be Corrected: 7-31-10</p>	<p>Administrator Initials: </p>

Developmental Disabilities Agency		Advanced Services, LLC	5/12/2010
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.600.03 600. 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) 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)	Record Requirements The update form in [Adult Participant 1]'s file was not signed by the psychologist. The psychological assessment from Warm Springs and the Speech/Language assessment for [Participant 2] did not include the signature page including the date, and/or the signature of the professional completing the assessment with credentials.	<ol style="list-style-type: none"> Participant #1 update form was sent to Dr. Meharry for signature on June 2, 2010. Participant #2 evaluation was signed and placed in permanent file. All psych evaluations will be reviewed for signatures and corrected if applicable. All participants who have psych assessment updates will be reviewed for signatures and corrected, if necessary. Program Administrator/Developmental Specialists Program Administrator and or Developmental Specialists will conduct random quarterly permanent file QA's Participant #1 by June 30th 2010. All other applicable evaluations by 10-31-10 	
Scope and Severity: Patient / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 6-30-10	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>[Adult Participant 1] - Update form for review of psychological evaluation was dated 5/29/09, ISP started on 5/20/09.</p>	<p>1. Update form sent to Dr. Meharry on June 2 for signature. New psych update for participant 1 was completed and sent on June 3rd, 2010. All new requests will be completed and submitted before ISP redet dates.</p> <p>2. All participant files will reviewed for accuracy and updated as applicable.</p> <p>3. Program Administrator/Developmental Specialists</p> <p>4. Quarterly random file reviews will be completed by Program Administrator/Developmental Specialists.</p> <p>5. Participant #1 by 6-30-10. All other applicable updates will be sent to the psychologist before ISP redetermination dates.</p>
<p>Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 6-30-10 Administrator Initials: </p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.602.01</p> <p>602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06)</p> <p>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)</p>	<p>Assessments</p> <p>Psychological evaluations were not updated annually.</p> <p>For example:</p> <p>[Participant 1]'s evaluation on file was dated 2002.</p> <p>A note was on file for [Adult Participant 2] dated 4/2010 for his mother to update his evaluation, but the existing evaluation on file was dated 6/2005. The only psych update was a "collateral contact", not a record review.</p> <p>[Participant 3] had an evaluation dated 2005 and she was on psychotropic meds and restrictive programming.</p>	<p>1. Evaluations for participants 1&2 are being scheduled through Webb Clinic (scheduling person has been out for the last few days) When have appointments set for 1&2 information will be submitted to certification team. Participant#3 appointment is scheduled for August 25, 2010. (This appointment was scheduled at least 2 weeks ago). Needed psych evaluations will be scheduled as applicable.</p> <p>2. All participants who need new psych evaluations will be reviewed and staffed with participant team members to decide what steps to take to update the evaluations.</p> <p>3. Program Administrator/Developmental Specialists</p> <p>4. Quarterly random file reviews will be completed by Program Administrator/Developmental Specialists</p> <p>5. Participants 1-3 will have evaluations scheduled and completed by August 27, 2010. If for participants 1-2 appointments are scheduled later than August 27th, certification team will be notified as to the date of the evaluation.</p>

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 8-27-10 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.602.02</p> <p>602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06)</p> <p>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)</p>	<p>Assessments</p> <p>[Participants 1 and 2] - At the time of required review, it was not determined if a full or updated assessment was required to reflect the current status.</p> <p>For example, [Participant 1]'s psychological assessment (2002) did not reflect the current status, as his living situation had changed. He is no longer "obese" as stated in his previous evaluation, and his medications have changed.</p>	<p>1. Participant 1-2 providers are attempting to schedule new psych evaluations. (See above question). Participant #3 evaluation has been scheduled. Participant files on psych medications will be reviewed and updated as participant team feels is appropriate.</p> <p>2. All permanent files of clients on psychotropic medications will be reviewed to decide if a update or new psychological evaluation will be needed. Participant's team will staff and proceed as appropriate.</p> <p>3. Program Coordinator/Developmental Specialists</p> <p>4. Quarterly random file QA's will be completed by Program Coordinator/Developmental Specialists.</p> <p>5. Participants 1&2 will be scheduled and completed by August 27, 2010. If appointments are scheduled for after August 27, 2010, certification team will be notified as to appointment dates. All other participants who are in need of updates will be reviewed and requested at the time of the participants annual ISP meetings.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 8-27-2010 **Administrator Initials:** 

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.604.09	Assessments		
604. TYPES OF COMPREHENSIVE ASSESSMENTS. 09. Psychological Assessment. A psychological assessment includes psychological testing for diagnosis and assessment of personality, psychopathology, emotionality, or intellectual abilities (IQ test). The assessment must include a narrative report. Psychological assessment encompasses psychological testing and the psychiatric diagnostic interview. (7-1-06)	[Participant 1] - Most current report on file did not show any psychological testing results.	<ol style="list-style-type: none"> 1. New psych evaluation is been authorized by participants general physician. Provider is attempting to schedule appointment with Webb clinic (see above questions for information concerning scheduling appointments at Webb Clinic) Developmental Specialist will request full evaluation once completed by Webb Clinic. 2. Participant reports will be reviewed in permanent files for complete reports. If it is determined that a report is not completed DS will send release to agency that completed the report asking to have a complete report sent. 3. Developmental Specialists. 4. Quarterly random file reviews will be completed by Program Administrator and or Developmental Specialists. 5. Evaluation will be scheduled and completed by August 27, 2010. If appointment for evaluation is made for after August 27, 2010 certification team will be notified of the date for the evaluation. 	
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)	
16.04.11.701.04.b	Individual Program Plan		
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	[Participant B] - Amount of service on the IPP should indicate the number of service hours. The IPP listed a range of 2-2.5 hours per day for the participant.	<ol style="list-style-type: none"> 1. Addendums will be generated for participants A&B to remove range of service hours. All other participant IPP'S will be reviewed and addendums generated as applicable. 2. All files for participants having an IPP will be reviewed and addendums will be generated as applicable. 3. Program Coordinator/Developmental Specialists. 4. Quarterly random file reviews will be completed by Program Coordinator and or Developmental Specialists. 5. 8-27-10 	

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)

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

Date to be Corrected:

Administrator Initials: 

Rule Reference/Text

16.04.11.701.05.e.iv

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

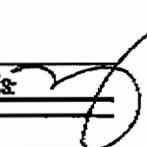
Category/Findings

Individual Program Plan

[Participants A and B] - Therapy should be within a 20% deviation from recommended hours on the IPP. The IPP should specify hours for the IPP year. Should the agency require an increase or decrease in hours, an addendum should be added to IPP. In school/out of school should not be different unless justified.

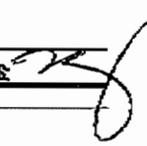
Plan of Correction (POC)

1. Participants A&B will have addendum's generated to remove differences between school hours and summer hours. Addendum's will be combined with addendum's generated by the question above.
2. All IPP's will be reviewed and corrected as applicable.
3. Developmental Specialist
4. Quarterly random file reviews will be completed by Program Administrator and or Developmental Specialists.
5. 6-30-10

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<p>activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)</p> <p>iv. 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 than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06)</p>			
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 6-30-10	Administrator Initials: 
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
<p>16.04.11.701.05.e.vi</p> <p>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.</p> <p>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)</p> <p>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)</p> <p>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)</p>	<p>Individual Program Plan</p> <p>[Participant A] - Each identified objective is required to have a PIP. There was no PIP for objective #10 for [Participant A].</p>	<ol style="list-style-type: none"> 1. PIP was printed and put into permanent file before certification team exited. Objectives in files will be reviewed to ensure all objectives have corresponding PIP's. 2. All participant files will be reviewed to ensure that all objectives have corresponding PIP'S. 3. Developmental Specialists 4. Random quarterly file reviews will be completed by Program Administrator/Developmental Specialists 5. Participant A PIP was placed in perm file on 5-12-10. All other PIP'S will be put into place by 6-30-10 	

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vi. An accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need; (7-1-06)			
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)	
16.04.11.704.01.c 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)	Record Requirements See also 16.04.11.700.05. For all child and adult participants, when changes were made, initials were typed in on the Provider Status Review and not hand signed. Documentation of plan changes requires the signature of the person making the change along with the date of the change. For [Participant A], the program sheets were changed and initialed in pen, but the date of the change was not included.	1. For all participants child and adults, status reviews will be hand signed. Developmental Specialists have been inserviced by Program Administrator to ensure all status review changes are hand signed. 2. All other status reviews will signed by Developmental Specialists. 3. Developmental Specialists 4. Random quarterly file reviews by Program Coordinator and or Developmental Specialists 5. 8-27-10	
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FNSE: 12/13 * RCVD AT 6/4/2010 11:02:44 AM [Mountain Daylight Time] * SVR: DUNRRIGHT * FAX: 0 * DHS: 1811 * CSID: * DURATION (mm:ss): 02:40

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.711.03 711.DEVELOPMENTAL THERAPY. Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment completed prior to the delivery of developmental therapy. (7-1-06) 03. Tutorial Activities and Educational Tasks are Excluded. Developmental therapy does not include tutorial activities or assistance with educational tasks associated with educational needs that result from the participant's disability. (7-1-06)	Developmental Therapy [Participant A] had a program to identify shapes with no reference to a developmental goal. [Participant B] had objectives to identify numbers, letters, and colors with no connection to a developmental goal.	1. Addendum for participant A is being generated to include all changes needed. Programs for participant B are being revamped to have objectives reflect developmental therapy needs. 2. IPP'S for all participants will be reviewed programs will be revised or deleted as applicable. 3. Developmental Specialists 4. Developmental Specialist was in serviced on making sure that the goals that are written are not educational or tutorial. Random quarterly file reviews will be completed by Program Coordinator and or Developmental Specialist. 5. 6-30-10	
Score and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 6-30-10	Administrator Initials: 

Jun. 4. 2010 11:04AM Advanced Services No. 8328 P. 12

1:36:13/3 * RCVD AT 6/4/2010 11:02:44 AM Mountain Daylight Time * SVR:DHWRIGHTFAXO * DNS:1811 * SID: * DURATION (mm:ss):02:10

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 Programming</p> <p>[Participant 3] - the participant had a behavior program but it did not specify a replacement to the maladaptive behavior. The plan focuses on the absence of the behavior.</p>	<p>1. Programs for participant 3 have already been rewritten to include positive replacement behaviors. All other behavior programs will be rewritten to include positive social replacement behaviors.</p> <p>2. Participants who have behavior programs will have the programs reviewed and updated to include positive social behaviors.</p> <p>3. Developmental Specialists</p> <p>4. Random quarterly file reviews by Program Administrator and or Developmental Specialists.</p> <p>5. 7-31-10</p>

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 7-31-10 Administrator Initials: *[Signature]*

Administrator Signature (confirms submission of POC): *[Signature]* Date: 6-4-10

Team Leader Signature (signifies acceptance of POC): *[Signature]* Date: 6-7-10